

**CHDP Claim Record Layout for the new expanded Billed Amount Field (Effective from December 22, 2014)**

**Record Format: Fixed  
Record Length: 683  
Field Default Values: Spaces**

<b><u>Field Name</u></b>	<b><u>Picture</u></b>	<b><u>Alpha-A Numeric-N</u></b>	<b><u>No. Of Occurs</u></b>	<b><u>Length</u></b>	<b><u>Data Position From-To</u></b>	<b><u>As Required-A Mandatory-M</u></b>	<b><u>Explanation Of Items</u></b>
Submitter Number	X(3)	A/N	1	3	001 – 003	M	Enter the three-character submitter number assigned by the DHCS Fiscal Intermediary (FI).
Provider ID Number	X(10)	A/N	1	10	004 – 013	M	Enter the three- to nine-character provider number assigned by DHCS or ten-digit National Provider Identifier (NPI). Left justify and space fill (do <u>not</u> zero fill).
Claim Type	9(2)	N	1	2	014 – 015	M	Enter "11".
Julian Date	9(4)	N	1	4	016 – 019	M	In YDDD format, enter the Julian date of submission from the Submitter Control Record.
Claim Sequence Number	9(4)	N	1	4	020 – 023	M	Enter the four-digit claim sequence number assigned by the submitter. All claims within a given Provider Control Record must have an individual Claim Sequence Number.
Record Type	X(1)	A/N	1	1	024 – 024	M	Enter "0".

<b><u>Field Name</u></b>	<b><u>Picture</u></b>	<b><u>Alpha-A Numeric-N</u></b>	<b><u>No. Of Occurs</u></b>	<b><u>Length</u></b>	<b><u>Data Position From-To</u></b>	<b><u>As Required-A Mandatory-M</u></b>	<b><u>Explanation Of Items</u></b>
Recipient ID	X(15)	A/N	1	15	025 – 039	M	Left justify and enter the recipient's nine or 14-character Medi-Cal ID or Benefits Identification Card (BIC) number. Do <u>not</u> enter dashes, hyphens or any special characters. If entering a check digit, please see the <i>Recipient ID Check Digit Algorithms</i> section of this manual. If data position 339 has a value of "2" (non-Medi-Cal), space fill (do <u>not</u> zero fill).
Recipient Last Name	X(15)	A/N	1	15	040 – 054	M	Enter the recipient's last name as it appears on the Medi-Cal ID card.
Recipient First Name	X(14)	A/N	1	14	055 – 068	M	Enter the recipient's first name as it appears on the Medi-Cal ID card.

<u>Field Name</u>	<u>Picture</u>	<u>Alpha-A Numeric-N</u>	<u>No. Of Occurs</u>	<u>Length</u>	<u>Data Position From-To</u>	<u>As Required-A Mandatory-M</u>	<u>Explanation Of Items</u>
CHDP Claim Type	9(1)	A/N	1	1	069 – 069	M	Enter the applicable code as follows:  1 - General CHDP  2 - Prepaid Health Plan/ Information Only
Recipient Sex	9(1)	N	1	1	070 – 070	M	Enter a "1" for female or "2" for male.
Recipient Date of Birth	9(6)	N	1	6	071 – 076	M	In six-digit MMDDYY format, enter the recipient's date of birth (for example, March 18, 1995 = 031895).
Recipient County of Residence	9(2)	N	1	2	077 – 078	M	Enter the recipient's two-digit county code of residence.

<u>Field Name</u>	<u>Picture</u>	<u>Alpha-A Numeric-N</u>	<u>No. Of Occurs</u>	<u>Length</u>	<u>Data Position From-To</u>	<u>As Required-A Mandatory-M</u>	<u>Explanation Of Items</u>
Ethnic Code	9(1)	N	1	1	079 – 079	A	<p>Enter the ethnic code as follows:</p> <ul style="list-style-type: none"> <li>1 - American Indian</li> <li>2 - Asian</li> <li>3 - Black</li> <li>4 - Filipino</li> <li>5 - Hispanic/Mexican American</li> <li>6 - White</li> <li>7 - Other</li> <li>8 - Pacific Islander</li> </ul>
Date of Service	9(6)	N	1	6	080 – 085	M	<p>In six-digit MMDDYY format, enter the date of service.</p>
History and Physical (H&P) Assessment	9(1)	N	1	1	086 – 086	A	<p>Enter the assessment code as follows:</p> <ul style="list-style-type: none"> <li>1 - No problem suspected, or</li> <li>2 - Refused, contraindicated, not needed, or</li> </ul> <p>Enter a space if code “1” or “2” do not apply.</p> <p>If code “1” or “2” is entered, then positions 087 – 094 must be spaces.</p> <p><b>Note:</b> If entering a space in position 086, there must be a value other than a space in at least one of the following four fields. Non-space responses are allowed in all four fields. If this claim is a partial screen, then positions 086 – 094 can be blank, and a prior PM 160 date must be present in positions 333 – 338.</p>

