



# ***RISKMASTER***

## DA Medical Interface System User Guide

**Proprietary and Confidential**

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## 1.0 Riskmaster Accelerator

### 1.0.1 Worker's Compensation Claim Info Screen

The following fields need to be populated within RISKMASTER to extract claim and policy information.

- Claim Number
- Date and Time of Event
- Date of Claim
- Date Reported
- File Number- will only be populated if an acknowledgement report has been imported into RM. Either the File Number or the EDI Agency Claim Number supplemental field will be used to populate the Agency Claim Number returned in the acknowledgement report from the jurisdiction. If the supplemental field is used, then the File Number will not be populated.
- Policy Name - if organization is insured
- Policy MCO – if organization is insured
- Jurisdiction

Document Diaries Funds Maintenance My Work Policy Reports Search Security User Documents Utilities Help

Document => Event (005963 \* 03/02/2017) => Workers Comp. (1642017005912)

Workers Compensation Claim [1642017005912 \* sabita angurula \* test56, xzcvsd fdsa]

Claim Info Event Detail Employee Info Employment Info Medical Info Case Mgt/RTW Loss Information Jurisdictionals Supplementals

<b>Event Number</b>	005963	<b>Date Of Event</b>	03/02/2017
<b>Claim Number</b>	1642017005912	<b>Time Of Event</b>	9:00 AM
Policy LOB		<b>Date Of Claim</b>	03/02/2017
<b>Claim Type</b>	L Lost Time	<b>Time Of Claim</b>	9:00 AM
<b>Employee No.</b>	788538888	Event Date Rptd.	
<b>Department</b>	170 - PURCHASING	Event Time Rptd.	
<b>Claim Status</b>	O Open	Claim Date Rptd.	
Date Closed		Est. Collection	\$0.00
Close Method		Policy Name	Copy of pol4444
Current Adjuster		Policy MCO	
<b>File Number</b>		<b>Jurisdiction</b>	AL Alabama
Service Code		LSS Claim	<input type="checkbox"/>
Payments Frozen	<input type="checkbox"/>	Catastrophe Number	
Catastrophe Type			

## 1.0.2 Policy Insurer Information Screen

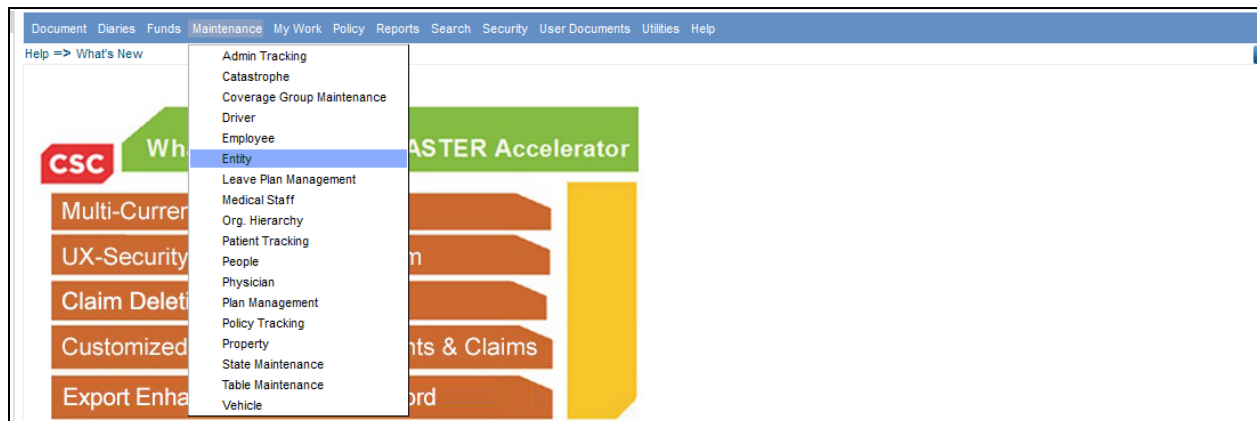
The following fields need to be populated within RISKMASTER to extract insurer and insured information. This information only needs to be entered if the organization is insured. The insurer must be selected on the attached policy.

- Insurer
- Insured(s)

The screenshot displays the 'Policy Tracking' application window. The 'Insurer Information' tab is selected. The 'Insurer' field is highlighted with a red box. The 'Insured' field is also highlighted with a red box and shows a dropdown menu with 'None Selected'. Other fields include Contact, Address 1-4, City, State, Zip, Country, Office Phone, Alt. Phone, Fax, and Email Address.

## 1.0.3 Entity Maintenance

Entity Maintenance tab is used to store information about entities in RISKMASTER. Different type of entities can be selected from RISKMASTER as per claim criterion.



Document Diaries Funds Maintenance My Work Policy Reports Search Security User Documents Utilities Help

Maintenance => Entity

Entity Maintenance [ ]

Entity Operating As Contact Info Entity ID Type Supplementals

Type Of Entity

Name

ID Type SSN

SSN

Contact

DBA

Abbreviation

Address 1

Address 2

Address 3

Address 4

City

State

Zip/Postal Code

Office

Home

Fax

E-Mail Type

E-Mail

Parent

Legal Name

1099 Reportable

1099 Parent

Document Diaries Funds Maintenance My Work Policy Reports Search Security User Documents Utilities Help

Maintenance => Entity

Entity Maintenance [ ]

Entity Operating As Contact Info Entity ID Type Supplementals

Claim Index Bureau Number

Pennsylvania Bureau Code

Admin ID 0

Vendor Number

Washington (State) L&I Account ID

Washington (State) L&I Uniform Business Identifier

Washington (State) L&I Risk Class

Taxonomy Code

ENTITYLOOKUP

mulstate None Selected

time

### 1.0.3.1 Entity Hospital

Hospital as an entity can be selected from the Entity maintenance screen as shown below.

Entity Maintenance [ Lake land Hospital ]					
Entity	Operating As	Contact Info	Addresses	Entity ID Type	Supplementals
Type Of Entity	Hospital				
<b>Name</b>	Lake land Hospital				
Contact					
DBA					
<b>Abbreviation</b>	L				
Address 1					
Address 2					
Address 3					
Address 4					
City					
ID Type	SSN ▼				
SSN	745-78-5236				
Office ▼					
Home ▼					
Fax					
EMAIL Type					
EMAIL					
Legal Name	Lake land Hospital				

#### 1.0.4 Self-Insured Detail Screen

The Self-Insured Detail screen can be accessed by selecting the “Self-Insured” button on the organizational hierarchy detail screen. This will open the Self-Insured List screen.

Organization Hierarchy					
Department	Department Info	Client Limits	Operating As	Contact Info	Supplementals
<b>Name</b>	CONV				
DBA					
Address 1					
Address 2					
County					
SIC Code					
NAICS Code	bb tester				
<b>Parent</b>	Facility				
Effective Date Trigger	▼				
Effective Date Range	From				
	To				
<b>Abbreviation</b>	CL				
City					
State					
Zip/Postal Code					
Country					
Freeze Payments	<input type="checkbox"/>				
Business Type					
Nature Of Business					
Organization Type					

- To add a new Self Insured, select the “Add” button (top right button) on the screen. This will display the Self-Insured Detail screen.
- To edit an existing Self Insured detail, highlight a row on the Self-Insured List screen and select the “Edit” button (middle right button) on the screen. This will display the Self-Insured Detail screen populated with the SI details.
- To delete an existing Self Insured detail, highlight a row on the Self-Insured List screen and select the “Delete” button (bottom right button) on the screen. This will remove the item from the list on the screen and delete the record from the database.

Self Insured Info List									
	Jurisdiction	Certificate No.	Effective Date	Expiration Date	Authorization	Organization	Line Of Business	Different Certificate?	Self Insured Certificate Name
	GA Georgia	78945	9/1/2006	9/22/2016	L Licensed Self Insured	I Individual	WC Workers' Compensation	No	

Self Insured Details - Google Chrome

20.201.110.253/RiskmasterUI/UI/OrganisationHierarchy/EntityXSelfInsured.a

Self Insured Details

Jurisdiction:

GA Georgia

Certificate Number:

78945

Authorization Type:

L Licensed Self Insured

Organization Type:

I Individual

Effective Date:

09/01/2006

Expiration Date:

09/22/2016

Line Of Business:

WC Workers' Compensation

Is certificate name diff. from Org-Hierarchy Name?

☐

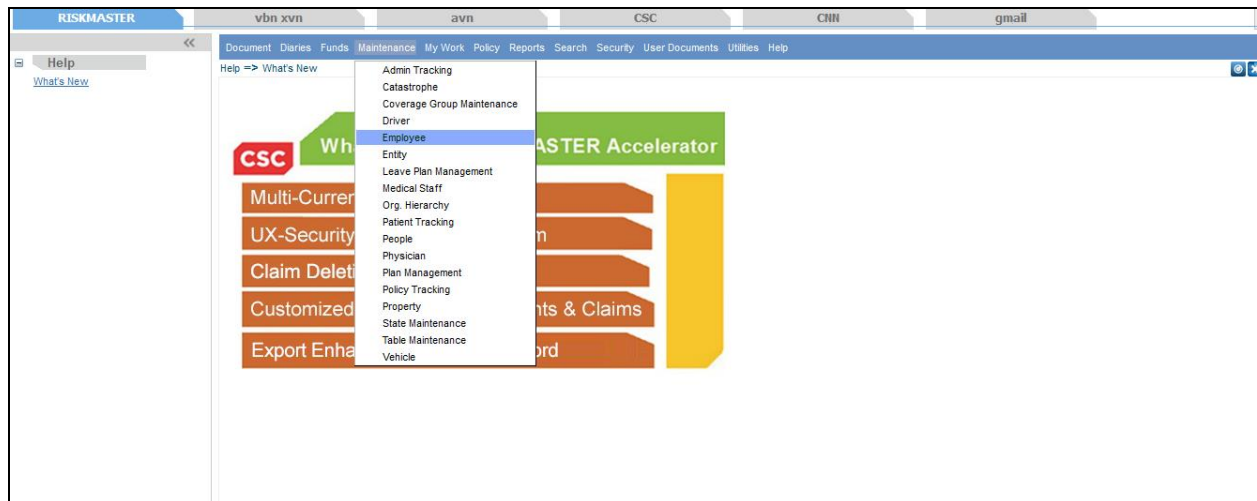
OK

Cancel

### 1.0.5 Employee Maintenance

Employee Maintenance tab is used to store information about employees in RISKMASTER.





Document	Name	Person Involved Type	Person Involved Level
Event (EVT2015000099 * 04/17/2015)	Smith, John	E Employee	EVENT LEVEL
Workers Comp. (WC2015000089)	CHAUDHARY, DILIP	O Policy Insured	POLICY LEVEL
Persons Involved (4)	FRIENDLY RESTAURANT, THE	O	POLICY LEVEL
OSHA	A A LAPP & ASSOCIATES	O Agents	POLICY LEVEL
Dated Text (0)	« "prev"   1   "next" »		

### 1.0.5.1 Employee Screen

The following fields need to be entered within RISKMASTER for entering Employee information on the Employee Maintenance screens.

- Last Name
- First Name
- Middle Name
- Address
- City
- State
- Zip
- Country
- Soc. Sec. No.
- Date of Birth
- Office or Home Phone
- Title
- Sex

Employee Maintenance [ Anderson, Jim ]					
Employee	Employment Info	Employee Info	Addresses	Entity ID Type	Supplementals
<b>Employee Number</b>	123456789	<b>Initials</b>	JA		
<b>Last Name</b>	Anderson	<b>Also Known as</b>			
<b>First Name</b>	Jim	<b>Soc.Sec No.</b>	123-45-6789		
<b>Middle Name</b>		<b>Date of Birth</b>	02/03/1958		
<b>Address 1</b>	815 Tamarack Lane	<b>Age</b>	58		
<b>Address 2</b>		<b>Office</b>			
<b>Address 3</b>		<b>Home</b>			
<b>Address 4</b>		<b>Fax</b>			
<b>City</b>	Dayton	<b>Zip/Postal Code</b>			
<b>State</b>	OH Ohio	<b>Title</b>			
<b>Country</b>	CAD Canada	<b>Sex</b>	M Male		
		<b>Marital Status</b>	D Divorced		

### 1.0.5.2 Employment Info Screen

The following fields need to be entered within RISKMASTER for entering Employee information on the Employee Maintenance screens.

- Date Hired
- Position Code
- Department
- Weekly Rate
- No of Exemptions
- Work Week – these fields are used to calculated DN0064 Number of Days Worked.

