

Overview

Disposition Format Data

The ITS DF is the standard dataset used to convey adjudicated claims data from processing Plans to local Plans. The DF is an inter-Plan electronic explanation of benefits.

The adjudicated claims data includes the following:

- Selected fields from the SF.
- Claim and, if appropriate, line-item adjudication results.
- Claim-level financial results, including net liability, administrative expense allowance, access fee and other carrier payments, if any.

For Inter-Plan claims, the DF is the required format processing Plans must use to convey adjudicated claims information back to local Plans. For national account processing, however, the DF is optional.

DF Structure

Like the other standard ITS formats, the DF is a set of 255-byte records that Plans combine to form a single adjudicated claim transaction. The DF uses a single set of records to convey data for both institutional and professional claims.

The DF combines these records in different ways to convey adjudicated claims data to the local Plan. The basic set of required claim data for all claim types includes information on the provider, patient, subscriber and claim, as well as both claim- and line-level payment data.

Creating and Editing the DF

Processing Plans create the DF by taking data from a number of sources. These sources include:

- The SF.
- The processing Plan's claims adjudication system and possibly, results from the UPF and the COB calculator.

After the processing Plan has created the DF, the ITS software edits the disposition records and fills a number of additional financial data fields with claim liability, net liability, access fee and administrative fee amounts.

Updating the Formats Database/Transmitting the DF

Following the editing process, the processing Plan updates the formats database with the DFs that have passed and failed the edits, excluding duplicates and records that were processed

under the wrong version of the software. The formats database record of the DF then will be available for adjustment and resubmission processing, customer service and audit purposes.

Reports

Both the disposition batch software and the formats database update process produce a number of reports for the DFs. [Report descriptions](#) appear at the end of this chapter.

The following sections of this chapter will provide additional information on creating and editing the DF.

The Pre-disposition Process

DF Requirements

As a rule, when the local Plan is making payment for the claim, processing Plans must create a DF for every SF transaction they receive. If a custom arrangement has been negotiated between the processing and local Plans in which the processing Plan is making the payment, the processing Plan may choose to return a DF to the local Plan strictly for information or statistical purposes, or may choose not to return a DF at all. The Plan profile SCDF type field (S002) will identify which type of DF will be returned.

At the same time, the Plan profile program code field (P079) will identify cases in which a processing Plan may generate a DF without having received a corresponding SF. This can occur only when:

- The program code indicates that the two Plans, based on a customized agreement, have decided to implement file direct procedures for these claims. In this case, an SCCF serial number will be assigned to the DF by the edit software.
- The SCDF type field indicates that the processing Plan should create an informational or statistical DF.

With these exceptions in mind, the processing Plan usually will create a DF for every SF received.

Creating the DF

Mapping to the DF

A valid DF consists of the correct configuration of record types populated with valid data. Processing Plans populate the DF fields using data from these primary sources:

- The SF.
- The processing Plan's claims adjudication system and possibly from the UPF.

At the same time, the ITS Plan profile will provide key data for a number of other system-generated fields during the DF editing process.

The following sections describe how to create the DF in more detail, beginning with an overview of the structure of the DF.

Initializing Fields

Processing Plans should initialize all alphanumeric fields to blanks and all numeric fields to zeroes.

DF Structure

The ITS DF consists of a set of 255-byte records. Processing Plans create an ITS DF claim transaction by combining these individual records into a single claim transaction.

Table 3.1 details the structure of the DF. Refer to the ITS Record Descriptions Manual for a complete layout of the DF records.

Table 3.1 – The DF

Record	Number	Required/ Optional	Max. No. of Records	Record Requirements
Disposition header	1A	R	1	Required
Provider	2A	R	1	Required
Patient	2B	R	1	Required
Subscriber	2C	R	1	Required
Representative payee	2E	O	1	Optional
Institutional claim	2F	R	1	Required for institutional claims. Not valid for professional claims.
Professional claim	2G	O	1	Optional on professional claims. Not valid for institutional claims.
Procedure/ diagnosis codes	2H	R	1	Required for institutional claims. Optional on professional claims.
Payment claim-level	3A	R	1	Required

Record	Number	Required/ Optional	Max. No. of Records	Record Requirements
Institutional payment claim-level	3C	R	1	Required for institutional claims. Not valid for professional claims.
Professional payment claim-level	3D	R	1	Required for professional claims. Not valid for institutional claims.
Payment line-level	4A	O	999	Optional
Institutional payment line-level	4B	C	999	For institutional claims, the 4B record must be present if the 4A record is present. For professional claims, the 4B record is not valid.
Professional payment line-level	4C	C	999	For professional claims, the 4C record must be present if the 4A record is present. For institutional claims, the 4C record is not valid.
Additional line of business payment line-level	4D	C	999	The 4D record must be present if record 4A or 4B is present and the additional line of business indicator is 1.
Special notations	8A	O	999	Optional. Use of this record type requires agreement from both Plans (sending and receiving).
Trailer	9A	R	1	Required.

SF/DF Matching Requirements

Some DF data within the individual records must match corresponding fields on the SF. The DF edits enforce the matching requirements. Table 3.2 identifies these matching requirements.

Exceptions for Adjustments

The following exceptions apply to these matching requirements:

- The bolded boxes in Table 3.2 indicate that a mismatch on this field will yield a warning message, but will not cause the DF to be in error.

- A number of these matching requirements will become warning messages when a DF is adjusted and the standard ITS adjustment process is not being used (adjustment edit indicator = N). The standard adjustment process is required for the Inter-Plan Business.

Refer to the SIRF and Adjustments User Manual for details on adjusting a DF.