<u>Field Name</u>	<u>Picture</u>	<u>Alpha-A Numeric-N</u>	<u>No. Of Occurs</u>	<u>Length</u>	<u>Data Position From-To</u>	<u>As Required-A Mandatory-M</u>	<u>Explanation Of Items</u>
H&P New Problem - 1	9(2)	N	1	2	087 – 088	A	<p>Enter the follow-up code as follows:</p> <p>01 - No diagnosis (DX)/ prescription (RX) indicated, or now under care</p> <p>02 - Questionable result, recheck scheduled</p> <p>03 - DX made and RX started</p> <p>04 - DX pending/return visit scheduled</p> <p>05 - Referral to another examiner for DX/RX</p> <p>06 - Referral refused, or</p> <p>Enter a space if code "01" thru "06" do not apply.</p>
H&P New Problem - 2	9(2)	N	1	2	089 – 090	A	See H&P New Problem - 1 for follow-up code list.
H&P Known Problem - 3	9(2)	N	1	2	091 – 092	A	See H&P New Problem - 1 for follow-up code list.
H&P Known Problem - 3	9(2)	N	1	2	093 – 094	A	See H&P New Problem - 1 for follow-up code list.

<u>Field Name</u>	<u>Picture</u>	<u>Alpha-A Numeric-N</u>	<u>No. Of Occurs</u>	<u>Length</u>	<u>Data Position From-To</u>	<u>As Required-A Mandatory-M</u>	<u>Explanation Of Items</u>
Dental Assessment	9(1)	N	1	1	095 – 095	A	<p>Enter the assessment code as follows:</p> <p>1 - No problem suspected, or</p> <p>2 - Refused, contraindicated, not needed, or</p> <p>Enter a space if code “1” or “2” do not apply.</p> <p>If code “1” or “2” is entered, then positions 096 – 099 must be spaces.</p> <p><b>Note:</b> If entering a space in position 095, there must be a value other than a space in at least one of the following two fields. Non-space responses are allowed in both fields. If this claim is a partial screen, then positions 095 – 099 will be blank, and a prior PM 160 date must be present in positions 333 – 338.</p>
Dental New Problem	9(2)	N	1	2	096 – 097	A	See H&P New Problem - 1 for follow-up code list.
Dental Known Problem	9(2)	N	1	2	098 – 099	A	See H&P New Problem - 1 for follow-up code list.

<u>Field Name</u>	<u>Picture</u>	<u>Alpha-A Numeric-N</u>	<u>No. Of Occurs</u>	<u>Length</u>	<u>Data Position From-To</u>	<u>AS Required-A Mandatory-M</u>	<u>Explanation Of Items</u>
Nutrition Assessment	9(1)	N	1	1	100 – 100	A	<p>Enter the assessment code as follows:</p> <p>1 - No problem suspected, or</p> <p>2 - Refused, contraindicated, not needed, or</p> <p>Enter a space if code “1” or “2” do not apply.</p> <p>If code “1” or “2” is entered, then positions 101 – 104 must be spaces.</p> <p><b>Note:</b> If entering a space in position 100, there must be a value other than a space in at least one of the following two fields. Non-space responses are allowed in both fields. If this claim is a partial screen, then positions 100 – 104 can be blank, and a prior PM 160 date must be present in positions 333 – 338.</p>
Nutrition New Problem	9(2)	N	1	2	101 – 102	A	See H&P New Problem - 1 for follow-up code list.
Nutrition Known Problem	9(2)	N	1	2	103 – 104	A	See H&P New Problem - 1 for follow-up code list.

<u>Field Name</u>	<u>Picture</u>	<u>Alpha-A Numeric-N</u>	<u>No. Of Occurs</u>	<u>Length</u>	<u>Data Position From-To</u>	<u>AS Required-A Mandatory-M</u>	<u>Explanation Of Items</u>
Anticipatory Guidance Assessment	9(1)	N	1	1	105 – 105	A	<p>Enter the assessment code as follows:</p> <p>1 - No problem suspected, or</p> <p>2 - Refused, contraindicated, not needed, or</p> <p>Enter a space if code "1" or "2" do not apply.</p> <p>If code "1" or "2" is entered, then positions 106 – 109 must be spaces.</p> <p><b>Note:</b> If entering a space in position 104, there must be a value other than a space in at least one of the following two fields. Non-space responses are allowed in both fields. If this claim is a partial screen, then positions 105 – 109 can be blank and a prior PM 160 date must be entered in positions 333 – 338.</p>
Anticipatory Guidance New Problem	9(2)	N	1	2	106 – 107	A	See H&P New Problem - 1 for follow-up code list.
Anticipatory Guidance Known Problem	9(2)	N	1	2	108 – 109	A	See H&P New Problem - 1 for follow-up code list.