Employee Maintenance [ Anderson, Jim ]					
Employee	Employment Info	Employee Info	Addresses	Entity ID Type	Supplementals
<b>Date Hired</b>	07/15/1989	<b>Termination Date</b>			
<b>Position Code</b>	POL Police Officer	<b>Active</b>	<input checked="" type="checkbox"/>		
<b>Department</b>	P1BU - Burglary	<b>Full Time Employee</b>	<input checked="" type="checkbox"/>		
<b>Supervisor</b>		<b>Exempt</b>	<input type="checkbox"/>		
<b>Pay Type</b>		<b>No of Exemptions</b>	0		
<b>Pay Amount</b>	\$0.00	<b>Hours Per Week</b>	40		
<b>Hourly Rate</b>	\$19.00	<b>Weekly Rate</b>	\$760.00		
<b>Monthly Rate</b>	\$0.00	<b>Job Class</b>			

Work Week			
Sunday	<input checked="" type="checkbox"/>	Thursday	<input checked="" type="checkbox"/>
Monday	<input checked="" type="checkbox"/>	Friday	<input checked="" type="checkbox"/>
Tuesday	<input checked="" type="checkbox"/>	Saturday	<input checked="" type="checkbox"/>
Wednesday	<input checked="" type="checkbox"/>		

## 1.1 SUPPLEMENTAL FIELDS

### 1.1.1 Funds Supplemental Fields

New Medical Bills / Florida Medical Bills Specific Funds supplemental fields have been added to RISKMASTER as part of the database upgrade. Please refer to following rMA screens to populate data into funds supplemental.

The screenshot shows the RISKMASTER application interface. On the left is a sidebar with a tree view containing categories like Diaries, Utilities, Search, My Work, Recent Claims, Document, and Financials/Reserves (which is highlighted with a red box). The main window displays a table titled 'Reserves (Workers' Compensation [5000883007048 \* U.S. Holdings, Inc \* VELASQUEZ, JUAN ])'.

LSS Ex...	Claimant	Reserve Sub Type	Reserve Type	Balance	Paid	Collection	Incur...
	VELASQUEZ, JU...		E Expense	\$0.00	\$32,949.25	\$0.00	\$32,949.25
	VELASQUEZ, JU...		I Indemnity	\$0.00	\$599,956.46	\$530,288.18	\$599,956.46
	VELASQUEZ, JU...		M Medical	\$0.00	\$37,749.83	\$0.00	\$37,749.83
	VELASQUEZ, JU...		R Rehabilitation	\$0.00	\$0.00	\$0.00	\$0.00
	VELASQUEZ, JU...		LG Legal	\$0.00	\$4,552.96	\$0.00	\$4,552.96



Select “Make a new payment” option to make a new transaction as shown below.

**RISKMASTER** RM.com

Document Diaries Funds Maintenance My Work Reports Search Security User Documents Utilities Help

Document => Event (EV5000883007048 \* 02/23/1989) => WC (5000883007048 \* VELASQUEZ JUAN) => Financials/Reserves

**Reserves (Workers' Compensation [5000883007048 \* U.S. Holdings, Inc \* VELASQUEZ, JUAN])**

LSS Ex.	Make a New Payment	Reserve Sub Type	Reserve Type	Balance	Paid	Collection	Incur
<input checked="" type="checkbox"/>	VELASQUEZ, JU...		E Expense	\$0.00	\$32,949.25	\$0.00	\$32,949.25
<input checked="" type="checkbox"/>	VELASQUEZ, JU...		I Indemnity	\$0.00	\$599,956.46	\$530,288.18	\$599,956.46
<input type="checkbox"/>	VELASQUEZ, JU...		M Medical	\$0.00	\$37,749.83	\$0.00	\$37,749.83
<input type="checkbox"/>	VELASQUEZ, JU...		R Rehabilitation	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/>	VELASQUEZ, JU...		LG Legal	\$0.00	\$4,552.96	\$0.00	\$4,552.96

Left sidebar: Diaries, Utilities, Search, My Work, Document, Event (EV5000883007048 \* 02/23/1989), WC (5000883007048 \* VELASQUEZ JUAN), Adjuster (4), Persons Involved (0), Case Mgt/RTW, Defendant (1), Financials/Reserves, Litigation (1), Subrogation (0), Arbitration (0), Persons Involved (1)

**RISKMASTER** RM.com

Document Diaries Funds Maintenance My Work Reports Search Security User Documents Utilities Help

Document => Event (EV5000883007048 \* 02/23/1989) => WC (5000883007048 \* VELASQUEZ JUAN) => Financials/Reserves

**Funds [5000883007048 \* U.S. Holdings, Inc \* VELASQUEZ, JUAN]**

Transaction Transaction Detail BRS Transaction Detail LSS Funds Info Supplementals

EDI Date Insurer Received Bill

EDI FL Payment Plan

EDI FL Report Reason

EDI FL Duplicate Claim

Override Indicator

EDI FL Payment Code

Left sidebar: Diaries, Utilities, Search, My Work, Document, Event (EV5000883007048 \* 02/23/1989), WC (5000883007048 \* VELASQUEZ JUAN), Adjuster (4), Persons Involved (0)

**RISKMASTER** RM.com

Recent Claims

**Document**

Event (EV5000883007048 \* 02/23/1989)

WC (5000883007048 \* VELASQUEZ JUAN)

Adjuster (4)

Persons Involved (0)

Case Mgt/RTW

Defendant (1)

Financials/Reserves

EDI FL Admission Date

EDI FL Admission Time

EDI FL Admission/Visit Type

EDI FL Date of Outpatient Service

EDI FL Discharge Hour

EDI FL Report Type

View Scheduled Tasks  
TM Jobs View  
Search  
Funds Criteria  
My Work  
Recent Claims  
Document  
Event (EV5000883007048 \* 02/23/19)  
WC (5000883007048 \* VELASQUEZ  
Adjuster (4)  
Persons Involved (0)  
Case Mgt/RTW  
Defendant (1)  
Financials/Reserves  
Litigation (1)  
Subrogation (0)  
Arbitration (0)  
Persons Involved (1)  
OSHA  
Dated Text (0)

Funds [5000883007048 \* U.S. Holdings, Inc \* VELASQUEZ, JUAN]  
Transaction Transaction Detail BRS Transaction Detail LSS Funds Info Supplementals

EDI Benefit Adjustment  
EDI FL Other Procedure Code  
EDI Principal Procedure Code  
EDI FL Procedure Coding Method  
EDI FL Provider  
EDI FL Pre-Payment Indicator  
EDI Benefit Adjustment Release 3 (DN0092)  
EDI Benefit Adjustment Amount R3 (DN0093) \$0.00  
EDI Benefit Adjustment Start Date R3 (DN0094)  
EDI Benefit Adjustment End Date R3 (DN0125)  
EDI Benefit Adjustment Transaction Type R3  
EDI Benefit Credit (DN0126)

Diaries  
Diary List  
Utilities  
View Scheduled Tasks  
TM Jobs View  
Search  
Funds Criteria  
My Work  
Recent Claims  
Document  
Event (EV5000883007048 \* 02/23/19)  
WC (5000883007048 \* VELASQUEZ  
Adjuster (4)  
Persons Involved (0)  
Case Mgt/RTW  
Defendant (1)  
Financials/Reserves  
Litigation (1)  
Subrogation (0)  
Arbitration (0)  
Persons Involved (1)  
OSHA  
Dated Text (0)

Document => Event (EV5000883007048 \* 02/23/1989) => WC (5000883007048 \* VELASQUEZ, JUAN) => Financials/Reserves

Funds [5000883007048 \* U.S. Holdings, Inc \* VELASQUEZ, JUAN]  
Transaction Transaction Detail BRS Transaction Detail LSS Funds Info Supplementals

EDI Date MTC Extracted  
EDI FL Operating Physician  
EDI FL Cause Of Injury Code 1  
EDI FL Cause Of Injury Code 2  
EDI FL Cause Of Injury Code 3  
EDI FL Other Procedure Code B  
EDI FL Other Procedure Code C  
EDI FL Other Procedure Code D  
EDI FL Other Procedure Code E  
EDI FL Scheduled/Unscheduled Indicator  
EDI FL Implant Total Paid \$0.00

Diary List  
Utilities  
View Scheduled Tasks  
TM Jobs View  
Search  
Funds Criteria  
My Work  
Recent Claims  
Document  
Event (EV5000883007048 \* 02/23/19)  
WC (5000883007048 \* VELASQUEZ  
Adjuster (4)

Funds [5000883007048 \* U.S. Holdings, Inc \* VELASQUEZ, JUAN]  
Transaction Transaction Detail BRS Transaction Detail LSS Funds Info Supplementals

Status Value of Interface  
Date of changing Status  
EDI FL Force Med Bill Resubmit  
EDI FL Pharmsact

View Scheduled Tasks

TM Jobs View

Search

Funds Criteria

My Work

Recent Claims

Document

Event (EV5000883007048 \* 02/23/1989)

WC (5000883007048 \* VELASQUEZ)

Adjuster (4)

Persons Involved (0)

Case Mgt/RTW

Defendant (1)

Financials/Reserves

Litigation (1)

Subrogation (0)

Arbitration (0)

Persons Involved (1)

OSHA

Dated Text (0)

Funds [5000883007048 \* U.S. Holdings, Inc \* VELASQUEZ, JUAN]

Transaction Transaction Detail BRS Transaction Detail LSS Funds Info Supplementals

EDI Gross Weekly Amount (DN0174) \$0.00

EDI FL Facility License

EDI FL Facility NPI

EDI FL Operating Physician License

EDI Recovery Link to Benefit Type

LSS History Id 0

LSS User Id

Network Service Code

Date Bill Received

Date Bill Rcvd By Review Co

Other Vendor Document Number

Bill Document Number

Diaries

Diary List

Utilities

View Scheduled Tasks

TM Jobs View

Search

Funds Criteria

My Work

Recent Claims

Document

Event (EV5000883007048 \* 02/23/1989)

WC (5000883007048 \* VELASQUEZ)

Adjuster (4)

Persons Involved (0)

Case Mgt/RTW

Defendant (1)

Financials/Reserves

Document Diaries Funds Maintenance My Work Reports Search Security User Documents Utilities Help

Document => Event (EV5000883007048 \* 02/23/1989) => WC (5000883007048 \* VELASQUEZ, JUAN) => Financials/Reserves

Funds [5000883007048 \* U.S. Holdings, Inc \* VELASQUEZ, JUAN]

Transaction Transaction Detail BRS Transaction Detail LSS Funds Info Supplementals

number

Bill Document Number

Bill Review Company

Invoice ID 0

Network

EDI Principal ICD Diagnosis Code

EDI FL ICD Principal Procedure Code

EDI FL ICD Type Indicator

My Work

Recent Claims

Document

Event (EV5000883007048 \* 02/23/1989)

WC (5000883007048 \* VELASQUEZ)

Adjuster (4)

Persons Involved (0)

Case Mgt/RTW

Defendant (1)

Financials/Reserves

Litigation (1)

Subrogation (0)

Arbitration (0)

Persons Involved (1)

OSHA

Dated Text (0)

EDI FL ICD Procedure Code A

EDI FL ICD Procedure Code B

EDI FL ICD Procedure Code C

EDI FL ICD Procedure Code D

EDI FL ICD Procedure Code E

EDI MED Billing Format Code (DN0503)

EDI MED Provider Agreement Code (DN0507)

EDI MED Bill Submission Reason Code (DN0508)

EDI MED Contract Type Code (DN0515)

EDI MED Bill Adjustment Group Code (DN0544)

<ul style="list-style-type: none"> <li>My Work</li> <li>Recent Claims</li> <li>Document</li> <li>Event (EV5000883007048 * 02/23/1989)</li> <li>WC (5000883007048 * VELASQUEZ, JUAN)</li> <li>Adjuster (4)</li> <li>Persons Involved (0)</li> <li>Case Mgt/RTW</li> <li>Defendant (1)</li> <li>Financials/Reserves</li> <li>Litigation (1)</li> <li>Subrogation (0)</li> <li>Arbitration (0)</li> <li>Persons Involved (1)</li> <li>OSHA</li> <li>Dated Text (0)</li> </ul>	<div> <div>EDI MED Day(s)/Unit(s) Code (DN0553)</div> <div></div> </div> <div> <div>EDI MED Dispense as Written Code (DN0562)</div> <div></div> </div> <div> <div>OUTPATIENT REASON FOR VISIT CODE</div> <div></div> </div> <div> <div>MED EDI PRINCIPAL PROCEDURE DATE</div> <div></div> </div> <div> <div>MED EDI ADMISSION TYPE CODE</div> <div></div> </div> <div> <div>MED EDI OUTPATIENT REASON FOR VISIT CODE</div> <div></div> </div> <div> <div>EDI MED NDC Paid Code</div> <div></div> </div> <div> <div>EDI MED Procedure Paid Code</div> <div></div> </div> <div> <div>EDI MED PROCEDURE Billed Code</div> <div></div> </div> <div> <div>EDI MED SUPERVISOR (Physician)</div> <div></div> </div>
--	--