Table 3.2 – SF/DF Matching Requirements

The following data elements on the DF must match back to these SF data elements:

Data Element Number	Data Element Name
A002	Access fee
A003	Access fee percent
A008	Account Type Code
A020	Admission date
A024	AEA code
B007	BCBS provider number
C008	CFA code
C022	Claim type
C033	Control Plan CFA account code
C034	SCCF Control Plan code
D006	Date of service-start
F002	Federal tax ID number
H001	HCPCS procedure code
L002	Length of stay
L012	Local Plan claim reference
L013	Local Plan code
L014	Local Plan control number
L017	Local Plan receipt date
L019	Local Plan station code
M009	Medicare provider number
N002	National/OOA code
N010	Number of services
P005	Patient control number

Data Element Number	Data Element Name		
P021	Patient status code		
P025	Payment disposition code		
P037	Payment restriction indicator		
P050	Plan payer code		
P074	Processing site station code		
P079	Program code		
P098	Pricing method-claim		
P099	Pricing method-line		
P153	Plan profile adjustment edit indicator		
R036	Resubmission DF indicator		
R038	Revenue code		
R045	Rule number primary-claim		
R046	Rule number secondary-claim		
R047	Rule number-line		
S007	Service charges		
S023	Statement-from-date		
T014	Total charges all services		
T045	Transmit mode code		
T055	Type of federal tax ID number		
T058	Type of service		
DF Data Element	DF Data Element Name	SF Data Element	SF Data Element Name
S044	Subscriber ID (on input)	S042	Subscriber
I021	ICD9-diagnosis - code line	I001	ICD9-diagnosis code
I001	Primary diagnosis code	P063	Principle diagnosis code

System-generated DF Data

Sources of System-generated Data

A number of DF fields are system-generated by the edit software. The software fills these fields from the following sources:

- Plan profile.
- Formats database SF.
- Calculations performed using the SF, DF and Plan profile data fields. This applies to selected financial fields that the net liability determination software calculates.
- Selected adjustment fields will be moved from the formats database NF to the void DF.
- Derivations performed using combinations of data on the DF format.
- DF edits.

Table 3.3 lists the system-generated fields and the source of their data for fields filled by the disposition edits software. Chapter 4 – Net Liability Calculations explains how the net liability determination software fills or verifies the data in selected financial fields.

Group Number Justification

The edit software will justify the group number field as follows:

- If the group number field contains alpha characters, the field will be left justified and blank-filled.
- If the group number field does not contain alpha characters, the field will be right justified and zero-filled.
- Embedded blanks are not allowed in the group number field.

Populating the Subscriber ID

The subscriber ID fields, both input and actual (S043, S044), are divided into a prefix field and a number field. The prefix should contain a three-character alpha value. The numeric portion of the subscriber ID, beginning with position 4, should be left justified and blank-filled. Embedded blanks are not allowed in the subscriber ID.

If no prefix is associated with the subscriber ID, the prefix field should be left blank and the number should be left justified and blank-filled in positions 4-17. The edit software will not justify the numeric portion of the subscriber ID.

Table 3.3 – System-generated DF Fields

Field	Source	
	Custom Rule on Plan profile	Standard Rule on Plan profile
Processing site Plan code (P073)	Plan-filled	Formats DB-SF
Processing site station code (P074)	Plan profile	Formats DB-SF
Local Plan code (L013)	Plan-filled	Formats DB-SF
Local Plan station code (L019)	Plan profile	Formats DB-SF
Plan payer code	Plan-filled	Formats DB-SF
Transmit mode code (T045)	Formats DB-SF or Plan profile	
Access fee percentage (A003)	Formats DB-SF when blank on DF	
Cash refund indicator (C005)	Formats DB-SINF (Both void and reissue DFs)	
Subscriber ID number input (S044)	Formats DB-SF (when blank on DFs)	
Program code (P079)	Formats DB-SF or Plan profile	
National/OOA code (P079)	Formats DB-SF or Plan profile	
BlueCard Program product type (B026)	Formats DB-SF	
AEA code (A024)	Formats DB-SF or Plan profile	
Access fee code (A002)	Formats DB-SF or Plan profile	
CFA code (C008)	Formats DB-SF or Plan profile	
CP CFA account code (C033)	Formats DB-SF or Plan profile	
Plan profile adjustment edit indicator (P153)	Formats DB-SF or Plan profile	
Resubmission DF indicator (R036)	Formats DB-SF or Plan profile	
Plan profile standard indicator (P052)	Formats DB-SF or Plan profile	
CFA billing indicator (C007)	Combinations of fields from input DF: A = misroute (DF msg. code = 1050) B = electronic claims routing (program code = 9) C = close-out claim (DF msg. code = 1051) D = duplicate claim (DF msg. code = 0189) E = adjustment closeout claim (DF msg. code = 1062) F = provider contracts with both Plans; closeout claim (DF msg. code = 1069) G = national account arrangement; closeout Inter-Plan (00A) claim (DF msg. code = 1070) H = no record of membership (DF msg. code = 0706)	
Release number (R021)	DF edits	

Including Line-item Data on the DF

Claim and Line-item Data

The DF contains data at both the claim- and line-item levels.

The following four DF records can occur up to 999 times, each occurrence of which can contain line-item data on the claim:

- Payment line-level record (4A)
- Institutional payment line-level record (4B)
- Professional payment line-level record (4C)
- Additional line of business payment line record (4D).