<u>Field Name</u>	<u>Picture</u>	<u>Alpha-A Numeric-N</u>	<u>No. Of Occurs</u>	<u>Length</u>	<u>Data Position From-To</u>	<u>As Required-A Mandatory-M</u>	<u>Explanation Of Items</u>
Develop- mental Assessment	9(1)	N	1	1	110 – 110	A	<p>Enter the assessment code as follows:</p> <p>1 - No problem suspected, or</p> <p>2 - Refused, contraindicated, not needed, or</p> <p>Enter a space if code “1” or “2” do not apply.</p> <p>If code “1” or “2” is entered, then positions 111 – 114 must be spaces.</p> <p><b>Note:</b> If entering a space in position 110, there must be a value other than a space in at least one of the following two fields. Non-space responses are allowed in both fields. If this claim is a partial screen, then positions 110 – 114 can be blank, and a prior PM 160 date must be present in positions 333 – 338.</p>
Develop- mental New Problem	9(2)	N	1	2	111 – 112	A	See H&P New Problem -1 for follow-up code list.
Develop- mental Known Problem	9(2)	N	1	2	113 – 114	A	See H&P New Problem -1 for follow-up code list.
History and Physical Billed Amount	999V99	N	1	5	115 – 119	A	Enter amount billed for H&P services. At least one Billed Amount must be entered if billing CHDP claim type “1” or “3” only. Do <u>not</u> enter a dollar sign or decimal point. Right justify and zero fill. For claim type “2” zero fill.

<u>Field Name</u>	<u>Picture</u>	<u>Alpha-A Numeric-N</u>	<u>No. Of Occurs</u>	<u>Length</u>	<u>Data Position From-To</u>	<u>As Required-A Mandatory-M</u>	<u>Explanation Of Items</u>
Snellen or Equivalent	9(1)	N	1	1	120 – 120	A	<p>Enter the assessment code as follows:</p> <p>1 - No problem suspected, or</p> <p>2 - Refused, contraindicated, not needed, or</p> <p>Enter a space if code “1” or “2” do not apply.</p> <p>If code “1” or “2” is entered, then positions 121 – 124 must be spaces.</p> <p><b>Note:</b> If entering a space in position 120, there must be a value other than a space in at least one of the following two fields. Non-space responses are allowed in both fields.</p>
Snellen or Equivalent New Problem	9(2)	N	1	2	121 – 122	A	See H&P New Problem - 1 for follow-up code list.
Snellen or Equivalent Known Problem	9(2)	N	1	2	123 – 124	A	See H&P New Problem - 1 for follow-up code list.
Snellen or Equivalent  Billed Amount	999V99	N	1	5	125 – 129	A	<p>Enter amount billed for vision services. At least one Billed Amount must be entered if billing CHDP claim type “1” or “3” only. Do <u>not</u> enter a dollar sign or decimal point. Right justify and zero fill. For claim type “2” zero fill.</p>

<u>Field Name</u>	<u>Picture</u>	<u>Alpha-A Numeric-N</u>	<u>No. Of Occurs</u>	<u>Length</u>	<u>Data Position From-To</u>	<u>As Required-A Mandatory-M</u>	<u>Explanation Of Items</u>
Audiometric Assessment	9(1)	N	1	1	130 – 130	A	<p>Enter the assessment code as follows:</p> <p>1 - No problem suspected, or</p> <p>2 - Refused, contraindicated, not needed, or</p> <p>Enter a space if code “1” or “2” do not apply.</p> <p>If code “1” or “2” is entered, then positions 131 – 134 must be spaces.</p> <p><b>Note:</b> If entering a space in position 130, there must be a value other than a space in at least one of the following two fields. Non-space responses are allowed in both fields.</p>
Audiometric New Problem	9(2)	N	1	2	131 – 132	A	See H&P New Problem - 1 for follow-up code list.
Audiometric Known Problem	9(2)	N	1	2	133 – 134	A	See H&P New Problem - 1 for follow-up code list.
Audiometric Billed Amount	999V99	N	1	5	135 – 139	A	<p>Enter amount billed for hearing services. At least one Billed Amount must be entered if billing CHDP claim type “1” or “3” only. Do <u>not</u> enter a dollar sign or decimal point. Right justify and zero fill. For claim type “2” zero fill.</p>