<ul style="list-style-type: none"> <li>Defendant (1)</li> <li>Financials/Reserves</li> <li>Litigation (1)</li> <li>Subrogation (0)</li> <li>Arbitration (0)</li> <li>Persons Involved (1)</li> <li>OSHA</li> <li>Dated Text (0)</li> </ul>	<div> <div>EDI MED Admitting Diagnosis Code (DN0535)</div> <div></div> </div> <div> <div>MED EDI PRINCIPAL PROCEDURE DATE</div> <div></div> </div> <div> <div>LSS Invoice Requested Amount</div> <div>\$0.00</div> </div> <div> <div>LSS Approved Amount</div> <div>\$0.00</div> </div> <div> <div>LSS Invoice Final Date</div> <div></div> </div> <div> <div>LSS Pay Discount</div> <div>\$0.00</div> </div>
--	---

### 1.1.2 Claim Supplemental Fields

For populating data into claim supplemental, use the following fields :

<ul style="list-style-type: none"> <li>Diaries</li> <li>Diary List</li> <li>Utilities</li> <li>View Scheduled Tasks</li> <li>TM Jobs View</li> <li>Search</li> <li>Funds Criteria</li> <li>My Work</li> <li>Recent Claims</li> <li>Document</li> <li>Event (EV5000883007048 * 02/23/1989)</li> <li>WC (5000883007048 * VELASQUEZ, JUAN)</li> <li>Adjuster (4)</li> <li>Persons Involved (0)</li> <li>Case Mgt/RTW</li> <li>Defendant (1)</li> <li>Financials/Reserves</li> <li>Litigation (1)</li> <li>Subrogation (0)</li> <li>Arbitration (0)</li> <li>Persons Involved (1)</li> <li>OSHA</li> <li>Dated Text (0)</li> </ul>	<div>Document Diaries Funds Maintenance My Work Reports Search Security User Documents Utilities Help</div> <div>Document =&gt; Event (EV5000883007048 * 02/23/1989) =&gt; WC (5000883007048 * VELASQUEZ, JUAN)</div> <div>Workers Compensation Claim [5000883007048 * U.S. Holdings, Inc * VELASQUEZ, JUAN]</div> <div>Claim Info Event Detail Employee Info Employment Info Medical Info Case Mgt/RTW Loss Information Jurisdictionals Supplementals</div> <table> <tr> <td><b>Event Number</b></td> <td>EV5000883007048</td> <td><b>Date Of Event</b></td> <td>02/23/1989</td> </tr> <tr> <td><b>Claim Number</b></td> <td>5000883007048</td> <td><b>Time Of Event</b></td> <td>12:00 AM</td> </tr> <tr> <td><b>Policy LOB</b></td> <td></td> <td><b>Date Of Claim</b></td> <td>03/08/1989</td> </tr> <tr> <td><b>Claim Type</b></td> <td>LT Lost Time</td> <td><b>Time Of Claim</b></td> <td>12:00 AM</td> </tr> <tr> <td><b>Employee No.</b></td> <td>263159489</td> <td><b>Event Date Rptd.</b></td> <td>02/23/1989</td> </tr> <tr> <td><b>Department</b></td> <td>500-2-2 - Welding Shop</td> <td><b>Event Time Rptd.</b></td> <td>12:00 AM</td> </tr> <tr> <td><b>Claim Status</b></td> <td>C Closed</td> <td><b>Claim Date Rptd.</b></td> <td></td> </tr> <tr> <td><b>Date Closed</b></td> <td>01/21/2014 11:00 AM</td> <td><b>Est. Collection</b></td> <td>\$0.00</td> </tr> <tr> <td><b>Close Method</b></td> <td></td> <td><b>Policy Name</b></td> <td>U.S. Holdings, Inc.</td> </tr> <tr> <td><b>Current Adjuster</b></td> <td>Rodriguez, Christina</td> <td><b>Policy MCO</b></td> <td></td> </tr> <tr> <td><b>File Number</b></td> <td>1945413</td> <td><b>Jurisdiction</b></td> <td>FL Florida</td> </tr> <tr> <td><b>Service Code</b></td> <td></td> <td><b>LSS Claim</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>Payments Frozen</b></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	<b>Event Number</b>	EV5000883007048	<b>Date Of Event</b>	02/23/1989	<b>Claim Number</b>	5000883007048	<b>Time Of Event</b>	12:00 AM	<b>Policy LOB</b>		<b>Date Of Claim</b>	03/08/1989	<b>Claim Type</b>	LT Lost Time	<b>Time Of Claim</b>	12:00 AM	<b>Employee No.</b>	263159489	<b>Event Date Rptd.</b>	02/23/1989	<b>Department</b>	500-2-2 - Welding Shop	<b>Event Time Rptd.</b>	12:00 AM	<b>Claim Status</b>	C Closed	<b>Claim Date Rptd.</b>		<b>Date Closed</b>	01/21/2014 11:00 AM	<b>Est. Collection</b>	\$0.00	<b>Close Method</b>		<b>Policy Name</b>	U.S. Holdings, Inc.	<b>Current Adjuster</b>	Rodriguez, Christina	<b>Policy MCO</b>		<b>File Number</b>	1945413	<b>Jurisdiction</b>	FL Florida	<b>Service Code</b>		<b>LSS Claim</b>	<input type="checkbox"/>	<b>Payments Frozen</b>	<input type="checkbox"/>		
<b>Event Number</b>	EV5000883007048	<b>Date Of Event</b>	02/23/1989																																																		
<b>Claim Number</b>	5000883007048	<b>Time Of Event</b>	12:00 AM																																																		
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<b>File Number</b>	1945413	<b>Jurisdiction</b>	FL Florida																																																		
<b>Service Code</b>		<b>LSS Claim</b>	<input type="checkbox"/>																																																		
<b>Payments Frozen</b>	<input type="checkbox"/>																																																				

<div>My Work</div> <div>Recent Claims</div> <div>Document</div> <div>Event (EV5000883007048 * 02/23/19)</div> <div>WC (5000883007048 * VELASQUEZ)</div> <div>Adjuster (4)</div> <div>Persons Involved (0)</div> <div>Case Mgt/RTW</div> <div>Defendant (1)</div> <div>Financials/Reserves</div> <div>Litigation (1)</div> <div>Subrogation (0)</div> <div>Arbitration (0)</div> <div>Persons Involved (1)</div> <div>OSHA</div> <div>Dated Text (0)</div>	TC Contact Name	<input type="text"/>
	TC Contact Title	<input type="text"/>
	TC Contact Address	<input type="text"/>
	TC Contact Phone	<input type="text"/>
	TC Reported Name	<input type="text"/>
	TC Reported Title	<input type="text"/>
	TC Reported Phone	<input type="text"/>
	ImageRight Drawer	<input type="text"/>
	ImageRight FILE TYPE	<input type="text"/>
	EDI MED Present on Admission Indicator (DN0533)	<input type="text"/>

<div>Funds Criteria</div> <div>My Work</div> <div>Recent Claims</div> <div>Document</div> <div>Event (EV5000883007048 * 02/23/19)</div> <div>WC (5000883007048 * VELASQUEZ)</div> <div>Adjuster (4)</div> <div>Persons Involved (0)</div> <div>Case Mgt/RTW</div> <div>Defendant (1)</div> <div>Financials/Reserves</div> <div>Litigation (1)</div> <div>Subrogation (0)</div> <div>Arbitration (0)</div> <div>Persons Involved (1)</div> <div>OSHA</div> <div>Dated Text (0)</div>	EDI Recision Effective Date (DN0196)	<input type="text"/>
	EDI Type of Loss (DN0290)	01 Traumatic Injury
	EDI Reduced Benefit Amount Code (DN0202)	<input type="text"/>
	EDI IAIABC R3 SROI Filing Status	TA Transaction Accepted
	EDI Agency Claim Number (DN0005)	<input type="text"/>
	EDI Agreement to Compensate (DN0075)	<input type="text"/>
	EDI FL Submitter Location	<input type="text"/>
	EDI Estimated Gross Weekly Amt Ind (DN0172)	<input type="text"/>
	EDI Insolvent Insurer FEIN (DN0292)	<input type="text"/>
	EDI Insured Report Number (DN0026)	<input type="text"/>
	EDI Jurisdiction Branch Code (DN0185)	<input type="text"/>



Workers Compensation Claim [5000883007048 \* U.S. Holdings, Inc \* VELASQUEZ, JUAN]

Claim Info | Event Detail | Employee Info | Employment Info | Medical Info | Case Mgt/RTW | Loss Information | Jurisdictionals | Supplementals

EDI Filing Late Reason (DN0077)

EDI Return to Work Qualifier (DN0071)

EDI Return to Work Type (DN0189)

EDI Cal. Weekly Compensation Amt. (DN0134) \$333.41

EDI Award Date

EDI Lump Sum Payment (DN0293)

EDI Date Emplr Knew of Init.Disability (DN0281)

EDI Initial Date Disability Began(DN0056)

EDI Initial Date of Lost Time (DN0297)

EDI Maximum Medical Improvement Date (DN0070) 01/14/1991

Workers Compensation Claim [5000883007048 \* U.S. Holdings, Inc \* VELASQUEZ, JUAN]

Claim Info | Event Detail | Employee Info | Employment Info | Medical Info | Case Mgt/RTW | Loss Information | Jurisdictionals | Supplementals

Status

EDI Agency Claim Number (DN0005)

EDI Agreement to Compensate (DN0075)

EDI FL Submitter Location

EDI Estimated Gross Weekly Amt Ind (DN0172)

EDI Insolvent Insurer FEIN (DN0292)

EDI Insured Report Number (DN0026)

EDI Jurisdiction Branch Code (DN0186)

EDI MCO Code

EDI MTC Correction Code

EDI MTC Correction Date

EDI Required Earnings Actual

### 1.1.3 Person Involved Supplemental Fields

For populating data into person involved supplemental, use the following fields :

Document Diaries Funds Maintenance My Work Reports Search Security User Documents Utilities Help

Document => Event (EV5000883007048 \* 02/23/1989) => Persons Involved (1)

Name	Person Involved Type
VELASQUEZ, JUAN	E Employee

« prev | 1 | next »

Persons Involved (1)

PI Employee (JUAN VELASQUEZ)

Document Diaries Funds Maintenance My Work Reports Search Security User Documents Utilities Help

Document => Event (EV5000883007048 \* 02/23/1989) => Persons Involved (1) => PI Employee (JUAN VELASQUEZ)

Employee Involved [EV5000883007048 \* JUAN VELASQUEZ]

Employee Employment Info Employee Detail 1 Employee Detail 2 Supplementals

EDI Wage Effective Date Began 02/23/1989

EDI Employment Status 1 Full-Time

EDI Wage Period 01 Weekly

EDI Work Week Type (DN0204)

Injured Occupation

Fatality

Injury Description

Where Taken

What Was Injured Doing

Describe Property

Estimate Amount \$0.00

Where Can Property Be Seen

### 1.1.4 Employee Supplemental Fields

For populating data into employee supplemental, use the following fields:

RISKMASTER RM.com

Document Diaries Funds Maintenance My Work Reports Search Security User Documents Utilities Help

Maintenance => Employee

Employee Maintenance

Employee Employment Info Employee Detail 1 Employee Detail 2 Supplementals

Employee Number

Last Name

First Name

Middle Name

Address 1

Address 2

Address 3

Address 4

City

State

Country

County

Initials

Also Known as

Soc. Sec. No.