Line-item Data Requirements

The DF edits require processing Plans to return the same level of line-item data on the DF that they received on the SF. They also must return these lines in the same order as received on the SF. If processing Plans combine, split or reorder lines in adjudicating the claim, they should nevertheless return the lines to their original state on the DF. The only exception to returning line-item data is the DF is an adjustment closeout DF. This DF serves to acknowledge receipt of the adjustment SF only and is identified by the value 1062 in the 23A - message code field.

Two types of editing will be performed to enforce these requirements. First, the number of service line records (4A) on the DF will be compared with the number of service line records (60 or F0) on the SF. The 001 revenue code line on an institutional SF will not be counted. The edit will be bypassed when the release number on the SF is less than 080 or the DF message code on the claim is 1062 (adjustment closeout). Second, matching edits from the SF to the DF are performed to ensure that each SF line has a corresponding DF line. The following fields are matched:

Professional Claims

- | | |
|-------------------------|------|
| • HCPCS procedure code | H001 |
| • Type of service | T058 |
| • Service charges | S007 |
| • Date of service start | D006 |
| • ICD-9 diagnosis code | I001 |
| • Number of services | N010 |

Institutional Claims

- | | |
|----------------------|------|
| • Revenue code | R038 |
| • Service charges | S007 |
| • Number of services | N010 |

If the release number on the SF is less than 080, these edits are bypassed.

Inclusively Priced Claims

When the claim is inclusively priced, the following line-level fields must be set to zero. The claim may be priced inclusively either by setting the line pricing method (P098) to 20, 33, 42 or 43 or by setting the line pricing method to spaces and the claim pricing method (P099) to 20, 30, 33, 42 or 43.

Set these line-level fields to zero:

- Amount approved for payment A028
- Patient liability P011
- Deductible D011
- Copayment C041
- Coinsurance C025
- Payment reduction amounts –
 - 1 P027
 - 2 P038
 - 3 P029
 - 4 P030
 - 5 P031
 - 6 P269
 - 7 P270
 - 8 P271
 - 9 P272
 - 10 P273
- Amount paid by other carrier A031

The Additional Line of Business Payment Line-item Record

Secondary Claim

When paying the claim as the secondary payer, the following line-level and claim-level fields must be set to zero:

- Coinsurance amount C025
- Copay amount C041
- Covered charges C042
- Deductible amount D011
- Noncovered charges N005
- Total coinsurance amount T015
- Total copay amount T016
- Total covered charges T019
- Total deductible amount T022

- Total noncovered charges T024

Major Medical Lines

The additional line of business payment line record (4D) allows processing Plans to specify major medical lines on an adjudicated claim. Processing Plans can submit up to 999 4D records to specify major medical payment lines.

The ITS software enforces only a single requirement on using the 4D record for both national accounts and Inter-Plan Business claims. The 4D record is required if the additional line of business indicator (A013) on the payment line-level record (4A) is set to 1 (major medical).

Passing Major Medical Lines on a DF

The following guidelines can be used to create the 4D record for national accounts. For Inter-Plan Business claims, the guidelines are required standards for using the 4D record. Refer to the implementation standards in the ITS Administrative Manual.

- Processing Plans using the 4D record should continue to use the payment line-item level record (4A) to include lines that are the total of both basic and major medical lines.
- The 4D record, in contrast, will include only that portion of each 4A line that is major medical.

Calculating Basic and Major Medical Lines

Using the records in this manner will allow processing Plans to differentiate basic from major medical data in the following manner:

- Basic = 4A lines and corresponding 4D lines
- Major medical = 4D lines only

Inter-Plan Business Standards

- The processing Plan is never required to use the 4D record on a claim. However, if the processing Plan chooses to use the 4D record, it must do so as specified above.
- The local Plan can always ignore the 4D record.

Mapping from a Local Claims System/UPF to the DF

Mapping to DF Line-level Records

Many of the line-level dollar fields in the DF records (and two claim-level records) can be filled using data output from either a Plan's adjudication system or from the UPF.

This includes fields on the following records:

- Institutional payment claim-level record (3C).
- Professional payment claim-level record (3D).
- Payment line-item level record (4A).
- Institutional payment line-level record (4B).
- Professional payment line-level record (4C).

Table 3.4 shows how to map from the UPF to these DF line and claim-level fields.

Note: The table also lists a small number of DF fields that are mapped directly from the SF.

Table 3.4 – Mapping from the UPF to the DF

Map These UPF Fields		To These DF Fields	
Field Name	Data Element #	Field Name	Data Element #
Mapping from the UPF to the Institutional Payment Claim-level Record (3C)			
Sum of initial payment or allowed amount	UP134	Allowed pre-priced amount	A026
Rule number	R045	Rule number	R045
Sum of noncovered days/visits/units	UP017	Noncovered days	N006
Mapping from the UPF to the Professional Payment Claim-level Record (3D)			
Sum of initial payment or allowed amount	UP134	Allowed pre-priced amount	A026
Mapping from the UPF to the Payment Line-item Level Record (4A)			
Initial charges	UP138	Service charge	S007
Subscriber noncovered services amount applied + Subscriber noncovered days/visits/units amount applied + Subscriber maximum dollar amount applied + Subscriber private room differential amount applied	UP041 UP042 UP043 UP044	Noncovered charges	N005
Covered service charges excluding cost sharing + Subscriber-based benefits management: noncovered services amount applied + Subscriber-based benefits management: noncovered says/visits/units amount applied +	UP037 UP054 UP055	Covered charges	C042

