



**Claims History Input Specifications
FORMAT SPECIFICATIONS
Ver. 3.0**

For NON-DRUG Claims History

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Sudbury, Ontario

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FILE FORMATS

ELECTRONIC FORMAT:

1. Filename and Extension Format: (8 Characters plus extension).

Filename:

- 2-character code assigned by ClaimSecure Inc.
- 4 digit date (MMDD)
- 2 digit numeric file number

Extension:

- File extension of **.TXT**

Example: XX042101.TXT

2. The File Should be Encrypted Using one of the Following Utilities:
 - File Encryption Utility #1
 - File Encryption Utility #2
3. Eligibility Files can be E-Mailed to Claimsecure via the Following E-mail Address:
 - csr@claimsecure.com

DISKETTE FORMAT:

1. Diskette:
 - 3.5 Inch IBM/MS DOS formatted diskette
 - Fixed Length Records – No Field Delimiter
 - Terminate with Carriage Return/Line Feed Characters (i.e. Hex 0D,0A)
2. Filename format: (8 Character plus extension).
 - 2-character code assigned by ClaimSecure Inc.
 - 4 digit date (MMDD)
 - 2 digit numeric file number
3. Label Diskette as to Ownership, Return Address, Date, Record Count and File Name.

FORMATTING LEGEND:

- RJLZ = Right justified and left zero filled
- LJRS = Left justified and space filled on right
- CC = Century, first two (2) digits of the year
- YY = Last two (2) digits of the year
- MM = Month, two (2) digits from 01 to 12
- DD = Day of month
- DATE = CCYYMMDD = Century, Year, Month, Day e.g. 19840131
- X = Any character or space
- 9D = Any digit 0 to 9 with decimal places
 - \$198.50 will be written as 198.50
- 9 = Any digit 0 to 9 WITHOUT decimal places
 - 198.50 -> 19850 or 121.00 -> 12100

FIELD	FORMAT	LENGTH	START POSITION	DESCRIPTION
1. date	9	8	1	Claimant birthdate

NOTE:

- **Upper Case Characters are required in all fields**
- **All fields indicated with an * are mandatory**
- **# Mandatory Dental fields – Fields 24 & 25 are mandatory based on the procedure code.**

Claim History

FIELD	FORMAT	LENGTH	START POSITION	DESCRIPTION
1. Group Number	9	6	1	LJRS Unique group identifier assigned by ClaimSecure.
2. Division Number	9	3	7	ClaimSecure Division Number
3. Unit Number	9	3	10	ClaimSecure Unit Number
4. Certificate ID Number	9	10	13	RJLZ Member's Certificate Number
5. * Member Last Name	X	20	23	LJRS Last name of member
6. * Member's first name	X	10	43	LJRS First name of member
7. * Claimant first name	X	10	53	LJRS First name of claimant
8. *Claimant Relationship	X	2	63	Relationship of claimant e.g. spouse - SP child - CH student - ST Member - EE
9. Claimant Gender	9	1	65	Gender of claimant 1 – Male and 2 – Female
10. * Claimant birth date	DATE	8	66	Date of birth of claimant
11. Claimant effective date	DATE	8	74	Effective date of claimant
12. Claimant Termination date	DATE	8	82	Termination date of claimant
13. * Date of Service	DATE	8	90	Service date
14. * Service code	X	6	98	Code used to describe service
15. Dental Procedure Code Submitted	X	5	104	CDA Code – **Mandatory if Dental
16. # Dental Procedure Code Paid	X	5	109	CDA Code – **Mandatory if Dental
17. Amount Claimed	9D	8	114	Dollar amount charged
18. Amount Eligible	9D	8	122	Dollar amount eligible
19. * Amount Paid	9D	8	130	Dollar amount paid
20. *Amount Deducted	9D	8	138	Dollar amount deducted
21. * Paid Date	DATE	8	146	Date claim paid
22. Override Code	X	2	154	Code used in override
23. Remark code for EOB	9	2	156	
24. Teeth Numbers up to 3	X	6	158	Tooth numbers – Mandatory based on Procedure codes
25. Tooth surface up to 5	X	5	164	Tooth surface code – Mandatory based on Procedure codes

Claimant Information

A. Relationship Code

EE Member
SP Spouse
CH Child
HC Handicapped (also used for overage dependents)
RR Retired
SC Step Child
SS Surviving Spouse
ST Student

B. Gender

1 or M Male
2 or F Female

C. Service Code

Appliances / Miscellaneous

ANAE: Anesthesia
ABED: Bed
CCW: Crutches, Cane & Walker
BLDP: Blood or Blood Product
EQU: Equipment / Supplies
WIG : Wigs
OXYG : Oxygen
ORTHA : Orthotics
DIAB : Diabetic related
BRACE : Braces, Support Hose, Bra, Cervical Collar
CONT: Contact lenses after surgery
OSTON: Ostomy / Incontinence supplies
PROSA : Prosthesis
BREASP: Breast Prosthesis
RADT: Radiation Therapy
SHOES : Orthopedic Shoes
DENT: Dental (accident)
BREATH : Breathing Apparatus
ORTHA : Foot Orthotics – custom made
WHEEL : Wheelchair
LB : X-ray and lab fees
TENS : Tens Machine – nerve & bone stimulator
EXMED : Ex-gratia med. Payment
AOTH: Other

Hospital

SEMIAD: Semi-private Convalescent – Addiction
PRIVAD: Private Convalescent – Addiction
SEMIMT: Semi-private Convalescent – Mental Illness
PRIVMT: Private Convalescent – Mental Illness
SEMIRE: Semi-private Convalescent – Physical Rehab

PRIVRE: Private Convalescent – Physical Rehab
PR : Hospital Private
SP : Hospital Semi-Private
HOTH: Other

Nursing

HHC : Home care (Health Care aid)
NURSE : Licensed and Practical (LPN)
RN: Registered Nurse
VON: Victorian Order of Nurses
NOTH: Other

Out of Province

OPDOC : Doctor
OPHOSP : Hospital
MED: Medication
OPAMB: Transportation
OOTH : Other

Paramedical

ACU : Acupuncturist
CHIRO : Chiropractor
DIET : Nutritionist / Dietician
CHIROX : Chiropractic X-rays
AUDI: Audiologist
CSP : Christian Science Practitioner
SW : Social Worker
OCCT: Occupational Therapist
MASS : Massage Therapy
NATUR : Naturopath
OVPS : Psychologist
POD : Podiatrist / Chiropodist
SHT : Speech Therapist
OSTEO : Osteopath
PSURG: Podiatric Surgery
POTH: Other
PXRY: X-rays
PHYSTH : Physiotherapy

Hearing Aids

BATT: Batteries
NEW: New Hearing Aid
REPR : Hearing Aid Repair
REPL: Replacement
ROTH: Other

Transportation

TAIR: Air
AM : Ambulance
TAXI: Taxi

TOTH: Other

Vision

LNCT : Contacts

OPM : Eye exam

FRMS : Frames

LNBI : Glasses

LASER: Laser Surgery

OFEE: Optometrist Fee

LTRT: Lens Treatment

REPLN: Replacement Lenses

VOTH : Other

Out of Country

OCAMB : Ambulance

OCCONV : Convalescent Care

OCELEC : Elective Treatment

OCHOS : In-patient Hospital & Supplies

OCOUT: Outpatient Hospital and Supplies

OCDOC : Doctors Visit

OCMISC : X-ray, Lab, Drugs

OCSUR: Hospital Surgery

Cost Plus

COSMED : Cost Plus

Dental

DENTL: Dental