<u>Field Name</u>	<u>Picture</u>	<u>Alpha-A Numeric-N</u>	<u>No. Of Occurs</u>	<u>Length</u>	<u>Data Position From-To</u>	<u>As Required-A Mandatory-M</u>	<u>Explanation Of Items</u>
Hemoglobin or Hematocrit Assessment	9(1)	N	1	1	140 – 140	A	<p>Enter the assessment code as follows:</p> <p>1 - No problem suspected, or</p> <p>2 - Refused, contraindicated, not needed, or</p> <p>Enter a space if code “1” or “2” do not apply.</p> <p>If code “1” or “2” is entered, then positions 141 – 144 must be spaces.</p> <p><b>Note:</b> If entering a space in position 140, there must be a value other than a space in at least one of the following two fields. Non-space responses are allowed in both fields.</p>
Hemoglobin or Hematocrit New Problem	9(2)	N	1	2	141 – 142	A	See H&P New Problem - 1 for follow-up code list.
Hemoglobin or Hematocrit Known Problem	9(2)	N	1	2	143 – 144	A	See H&P New Problem - 1 for follow-up code list.
Hemoglobin or Hematocrit Billed Amount	999V99	N	1	5	145 – 149	A	<p>Enter amount billed for blood services. At least one Billed Amount must be entered if billing CHDP claim type “1” or “3” only. Do <u>not</u> enter a dollar sign or decimal point. Right justify and zero fill. For claim type “2” zero fill.</p>

<u>Field Name</u>	<u>Picture</u>	<u>Alpha-A Numeric-N</u>	<u>No. Of Occurs</u>	<u>Length</u>	<u>Data Position From-To</u>	<u>As Required-A Mandatory-M</u>	<u>Explanation Of Items</u>
Urine Dipstick Assessment	9(1)	N	1	1	150 – 150	A	<p>Enter the assessment code as follows:</p> <p>1 - No problem suspected, or</p> <p>2 - Refused, contraindicated, not needed, or</p> <p>Enter a space if code “1” or “2” do not apply.</p> <p>If code “1” or “2” is entered, then positions 151 – 154 must be spaces.</p> <p><b>Note:</b> If entering a space in position 150, there must be a value other than a space in at least one of the following two fields.</p>
Urine Dipstick New Problem	9(2)	N	1	2	151 – 152	A	See H&P New Problem – 1 for follow-up code list.
Urine Dipstick Known Problem	9(2)	N	1	2	153 – 154	A	See H&P New Problem – 1 for follow-up code list.
Urine Dipstick Billed Amount	999V99	N	1	5	155 – 159	A	<p>Enter amount billed for urine dipstick services. At least one Billed Amount must be entered if billing CHDP claim type “1” or “3” only. Do <u>not</u> enter a dollar sign or decimal point. Right justify and zero fill. For claim type “2” zero fill.</p>

<u>Field Name</u>	<u>Picture</u>	<u>Alpha-A Numeric-N</u>	<u>No. Of Occurs</u>	<u>Length</u>	<u>Data Position From-To</u>	<u>As Required-A Mandatory-M</u>	<u>Explanation Of Items</u>
Complete Urinalysis Assessment	9(1)	N	1	1	160 – 160	A	<p>Enter the assessment code as follows:</p> <p>1 - No problem suspected, or</p> <p>2 - Refused, contraindicated, not needed, or</p> <p>Enter a space if code “1” or “2” do not apply.</p> <p>If code “1” or “2” is entered, then positions 161 – 164 must be spaces.</p>
Complete Urinalysis New Problem	9(2)	N	1	2	161 – 162	A	See H&P New Problem - 1 for follow-up code list.
Complete Urinalysis Known Problem	9(2)	N	1	2	163 – 164	A	See H&P New Problem - 1 for follow-up code list.
Complete Urinalysis Billed Amount	999V99	N	1	5	165 – 169	A	Enter amount billed for complete urinalysis services. At least one Billed Amount must be entered if billing CHDP claim type “1” or “3” only. Do <u>not</u> enter a dollar sign or decimal point. Right justify and zero fill. For claim type “2” zero fill.
Filler	X(10)	A/N	1	10	170 – 179	A	Enter spaces.

<u>Field Name</u>	<u>Picture</u>	<u>Alpha-A Numeric-N</u>	<u>No. Of Occurs</u>	<u>Length</u>	<u>Data Position From-To</u>	<u>As Required-A Mandatory-M</u>	<u>Explanation Of Items</u>
TB Mantoux Assessment	9(1)	N	1	1	180 – 180	A	<p>Enter the assessment code as follows:</p> <p>1 - No problem suspected, or</p> <p>2 - Refused, contraindicated, not needed, or</p> <p>Enter a space if code “1” or “2” do not apply.</p> <p>If code “1” or “2” is entered, then positions 181 – 184 must be spaces.</p>
TB Mantoux New Problem	9(2)	N	1	2	181 – 182	A	See H&P New Problem - 1 for follow-up code list.
TB Mantoux Known Problem	9(2)	N	1	2	183 – 184	A	See H&P New Problem - 1 for follow-up code list.
TB Mantoux Billed Amount	999V99	N	1	5	185 – 189	A	Enter amount billed for TB Mantoux services. At least one Billed Amount must be entered if billing CHDP claim type “1” or “3” only. Do <u>not</u> enter a dollar sign or decimal point. Right justify and zero fill. For claim type “2” zero fill.