Map These UPF Fields		To These DF Fields	
Field Name	Data Element #	Field Name	Data Element #
Subscriber-based benefits management: maximum dollar amount applied + Subscriber-based benefits management: dollar reduction amount applied + Subscriber-based benefits management: percentage reduction amount applied	UP056 UP057 UP058		
Number of services	N010	Number of services	N010
Accumulated subscriber liability	UP040	Patient liability amount	P011
Benefits management subscriber-based penalty: noncovered days/visits/units	UP030	Benefits management benefit reduction days	B008
Subscriber deductible amount applied	UP045	Deductible amount	D011
Subscriber copayment amount 1 applied + Subscriber copayment amount 2 applied +	UP046 UP141	Copay amount	C041
Subscriber coinsurance amount applied	UP047	Coinsurance amount	C025
None	NA	Amount paid by other carrier	A031
Subscriber maximum dollar amount applied	UP043	Amount exceeding maximum	A029
Remaining payment or allowed amount	UP039	Amount approved for payment	A028
None	NA	Payment reduction amount 1 Payment reduction amount 2 Payment reduction amount 3 Payment reduction amount 4 Payment reduction amount 5 Payment reduction amount 6 Payment reduction amount 7 Payment reduction amount 8 Payment reduction amount 9 Payment reduction amount 10	P027 P028 P029 P030 P031 P269 P270 P271 P272 P273
None	NA	Payment reduction reason code 1 Payment reduction reason code 2 Payment reduction reason code 3 Payment reduction reason code 4 Payment reduction reason code 5 Payment reduction reason code 6 Payment reduction reason code 7 Payment reduction reason code 8	P032 P033 P034 P035 P036 P264 P265 P266

Map These UPF Fields		To These DF Fields	
Field Name	Data Element #	Field Name	Data Element #
		Payment reduction reason code 9 Payment reduction reason code 10	P267 P270
Percentage factor - line	P100	Percentage factor - line	P100
Initial payment or allowed amount	UP134	Line allowed pre-priced amount	A026
Mapping from the UPF to the Institutional Payment Line-item Level Record (4B)			
<ul style="list-style-type: none"> Days/visits/units MINUS Noncovered days/visits/units + Benefits management subscriber-based penalty: noncovered days/visits/units + Benefits management provider-based penalty: noncovered days/visits/units 	UP014 UP017 UP030 UP025	Days approved for payment <i>(Note: Exclude baby days [revenue codes 170-179] when mother and baby charges are billed together.)</i>	D010
Revenue code	R038	Revenue code	R038
Accommodation rate	A007	Accommodation rate	A007
Pricing method - line	P099	Pricing method - line	P099
Rule number - line	R047	Rule number - line	R047
Noncovered days/visits/units	UP017	Noncovered days	N006
Professional Payment Line-item Level Record (4C)			
HCPCS procedure code	H001	HCPCS procedure code	H001
Pricing method - line	P099	Pricing method - line	P099
Rule number - line	R047	Rule number - line	R047
ICD-9 diagnosis code	I021	ICD-9 diagnosis code	I021

DF Balancing – Claim-level DF Fields

In some cases on the DF, fields appear on both the line-level records and as totals at the claim-level. Often, filling the claim-level fields on the DF records will involve simply totaling the individual line-level fields and mapping to the claim records using the instructions in the previous section.

The disposition software does not fill these claim-level fields. However, the disposition edits software requires that the sum of the line-level fields equal the claim-level field. Plans should ensure selected line and claim-level fields balance before running the disposition edits software.

DF Balancing Recommendations

Table 3.5 lists DF balancing recommendations. The following qualifications apply:

- The balancing recommendations apply only if both line and claim-level fields are present.
- At a minimum, the processing Plan should balance the fields (identified with a single asterisk in Table 3.5) for claims priced using an inclusive pricing method (20, per diem; 30, DRG; 33, DRG; 42, multiple service allowance, or 43, multiple service allowance).
- At a minimum, the processing Plan should balance the fields (identified with a single or a double asterisk in Table 3.5) for claims priced using a non-inclusive pricing method (any pricing method other than 20, 30, 33, 42 or 43).

Table 3.5 – Filling Claim-level DF Fields - Balancing Recommendations

DF Line-level Fields		DF Claim-level Fields	
Data Element Name	Data Element #	Data Element Name	Data Element #
Recommended Balancing for the Payment Claim-level Record (3A)			
Benefit management reduction days**	B008	Total benefits management reduction days	T012
Deductible amount**	D011	Total deductible amount	T022
Coinsurance amount**	C025	Total coinsurance amount	T015
Amount paid by other carrier**	A031	Total amount paid by other carrier	T006
Service charges *	S007	Total charges all services	T014
Covered charges*	C042	Total covered charges	T019
Noncovered charges*	N005	Total noncovered charges	T024
Amount approved for payment**	A028	Total amount approved for payment	T005
Patient liability amount**	P011	Total patient liability amount	T027
None	NA	Total patient amount paid	T026
Copay amount**	C041	Total copay amount	T016
Payment reduction amount** (summed by associated payment reduction reason code)	P027	Total payment reduction amount 1	T029
	P028	Total payment reduction amount 2	T030
	P029	Total payment reduction amount 3	T031
	P030	Total payment reduction amount 4	T032
	P031	Total payment reduction amount 5	T033
	P269	Total payment reduction amount 6	T071
	P270	Total payment reduction amount 7	T072
	P271	Total payment reduction amount 8	T073
	P272	Total payment reduction amount 9	T074
	P273	Total payment reduction amount 10	T075

