Department of Health Care Services Medi-Cal

Home -» Transaction Services -» List Labelers

Paid Claims Data File Layout

Labeler

Description	Length	Column
Claim Control Number	13	1
NDC Code	11	14
Date of Service (ccyymmdd)	8	25
Claim Adjudication Date (ccyymmdd)	8	33
Units of Service (Quantity)	12	41
Units of Service +/- Sign	1	53
Reimbursed Amount	10	54
Reimbursed Amount +/- Sign	1	64
Billed Amount	10	65
Billed Amount +/- Sign	1	75
Adjustment Indicator	1	76
Prescription Number (Rx)	12	77
Billing Provider Number	10	89
Billing Provider Owner Number	2	99
Billing Provider Service Location Number	3	101
Adjustment Claim Control Number	13	104
Recipient Other Coverage Code	1	117
Other Health Coverage (OHC) Indicator	1	118
Treatment Authorization Request (TAR) Control Number	11	119
Third Party Code	1	130
Third Party Amount	10	131
Third Party Amount +/- Sign	1	141
Patient Liability Amount	10	142
Patient Liability Amount +/- Sign	1	152
Co-Pay Code	1	153
Co-Pay Amount	6	154
Co-Pay Amount +/- Sign	1	160
Days Supply Number	3	161
Referring Prescribing Provider Number	10	164
Recipient Crossover Status Code	1	174
Recipient Prepaid Health Plan (PHP) Status Code	3	175
Compound Code	2	178
Cost Basis Determination Code	2	180
Total Length:	**181**	