Date of Birth

Age

Office

Home

Fax

Zip/Postal Code

Title

Sex

Marital Status

**Employee Maintenance [ ]**

Employee | Employment Info | **Employee Info** | Entity ID Type | Supplementals

EDI Con. Employer Name (DN0141)

EDI Con. Employer Phone (DN0142)

EDI Con. Employer Wage (DN0143)

EDI Education Level (DN0151)

EDI Employee ID Type (DN0270)

EDI Employment Status (DN0058)

EDI Emp. Visa (DN0152)

EDI Emp. Green Card (DN0153)

EDI Emp. Jurisdiction ID (DN0154)

EDI Emp. Passport (DN0156)

EDI No. of Withholdings (DN0214)

**RISKMASTER** | RM.com

Document | Diaries | Funds | Maintenance | My Work | Reports | Search | Security | User Documents | Utilities | Help

Maintenance => Employee

**Employee Maintenance [ ]**

Employee | Employment Info | Employee Info | Entity ID Type | **Supplementals**

EDI Pre-Existing Disability Ind (DN0069)

EDI Release Medical Records Ind (DN0150)

EDI Release SSN Ind (DN0157)

EDI Tax Filing Status (DN0158)

EDI Wage Effective Date (DN0256)

EDI Wage Period (DN0063)

EDI Employee Last Name Suffix (DN0255)

### 1.1.5 Entity Supplemental Fields

For populating data into entity supplemental, use the following fields:

**RISKMASTER** RM.com

Document Diaries Funds Maintenance My Work Reports Search Security User Documents Utilities Help

Maintenance => Entity

Entity Maintenance [ ]

Entity Operating As

Type Of Entity

Name

Contact

DBA

Abbreviation

Address 1

Address 2

Address 3

Address 4

City

State

Admin Tracking

Catastrophe

Coverage Group Maintenance

Driver

Employee

Entity

Leave Plan Management

Medical Staff

Org. Hierarchy

Patient Tracking

People

Physician

Plan Management

Policy Tracking

Property

State Maintenance

Table Maintenance

Vehicle

ID Type

SSN

SSN

Office

Home

Fax

E-Mail Type

E-Mail

Parent

Legal Name

1099 Reportable

Supplementals

Document Diaries Funds Maintenance My Work Reports Search Security User Documents Utilities Help

Maintenance => Entity

Entity Maintenance [ ]

Entity Operating As Contact Info Entity ID Type Supplementals

Claim Index Bureau Number

Pennsylvania Bureau Code

W9 Received (Y or N)

W9 Received Date

EDI FL Insurer Code Number

EDI FL Insurer Tax ID

EDI FL TPA Code Number

EDI Employer Type

EDI Insured Type (DN0184)

EDI Insurer Type (DN0185)

EDI Insured Location Number (DN0027)

Bill Review Payee

Hospital Bill Review Rate(% of

The screenshot shows the DA Medical EDI User Guide 1.0 interface. The left sidebar contains navigation menus for Diaries, Utilities, Search, My Work, Document, Event, WC, Case Mgt/RTW, Persons Involved, and PI Employee. The main area displays the Entity Maintenance form with tabs for Entity, Operating As, Contact Info, Entity ID Type, and Supplementals. A red box highlights the EDI Claim Admin Alt. Postal Code (DN0200), EDI R3 Claim Production Implementation Date, and EDI Use Negative Payment fields.

## 2.0 Medical EDI (Electronic Data Interchange) Screens

We need to schedule the Medical EDI (Electronic data interchange) job from Riskmaster Accelerator Task manager screens. We can reach out to Medical EDI screen by clicking on the “Medical Extract” as shown below:

**Electronic Data Interchange (EDI) => Medical Extract**

Optionset Name: **Medical Extract**

Extract Type: Medical EDI Release 2

File Name: med

Extract Criteria: Define Criteria

Medical Bill Type: Professional

Bill Type Flag: Fee Table Based

Production Indicator: Test

Reporting From Date: 04/25/2000

Reporting To Date: 04/25/2020

Extract Previously Extracted Data: ☐

**Date Options**

Extract Date Criteria: Transaction Date

From Date: 04/01/2018

To Date: 04/29/2018

**Advance Options**

Organization Hierarchy Criteria: Specific

Transaction Types Criteria: Specific

Extract State: Specific

Select Org Hier: AND- BlythWood Department

Select Transaction Type: ABI Auto Bodily Injury German, ABI Auto Bodily Injury

Select States:

## 2.0.1 Trading Partners Screen

We can reach out to this screen by clicking on the “Initial Configuration” tab of EDI.

**Electronic Data Interchange (EDI) => Initial Configuration**

Initial Configuration

Submitter ID:

Claim Handling File Option: Claim Number

EDI Optional Setup

Reset Batch

Jurisdiction Setup

Select the EDI Initial Setup option as shown above.

**Note:** Trading Partner information is not required for the Florida Medical Bill EDI format. However, the Sender information is used in the Header record for the Florida Medical Bill reports.

The Trading Partner screen will be displayed after clicking “Jurisdiction Setup” as shown below:

	Trading Partner Name	Trading Partner ID	Trading Partner Zip	Sender ID	Sender Zip	Receiver ID	Jurisdiction
	Karan Nakra	9900990	1211223	123321	121212121	12212	Maryland
	a	123456789	1	123456789	q		Alberta
	a	123456789	123456789	123456789	123456789	123456789	Alberta

A Trading Partner table was added to the database and the data entered on the “Trading Partner for State” screen is now saved to the database. The Trading Partner information added into EDI should match the Trading Partner information in your Trading Partner Agreement exactly. This includes capitalization and full zip code. The Sender information added into EDI should match the Sender information in your Trading Partner Agreement exactly. Follow the steps below to Add, Edit or Delete Trading Partners.

#### 2.0.1.1 Add Trading Partner Information




Click on the “Add” button to update the data corresponding to the Trading Partners.

	Trading Partner Name	Trading Partner ID	Trading Partner Zip	Sender ID	Sender Zip	Receiver ID	Jurisdiction
	Karan Nakra	9900990	1211223	123321	121212121	12212	Maryland
	a	123456789	1	123456789	q		Alberta
	a	123456789	123456789	123456789	123456789	123456789	Alberta

- 1) Select the “Add” button within the Trading Partner Information section of the screen. This will display the “Trading Partner for State” screen.
- 2) Select the Jurisdiction and enter data for all fields on the screen. The Report Type field does not need to be populated.
- 3) Select the “Save” button to save the data to the database or the “Cancel” button to close the screen without saving the data to the database.

### 2.0.1.2 Edit Trading Partner Information

Select the Edit button as shown in the below tab to open the Trading Partner screen.







	Trading Partner Name	Trading Partner ID	Trading Partner Zip
	Karan Nakra	9900998	1211223
	a	123456789	1
	a	123456789	123456789

- 1) Select a Trading Partner from the list of Trading Partners.
- 2) Select the “Edit” button within the Trading Partner Information section of the screen. This will display the “Trading Partner for State” screen.
- 3) Edit the fields on the screen that need to be updated.
- 4) Select the “Save” button to save the data to the database or the “Cancel” button to close the screen without saving the data to the database.

### 2.0.1.3 Delete Trading Partner Information

Select the Delete button to delete the data corresponding to the specific trading Partner shown below:



	Trading Partner Name	Trading Partner ID	Trading Partner Zip
 	Karan Nakra	9900998	1211223
 	a	123456789	1
 	a	123456789	123456789

- 1) Select a Trading Partner from the list of Trading Partners.
- 2) Select the “Delete” button within the Trading Partner Information section of the screen. The Trading Partner is deleted from the list of Trading Partners and from the database.






## 2.0.2 EDI Optional Initial Setup

User can check this option to set the specific details.

Document Diaries Funds Maintenance My Work Policy Reports Search Security User Documents Utilities Help


Utilities => View Scheduled Tasks

**Electronic Data Interchange (EDI) => Initial Configuration**

Florida Initial Setup

**EDI Optional Setup**



Mark All Closed Claims as FROI  
Extracted

Date Criteria for Closed Claims

From Date

To Date

☐

None

MM/dd/yyyy

MM/dd/yyyy

**Option: “What date criteria do you mark open or closed claims as FROI extracted?”**

**Use this option to mark existing claim records as already reported to the state. You can mark claim records as being extracted by either date criteria or claim status.**

## 2.0.3 Florida Initial Setup

Set the Florida Medical EDI preferences using the below screen:

Electronic Data Interchange (EDI) => Initial Configuration

Florida Initial Setup

Submitter ID

Claim Handling File Option

Claim Number

Use “Submitter ID” text box to populate data corresponding to submitter information.

Use “Claim Handling File Option” to specify the preferences for export via claim number or funds control number.

#### 2.0.4 Medical EDI Export Process

To schedule the job for Medical EDI export, user needs to select Medical Edi Release 2.0 option. After the selection of Medical EDI Release 2.0, the below window will appear for the process.

Electronic Data Interchange (EDI) => Medical Extract

Optionset Name \*

Medical Bill Type

Professional

Reporting From Date \*

04/25/2000

Extract Type

Medical EDI Release 2

Medical EDI Release 2

Florida Medical Revision F

Medical EDI Acknowledgement

Free Table Based

Reporting To Date \*

04/25/2020

File Name \*

med

Production Indicator

Test

Extract Criteria

Define Criteria

Extract Previously Extracted Data

☐

Date Options

Extract Date Criteria

Transaction Date

From Date \*

04/01/2018

To Date \*

04/29/2018

Advance Options

Organization Hierarchy Criteria

Specific

Transaction Types Criteria

Specific

Extract State

Specific

Select Org Hier \*

ANO- BlythWood Department

Select Transaction Type \*

ABI Auto Bodily Injury German

ABI Auto Bodily Injury

Select States \*

#### 2.0.4.1 Define Criteria Option

The Medical EDI IAIABC Release 2.0 interface wizard will walk you through the process of extracting payments information from RISKMASTER. The screen is shown below:

**Electronic Data Interchange (EDI) => Medical Extract**

Optionset Name \*  Extract Type  File Name \*  Extract Criteria

Medical Bill Type  Bill Type Flag  Production Indicator  Extract Previously Extracted Data ☐

Reporting From Date \*  Reporting To Date \*

**Date Options**

Extract Date Criteria  From Date  To Date

**Advance Options**

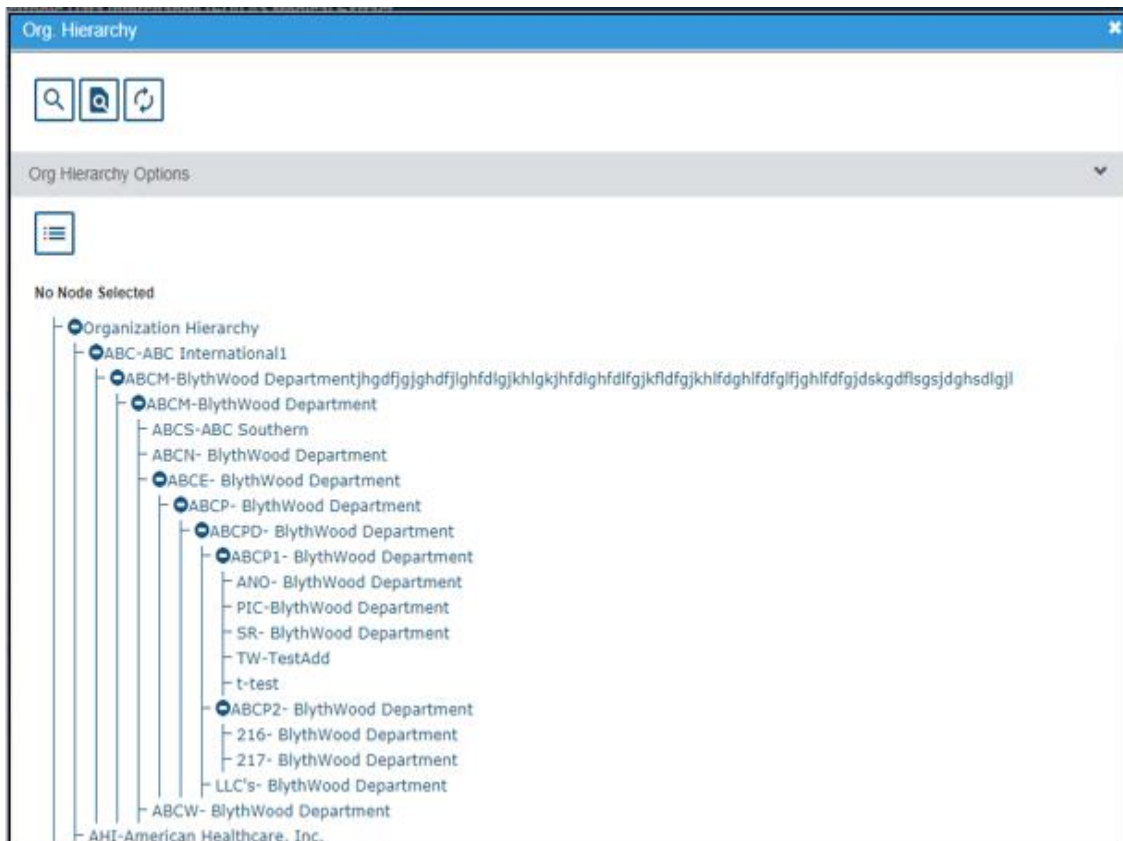
Organization Hierarchy Criteria  Transaction Types Criteria  Extract State

Select Org Hier  Select Transaction Type  Select States

- The field “**Option Set Name**” is required to be given at the time of scheduling the job for Medical EDI Release 2.0. This name should be unique and can contain an alpha-numeric value.
- Select this option **Medical Bill Type** to choose which type of medical bill one want to extract.
- This option “**Bill Type Flag**” is used to select the criteria for which the data is required to be extracted. It may be of “Fee Table based” Or “BRS Bill Type based”.
- The “**Extract Previously Extracted Data**” option is used to extract data for the same payment if:
  - The payment failed jurisdictional edits and the file was rejected by the state
  - A second EDI Medical filing must be made for the same payment (Medical Release 2.0 filing with a different MTC code)
  - An extract file was created but never set to the jurisdiction
- The “**Production Indicator**” option is used to populate the Test/Production Indicator field in the extract file. The field is a required field for all Medical EDI 2.0 filings

You may limit the claims extracted by the organizational hierarchy, applying date, claim type and state criteria. All departments under the selection will be included in the extract.

