



Data File Format for Disruption and Claims Analysis Requests

This data format will provide results with discounts by provider including a complete disruption analysis.

	Field Name		Max Length	Description	Required
1	CLAIM_NUM	Text	255	Should be a unique identifier to claim	Yes
2	LINE_NUM	Number		Service Line Number	
3	PATIENT_ID	Text	50	Clients Patient ID	
4	PATIENT_CITY	Text	50	Patient City of residence	
5	PATIENT_ST	Text	2	Patient State of residence	
6	PATIENT_ZIP	Text	10	Patient residence zip code	
7	TAXID	Text	15	Without hyphens	Yes
8	PROV_FULLNM	Text	155	Facility Name or Group/Practice Name	Yes
9	RENDERING_NPI	Number	10	Rendering Provider National Provider Identification	Yes
10	LN	Text	35	Provider Last Name (If applicable)	Yes (for Practitioners)
11	FN	Text	25	Provider First Name (If applicable)	Yes (for Practitioners)
12	ADDR1	Text	85	Provider Service address line 1	
13	ADDR2	Text	85	Provider Service address line 2	
14	CITY	Text	50	Provider Service city	Yes
15	ST	Text	2	Provider Service state	Yes
16	ZIP	Text	10	Provider Service zip code	Yes
17	CLAIM_TYPE	Text	50	HCFA's = H, UB's = U	Yes
18	CPT_REV	Text	10	HCFA's: CPT Code, UB's: Revenue Code	Yes
19	MOD_HCPC	Text	10	HCFA's: CPT Modifier, UB's: CPT/HCPC code	Yes
20	POS	Text	2	Place of Service Code	Yes
21	UNITS	Number		Units of service	Yes
22	CHARGE	Currency		Service Line billed amount	Yes