<u>Field Name</u>	<u>Picture</u>	<u>Alpha-A Numeric-N</u>	<u>No. Of Occurs</u>	<u>Length</u>	<u>Data Position From-To</u>	<u>As Required-A Mandatory-M</u>	<u>Explanation Of Items</u>
Other Tests Code - 1	9(2)	N	1	2	190 – 191	A	<p>Enter the other test or pelvic exam code as follows:</p> <ul style="list-style-type: none"> <li>13 - Sickle Cell: Electrophoresis</li> <li>15 - Lead: Blood Lead</li> <li>16 - VDRL, RPR, or ART</li> <li>17 - G.C. Culture</li> <li>18 - PAP Smear</li> <li>20 - Chlamydia</li> <li>21 - Pelvic</li> <li>22 - Ova and/or Parasites</li> <li>23 – Lead test counseling and blood drawing for lead testing</li> <li>24 – Lead Refer – Counseling and referral for blood drawing for lead testing</li> <li>25 – Blood Glucose</li> <li>26 – Total Cholesterol</li> </ul> <p>Enter a space if code does not apply.</p>
Other Tests Assessment - 1	9(1)	N	1	1	192 – 192	A	<p>Enter the assessment code if billing/reporting other tests as follows:</p> <ul style="list-style-type: none"> <li>1 - No problem suspected, or</li> <li>2 - Refused, contraindicated, not needed, or</li> </ul> <p>Enter a space if code “1” or “2” does not apply.</p> <p>If code “1” or “2” is entered, then positions 193 – 196 must be spaces.</p>

**Data**

<u>Field Name</u>	<u>Picture</u>	<u>Alpha-A Numeric-N</u>	<u>No. Of Occurs</u>	<u>Length</u>	<u>Position From-To</u>	<u>As Required-A Mandatory-M</u>	<u>Explanation Of Items</u>
Other Tests New Problem - 1	9(2)	N	1	2	193 – 194	A	See H&P New Problem - 1 for follow-up code list.
Other Tests Known Problem - 1	9(2)	N	1	2	195 – 196	A	See H&P New Problem - 1 for follow-up code list.
Other Tests Billed Amount - 1	999V99	N	1	5	197 – 201	A	Enter amount billed for <i>Other Tests – 1</i> if billing CHDP claim type “1” or “3”. Do <u>not</u> enter a dollar sign or decimal point. Right justify and zero fill. For claim type “2” zero fill.
Other Tests Code - 2	9(2)	N	1	2	202 – 203	A	See Other Test Code - 1 for other test code list.
Other Tests Assessment - 2	9(1)	N	1	1	204 – 204	A	Enter the assessment code if billing/reporting other test or pelvic exam as follows:  1 - No problem suspected, or  2 - Refused, contraindicated, not needed, or  Enter a space if code “1” or “2” does not apply.  If code “1” or “2” is entered, then positions 205 – 208 must be spaces.
Other Tests New Problem - 2	9(2)	N	1	2	205 – 206	A	See H&P New Problem - 1 for follow-up code list.
Other Tests Known Problem - 2	9(2)	N	1	2	207 – 208	A	See H&P New Problem - 1 for follow-up code list.

<u>Field Name</u>	<u>Picture</u>	<u>Alpha-A Numeric-N</u>	<u>No. Of Occurs</u>	<u>Length</u>	<u>Data Position From-To</u>	<u>As Required-A Mandatory-M</u>	<u>Explanation Of Items</u>
Other Tests Billed Amount - 2	999V99	N	1	5	209 – 213	A	Enter amount billed for Other Tests - 2 if billing CHDP claim type "1" or "3" only. Do <u>not</u> enter a dollar sign or decimal point. Right justify and zero fill. For claim type "2" zero fill.
Other Tests Code - 3	9(2)	N	1	2	214 – 215	A	See Other Tests Code - 1 for other test code list.
Other Tests Assessment - 3	9(1)	N	1	1	216 – 216	A	Enter the assessment code if billing/reporting other test or pelvic exam as follows:  1 - No problem suspected, or  2 - Refused, contraindicated, not needed, or  Enter a space if code "1" or "2" does not apply.  If code "1" or "2" is entered, then positions 217 – 220 must be spaces.
Other Tests New Problem - 3	9(2)	N	1	2	217 – 218	A	See H&P New Problem - 1 for follow-up code list.
Other Tests Known Problem - 3	9(2)	N	1	2	219 – 220	A	See H&P New Problem - 1 for follow-up code list.
Other Tests Billed Amount - 3	999V99	N	1	5	221 – 225	A	Enter amount billed for Other Tests - 3 if billing CHDP claim type "1" or "3" only. Do <u>not</u> enter a dollar sign or decimal point. Right justify and zero fill. For claim type "2" zero fill.

