Recoupments for Processing File

Overview

Interface Specification Overview	
Interface Name:	Recoupments for Processing File
Description:	Input files from the entities that submit automated recoupments for the types documented below.
Record Selection Criteria:	Process entire file
Frequency:	Weekly (Wednesday Night)
Sender:	Vendor
Receiver:	DXC
DXC Business Unit Ownership:	DXC-Financial Unit
Interface Exchange Method:	SFTP
File Name:	To be determined

File Header Record

Field #	Field	Field Size	Position	Format	Description/Notes
1	Record Type	4	1-4	Character	Value is #HDR.
2	Header Date	8	5-12	Numeric	CCYYMMDD format
3	Filler	288	13-300	Character	Value is spaces

Message Format/Record Layout

Field #	Field	Field Size	Position	Format	Description/Notes
1	ICN	13	1-13	Character	Claim number for the recoupment.
2	Detail Number	2	14-15	Character	Specific detail number for the recoupment.
3	Member ID	10	16-25	Character	Member's eligibility number for the recoupment.
4	Billing Provider	9	26-34	Character	Billing provider number for the recoupment.
5	Recoupment Type	3	35-37	Character	Unique value that identifies a particular recoupment. Valid values are: ER - Emergency Room INP - PROS Inpatient
6	Financial Control Number	10	38-47	Character	Financial control number of the

Field #	Field	Field Size	Position	Format	Description/Notes
					recoupment.
7	Patient Last Name	20	48-67	Character	Patient's last name for the recoupment.
8	Patient First Name	14	68-81	Character	Patient's first name for the recoupment.
9	Patient Middle Initial	1	82	Character	Patient's middle initial for the recoupment.
10	Billing Date	8	83-90	Character	Claim's billing date.
11	Procedure Code	5	91-95	Character	Procedure code billed on the detail being recouped.
12	From Date of Service	8	96-103	Character	From date of service for which services were performed. Format is CCYYMMDD.
13	To Date of Service	8	104-111	Character	To date of service for which services were performed. Format is CCYYMMDD.
14	Paid Units	5	112-116	Character	Number of units for which service payments were paid.
15	Modified Units	5	117-121	Character	Number of units that were modified for the recoupment.
16	Modified Reason	1	122	Character	The reason code for an automated recoupment.
17	Overall Result	1	123	Character	Overall result of the recoupment.
18	Denied Units	5	124-128	Character	Number of units for which service payments were denied.
19	Performing Provider	9	129-137	Character	Performing provider number for the recoupment.
20	Header State Category of Service	2	138-139	Character	Denotes what state category of service the claim's monies were grouped with.
21	Header Federal Category of Service	2	140-141	Character	Denotes what federal category of service the claim's monies were grouped with.
22	Header State Aid Category	2	142-143	Character	Denotes what state aid category the claim was applied to.
23	Detail State Category of Service	2	144-145	Character	Denotes what state category of service the claim's detail's monies were grouped with.

Field #	Field	Field Size	Position	Format	Description/Notes
24	Detail Federal Category of Service	2	146-147	Character	Denotes what federal category of service the claim's detail's monies were grouped with.
25	Detail State Aid Category	2	148-149	Character	Denotes what state aid category the claim's detail was applied to.
26	Detail Co-pay Amount	8	150-157	Numeric	Claim's co-pay amount a
	Fields 23-38 are only for PROS Automated Recoupments.				
23	PROS Provider Number	9	158-166	Character	Provider number of the PROS recoupment.
24	PROS Reason Code 1	1	167	Character	Reason code for the PROS recoupment.
25	PROS Denied From Date of Service 1	8	168-175	Character	From date of service for the PROS recoupment.
26	PROS Denied To Date of Service 1	8	176-183	Character	To date of service for the PROS recoupment
27	PROS Reason Code 2	1	184	Character	Reason code for the PROS recoupment.
28	PROS Denied From Date of Service 2	8	185-192	Character	From date of service for the PROS recoupment.
29	PROS Denied To Date of Service 2	8	193-200	Character	To date of service for the PROS recoupment
30	PROS Reason Code 3	1	201	Character	Reason code for the PROS recoupment.
31	PROS Denied From Date of Service 3	8	202-209	Character	From date of service for the PROS recoupment.
32	PROS Denied To Date of Service 3	8	210-217	Character	To date of service for the PROS recoupment
33	PROS Reason Code 4	1	218	Character	Reason code for the PROS recoupment.
34	PROS Denied From Date of Service 4	8	219-226	Character	From date of service for the PROS recoupment.
35	PROS Denied To Date of Service 4	8	227-234	Character	To date of service for the PROS recoupment.
36	PROS Reason Code 5	1	235	Character	Reason code for the PROS recoupment.
37	PROS Denied From Date	8	236-243	Character	From date of service for the

Field #	Field	Field Size	Position	Format	Description/Notes
	of Service 5				PROS recoupment.
38	PROS Denied To Date of Service 5	8	244-251	Character	To date of service for the PROS recoupment.
39	Letter Date	8	252-259	Character	Date the letter was sent out.
40	Filler	19	260-278	Character	Value is spaces.
41	Co-pay Work Area	22	279-300	Character	Used during the co-pay calculations for recoupments.

File Trailer Record

Field #	Field	Field Size	Position	Format	Description/Notes
1	Record Type	4	1-4	Character	Value is $TRL.
2	Filler	10	5-14	Character	Value is spaces.
3	Record Count	10	15-24	Numeric	This is the number of detail records (not including header and trailer).
4	Filler	276	25-300	Character	Value is spaces.