

Manitoba Health

Medical Claims File Exchange Guide

February 2024

Manitoba Health
300 Carlton Street
Winnipeg, Manitoba
R3B 3M9

Preface

Thank you for your interest in claims submission and reconciliation via electronic billing. This is a copy of the **Medical Claims File Exchange Guide** for your use.

1. Method of Submission

Manitoba Health (MH) specifies the acceptable forms of file submission for each practitioner site. Submission of practitioner claims to MH through a secure Internet Portal is the accepted submission method. MH will arrange and deliver connection instructions after the practitioner site has completed testing and has been approved to submit claims electronically.

2. Word of Caution

Please note that the File Exchange Guide addresses only the question of formatting claims data for processing at MH. There are other items of equal importance which are not outlined in this guide dealing with tariffs, ICD-9 codes, test files, start dates, etc. Please contact MH at 204- 786-7225 for further information regarding electronic claims submission and to direct any questions you may have.

3. Testing of New Sites & Billing Software Changes

When a practitioner or clinic implements a change from one medical billing software to another they are required to apply for a new Manitoba Health electronic user site number. Upon receipt of the new user site number they will prepare a test submission using the new billing system and submit it to MH for review. A site must successfully pass the testing process prior to sending any claims for processing that are generated within the new billing software. New clinics, existing clinics requesting additional user site numbers and clinics changing from one billing software to another are required to successfully complete the MH testing process.

Please refer clients to MH to obtain the testing instructions, forms and consistent messaging regarding these types of changes. Clients may call 204-786-7225 or email the Practitioner Registry general mailbox at practitionerregistry@gov.mb.ca.

Manitoba Health reserves the right to change these specifications at any time.

Contents

Preface	2
1. File Exchange Submission Specifications	10
A. File Specifications	10
B. File Submission Record Codes, Descriptions and Purposes	10
C. Sequence of Records on File Submission	10
2. File Exchange Rejection	12
A. File Exchange Rejection Conditions	12
3. File Exchange Submission Record Layout	14
A. File Exchange Header Record Code 1	14
A-1 Record Code	14
A-2 User Site Number	14
A-3 User Site Name	14
A-4 First Claim Number	14
B. Batch Header Record Code 2.....	15
B-1 Record Code	16
B-2 Practitioner Number	16
B-3 Practitioner Name.....	16
C. Sociological Record Code 3	16
C-1 Record Code	17
C-2 Practitioner Number	17
C-3 MH Registration Number.....	17
C-4 Surname.....	17
C-5 Given Name	17
C-6 Birth Date	18
C-7 Gender	18
C-8 Medical Records Number, Clinic Number or Provider's Patient Number	18
C-9 Total Amount Billed to Patient.....	18
C-10 Pre-Auth Indicator	18
C-11 On-Call Indicator	18
C-12 Workers Compensation Indicator (WCB) Indicator.....	19
C-13 Claim Number	19
D. Registrant Address Record Code 4	19

D-1	Record Code	19
D-2	Practitioner Number	20
D-3	MH Registration Number	20
D-4	Registrant Address Line One	20
D-5	Abbreviations	21
D-6	Registrant Address Line Two	22
D-7	Abbreviations	22
D-8	Abbreviations for United States of America	22
D-9	Postal Code	23
D-10	PHIN	23
D-11	Claim Number	23
E.	Remarks Record Code 5	23
E-1	Record Code	23
E-2	Practitioner Number	24
E-3	Remarks	24
E-4	Remarks Sequence Number	24
E-5	Claim Number	24
F.	Service Record Code 6	24
F-1	Record Code	25
F-2	Incorporated Indicator	25
F-3	Practitioner Number	25
F-4	Referring Practitioner Number	26
F-5	Facility Number	26
F-6	Hospital Code	27
F-7	Service Date	27
F-8	Prefix	28
F-9	Tariff	28
F-10	Services	29
F-11	Anesthesia Units	29
F-12	Fee Submitted	30
F-13	Confidential Code	31
F-14	Internal Classification of Diseases, 9 th revision (ICD-9-CM)	31
F-15	Optometric Reason Code	32
F-16	Chiropractic Service Code	32
F-17	Service Location Indicator	34