<u>Field Name</u>	<u>Picture</u>	<u>Alpha-A Numeric-N</u>	<u>No. Of Occurs</u>	<u>Length</u>	<u>Data Position From-To</u>	<u>As Required-A Mandatory-M</u>	<u>Explanation Of Items</u>
Passive Tobacco Smoke	X(1)	A/N	1	1	226 – 226	A	Enter “Y” if the patient is exposed to passive (second-hand) tobacco smoke. Enter “N” if not.
Tobacco Used	X(1)	A/N	1	1	227 – 227	A	Enter “Y” if the patient uses tobacco. Enter “N” if non-user.
Tobacco Referral	X(1)	A/N	1	1	228 – 228	A	Enter “Y” if you have counseled the patient about tobacco use or if you have referred the patient for counseling. Enter “N” if not.
Weight - lbs.	9(3)	N	1	3	229 – 231	A	Enter weight in pounds. Right justify and zero fill.
Weight - oz.	9(2)	N	1	2	232 – 233	A	Enter balance of weight in ounces. Cannot exceed 15 oz. Right justify and zero fill.
Body Mass Index	9(2)	N	1	2	234 – 235	A	Enter Body Mass Index percentile in whole numbers. Right justify and zero fill.
Blood Pressure - Systolic	9(3)	N	1	3	236 – 238	A	Must be greater than diastolic. Mandatory for all children age three and older. Right justify and zero fill.
Blood Pressure - Diastolic	9(3)	N	1	3	239 – 241	A	Mandatory for all children age three and older. Right justify and zero fill.

<u>Field Name</u>	<u>Picture</u>	<u>Alpha-A Numeric-N</u>	<u>No. Of Occurs</u>	<u>Length</u>	<u>Data Position From-To</u>	<u>As Required-A Mandatory-M</u>	<u>Explanation Of Items</u>
Hemoglobin	99V9	N	1	3	242 – 244	A	Record to the nearest 0.1 gram. Do <u>not</u> enter decimal point.  Examples: 090 FOR 9.0 160 FOR 16.0 095 FOR 9.5 165 FOR 16.5  The range is not less than 060 or greater than 240.
Hematocrit	9(3)	N	1	3	245 – 247	A	Record to the nearest 1 percent. Left justify and zero fill. Range is not less than 18 or more than 72.
Birth Weight - lbs.	9(2)	N	1	2	248 – 249	A	Record birth weight (if known) for children 2 years of age or younger. Right justify and zero fill.
Birth Weight - oz.	9(2)	N	1	2	250 – 251	A	Enter balance of weight in ounces. Cannot exceed 15 oz. Right justify and zero fill.
Immunization Code - 1	9(2)	N	1	2	252 – 253	A	Enter the Immunization Code.
Immunization Assessment - 1	9(1)	N	1	1	254 – 254	A	Enter the assessment code as follows:  1 - Now up-to-date for age 2 - Still not up-to-date for age 3 - Already up-to-date for age 4 - Refused or contraindicated

<u>Field Name</u>	<u>Picture</u>	<u>Alpha-A Numeric-N</u>	<u>No. Of Occurs</u>	<u>Length</u>	<u>Data Position From-To</u>	<u>As Required-A Mandatory-M</u>	<u>Explanation Of Items</u>
Immunization Billed Amount - 1	999V99	N	1	5	255 – 259	A	Enter amount billed for Immunization Code - 1. For CHDP claim types “1” or “3” only. Do <u>not</u> enter a dollar sign or decimal point. Right justify and zero fill. For claim type “2” zero fill.
Immunization Code - 2	9(2)	N	1	2	260 – 261	A	Enter the Immunization Code.
Immunization Assessment - 2	9(1)	N	1	1	262 – 262	A	See Immunization Assessment- 1 for assessment code list.
Immunization Billed Amount - 2	999V99	N	1	5	263 – 267	A	Enter amount billed for Immunization Code - 2. For CHDP claim types “1” or “3” only. Do <u>not</u> enter a dollar sign or decimal point. Right justify and zero fill. For claim type “2” zero fill.
Immunization Code - 3	9(2)	N	1	2	268 – 269	A	Enter the Immunization Code.
Immunization Assessment - 3	9(1)	N	1	1	270 – 270	A	See Immunization Assessment - 1 for assessment code list.
Immunization Billed Amount - 3	999V99	N	1	5	271 – 275	A	Enter amount billed for Immunization Code - 3. For CHDP claim types “1” or “3” only. Do <u>not</u> enter a dollar sign or decimal point. Right justify and zero fill. For claim type “2” zero fill.
Immunization Code - 4	9(2)	N	1	2	276 – 277	A	Enter the Immunization Code.
Immunization Assessment - 4	9(1)	N	1	1	278 – 278	A	See Immunization Assessment - 1 for assessment code list.

