# Anejo 1

# J-Code File Layout

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Field Name*** | ***Start Position*** | ***Field Length*** | ***Comments*** | ***Example*** |
| Record Type | 1 | 1 | H - Header |  |
| MCO Code  | 2 | 10 | MCO identifier code | 04 – First Medical 06 – Triple S 07 – Molina Health Care 08 – MMM |
| Transmission Date | 12 | 8 | CCYYMMDD date in which the archive was generated and sent. | 20150615 |
| Transmission Control Number | 21 | 9 | Unique Identification number  | Unique number which identifies archive sent |

**J-Code FLAT FILE Header RECORD (H)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Field Name*** | ***Start Position*** | ***Field Length*** | ***Comments*** | ***Example*** |
| Record Type | 1 | 1 | D - Detail |  |
| Claim ID | 2 | 20 | Unique number which identifies claim, can have up to 20 fields if less than 20, please leave in blank. The value should not include dashes, decimals, or commas. |  |
| Service Date | 22 | 10 | CCYYMMDDbb (b – blank space) | 20150615\_ \_ |
| Procedure Code | 32 | 15 | Refers to claim code (HCPCS code) | J2505 |
| Procedure Description | 47 | 100 | Description of the code name | Injection, pegfilgrastim 6 mg |
| Quantity | 147 | 10 | **Required field**: 10 digits with leading zeroes. **These are NDC administered quantities (not J Code quantities) with appropriate metric decimal quantity.**Decimal point assumed 2 digits from right, 999999999b or 999999999- (b – blank space; **-** indicates reversed units). | ‘00000061’ is 0.61‘00000427’ is 4.27‘00000960’ is 9.60**QUANTITY MUST BE FILLED BY PROVIDER\*\*** |
| Quantity Unit Of Measure | 157 | 5 | Quantity Unit of Measure **such as tab, cap, gm, or ml.** | ml, cap, tab |
| Allowed Amount | 162 | 10 | The amount agreed by contract between the carrier and the provider as the maximum charge to be considered. (This may be equal or greater to Paid Amount). Decimal point assumed 2 digits from right, 999999999b or 999999999- | ‘0000430274’ is $4,302.74. |
| Place of Service Code | 172 | 2 | CMS Place Of Service Coding; please see PDF attached. | 11 |
| Place of Service Description | 174 | 50 | CMS Place Of Service description; please see PDF attached. | Office |
| Provider Name | 224 | 40 | Name of place in which drug was administered. | e.g. Best Option Healthcare, Centro Hematología-Oncología Médica |
| Provider Type | 264 | 20 | Type of provider which administered or dispensed the drug. | e.g. Pharmacy, Ambulatory Chemotherapy, Physician |
| Diagnosis Code | 284 | 7 | ICD-9 or ICD-10 Coding | 288 |
| Diagnosis Description | 291 | 100 | ICD-9 or ICD-10 Code Description  | Neutropenia  |
| Paid Amount | 391 | 10 | The amount paid by the carrier based on –Allowed Amount – Co-Payment – Co-Insurance.Decimal point assumed 2 digits from right, 999999999b or 999999999-  | ‘0000430274’ is $4,302.74. |

**J-Code FLAT FILE Detail RECORD (D)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HCPCS Code Dosage | 401 | 10 | Administered drug strengths according to described unit on HCPCS, dosage and units. (e.g. 7.5mg, 15mg) | 6 mg1000 units1 mcg |
| Brand Name | 411 | 100 | Brand name of the drug administered and being billed through procedure code | NeulastaProcritNeupogen |
| NDC | 511 | 11 | **Required field:** 11 digits in format 5-4-2 of the National Drug Code (NDC) of drug administered and being billed through procedure code.  | 5551301900159676034000 55513054601**NDC MUST BE FILLED BY PROVIDER\*\*\*** |

**\*\*Quantity does not refer to HCPCS code dosage or J-Code quantities; it refers to number of units administered to patient by physician y NDC quantities.**

**\*\*\*Crosswalk from J-Code to NDC not allowed, Provider has to fill out the NDC field with the NDC number in the drug being administered.**

**J-Code FLAT FILE Trailer RECORD (T)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Field Name*** | ***Field Length*** | ***Start Position*** | ***Comments*** |  |
| Record Type | 1 | 1 | T - Trailer |  |
| MCO | 10 | 2 | MCO identifier code | 04 – First Medical 06 – Triple S 07 – Molina Health Care 08 – MMM |
| Transmission Date | 8 | 12 | CCYYMMDD date in which the archive was generated and sent. | 20150615 |
| Transmission Control Number | 9 | 21 | Unique Identification number | Unique number which identifies archive sent |
| Total Records | 11 | 31 | Total detail records sent in archive | 352152 |