111111- RH GENERAL HOSPITAL CLAIM BILLING DATE: 01/21/2015
111111- RH GENERAL HOSPITAL

NO EXCLUSION CLAIMS TO REPORT FOR THIS CLAIM BILLING DATE

111111 TOTALS:	EXCLUDED	0		0.00		0
	ACCEPTED	1202		3,838,222.15		0
	TOTAL-INPUT	1202		3,838,222.15		0
	(A) ELECTRONIC TO PAYER	945	+	0	=	945
	(B) CARRIER-DIRECT	10	+	0	=	10
	(G) LOCAL PRINT	247	+	0	=	247
	TOTAL OUTPUT	1202	+	0	=	1202

"D/C" (7TH COLUMN) IS THE DISTRIBUTION CODE COLUMN. THIS CODE WILL INDICATE HOW THE CLAIM IS DISTRIBUTED. POSSIBLE VALUES ARE:

A = ELECTRONIC TO PAYER	D = MEDICARE DIRECT ENTRY	G = LOCAL PRINT
B = CARRIER-DIRECT	E = PAPER CLAIM-MAILBOX	H = HARDCOPY DIRECT
C = PATIENT-DIRECT	F = PAPER CLAIM-HARDCOPY	I = MEDICARE SECONDARY
J = STATE REPORTING	K = PAPER CLAIM-NO OUTPUT	OUTSOURCED

"E/F" (8TH COLUMN) IS THE ERROR FLAG COLUMN. POSSIBLE VALUES ARE:
E = **ERROR** FAILED EDIT WOULD NOT ALLOW CLAIM TO BE FORWARDED TO CARRIER
W = **WARNING** (NOT CURRENTLY USED)

"S/C" (9TH COLUMN) IS THE SUPPLEMENTAL CLAIMS COLUMN. AN ADDITIONAL CLAIM CHARGE WILL BE APPLIED TO PRINTED PAPER CLAIMS WHEN THE SUBMITTED CLAIM EXCEEDS 6 LINE ITEMS ON PROFESSIONAL CLAIMS AND 23 LINE ITEMS ON INSTITUTIONAL CLAIMS.

TSH CLAIM ID CONTAINS THE NUMBER ASSIGNED BY TSH; N/A INDICATES THAT AN ID WAS NOT ASSIGNED.
CLAIM ID CONTAINS THE VALUE FROM THE REF D9 SEGMENT / EA6-08 FROM THE ORIGINAL SUBMITTED CLAIM FILE; N/A INDICATES THAT A VALUE WAS NOT RECEIVED.

A VALUE OF "UB" IN THE LAST 2 POSITIONS OF THE EXCLUSION LINE INDICATES THAT THE ACTUAL DATA CAUSING THE ERROR MAY BE REPORTED ALONG WITH THE EXCLUSION MESSAGE.