<u>Field Name</u>	<u>Picture</u>	<u>Alpha-A Numeric-N</u>	<u>No. Of Occurs</u>	<u>Length</u>	<u>Data Position From-To</u>	<u>As Required-A Mandatory-M</u>	<u>Explanation Of Items</u>
Immunization Billed Amount - 4	999V99	N	1	5	279 – 283	A	Enter amount billed for Immunization Code - 4. For CHDP claim types “1” or “3” only. Do <u>not</u> enter a dollar sign or decimal point. Right justify and zero fill. For claim type “2” zero fill.
Immunization Code - 5	9(2)	N	1	2	284 – 285	A	Enter the Immunization Code.
Immunization Assessment - 5	9(1)	N	1	1	286 – 286	A	See Immunization Assessment - 1 for assessment code list.
Immunization Billed Amount - 5	999V99	N	1	5	287 – 291	A	Enter amount billed for Immunization Code - 5. For CHDP claim types “1” or “3” only. Do <u>not</u> enter a dollar sign or decimal point. Right justify and zero fill. For claim type “2” zero fill.
Immunization Code - 6	9(2)	N	1	2	292 – 293	A	Enter the Immunization Code.
Immunization Assessment - 6	9(1)	N	1	1	294 – 294	A	See Immunization Assessment - 1 for assessment code list.
Immunization Billed Amount - 6	999V99	N	1	5	295 – 299	A	Enter amount billed for Immunization Code - 6. For CHDP claim types “1” or “3” only. Do <u>not</u> enter a dollar sign or decimal point. Right justify and zero fill. For claim type “2” zero fill.
Immunization Code - 7	9(2)	N	1	2	300 – 301	A	Enter the Immunization Code.
Immunization Assessment - 7	9(1)	N	1	1	302 – 302	A	See Immunization Assessment - 1 for assessment code list.

Immunization Billed Amount - 7	999V99	N	1	5	303 – 307	A	Enter amount billed for Immunization Code - 7. For CHDP claim types "1" or "3" only. Do <u>not</u> enter a dollar sign or decimal point. Right justify and zero fill. For claim type "2" zero fill.
Patient Visit	9(1)	N	1	1	308 – 308	A	Enter the visit code as follows:  1 - New patient or extended visit 2 - Routine visit  Enter a space if a partial visit or recheck.
Type of Screen	9(1)	N	1	1	309 – 309	A	Enter the visit code as follows:  1 - Initial 2 - Periodic  Enter a space if a partial visit or recheck.
Total Fees Billed Amount	9999V99	N	1	6	310 – 315	M	Enter total of all claim subtotals. For CHDP claim types "1" or "3" only. Do <u>not</u> enter a dollar sign or decimal point. Right justify and zero fill. For claim type "2" zero fill.

<u>Field Name</u>	<u>Picture</u>	<u>Alpha-A Numeric-N</u>	<u>No. Of Occurs</u>	<u>Length</u>	<u>Data Position From-To</u>	<u>As Required-A Mandatory-M</u>	<u>Explanation Of Items</u>
Diagnosis Code - 1	X(7)	A/N	1	7	316 – 322	A	Enter the ICD-9-CM or ICD-10-CM diagnosis code. Include leading zero, if applicable. Do <u>not</u> enter a decimal point. Left justify and space fill.
Diagnosis Code - 2	X(7)	A/N	1	7	323 – 329	A	Enter the ICD-9-CM or ICD-10-CM diagnosis code. Include leading zero, if applicable. Do <u>not</u> enter a decimal point. Left justify and space fill.
WIC Referral	9(1)	N	1	1	330 – 330	A	Enter the WIC status code as follows:  1 - Enrolled, or 2 - Referred, or  Enter a space if code "1" or "2" do not apply.

<u>Field Name</u>	<u>Picture</u>	<u>Alpha-A Numeric-N</u>	<u>No. Of Occurs</u>	<u>Length</u>	<u>Data Position From-To</u>	<u>As Required-A Mandatory-M</u>	<u>Explanation Of Items</u>
Partial Screen	9(1)	N	1	1	331 – 331	A	If partial screen, enter "1".
Screening Recheck	9(1)	N	1	1	332 – 332	A	If recheck, enter "1".
Prior PM 160 Date	9(6)	N	1	6	333 – 338	A	If "1" is entered in position 331 or 332, this field is mandatory. Enter date as MMDDYY.
Patient Eligibility	9(1)	N	1	1	339 – 339	M	Enter "1" for Medi-Cal eligible patient. Enter "2" for patient eligible to receive CHDP benefits only.
Filler	X(16)	A/N	1	16	340 – 355	A	Enter spaces.
County of Eligibility	9(2)	N	1	2	356 – 357	A	The two-digit county code is required.
Recipient Aid	9(2)	N	1	2	358 – 359	A	Medi-Cal aid code is required.
Recipient Telephone Number	9(10)	N	1	10	360 – 369	A	Enter recipient's telephone number and area code. Do not enter parentheses, hyphens or special characters.
Patient Next Visit Date	9(6)	N	1	6	370 – 375	M	In MMDDYY format, enter date of next complete health assessment.
Responsible Person Last Name	X(14)	A/N	1	14	376 – 389	A	Enter last name of parent or guardian.
Responsible Person First Name	X(15)	A/N	1	15	390 – 404	A	Enter first name of parent or guardian.