- Use the “All” option to extract claims regardless of what the department involved on the claim is set to. Use the “Specific” option to extract claims with a specific department involved.
- To select specific hierarchy levels, select the “Specific” option and click on the browse button. This will display the Organizational Hierarchy screen. Select a hierarchy level. This will add the selected hierarchy level to the list on the Medical EDI screen.



The “Specify payment” option allows the user to manually type in the control numbers that need to be extracted. This option should only be used if there are only a few payments to extract.

**Electronic Data Interchange (EDI) => Medical Extract**

Optionset Name \*

Extract Type

File Name \*

Extract Criteria

Medical Bill Type

Bill Type Flag

Production Indicator

Extract Previously Extracted Data ☐

Reporting From Date \*

Reporting To Date \*

Upon initial entry into this screen, a list of control numbers that meet the defined criteria will display as shown below:

**EDI Extract Summary**

☐

Control Number	Transaction Date	Date of Check	Bill Submission Reason Code

This step also allows you to enter additional control numbers of the payments you wish to extract which are not present in the list. When you have entered in the additional control numbers, choose the finish button to start the extract.

**EDI Extract Summary**

☐

Control Number	Transaction Date	Date of Check	Bill Submission Reason Code

- To add additional payments to extract, type the control number in the field at the top of the screen and click the “Add” button. The control number will be added to the list of payments on the screen.

- If the entered control number is not existing in the Riskmaster database, then the exception will be thrown on the screen as shown below. Different exceptions will be displayed by putting up the wrong Control numbers on the screen.

### 2.0.4.3 Medical EDI Logs Screen

Running Jobs

Job Name	Description	Job State	Start Date/Time	End Date/Time
----------	-------------	-----------	-----------------	---------------






Abort

Refresh

Archived Jobs

1 - 25 of 39 records

Page 1 of 2 First | Previous | Next

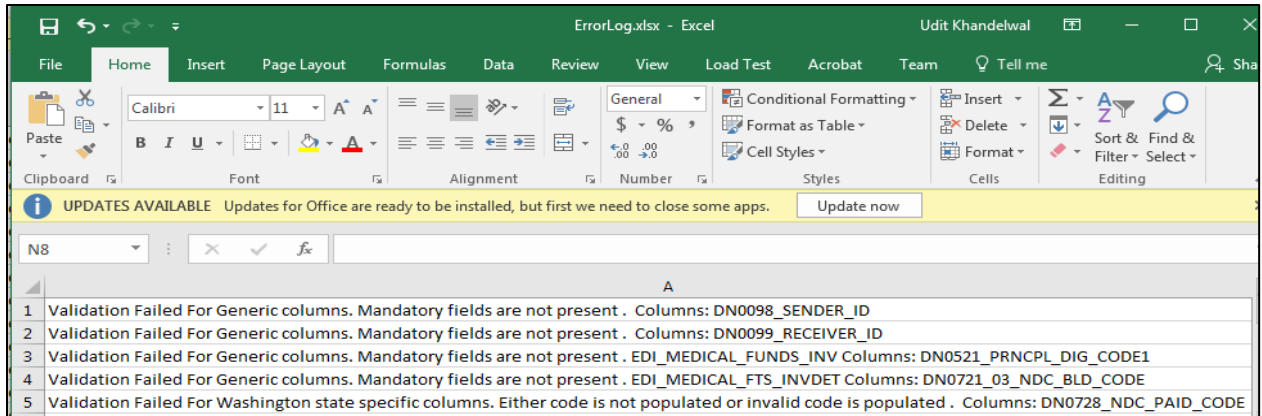
EDI-OP-77	EDI	Completed	4/28/2017 9:04 PM	4/28/2017 9:05 PM	
EDI-OP-76	EDI	Completed	4/28/2017 8:55 PM	4/28/2017 8:56 PM	
EDI-OP-75	EDI	Completed	4/28/2017 8:47 PM	4/28/2017 8:48 PM	
EDI-OP-74	EDI	Completed With Error	4/28/2017 8:41 PM	4/28/2017 8:41 PM	
EDI-OP-73	EDI	Completed With Error	4/28/2017 8:30 PM	4/28/2017 8:30 PM	

After the Job, will be executed, the Status of the jobs will be updated at the below screen as displayed.

To check the logs, click on the “Job Files zip file option” and the generated logs will be displayed.

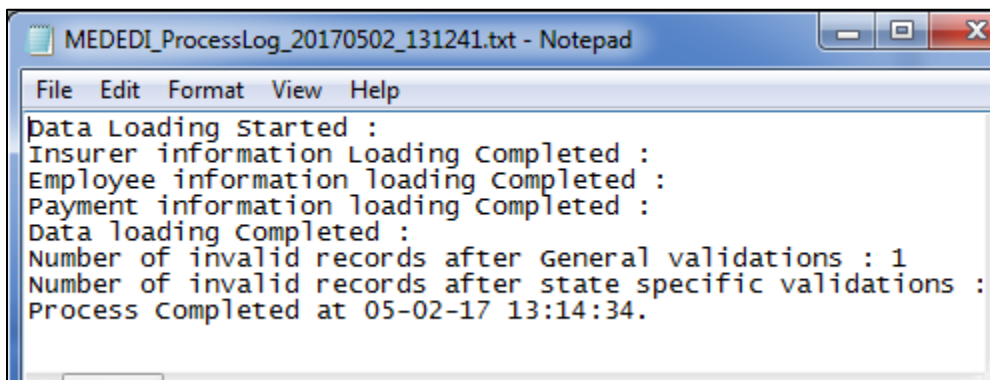
### 2.0.4.4 Medical EDI Error Log

The error log file will be generated with the name as “errorlog.csv”, has been displayed below.



#### 2.0.4.5 Medical EDI Process Log

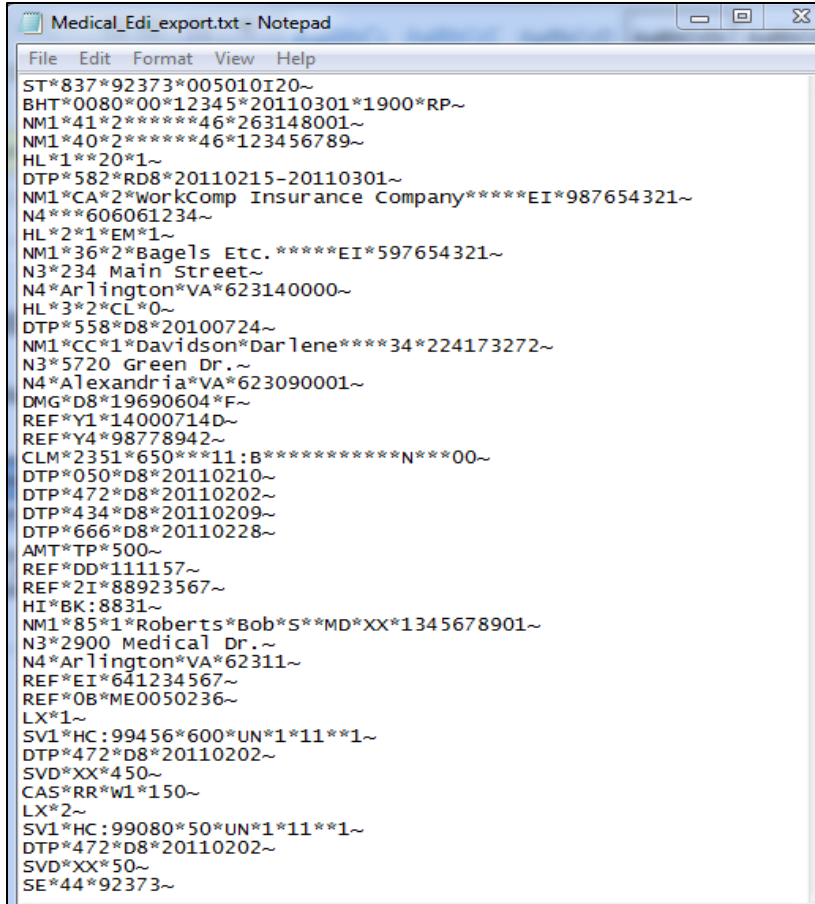
The Process log will display the count of “Number of Extracted Claims” and “Number of claims not extracted” along with the Validation messages.



#### 2.0.4.6 Medical EDI Export File Log

The EDI export file will be generated as per the IAIABC standards. The screenshot is shown below:





```

ST*837*92373*005010I20~
BHT*0080*00*12345*20110301*1900*RP~
NM1*41*2*****46*263148001~
NM1*40*2*****46*123456789~
HL*1**20*1~
DTP*582*RD8*20110215-20110301~
NM1*CA*2*WorkComp Insurance Company*****EI*987654321~
N4**606061234~
HL*2*1*EM*1~
NM1*36*2*Bagels Etc.*****EI*597654321~
N3*234 Main Street~
N4*Arlington*VA*623140000~
HL*3*2*CL*0~
DTP*558*D8*20100724~
NM1*CC*1*Davidson*Darlene*****34*224173272~
N3*5720 Green Dr.~
N4*Alexandria*VA*623090001~
DMG*D8*19690604*F~
REF*Y1*14000714D~
REF*Y4*98778942~
CLM*2351*650*****11:B*****N****00~
DTP*050*D8*20110210~
DTP*472*D8*20110202~
DTP*434*D8*20110209~
DTP*666*D8*20110228~
AMT*TP*500~
REF*DD*111157~
REF*2I*88923567~
HI*BK:8831~
NM1*85*1*Roberts*Bob*S**MD*XX*1345678901~
N3*2900 Medical Dr.~
N4*Arlington*VA*62311~
REF*EI*641234567~
REF*OB*ME0050236~
LX*1~
SV1*HC:99456*600*UN*1*11**1~
DTP*472*D8*20110202~
SVD*XX*450~
CAS*RR*W1*150~
LX*2~
SV1*HC:99080*50*UN*1*11**1~
DTP*472*D8*20110202~
SVD*XX*50~
SE*44*92373~
  
```

## 2.0.5 Medical EDI Import Process

This is used to import the Acknowledgement Report back into the RISKMASTER database. Select the update option and further select the “Riskmaster WC Claims” option to progress with the Import functionality.

The Update RISKMASTER WC Payments, this option is used to import Medical Acknowledgement Report data into RISKMASTER.

User needs to browse the Acknowledgement file by giving the unique “option set” name to start the process.