DF Line-level Fields		DF Claim-level Fields	
Data Element Name	Data Element #	Data Element Name	Data Element #
Payment reduction reason code** (payment reduction amount summed by associated payment reduction reason code)	P032	Total payment reduction reason code 1	T034
	P033	Total payment reduction reason code 2	T035
	P034	Total payment reduction reason code 3	T036
	P035	Total payment reduction reason code 4	T037
	P036	Total payment reduction reason code 5	T038
	P264	Total payment reduction reason code 6	T066
	P265	Total payment reduction reason code 7	T067
	P266	Total payment reduction reason code 8	T068
	P267	Total payment reduction reason code 9	T069
	P268	Total payment reduction reason code 10	T070
Institutional Payment Claim-level Record (3C)			
None	NA	Pricing method-claim	P098
Covered charges	C042	Total covered accommodation charges +	T017
		Total covered ancillary charges	T018
Days approved for payment*	D010	Total days approved for payment	T021
None	NA	Access fee percentage	A003
None	NA	Access fee amount	A001
None	NA	Claim liability amount	C017
Private room noncovered amount	P285	Total private room noncovered amount	T076
Recommended Balancing for the Professional Payment Claim-level Record (3D)			
Covered charges	C042	Total covered service charges	T020

* Minimum required balancing claims priced with an inclusive pricing method (20, 30, 33, 42 or 43). Also included as required balancing for non-inclusively priced claims.

** Minimum required balancing for claims priced with a non-inclusive pricing method. (Pricing methods not equal to 20, 30, 33, 42 or 43)

Pre-editing Processes and DF Edit Input Files

DF Pre-format and Sort

After the processing Plan has created the DFs, the transactions are put into the disposition batch software. The processing Plan can input multiple DF transaction files into the batch process. The pre-format edit software will concatenate these multiple files into a single file and append a sort key to each transaction. The output file then is sorted and passed to the DF edits software.

DF Edit Parameter Card

The parameter card input to the DF edit process will identify the site running the edits as either a local or processing site. This information will be used by the edits that compare the fields computed by the net liability determination module to fields on the incoming DF record and by the edits performed on resubmitted DFs.

Plan Profile Access

The DF edit software will compare the Plan profile access fields on the DF to the corresponding SF record in the formats database. This comparison will take place only when the SF release number is equal to or greater than 080. The Plan profile access fields are:

Subscriber ID prefix	S043 - DF, S042 - SF
Control Plan code	C034
Subscriber group number	S040
Local Plan code	L013
Claim type	C022
Local Plan receipt date	L017
Admission date	A020 - inpatient claims
Statement covers from date	S023 - outpatient claims
Earliest date of service start	D006 - professional claims

If these fields on the DF match the corresponding SF, the following fields are moved from the SF on the formats database to the DF and the read to the Plan profile is bypassed.

AEA code	A024
Access fee code	A002
CFA code	C008
CP CFA account code	C033
Local Plan station code	L019
National/OOA code	N002
Plan profile adjustment edit indicator	P153
Processing site station code	P074
Program code	P079
Resubmission DF indicator	R036
Transmit mode code	T045
Plan profile standard indicator	P052

If the Plan profile access fields on the DF do not match the corresponding SF, if the release number on the SF is less than 080, or if the SF AEA code is set to 2 (nonstandard AEA) and the DF is an original DF, the Plan profile is read and the fields listed above are moved from the Plan profile to the DF. Matching edits are performed to compare the Plan profile fields on the DF to the SF. If the field values do not match, the following edits are set on the DF:

AEA code	DA024*
Access fee code	DA002*
CFA code	DC008*
CP CFA account code	DC033*
Local Plan station code	DL019
National/OOA code	DN002**
Plan profile adjustment edit indicator	DP153
Processing site station code	DP074
Program code	DP079**
Resubmission DF indicator	DR036*
Transmit mode code	DT045

* *Matching edits are not performed on these fields when the SF release number is less than 080. These fields were not present on the SF before release 8.0.*

** *Matching edits are not performed on these fields when processing a void DF against a release 7.2 SF. Mismatching values in these fields produced only warning edits in release 7.2 and were allowed to be different.*

If any matching errors occur, the processing Plan should do one of the following:

- Request that the local Plan resubmit the SF with the correct subscriber ID.
- Reject the DF under the original subscriber ID and request that the local Plan send a new SF with the correct subscriber ID.

Home Plans have been instructed to use DF message codes 1083, 1084 or 1085 when the SF was sent under the wrong prefix and resulted in a claim being priced at incorrect rates; for example, traditional rates instead of PPO rates or POS rates. The Home Plan also should send the correct subscriber ID in the actual subscriber ID field. Because different prefixes are being used, two different Plan profile rules will be used for SF and DF processing. This will potentially result in Plan profile matching errors. As a result, the DF edits will bypass the following Plan profile matching errors if message codes 1083, 1084 or 1085 are present at the claim-level in any of the 10 occurrences:

Bypass for 1083, 1084 and 1085:

DC008 CFA code

DC033	Control Plan CFA account code
DA024	AEA code
DA002	Access fee code
DA003	Access fee %
DRL13	Institutional - if access fee code = 0, access fee % must = 0
DRL15	Professional - if access fee code = 0, access fee % must = 0
DP079	Program code
DN002	National/OOA code
DP153	Plan profile adjustment edit indicator
DR036	Resubmission DF indicator

Bypass for 1083 and 1084 only:

DC034	Control Plan code must be numeric and match the value on the SF.
DL019	Local Plan station code on the DF is required and must equal the value on the SF.
DP074	Processing site station code is required and must equal the value on the SF.
DT045	Transmission mode code is required and must equal the value on the SF.
DPP03	Control Plan code on DF does not match the Control Plan code on the Plan profile.

For adjustment DFs, the Plan profile fields listed below are moved from the previous disposition code 1 record to the void DF when the previous disposition code 1 record release number is equal to or greater than 080. In this case, the read to the Plan profile is bypassed.