<u>Field Name</u>	<u>Picture</u>	<u>Alpha-A Numeric-N</u>	<u>No. Of Occurs</u>	<u>Length</u>	<u>Data Position From-To</u>	<u>As Required-A Mandatory-M</u>	<u>Explanation Of Items</u>
Responsible Person Address 1	X(26)	A/N	1	26	405 – 430	A	Enter street address of parent or guardian.
Responsible Person Address 2	X(26)	A/N	1	26	431 – 456	A	Enter street address of parent or guardian.
Responsible Person City	X(18)	A/N	1	18	457 – 474	A	Enter city of parent or guardian.
Responsible Person State	X(2)	A/N	1	2	475 – 476	A	Enter state of parent or guardian.
Responsible Person ZIP Code	9(5)	A/N	1	5	477 – 481	A	Enter ZIP code of parent or guardian
Referred to Last Name - 1	X(15)	A/N	1	15	482 – 496	A	Enter last name of provider referred to, if applicable.
Referred to First Name - 1	X(14)	A/N	1	14	497 – 510	A	Enter first name of provider referred to, if applicable.
Referred to Phone Number - 1	9(10)	A/N	1	10	511 – 520	A	Enter phone number of provider referred to, if applicable.
Referred to Last Name - 2	X(15)	A/N	1	15	521 – 535	A	Enter last name of second provider referred to, if applicable.
Referred to First Name - 2	X(14)	A/N	1	14	536 – 549	A	Enter first name of second provider referred to, if applicable.
Referred to Phone Number - 2	9(10)	A/N	1	10	550 – 559	A	Enter phone number of second provider, if applicable.

<u>Field Name</u>	<u>Picture</u>	<u>Alpha-A Numeric-N</u>	<u>No. Of Occurs</u>	<u>Length</u>	<u>Data Position From-To</u>	<u>As Required-A Mandatory-M</u>	<u>Explanation Of Items</u>
Place of Service	X(2)	A/N	1	2	560 – 561	M	Enter Place of Service code that best describes where the service was rendered.  11 – Office (any location other than Place of Service code 22 or 71) 22 – Outpatient Hospital 71 – State or Local Public Health Clinic 72 – Rural Health Clinic 81 – Independent Laboratory 99 – Other
Service Location Name	X(33)	A/N	1	33	562 – 594	M	Enter the Service Location name.
Service Location Address	X(26)	A/N	1	26	595 – 620	M	Enter the Service Location address.
Service Location City	X(2)	A/N	1	2	621 – 622	M	Enter the Service Location city.
Service Location State	X(2)	A/N	1	2	623 – 624	M	Enter the Service Location state.
Service Location ZIP Code	9(9)	A/N	1	9	625 – 633	M	Enter the Service Location ZIP code.
Height	999V9	N	1	4	634 – 637	M	Enter height in inches with decimal implied. Give fractions in quarter inches (3 = 3/4, 2 = 1/2, 1 = 1/4, 0 = 0/4).
Measurement	X(1)	A/N	1	1	638 – 638	M	Enter “A” for American measurement for height in inches and weight in pounds and ounces.

<u>Field Name</u>	<u>Picture</u>	<u>Alpha-A Numeric-N</u>	<u>No. Of Occurs</u>	<u>Length</u>	<u>Data Position From-To</u>	<u>As Required-A Mandatory-M</u>	<u>Explanation Of Items</u>
Patient Account Number	X(10)	A/N	1	10	639 – 648	A	Enter recipient's medical record or account number to further identify the claim on the <i>Remittance Advice Details</i> (RAD). Right justify and zero fill.
Filler	X(12)	A/N	1	12	649 – 660	A	Enter spaces.
Blood lead Referral	X(01)	A/N	1	1	661 – 661	A	Enter "Y" if blood lead routine referral is present, or enter space.
Dental Referral	X(01)	A/N	1	1	662 – 662	A	Enter "Y" if dental routine referral is present, or enter space.
Foster Child	X(01)	A/N	1	1	663 – 663	A	Enter "Y" if patient is a foster child, or enter space.
Billed Amount Format	X(01)	A/N	1	1	664 – 664	M	Enter "E" for billing in the new format.
Filler	X(19)	A/N	1	19	665 – 683	A	Enter spaces