**Electronic Data Interchange (EDI) => Medical Extract**

Optionset Name \*

Extract Type

Select File

Medical EDI Acknowledgement

### 3.0 MEDICAL EDI FIELD MAPPING

#### 3.0.1 Export

DN #	Field Name	Required (YES (Y), NO(N))	Riskmaster Table. Field Name	Riskmaster Screen
532	ORIGINATOR TRANSACTION IDENTIFICATION NUMBER	Y	Batch number for transaction and will be populated in EDI_MED_HISTORY	
100	DATE TRANSMISSION SENT	Y		system date
101	TIME TRANSMISSION SENT	Y		system time
98	SENDER ID	Y	TRADING_PARTNER.SENDER_ID	Medical EDI Optionset Screen
99	RECEIVER ID	Y	TRADING_PARTNER.RECEIVER ID	Medical EDI Optionset Screen
615	REPORTING PERIOD	Y		Medical EDI Optionset Screen

7	INSURER NAME	Y	ENTITY.LAST_NAME	Entity/Org Hierarchy Maintenance Screen
6	INSURER FEIN	Y	ENTITY.TAX_ID	Entity/Org Hierarchy Maintenance Screen
616	INSURER POSTAL CODE	Y	ENTITY.ZIP_CODE	Entity/Org Hierarchy Maintenance Screen
188	CLAIM ADMINISTRATOR NAME	Y*	ENTITY.LAST_NAME	Entity Maintenance or Organization Hierarchy
187	CLAIM ADMINISTRATOR FEIN	Y*	ENTITY.TAX_ID	Entity Maintenance or Organization Hierarchy
14	CLAIM ADMINISTRATOR MAILING POSTAL CODE	Y*	ENTITY.ZIP_CODE	Entity Maintenance or Organization Hierarchy
18	EMPLOYER NAME	Y	ENTITY.LAST_NAME	Org Hierarchy Maintenance
16	EMPLOYER FEIN	N	ENTITY.TAX_ID	Org Hierarchy Maintenance
31	DATE OF INJURY	Y	EVENT.DATE_OF_EVENT	Event Screen
43	EMPLOYEE LAST NAME	Y	ENTITY.LAST_NAME	Entity Screen
44	EMPLOYEE FIRST NAME	Y	ENTITY.FIRST_NAME	Entity Screen
45	EMPLOYEE MIDDLE NAME/INITIAL	N	ENTITY.MIDDLE_NAME	Entity Screen

255	EMPLOYEE LAST NAME SUFFIX	N	ENTITY.SUFFIX_COMMON	Entity Screen
42	EMPLOYEE SSN	N	ENTITY.TAX_ID	Entity Screen
153	EMPLOYEE GREEN CARD	N	EMP_SUPP.GREEN_CARD	Employee Supplemental s
154	EMPLOYEE ID ASSIGNED BY JURISDICTION	N	EMP_SUPP.JUR_ID	Employee Supplemental s
156	EMPLOYEE PASSPORT NUMBER	N	EMP_SUPP.PASSPORT	Employee Supplemental s
152	EMPLOYEE EMPLOYMENT VISA	N	EMP_SUPP.EMP_VISA	Employee Supplemental s
46	EMPLOYEE MAILING PRIMARY ADDRESS	N	ENTITY.ADDR1	Entity Screen
47	EMPLOYEE MAILING SECONDARY ADDRESS	N	ENTITY.ADDR2	Entity Screen
48	EMPLOYEE MAILING CITY	N	ENTITY.CITY	Entity Screen
49	EMPLOYEE MAILING STATE CODE	N	ENTITY.STATE_ID	Entity Screen
50	EMPLOYEE MAILING POSTAL CODE	N	ENTITY.ZIP_CODE	Entity Screen
155	EMPLOYEE MAILING COUNTRY CODE	N	ENTITY.COUNTRY_CODE. Code table COUNTRY.	Entity Screen
52	EMPLOYEE DATE OF BIRTH	N	ENTITY.BIRTH_DATE	Entity Screen
53	EMPLOYEE GENDER CODE	N	ENTITY.SEX_CODE. Code Table SEX_CODE	Entity Screen
15	CLAIM ADMINISTRATOR CLAIM NUMBER	Y	CLAIM.CLAIM_NUMBER	Claim Screen
5	JURISDICTION CLAIM NUMBER	Y*	CLAIM_SUPP.AGENCY_CL_NUM/CLAIM.FILE_NUMBER	Claim Supplemental s/Claim Screen

51	EMPLOYEE PHONE NUMBER	N	ENTITY.PHONE1	Entity Screen
523	BILLING PROVIDER UNIQUE BILL IDENTIFICATION NUMBER	Y	FUNDS_TRANS_SPLIT.INVOICE_NUMBER	Transaction Screen
501	TOTAL CHARGE PER BILL	Y	INVOICE_DETAIL.AMOUNT_BILLED	BRS Screen
502	BILLING TYPE CODE	Y	INVOICE_DETAIL.BILL_TYPE. Code Table BILLTYPE	BRS Screen
504	FACILITY CODE	Y	INVOICE_DETAIL.PLACE_OF_SER_CODE. Code table PLACE_OF_SERVICE	BRS Screen
555	PLACE OF SERVICE BILL CODE	Y	INVOICE_DETAIL.PLACE_OF_SER_CODE. Code table PLACE_OF_SERVICE	BRS Screen
503	BILLING FORMAT CODE	Y	FUNDS_SUPP.BILLING_FORMAT_CODE. Code Table BILLING_FORMAT_CODE	Transaction Supplemental s
505	BILL FREQUENCY TYPE CODE	Y	Hardcoded Value = 1	
507	PROVIDER AGREEMENT CODE	Y	FUNDS_SUPP.PROV_AGRMNT_CODE. Code Table PROV_AGRMNT_CODE	Transaction Supplemental s
508	BILL SUBMISSION REASON CODE	Y	FUNDS_SUPP.BILL_SUB_RSN_CODE. Code table name BILL_SUB_RSN_CODE	Transaction Supplemental s
511	DATE INSURER RECEIVED BILL	Y	FUNDS_SUPP.FL_RCVD_BILL	Transaction Supplemental s
513	ADMISSION DATE	N	PATIENT.DATE_OF_ADMISSION	Patient Tracking - Admission Info
622	ADMISSION HOUR	N	PATIENT.TIME_OF_ADMISSION	Patient Tracking - Admission Info

514	DISCHARGE DATE	N	PATIENT.DATE_OF_DISCHARGE	Patient Tracking - Admission Info
623	DISCHARGE HOUR	N	PATIENT.TIME_OF_DISCHARGE	Patient Tracking - Admission Info
509	SERVICE BILL DATE(S) RANGE	Y	FUNDS_TRANS_SPLIT.TO_DATE	Transaction Details Screen
527	PRESCRIPTION DATE(S) RANGE	Y	INVOICE_DETAIL.PRESCRIPTION_DATE	BRS Screen
510	DATE OF BILL	Y	FUNDS.TRANS_DATE	Transaction Details Screen
512	DATE INSURER PAID BILL	Y	FUNDS.CHECK_DATE	Transaction Details Screen
577	ADMISSION TYPE CODE	Y	PATIENT.ADM_TYPE_CODE. Code Table ADMISSION_TYPE	Patient Tracking - Admission Info
515	CONTRACT TYPE CODE	N	FUNDS_SUPP.CONTRACT_TYPE_CODE. Code Table CONTRACT_TYPE_CODE	Transaction Supplemental s
516	TOTAL AMOUNT PAID PER BILL	Y	FUNDS.AMOUNT	Transaction Details
500	UNIQUE BILL ID NUMBER	Y	FUNDS.TRANS_ID	Transaction Details
266	TRANSACTION TRACKING NUMBER	Y	FUNDS.CTL_NUMBER	Transaction Details
581	TREATMENT AUTHORIZATION NUMBER	N	NA	NA
293	LUMP SUM PAYMENT/SETTLEMENT CODE	Y	CLAIM_SUPP.LUMP_SUM_PMT. Code Table LUMP_SUM_PMT	Claims Screen

521	PRINCIPAL DIAGNOSIS CODE	Y*	FUNDS_SUPP.FL_PRIN_ICD_DIAG	Transaction Supplemental s
533	PRESENT ON ADMISSION INDICATOR	N	NA	NA
535	ADMITTING DIAGNOSIS CODE	Y*	FUNDS_SUPP.ADMTNG_DIAG_CODE	Transaction Supplemental s
522	DIAGNOSIS CODE	N	INVDETAIL_X_DIAG_ICD10.DIAGNOSIS_CODE/INVDETAIL_X_DIAG.DIAGNOSIS_CODE	BRS Screen
533	PRESENT ON ADMISSION INDICATOR	N	NA	ATL Will Handle
522	DIAGNOSIS CODE	N	INVDETAIL_X_DIAG_ICD10.DIAGNOSIS_CODE/INVDETAIL_X_DIAG.DIAGNOSIS_CODE	BRS Screen
533	PRESENT ON ADMISSION INDICATOR	N	NA	
522	DIAGNOSIS CODE	N	INVDETAIL_X_DIAG_ICD10.DIAGNOSIS_CODE/INVDETAIL_X_DIAG.DIAGNOSIS_CODE	BRS Screen
533	PRESENT ON ADMISSION INDICATOR	N	NA	
522	DIAGNOSIS CODE	N	INVDETAIL_X_DIAG_ICD10.DIAGNOSIS_CODE/INVDETAIL_X_DIAG.DIAGNOSIS_CODE	BRS Screen
533	PRESENT ON ADMISSION INDICATOR	N	NA	
522	DIAGNOSIS CODE	N	INVDETAIL_X_DIAG_ICD10.DIAGNOSIS_CODE/INVDETAIL_X_DIAG.DIAGNOSIS_CODE	BRS Screen
533	PRESENT ON ADMISSION INDICATOR	N	NA	
522	DIAGNOSIS CODE	N	INVDETAIL_X_DIAG_ICD10.DIAGNOSIS_CODE/INVDETAIL_X_DIAG.DIAGNOSIS_CODE	BRS Screen

533	PRESENT ON ADMISSION INDICATOR	N	NA	
522	DIAGNOSIS CODE	N	INVDETAIL_X_DIAG_ICD10. DIAGNOSIS_CODE/INVDETAIL_X_DIAG.DIAGNOSIS_CODE	BRS Screen
533	PRESENT ON ADMISSION INDICATOR	N	NA	
522	DIAGNOSIS CODE	N	INVDETAIL_X_DIAG_ICD10. DIAGNOSIS_CODE/INVDETAIL_X_DIAG.DIAGNOSIS_CODE	BRS Screen
533	PRESENT ON ADMISSION INDICATOR	N	NA	
522	DIAGNOSIS CODE	N	INVDETAIL_X_DIAG_ICD10. DIAGNOSIS_CODE/INVDETAIL_X_DIAG.DIAGNOSIS_CODE	BRS Screen
533	PRESENT ON ADMISSION INDICATOR	N	NA	
522	DIAGNOSIS CODE	N	INVDETAIL_X_DIAG_ICD10. DIAGNOSIS_CODE/INVDETAIL_X_DIAG.DIAGNOSIS_CODE	BRS Screen
533	PRESENT ON ADMISSION INDICATOR	N	NA	
522	DIAGNOSIS CODE	N	INVDETAIL_X_DIAG_ICD10. DIAGNOSIS_CODE/INVDETAIL_X_DIAG.DIAGNOSIS_CODE	BRS Screen
533	PRESENT ON ADMISSION INDICATOR	N	NA	
522	DIAGNOSIS CODE	N	INVDETAIL_X_DIAG_ICD10. DIAGNOSIS_CODE/INVDETAIL_X_DIAG.DIAGNOSIS_CODE	BRS Screen
533	PRESENT ON ADMISSION INDICATOR	N	NA	
520	OUTPATIENT REASON FOR VISIT CODE	N	FUNDS_SUPP.MED EDI OUTPATIENT REASON FOR VISIT CODE	Transaction Supplementals



520	OUTPATIENT REASON FOR VISIT CODE	N	NA	
520	OUTPATIENT REASON FOR VISIT CODE	N	NA	
521	PRINCIPAL DIAGNOSIS CODE	Y	FUNDS_SUPP.FL_PRIN_ICD_DIAG	Transaction Supplementals
522	DIAGNOSIS CODE	N	INVDETAIL_X_DIAG_ICD10.DIAGNOSIS_CODE/INVDETAIL_X_DIAG.DIAGNOSIS_CODE	BRS Screen
522	DIAGNOSIS CODE	N	INVDETAIL_X_DIAG_ICD10.DIAGNOSIS_CODE/INVDETAIL_X_DIAG.DIAGNOSIS_CODE	BRS Screen
522	DIAGNOSIS CODE	N	INVDETAIL_X_DIAG_ICD10.DIAGNOSIS_CODE/INVDETAIL_X_DIAG.DIAGNOSIS_CODE	BRS Screen
522	DIAGNOSIS CODE	N	INVDETAIL_X_DIAG_ICD10.DIAGNOSIS_CODE/INVDETAIL_X_DIAG.DIAGNOSIS_CODE	BRS Screen
522	DIAGNOSIS CODE	N	INVDETAIL_X_DIAG_ICD10.DIAGNOSIS_CODE/INVDETAIL_X_DIAG.DIAGNOSIS_CODE	BRS Screen
522	DIAGNOSIS CODE	N	INVDETAIL_X_DIAG_ICD10.DIAGNOSIS_CODE/INVDETAIL_X_DIAG.DIAGNOSIS_CODE	BRS Screen
522	DIAGNOSIS CODE	N	INVDETAIL_X_DIAG_ICD10.DIAGNOSIS_CODE/INVDETAIL_X_DIAG.DIAGNOSIS_CODE	BRS Screen
522	DIAGNOSIS CODE	N	INVDETAIL_X_DIAG_ICD10.DIAGNOSIS_CODE/INVDETAIL_X_DIAG.DIAGNOSIS_CODE	BRS Screen
522	DIAGNOSIS CODE	N	INVDETAIL_X_DIAG_ICD10.DIAGNOSIS_CODE/INVDETAIL_X_DIAG.DIAGNOSIS_CODE	BRS Screen
522	DIAGNOSIS CODE	N	INVDETAIL_X_DIAG_ICD10.DIAGNOSIS_CODE/INVDETAIL_X_DIAG.DIAGNOSIS_CODE	BRS Screen