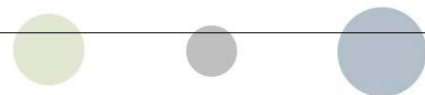
F-18	Third Party Liability	34
F-19	Special Circumstance Indicator.....	35
F-20	Interpreting Radiologist's Number	36
F-21	Location of Service Indicator.....	36
F-22	Number of Patients.....	36
F-23	Start Time	36
F-24	Stop Time	37
F-25	Bilateral, Different, Same Incision Indicator	37
F-26	Claim Number	37
G.	Non-Resident Record Code 7	37
G-1	Record Code	38
G-2	Practitioner Number	38
G-3	Health Identification Number.....	38
G-4	Province Code.....	38
G-5	Patient Birth Date	39
G-6	Claim Number	38
H.	Batch Trailer Record Code 8	39
H-1	Record Code	39
H-2	Practitioner Number	40
H-3	Number of Sociological Records in Batch.....	40
H-4	Number of Address Records in Batch.....	40
H-5	Number of Remarks Records in Batch.....	40
H-6	Number of Service Records in Batch.....	40
H-7	Total Fee Submitted in Batch.....	41
H-8	Number of Non-Resident Records in Batch.....	40
I.	File Exchange Trailer Record Code 9.....	41
I-1	Record Code	41
I-2	User Site Number.....	42
I-3	Number of Sociological Records in File Exchange	42
I-4	Number of Address Records in File Exchange	42
I-5	Number of Remarks Records in File Exchange	42
I-6	Number of Service Records in File Exchange	42
I-7	Total Fee Submitted in File Exchange	42
I-8	Number of Non-Resident Claims in File Exchange.....	43
I-9	Last Claim Number.....	43

J.	File Exchange Sample Supporting Listing	44
K.	File Exchange Supporting Listing	44
L.	File Exchange Submission	45
	Sample File Dump	45
4.	File Exchange Return Specifications	46
A.	File Specifications	46
B.	File Return Record Codes, Descriptions and Purpose.....	46
C.	Processing Exceptions	46
D.	Sequence of Records on File Return.....	46
5.	File Exchange Return Record Layout	47
A.	File Exchange Header Record Code 0	47
	A-1 Record Code	47
	A-2 User Site Number.....	47
	A-3 User Site Name	47
	A-4 Creation Date	47
B.	Processed Sociological Record Code 2.....	48
	B-1 Record Code	48
	B-2 Practitioner Number	48
	B-3 MH Registration Number.....	48
	B-4 Surname.....	48
	B-5 Given Name	48
	B-6 Year of Birth	49
	B-7 Gender	49
	B-8 Medical Records Number, Clinic Number or Provider's Patient Number	49
	B-9 MH Receipt Date	49
	B-10 MH Microfilm Number.....	49
	B-13 Claim Number	50
C.	Processed Sociological Record Code 3.....	50
	C-1 Record Code	51
	C-2 Incorporated Indicator	51
	C-3 Practitioner Number	51
	C-4 Referring Practitioner Number	51
	C-5 Interest Amount.....	51

C-6	Hospital Code	51
C-7	Service Date	52
C-8	Prefix	52
C-9	Tariff	52
C-10	Services.....	52
C-11	Province Code.....	52
C-12	Fee Submitted	53
C-13	Fee Assessed.....	53
C-14	Manual Code	53
C-15	Health Identification Number	54
C-16	Non-Resident Birth Date	54
C-17	Practitioner Option.....	54
C-18	Location of Service.....	54
C-19	Explanation of Benefits (EOB)	55
C-20	Claim Number	55
D.	Pending Sociological Record Code 5	55
D-1	Record Code	55
D-2	Practitioner Number	55
D-3	MH Registration Number.....	56
D-4	Surname.....	56
D-5	Given Name	56
D-6	Year of Birth	56
D-7	Gender	56
D-8	Medical Records Number, Clinic Number or Provider's Patient Number	56
D-9	MH Receipt Date	56
D-10	MH Microfilm Number.....	57
D-11	Claim Number	57
E.	Pending Service Record Code 6.....	57
E-1	Record Code	58
E-2	Incorporated Indicator	58
E-3	Practitioner Number	58
E-4	Referring Practitioner Number	58
E-5	Hospital Code.....	58
E-6	Service Date.....	58
E-7	Prefix	59

E-8	Tariff	59
E-9	Services.....	59
E-10	Province Code.....	59
E-11	Fee Submitted	59
E-12	Health Identification Number.....	60
E-13	Non-Resident Birth Date	60
E-14	Practitioner Option.....	60
E-15	Location of Service.....	60
E-16	Explanation of Benefits (EOB)	61
E-17	Claim Number	61
F.	File Exchange Trailer Record 9	61
F-1	Record Code	61
F-2	User Site Number.....	61
F-3	Total Fee Assessed.....	61
F-5	Number of Code 2 Records.....	62
F-6	Number of Code 3 Records.....	62
F-8	Number of Code 5 Records.....	62
F-9	Number of Code 6 Records.....	62
G.	Remittance Summary	62
A	Sample Summary.....	62
B	Comments	63
6.	Summary of Record Layouts	63
A.	Submission Record Layouts	63
A-1	File Exchange Header Record Code 1	63
A-2	Batch Header Record Code 2	63
A-3	Sociological Record Code 3.....	64
A-4	Registrant Address Record Code 4	64
A-5	Remarks Record Code 5.....	64
A-6	Service Record Code 6	64
A-7	Non-Resident Record Code 7	65
A-8	Batch Trailer Record Code 8.....	65
A-9	File Exchange Trailer Record Code 9	66
B.	Return Record Layouts.....	66
B-1	File Exchange Header Record Code 0	66

B-3	Processed Sociological Record Code 2.....	66
B-4	Processed Service Record Code 3.....	67
B-6	Pending Sociological Record Code 5.....	67
B-7	Pending Service Record Code 6.....	68
B-10	File Exchange Trailer Record Code 9.....	68



1. File Exchange Submission Specifications

A. File Specifications

MH specifies the accepted format for submission files for each practitioner site. The file submitted to MH for processing of medical claims must conform to the following:

- Record length must be 80 characters
- Block length must be 80 characters
- File must be all capital letters
- File name must conform to the 8.3 naming convention and must not begin with a number

B. File Submission Record Codes, Descriptions and Purposes

The file submitted to MH will be comprised of the following records.