AEA code	A024
Access fee code	A002
CFA code	C008
CP CFA account code	C033
Local Plan station code	L019
National/OOA code	N002
Plan profile adjustment edit indicator	P153
Processing site station code	P074
Program code	P079
Resubmission DF indicator	R036
Transmit mode code	T045
Plan profile standard indicator	P052

If the release number field on the previous disposition code 1 DF is less than 080, the Plan profile is read and the above fields are moved from the Plan profile to the void DF.

Reissue DFs are processed as stated above and matched against the adjustment SF record on the formats database, if it is present.

Any valid, resubmitted and streamlined DF rejected with DF message code 1083, 1084 or 1085 will be written to the valid 1083, 1084 or 1085 DF reject report (ITCP9020-07). All DFs written to this report also will be written to the current DF report, valid (ITCP9020-01), resubmitted (ITCP9020-04) and streamlined (ITCP9020-06). This report will not show on the DF – edit control report (ITCP9184-01), as the counts already exist on the appropriate DF reports.

Release Version Edits

The disposition edit software will set the release number for each transaction by comparing the disposition date with the date ranges on the parameters database 19 record. Once a match is found, the ITS software will set the release number associated with that date range. If the disposition date does not fall within a date range on the parameter database 19 record, the DF will receive a DR021 error and be written to the duplicate/reject file. Release-sensitive edits will be compared to the system-generated release number.

Claim Trailer Record Counts

The processing Plan is responsible for calculating the record counts on the claim trailer record (9A) for each DF. To do this, the Plan should compute the number of physical records for each of the following record types: 2X, 3X, 4A, 4B, 4C, 4D, 4X and 8X. Enter the sum of the record counts for each DF in the physical record count field (P046).

Note: The special notation transmission indicator is available on each special notations record to allow the processing Plan to identify which special notations records should be transmitted to the local Plan and which should be kept internally. Records with the special notation transmission indicator set to N will not be transmitted to the local Plan. Therefore, the processing Plan should not include these records in the 8X record count on the claim trailer or on the file trailer. The disposition edits will bypass these records when computing actual record counts. The transmission software will strip these records from the file before transmission.

The disposition edit software will calculate the actual record counts and compare them to the claim trailer record. If the counts are not equal, the appropriate error code will be set.

29ATrailer record count field	Error code
Physical record count (P046)	DP046
2X Record type count (R049)	DR049
3X Record type count (R050)	DR050
4A Record type count (R056)	DR056

4B Record type count (R057)	DR057
4C Record type count (R058)	DR058
4D Record type count (R059)	DR059
4X Record type count (R051)	DR051
8X Record type count (R055)	DR055

Duplicate Editing

The following table outlines the combination of records that pass or fail the DF duplicate edits depending on the type of disposition and the status of the records on the formats database and the incoming DF.

Input DF	Formats Database DF				
	Type of disp = 1 Status = V	Type of disp = 1 Status = I or M	Type of disp = 2 Status = any	Type of disp not = 1 or 2	Record not found
Type of disp 1	Error as duplicate-DXR50	Valid; will overlay existing record	Error as duplicate-DXR52	Valid, will overlay existing record	Valid, will post to FDB
Type of disp 2	Valid; will overlay existing record	Processing: error as duplicate, set DXR53 Local: Valid; will overlay existing record	Valid; will overlay existing record	Processing: error as duplicate, set DXR53 Local: Valid; will overlay existing record	Processing: error as duplicate, set DXR53 Local: Valid; will overlay existing record
Type of disp not = 1 or 2	Error as duplicate-DXR54	Error as duplicate-DXR54	Error as duplicate-DXR54	Invalid - DT054; will overlay existing record	Invalid - DT054; will post to FDB

DF Editing

Types of Disposition Edits

Following are the types of edits performed on the DF:

Type of Edit	Error Code Structure	Description
Format integrity edits	DFMxx where xx is the record type	Validates record types and sequence numbers.
Data requirement edits	Dxxxx where xxxx is the data element number	Validates that data are entered in the proper format (e.g., date, numeric, etc.) and that valid values are entered.

Type of Edit	Error Code Structure	Description
Relational edits	DRLxx where xx is a sequential number	Validates that appropriate values are entered based on the value in a related field.
Sequence checking, matching duplicate, reject edits	DXRxx where xx is a sequential number	<ul style="list-style-type: none"> Ensures that: <ul style="list-style-type: none"> Adjustment DFs are processed in the correct order An SF is present for every DF This DF has not already been posted to the formats database with a valid status. Validates that all formats database key fields are properly formatted and have appropriate values. Ensures that resubmitted DFs are being processed in the correct order.
Net liability edits	DNLxx where xx is a sequential number	Validates that net liability calculations are correct.
Balancing edits	DBLxx where xx is a sequential number	Validates the sum of line-level fields against claim-level fields and the relationship among DF dollar fields.
Warning edits	Wxxxx where xxxx is the data element number	Indicates that a potential error may have occurred. Warnings are flagged on optional and conditional fields on an original DF and on optional, conditional or required fields on an adjustment DF that bypasses the standard adjustment process. Records with only warning errors will be written to the valid file.