522	DIAGNOSIS CODE	N	INVDDETAIL_X_DIAG_ICD10. DIAGNOSIS_CODE/INVDDETAIL_X_DIAG.DIAGNOSIS_CODE	BRS Screen
525	PRINCIPAL PROCEDURE CODE	N	FUNDS_SUPP.FL_PRIN_PROC	Transaction Supplementals
550	PRINCIPAL PROCEDURE DATE	Y*	FUNDS_SUPP.PRNCPL_PROC_DATE	Transaction Supplementals
736	OTHER PROCEDURE CODE	N	NA	
524	PROCEDURE DATE	Y*	PI_X_PROCEDURE.DATE_OF_PROCEDURE	Patient Tracking Screen- Add employee as PI
736	OTHER PROCEDURE CODE	N	NA	
524	PROCEDURE DATE	Y*	PI_X_PROCEDURE.DATE_OF_PROCEDURE	
736	OTHER PROCEDURE CODE	N	NA	
524	PROCEDURE DATE	Y*	PI_X_PROCEDURE.DATE_OF_PROCEDURE	
736	OTHER PROCEDURE CODE	N	NA	
524	PROCEDURE DATE	Y*	PI_X_PROCEDURE.DATE_OF_PROCEDURE	
736	OTHER PROCEDURE CODE	N	NA	
524	PROCEDURE DATE	Y*	PI_X_PROCEDURE.DATE_OF_PROCEDURE	
736	OTHER PROCEDURE CODE	N	NA	
524	PROCEDURE DATE	Y*	PI_X_PROCEDURE.DATE_OF_PROCEDURE	
736	OTHER PROCEDURE CODE	N	NA	
524	PROCEDURE DATE	Y*	PI_X_PROCEDURE.DATE_OF_PROCEDURE	
736	OTHER PROCEDURE CODE	N	NA	

524	PROCEDURE DATE	Y*	PI_X_PROCEDURE.DATE_OF _PROCEDURE	
736	OTHER PROCEDURE CODE	N	NA	
524	PROCEDURE DATE	Y*	PI_X_PROCEDURE.DATE_OF _PROCEDURE	
736	OTHER PROCEDURE CODE	N	NA	
524	PROCEDURE DATE	Y*	PI_X_PROCEDURE.DATE_OF _PROCEDURE	
736	OTHER PROCEDURE CODE	N	NA	
524	PROCEDURE DATE	Y*	PI_X_PROCEDURE.DATE_OF _PROCEDURE	
736	OTHER PROCEDURE CODE	N	NA	
524	PROCEDURE DATE	Y*	PI_X_PROCEDURE.DATE_OF _PROCEDURE	
556	CONDITION CODE	N	NA	NA
556	CONDITION CODE	N	NA	NA
556	CONDITION CODE	N	NA	NA
556	CONDITION CODE	N	NA	NA
556	CONDITION CODE	N	NA	NA
556	CONDITION CODE	N	NA	NA
556	CONDITION CODE	N	NA	NA
556	CONDITION CODE	N	NA	NA
556	CONDITION CODE	N	NA	NA
556	CONDITION CODE	N	NA	NA
556	CONDITION CODE	N	NA	NA
556	CONDITION CODE	N	NA	NA
556	CONDITION CODE	N	NA	NA
549	PAID DRG CODE	N	NA	
548	BILLED DRG CODE	N	NA	
528	BILLING PROVIDER LAST/GROUP NAME	Y	ENTITY.LAST_NAME	Entity Maintenance

				screen( Payee information)
529	BILLING PROVIDER FIRST NAME	N	ENTITY.FIRST_NAME	Entity Maintenance screen( Payee information)
530	BILLING PROVIDER MIDDLE NAME/INITIAL	N	ENTITY.MIDDLE_NAME	Entity Maintenance screen( Payee information)
531	BILLING PROVIDER LAST NAME SUFFIX	N	ENTITY.SUFFIX_COMMON	Entity Maintenance screen( Payee information)
634	BILLING PROVIDER NATIONAL PROVIDER ID	N	ENTITY.NPI_NUMBER	Entity Maintenance screen( Payee information)
537	BILLING PROVIDER PRIMARY SPECIALTY CODE	N	NA	
538	BILLING PROVIDER PRIMARY ADDRESS	Y	ENTITY.ADDR1	Entity Maintenance screen( Payee information)
539	BILLING PROVIDER SECONDARY ADDRESS	N	ENTITY.ADDR2	Entity Maintenance screen( Payee information)
540	BILLING PROVIDER CITY	Y	ENTITY.CITY	Entity Maintenance screen( Payee information)
541	BILLING PROVIDER STATE CODE	N	ENTITY.STATE_ID	Entity Maintenance screen( Payee information)
542	BILLING PROVIDER POSTAL CODE	N	ENTITY.ZIP_CODE	Entity Maintenance

				screen( Payee information)
569	BILLING PROVIDER COUNTRY CODE	N	ENTITY.COUNTRY_CODE	Entity Maintenance screen( Payee information)
629	BILLING PROVIDER FEIN	Y	ENTITY.TAX_ID	Entity Maintenance screen( Payee information)
630	BILLING PROVIDER STATE LICENSE NUMBER	N	NA	
638	RENDERING BILL PROVIDER LAST/GROUP NAME	N	NA	
639	RENDERING BILL PROVIDER FIRST NAME	N	NA	
640	RENDERING BILL PROVIDER MIDDLE NAME/INITIAL	N	NA	
641	RENDERING BILL PROVIDER LAST NAME SUFFIX	N	NA	
647	RENDERING BILL PROVIDER NATIONAL PROVIDER ID	N	NA	
651	RENDERING BILL PROVIDER PRIMARY SPECIALTY CODE	N	NA	
642	RENDERING BILL PROVIDER FEIN	N	NA	
643	RENDERING BILL PROVIDER STATE LICENSE NUMBER	N	NA	
	SUPERVISING PROVIDER LAST/GROUP NAME	N	FUNDS_SUPP.SUPERVISOR_EID	Transaction Supplemental
659	SUPERVISING PROVIDER FIRST NAME	N	FUNDS_SUPP.SUPERVISOR_EID	Transaction Supplemental
660	SUPERVISING PROVIDER MIDDLE NAME/INITIAL	N	FUNDS_SUPP.SUPERVISOR_EID	Transaction Supplemental

661	SUPERVISING PROVIDER LAST NAME SUFFIX	N	FUNDS_SUPP.SUPERVISOR_ EID	Transaction Supplemental
667	SUPERVISING PROVIDER NATIONAL PROVIDER ID	N	FUNDS_SUPP.SUPERVISOR_ EID	Transaction Supplemental
671	SUPERVISING PROVIDER PRIMARY SPECIALTY CODE	N	FUNDS_SUPP.SUPERVISOR_ EID	Transaction Supplemental
663	SUPERVISING PROVIDER STATE LICENSE NUMBER	N	FUNDS_SUPP.SUPERVISOR_ EID	Transaction Supplemental
	FACILITY NAME	N	INVOICE.LAST_NAME_TEXT	Transaction Screen
682	FACILITY NATIONAL PROVIDER ID	N	FUNDS_SUPP.FL_FAC_NPI_T EXT	Transaction Supplemental
684	FACILITY PRIMARY ADDRESS	Y*	INVOICE.ADDR1_TEXT	Transaction Screen
685	FACILITY SECONDARY ADDRESS	N	INVOICE.ADDR2_TEXT	Transaction Screen
686	FACILITY CITY	Y*	INVOICE.CITY	Transaction Screen
687	FACILITY STATE CODE	N	INVOICE.STATE_ID	Transaction Screen
688	FACILITY POSTAL CODE	N	INVOICE.POSTAL_CODE_TEX T	Transaction Screen
689	FACILITY COUNTRY CODE	N	INVOICE.COUNTRY_CODE	Transaction Screen
680	FACILITY STATE LICENSE NUMBER	N	NA	
	FACILITY SERVICE LOCATION ID	N	NA	
690	REFERRING PROVIDER LAST/GROUP NAME	N	ENTITY.LAST_NAME	BRS Screen (physician information)
691	REFERRING PROVIDER FIRST NAME	N	ENTITY.FIRST_NAME	
692	REFERRING PROVIDER MIDDLE NAME/INITIAL	N	ENTITY.MIDDLE_NAME	

693	REFERRING PROVIDER LAST NAME SUFFIX	N	ENTITY.SUFFIX_COMMON	
699	REFERRING PROVIDER NATIONAL PROVIDER ID	N	ENTITY.NPI_NUMBER	
695	REFERRING PROVIDER STATE LICENSE NUMBER	N	ENTITY.WC_FILING_NUMBER	
209	MANAGED CARE ORGANIZATION NAME	N	ENTITY.LAST_NAME	Claim screen
208	MANAGED CARE ORGANIZATION IDENTIFICATION NUMBER	N	ENTITY.TAX_ID	
704	MANAGED CARE ORGANIZATION FEIN	N	NA	
543	BILL ADJUSTMENT GROUP CODE	N	NA	
544	BILL ADJUSTMENT REASON CODE	N	NA	
545	BILL ADJUSTMENT AMOUNT	N	NA	
546	BILL ADJUSTMENT UNITS	N	NA	
544	BILL ADJUSTMENT REASON CODE	N	NA	
545	BILL ADJUSTMENT AMOUNT	N	NA	
546	BILL ADJUSTMENT UNITS	N	NA	
544	BILL ADJUSTMENT REASON CODE	N	NA	
545	BILL ADJUSTMENT AMOUNT	N	NA	
546	BILL ADJUSTMENT UNITS	N	NA	
760	PRIOR ACTUAL AMOUNT PAID	N	NA	
547	LINE NUMBER			ATL generate

714	HCPCS LINE PROCEDURE BILLED CODE	N	FUNDS_SUPP.JURIS_PROC_BLD_CODE	Transaction Supplemental
715	JURISDICTION PROCEDURE BILLED CODE	N	FUNDS_SUPP.JURIS_PROC_BLD_CODE	Transaction Supplemental
721	NDC BILLED CODE	N	INVOICE_DETAIL.PHY_PHARM_NDC	BRS Screen
717	HCPCS MODIFIER BILLED CODE	N	NA	
718	JURISDICTION MODIFIER BILLED CODE	N	NA	
717	JURISDICTION MODIFIER BILLED CODE	N	NA	
717	HCPCS MODIFIER BILLED CODE	N	NA	
717	JURISDICTION MODIFIER BILLED CODE	N	NA	
717	HCPCS MODIFIER BILLED CODE	N	NA	
717	JURISDICTION MODIFIER BILLED CODE	N	NA	
551	PROCEDURE DESCRIPTION	N	PI_X_PROCEDURE.PROCEDURE_CODE	Patient Tracking Screen- Add employee as PI
552	TOTAL CHARGE PER LINE	Y	INVOICE_DETAIL.AMOUNT	BRS Screen
553	DAYS(S)/UNIT(S) CODE	Y	INVOICE_DETAIL.UNITS_BILLED_TYPE	BRS Screen
554	DAY(S) /UNIT(S) BILLED	Y	INVOICE_DETAIL.UNITS_BILLED_NUM	BRS Screen
600	PLACE OF SERVICE LINE CODE	N	INVOICE_DETAIL.PLACE_OF_SER_CODE	BRS Screen
557	DIAGNOSIS POINTER	Y	INVOICE_DETAIL.DIAG_REF_NO	BRS Screen
557	DIAGNOSIS POINTER	N	NA	