The DF edit process creates the following five output files:

- The valid file contains DFs that have passed all edits, including DFs with warning edit errors. The disposition header record may contain a maximum of five warning edit error codes in the error code field (E006).
- The valid resubmission file contains resubmitted DFs that have passed all edits, including DFs with warning edit errors. The disposition header record may contain a maximum of five warning edit error codes in the error code field (E006).
- The invalid file contains DFs that have failed one or more hard edits. The disposition header record will contain a maximum of five error codes in the error code field (E006).
- The duplicate/reject file contains DFs that already exist on the formats database or that contain errors to formats database key fields and therefore cannot be written to that database. This file also contains DFs that were run under an incorrect release version number. The invalid file contains DFs that have failed one or more hard edits. The disposition header record will contain a maximum of five error codes in the error code field (E006).
- The adjustment mismatch file contains void and/or reissue DFs that did not correctly match to a previous DF or that were processed out of sequence. This file also contains resubmitted DFs that were processed out of sequence. Records written to this file have

passed all other edits except the sequence checking edits. This file is recycled into the next DF edit run in an attempt to match up with the missing record.

Correcting DF Edit Errors

Processing Plans must run the DF edits before transmitting the DFs to the local Plan. If the edits identify an error, the processing Plan must correct the error before transmission.

The online entry and correction facility (OEC) provides the means for processing Plans to correct DF edit errors online. The invalid or mismatch DF file from the edit job can be loaded to the claims suspense file for access online. Once the processing Plan has corrected the errors online, the DF records must be extracted and re-run through the DF batch edits. OEC will allow only the processing Plan to make corrections to the DF. Local Plans do not have access to DF records through OEC.

Please refer to the Online Entry and Correction User Manual for additional instructions on correcting DF records.

When the local Plan receives a DF edit error, it should notify the processing Plan, through use of an SINF, of the cause for the error. If the two Plans agree, the DF resubmit process can be used to request that the processing Plan send a corrected DF. OEC also provides the processing Plan with the ability to recall the original DF from the formats database and create a resubmission DF.

DF Resubmit Process

The DF resubmit process is available to help resolve errors that occur on receipt of the DF at the local Plan or to facilitate the processing Plan resending a DF that never reached the local Plan.

When to Resubmit a DF

The processing Plan can resubmit a DF only when a valid original or a prior valid resubmit for the same SCCF number is posted to the formats database. The resubmitted DF will receive a DRX53 error if a valid DF is not on the formats database. However, the local Plan can receive and edit a resubmitted DF whether a valid original or prior resubmit is present on the formats database.

The processing Plan also can resubmit a DF when no original, valid RF is found on the formats database. If the valid RF is present on either the processing Plan's or local Plan's formats database, the resubmitted DF will receive a DXR26 error.

How Resubmits are Validated

Use of the resubmit process is controlled through the Plan profile. The resubmission DF indicator on the Plan profile determines whether a resubmitted DF requires local Plan approval.

If the field contains a Y, the local Plan must approve the resubmitted DF via an SINF transaction. If the field contains an N, the resubmitted DF does not require an SINF approval from the local Plan. On standard Plan profile rules, the resubmission DF indicator is set to Y. This means that, for Inter-Plan Business, the local Plan must use an SINF transaction to request a resubmitted DF or to deny the processing Plan's request to resubmit a DF.

When the DF edit software encounters a resubmitted DF (DF type of disposition = 2), it interrogates the Plan profile to determine whether an SINF approval is required. If so, the formats database is read to find either a local Plan-submitted SINF request type 04 with the DF resubmit indicator set to Y or a local Plan-submitted SINF reply type 05 with the DF resubmit indicator set to Y and an approval action code of 124. If one of these conditions is not met or if no SINF record is present, the DF record will receive a DXR22 edit error.

Note: When an SINF request is sent for a resubmitted DF, the receiving Plan must send an SINF reply to close out the open SINF request. Posting the resubmitted DF to the formats database will not close out the open SINF request.

Resubmitting Adjustment DFs

SINF approval is required when resubmitting a void or reissue DF. The mismatch edits that require the void and reissue to be processed together are bypassed when the DF is a resubmit. Also, when the resubmitted DF is a reissue DF, edits that compare fields from the reissue to the void DF will be passed. The edit software reads the formats database to find the SINF approval for the resubmit.

It then reads again to ensure that the SINF adjustment approval also is present. When the processing Plan is running the edits, the formats database is read for a closed SINF verifying adjustment approval. When the local Plan is running the edits, the formats database is read for either an open or closed SINF verifying adjustment approval. If these conditions are not met, the resubmitted DF will receive a DXR24 (processing Plan) or DXR25 (local Plan) error.

Note: An exception to the DF process is made if the streamlined adjustment indicator = Y. If the Home Plan resubmits the claim under the streamlined adjustment process, the DXR24 and DXR25 edits will be bypassed. For more information, refer to the streamlined adjustment process.

Net Liability Calculations

The DFs contain a number of financial fields used to convey net liability financial data to the local Plan. These fields include:

- Total amount approved for payment (T005).
- Administrative expense allowance (A019).
- Access fee amount (A001).
- Claim liability (C017).
- Net liability amount (N003).

The processing Plan must fill the total amount approved for payment (T005) based on adjudication results and UPF calculations. ITS net liability determination software then can determine the remaining fields.

On void only adjustments, the net liability determination module (NLDM) will move the following fields from the previous disposition 1 DF as a negative, instead of calculating them:

- Access fee amount (A001).
- Claim liability amount (C017).
- Net liability amount (N003).

Note: Net liability amount will be the negative of the amount from the previous disposition 1 DF less the administrative expense allowance (AEA).

This process is described in more detail in Chapter 4 – Net Liability Calculations.

Updating the Formats Database

After the disposition editing is complete, the processing Plan must input the valid, invalid, resubmission and adjustment mismatch files into the formats update process. Attempting to update the formats database with the duplicates/reject file will cause an error.

The formats update process posts each DF record to the formats database. Users can access these data online using the formats database inquiry software, which accesses records by SCCF serial number or subscriber ID.