557	DIAGNOSIS POINTER	N	NA	
557	DIAGNOSIS POINTER	N	NA	
742	PROVIDER AGREEMENT LINE CODE	N	NA	
559	REVENUE BILLED CODE	Y	INVOICE_DETAIL.REV_CODE	BRS Screen
714	HCPCS LINE PROCEDURE BILLED CODE	N	FUNDS_SUPP.JURIS_PROC_ BLD_CODE	Transaction Supplemental
625	HIPPS RATE CODE	N	NA	
715	JURISDICTION PROCEDURE BILLED CODE	N	FUNDS_SUPP.JURIS_PROC_ BLD_CODE	Transaction Supplemental
717	HCPCS MODIFIER BILLED CODE	N	NA	
718	JURISDICTION MODIFIER BILLED CODE	N	NA	
717	HCPCS MODIFIER BILLED CODE	N	NA	
718	JURISDICTION MODIFIER BILLED CODE	N	NA	
717	HCPCS MODIFIER BILLED CODE	N	NA	
718	JURISDICTION MODIFIER BILLED CODE	N	NA	
717	HCPCS MODIFIER BILLED CODE	N	NA	
718	JURISDICTION MODIFIER BILLED CODE	N	NA	
551	PROCEDURE DESCRIPTION	N	NA	
552	TOTAL CHARGE PER LINE	Y	INVOICE_DETAIL.AMOUNT	BRS Screen
553	DAYS(S)/UNIT(S) CODE	Y	INVOICE_DETAIL.UNITS_BILL ED_TYPE	BRS Screen
554	DAY(S) /UNIT(S) BILLED	Y	INVOICE_DETAIL.UNITS_BILL ED_NUM	BRS Screen

719	ADA PROCEDURE BILLED CODE	N	FUNDS_SUPP.JURIS_PROC_BLD_CODE	Transaction Supplemental
714	HCPCS LINE PROCEDURE BILLED CODE	N	FUNDS_SUPP.JURIS_PROC_BLD_CODE	Transaction Supplemental
717	HCPCS MODIFIER BILLED CODE	N	NA	
717	HCPCS MODIFIER BILLED CODE	N	NA	
717	HCPCS MODIFIER BILLED CODE	N	NA	
717	HCPCS MODIFIER BILLED CODE	N	NA	
551	PROCEDURE DESCRIPTION	N	NA	
552	TOTAL CHARGE PER LINE	Y	INVOICE_DETAIL.AMOUNT	BRS Screen
600	PLACE OF SERVICE LINE CODE	N	INVOICE_DETAIL.PLACE_OF_SER_CODE	BRS Screen
742	PROVIDER AGREEMENT LINE CODE	N	NA	FUNDS_TRANS_SPLIT (Code field)
557	DIAGNOSIS POINTER	Y	INVOICE_DETAIL.DIAG_REF_NO	BRS Screen
557	DIAGNOSIS POINTER	N	NA	
557	DIAGNOSIS POINTER	N	NA	
557	DIAGNOSIS POINTER	N	NA	
561	PRESCRIPTION LINE NUMBER	Y	INVOICE_DETAIL.PRESCRIP_NO	BRS Screen
721	NDC BILLED CODE	Y	INVOICE_DETAIL.PHY_PHARM_NDC	BRS Screen
562	DISPENSE AS WRITTEN CODE	Y	INVOICE_DETAIL.DISPENSED . Code Table DISPENSE_WRITTEN_CODE	BRS Screen
563	DRUG NAME	N	INVOICE_DETAIL.DRUG_NAME	BRS Screen

762	COMPOUND DRUG INDICATOR	N	hardcoded Value in ATL as 'N'	
605	SERVICE LINE DATE(S) RANGE	Y	FUNDS_TRANS_SPLIT.FROM_DATE AND FUNDS_TRANS_SPLIT.TO_DATE	Transaction Screen
604	PRESCRIPTION LINE DATE	Y	INVOICE_DETAIL.PRESCRIP_DATE	BRS Screen
570	DRUGS/SUPPLIES QUANTITY DISPENSED	Y	INVOICE_DETAIL.MEDS_QUANTITY	BRS Screen
571	DRUGS/SUPPLIES NUMBER OF DAYS	Y	INVOICE_DETAIL.DAYS_SUPPLIED	BRS Screen
741	CONTRACT LINE TYPE CODE	N	NA	
738	TREATMENT LINE AUTHORIZATION NUMBER	N	NA	
579	DRUGS/SUPPLIES DISPENSING FEE	N	INVOICE_DETAIL.RX_USUAL_CHARGE	BRS Screen
572	DRUGS/SUPPLIES BILLED AMOUNT	Y	INVOICE_DETAIL.AMOUNT_BILLED	BRS Screen
627	LINE ITEM TAX CHARGE AMOUNT	N	NA	
721	NDC BILLED CODE	N	NA	
721	NDC BILLED CODE	Y*	INVOICE_DETAIL.PHY_PHARM_NDC	BRS Screen
553	DAYS(S)/UNIT(S) CODE	N	NA	
561	PRESCRIPTION LINE NUMBER	Y*	INVOICE_DETAIL.PRESCRIP_NO	BRS Screen
589	RENDERING LINE PROVIDER LAST/GROUP NAME	N	NA	
587	RENDERING LINE PROVIDER FIRST NAME	N	NA	
591	RENDERING LINE PROVIDER MIDDLE NAME/INITIAL	N	NA	

588	RENDERING LINE PROVIDER LAST NAME SUFFIX	N	NA	
592	RENDERING LINE PROVIDER NATIONAL PROVIDER ID	N	NA	
595	RENDERING LINE PROVIDER PRIMARY SPECIALTY CODE	N	NA	
586	RENDERING LINE PROVIDER FEIN	N	NA	
599	RENDERING LINE PROVIDER STATE LICENSE NUMBER	N	NA	
574	TOTAL AMOUNT PAID PER LINE	Y*	INVOICE_DETAIL.AMOUNT_ TO_PAY	BRS Screen
722	ADA PROCEDURE PAID CODE	N	FUNDS_SUPP.JURIS_PROC_ PD_CODE	Transaction Supplemental
726	HCPCS LINE PROCEDURE PAID CODE	N	FUNDS_SUPP.JURIS_PROC_ PD_CODE	Transaction Supplemental
728	NDC PAID CODE	N	FUNDS_SUPP.NDC_PAID_C ODE	Transaction Supplemental
729	JURISDICTION PROCEDURE PAID CODESVN	N	FUNDS_SUPP.JURIS_PROC_ PD_CODE	Transaction Supplemental
727	HCPCS MODIFIER PAID CODE	N	NA	
730	JURISDICTION MODIFIER PAID CODE	N	NA	
727	HCPCS MODIFIER PAID CODE	N	NA	
730	JURISDICTION MODIFIER PAID CODE	N	NA	
727	HCPCS MODIFIER PAID CODE	N	NA	
730	JURISDICTION MODIFIER PAID CODE	N	NA	
727	HCPCS MODIFIER PAID CODE	N	NA	

730	JURISDICTION MODIFIER PAID CODE	N	NA	
576	REVENUE PAID CODE	N	NA	
580	DAYS(S)/UNIT(S) PAID	N	NA	
547	LINE NUMBER		NA	
731	SERVICE ADJUSTMENT GROUP CODE	Y*		HARDCODE in ATL
732	SERVICE ADJUSTMENT REASON CODE	Y*	INVOICEDetail_X_EOB	BRS Screen
733	SERVICE ADJUSTMENT AMOUNT	Y*	INVOICE_Detail.AMOUNT_REDUCED	BRS Screen
734	SERVICE ADJUSTMENT UNITS	N	NA	
732	SERVICE ADJUSTMENT REASON CODE	Y*	INVOICEDetail_X_EOB	BRS Screen
733	SERVICE ADJUSTMENT AMOUNT	Y*	INVOICEDetail_X_EOB	BRS Screen
734	SERVICE ADJUSTMENT UNITS	N	NA	
732	SERVICE ADJUSTMENT REASON CODE	Y*	INVOICEDetail_X_EOB	BRS Screen
733	SERVICE ADJUSTMENT AMOUNT	Y*	INVOICEDetail_X_EOB	BRS Screen
734	SERVICE ADJUSTMENT UNITS	N	NA	
732	SERVICE ADJUSTMENT REASON CODE	Y*	INVOICEDetail_X_EOB	BRS Screen
733	SERVICE ADJUSTMENT AMOUNT	Y*	INVOICEDetail_X_EOB	BRS Screen
734	SERVICE ADJUSTMENT UNITS	N	NA	
732	SERVICE ADJUSTMENT REASON CODE	Y*	INVOICEDetail_X_EOB	BRS Screen

733	SERVICE ADJUSTMENT AMOUNT	Y*	INVOICEDetail_X_EOB	BRS Screen
734	SERVICE ADJUSTMENT UNITS	N	NA	
761	LINE ITEM PRIOR ACTUAL AMOUNT PAID	N	NA	
628	LINE ITEM TAX PAID AMOUNT	N	NA	

### 3.0.2 Import

Segment #	Field Name	Riskmaster Table. Field Name
ST01	TRANSACTION SET IDENTIFIER CODE	EDI_MED_HISTORY.TRANS_SET_ID_CODE_ST
ST02	TRANSACTION SET CONTROL NUMBER	EDI_MED_HISTORY.TRANS_SET_CTL_NUM_ST
ST03	IMPLEMENTATION CONVENTION REFERENCE	EDI_MED_HISTORY.IMPLEMENT_CONVENTION_REF_ST
BGN01	TRANSACTION SET PURPOSE CODE	EDI_MED_HISTORY.TRANS_SET_PURPOSE_CODE_BGN
BGN02	REFERENCE IDENTIFICATION	EDI_MED_HISTORY.REF_IDENTIFICATION_BGN
BGN03	DATE	EDI_MED_HISTORY.DATE_BGN
BGN04	TIME	EDI_MED_HISTORY.TIME_BGN
BGN08	ACTION CODE	EDI_MED_HISTORY.ACTION_CODE_BGN
N104	IDENTIFICATION CODE(Sender)	EDI_MED_HISTORY.SUBMITTER_ID
N104	IDENTIFICATION CODE(Receiver)	EDI_MED_HISTORY.RECEIVER_ID
OTI01	APPLICATION ACKNOWLEDGMENT CODE	EDI_MED_HISTORY.APP_ACK_CODE_OTI

OTI02	REFERENCE IDENTIFICATION QUALIFIER	EDI_MED_HISTORY.REF_ID_QUALIFIER_OTI
OTI03	REFERENCE IDENTIFICATION	EDI_MED_HISTORY.REF_IDENTIFICATION_OTI
OTI06	DATE	EDI_MED_HISTORY.DATE_OTI
OTI07	TIME	EDI_MED_HISTORY.TIME_OTI
OTI10	TRANSACTION SET IDENTIFIER CODE	EDI_MED_HISTORY.TRANS_SET_ID_CODE_OTI
REF01	REFERENCE IDENTIFICATION QUALIFIER	EDI_MED_HISTORY.REF_ID_QUALIFIER_REF
REF02	REFERENCE IDENTIFICATION	EDI_MED_HISTORY.REF_IDENTIFICATION_REF
DTM01	DATE/TIME QUALIFIER	EDI_MED_HISTORY.DTTM_QUALIFIER_DTM
DTM02	DATE	EDI_MED_HISTORY.DATE_DTM
DTM03	TIME	EDI_MED_HISTORY.TIME_DTM
LM01	AGENCY QUALIFIER CODE	EDI_MED_HISTORY.AGENCY_QUALIFIER_CODE_LM
LQ01	CODE LIST QUALIFIER CODE	EDI_MED_HISTORY.CODE_LST_QUALIFIER_CODE_LQ
LQ02	INDUSTRY CODE	EDI_MED_HISTORY.IND_CODE_LQ
RED01	DESCRIPTION	EDI_MED_HISTORY.DESCRPTION_RED
RED03	AGENCY QUALIFIER CODE	EDI_MED_HISTORY.AGENCY_QUALIFIER_CODE_RED
RED05	CODE LIST QUALIFIER CODE	EDI_MED_HISTORY.CODE_LST_QUALIFIER_CODE_RED
RED06	INDUSTRY CODE	EDI_MED_HISTORY.IND_CODE_RED
SE01	NUMBER OF INCLUDED SEGMENTS	EDI_MED_HISTORY.NO_OF_INCLUDED_SEGMENTS_SE
SE02	TRANSACTION SET CONTROL NUMBER	EDI_MED_HISTORY.TRANS_SET_CTL_NUM_SE