The formats update process produces a number of reports in each update cycle. [Table 3.6](#) lists these reports with a short summary, followed by sample reports.

Identifying Central Financial Agency (CFA) Liabilities

CFA Net Settlement Process

The CFA will process net settlements for standard Inter-Plan Business claims. The CFA also can process net settlements for national account claims. Reimbursement for these liabilities between processing Plans and local Plans is an automatic process.

After the processing Plan creates and transmits a DF for such a claim back to the local Plan, the local Plan creates and transmits a RF to the CFA.

The CFA forwards the request for payment to the processing Plan, which then has three workdays to approve or deny the claim payment to the local Plan. After three workdays, the CFA pays the claim by default.

Using the CFA Status Code

Processing Plans can use the CFA status code field (C013) on the DF to identify claims that will be paid through this automated reimbursement process. The DF edit software fills the CFA status code on the disposition header record from the Plan profile.

Identifying CFA liabilities before transmitting the valid DFs back to the local Plan will give the processing Plan some additional lead time to fund its CFA bank account properly. Refer to the CFA User Manual for more details on this reimbursement process.

Transmitting DFs

In the final step of the disposition process, the processing Plan transmits the DFs to the appropriate receiving Plan. The input to this process is the valid disposition file and/or the valid resubmission DF file, which is transmitted via BluesNet to the appropriate processing Plan.

Refer to Chapter 6 – ITS Transmission Process for more information on the transmission process.

DF Reports

The ITS software produces a number of reports on the DF transactions. Table 3.6 lists these reports with a short summary. Refer to the ITS Reports Manual for sample reports.

Table 3.6 – DF Reports Descriptions

Report Name	Report #	Description
ITS Standard Exchange Format Print Disposition Report	ITCP9014-02	This is a print of all DF fields for a given transaction. This is not a disposition edits report.
Disposition Input Control Report	ITCP9018-01	Generated in each DF edit run. Lists the source of each input file and compares the physical transaction and record counts to the counts and amount on the file trailer record.
DF Edit Control Report	ITCP9184-01	Generated in each DF edit run. Lists the transaction and record counts and net liability for valid, invalid, resubmitted, mismatched and duplicate disposition transactions.
Valid DF Report	ITCP9020-01	Generated in each DF edit run. Identifies all valid disposition transactions in the run. Prints two detail lines for each valid transaction identifying SCCF serial number, subscriber data and claim data, including total amount approved for payment and net liability amount. Lists up to five edit warnings by warning code. Sorts by process Plan code, actual subscriber ID alpha prefix, group number. When the local Plan is running the edits, it may include the local Plan code as the high order sort. Totals are accumulated by prefix, within local Plan, within processing Plan.

Report Name	Report #	Description
Invalid DF Report	ITCP9020-02	Generated in each DF edit run and identifies all invalid disposition transactions in the run. Prints five detail lines for each invalid transaction, identifying SCCF serial number, subscriber data and claim data, including total amount approved for payment. Lists up to five error codes. Sorts by processing Plan code, actual subscriber ID alpha prefix, group number, actual subscriber ID and processing site control number. When the local Plan is running the edits, it may include the local Plan code as the high order sort. Totals are accumulated by prefix, within local Plan, within processing Plan.
Duplicate/Reject DF Report	ITCP9020-03	Generated for each DF edit run. Identifies all duplicate rejects disposition transactions in the run. Prints three detail lines for each duplicate transaction identifying SCCF serial number, subscriber data and claim data, including total amount approved for payment. Lists up to five edit error codes.
Valid Resubmitted DF Report	ITCP9020-04	Generated for each DF edit run in which valid resubmitted DFs are produced. Prints two detail lines for each valid transaction identifying SCCF number, subscriber data, claim data, total amount approved for payment and net liability.
DF Mismatch Report	ITCP9020-05	Generated in each DF edit run. Identifies all mismatched DFs in the run. Prints three detail lines for each mismatched transaction identifying SCCF serial number, subscriber data, claim data and the mismatch recycle counter. Up to five error codes may be listed.
Streamlined Adjustment Valid DF	ITCP9020-06	Generated for each DF edit run in which the streamlined adjustment indicator is set to Y.
Valid 1083, 1084, 1085 DF Reject Report	ITCP9020-07	Generated when valid, resubmits and streamlined DFs contain message code 1083, 1084 and 1085.
Formats Update Report: Input Control	ITCP9132-01	Generated in each formats update run. Lists the source of each input file, compares the physical transaction counts with the record counts and compares the net liability amount with the counts and amounts on the file trailer record.
Formats DB Input Edit/Split Error Report	ITCP9336-01	Identifies errors encountered during the FDB split process. Displays the FDB key fields and an error message.
Formats DB Input Edit/Split Counts Report	ITCP9336-02	Displays the input, reject and output counts for claims, records and dollars for each record type to be posted to the database. Provides for all databases being updated.
Formats DB #002 Batch Update Error Report	ITCP9338-01	Identifies errors encountered during the FDB update process. Displays the FDB key fields and an error message. One report is produced for each DB being updated.
Formats DB #002 Batch Update Counts Report	ITCP9338-02	Displays the input, reject and output counts for claims records and dollars for each record type posted to the database. One report is produced for each DB being updated.

Report Name	Report #	Description
Formats DB #xx Update Report Output Control	ITCP9118-01	Displays a transaction count for each edit status within a record type being posted to the database. Provides total update counts. One report is produced for each DB being updated.
Formats Index DB Update Counts Reports	ITCP9340-01	Displays the total number of index records input to the index update generated by the formats database update step. Provides a count of records added to the index database.