Record Code	Description	Purpose
1	File Exchange Header Record	Identifies file exchange user
2	Batch Header Record	Identifies practitioner whose medical claim records follow
3	Sociological Record	Identifies patient who received service
4	Registrant Address Record	Current mailing address of registrant and PHIN
5	Remarks Record	'By Report' or supporting explanation
6	Service Record	Provides specifics for service rendered
7	Non-Resident Record	Required if service is for a non-resident of Manitoba
8	Batch Trailer Record	Provides various audit totals for practitioner's submitted medical claims
9	File Exchange Trailer Record	Provides various audit totals for the exchange file submitted to MH.

C. Sequence of Records on File Submission

The sequence of records on the file submitted to MH must be as follows:

1. The first record must be a file exchange header record (Code 1).
2. Following the file exchange header record, each practitioner must have his medical claims batched as a complete unit. Although you may sequence these practitioner batches in ascending practitioner number order, this sequence is not compulsory. The practitioner's batch is made up of:
 - a) A batch header record (Code 2) as the first record.
 - b) The following records are to be the equivalent of an individual patient session. Although you may sequence these individual patient sessions in ascending medical records number, clinic number, provider's patient number or MH registration number order, this sequence is optional. Each patient session consists of:

-
- 1) A sociological record (Code 3) containing the patient's sociological data.
 - 2) An address record (Code 4) containing the registrant's PHIN and current mailing address. This record is required for eligibility checking and is extremely important for opt-out practitioner services to ensure the patient's cheque is mailed to the correct address. Failure to include an address record with a PHIN will cause the claim to be rejected.
 - 3) A remarks record(s) (Code 5) explaining 'by report' services, or a short note indicating that supporting papers are submitted with the exchange file.
Note: If remarks records (Code 5) are being included on a claim, they must precede the service records (Code 6). Never allow a remarks record (Code 5) to follow a service record (Code 6). There is a maximum of 66 remarks records per claim.
 - 4) One service record (Code 6) for each specific service rendered (maximum of 30 per session).
 - c) A batch trailer record (Code 8) as the last record of each practitioner's batch.
3. The file exchange trailer record (Code 9) must be the last record on each submission.

2. File Exchange Rejection

A. File Exchange Rejection Conditions

Files submitted for processing will be rejected **unprocessed** if any of the following requirements are not met:

1. Record length & block length must be 80 characters.
2. File must be readable & MH must be notified prior to first electronic claims submission.
3. First record on the file must be a file exchange header record (Code 1).
4. A batch header record (Code 2) must follow the file exchange header record (Code 1).
5. A sociological record (Code 3) must follow the batch header record (Code 2).
6. The registrant address record (Code 4) must immediately follow the sociological record (Code 3).
7. Remarks record(s) (Code 5) must follow the registrant address record (Code 4). The remarks sequence number must start at 01 and increment by 1 on each subsequent remarks record, not to exceed 66 records. Remarks records must precede the service records. Never allow a remarks record to follow a service record (Code 6).
8. Service record(s) (Code 6) must follow the remarks record(s) (Code 5) if present or the registrant address record (Code 4) if there are no remarks record(s).
9. The non-resident record (Code 7), if present, must follow the service record (Code 6).
10. A batch trailer record (Code 8) must be present at the end of every batch.
11. The last record on the file must be a file exchange trailer record (Code 9).
12. All sociological (Code 3), registrant address (Code 4), remarks (Code 5) and service records (Code 6) within a batch must be for one unique practitioner number.
13. Claim number assigned to the first patient session in file must match first claim number on file exchange header record (Code 1).
14. Claim number assigned to the last patient session in file must match last claim number on file exchange trailer record (Code 9).
15. Claim number on all records relating to specific patient session (sociological (Code 3), registrant address (Code 4), remarks (Code 5) & service records (Code 6)) must be unique. Claims with duplicate claim numbers will be rejected.
16. Number of sociological records (Code 3) in batch must equal number sent in batch trailer record (Code 8).
17. The number of registrant address records (Code 4) in batch must equal number sent in batch trailer record (Code 8).

-
18. Number of remarks records (Code 5) in batch must equal number sent in batch trailer record (Code 8).
 19. Number of service records (Code 6) in batch must equal number sent in batch trailer record (Code 8).
 20. Number of non-resident records (Code 7) in batch must equal number sent in batch trailer record (Code 8).
 21. Total fees submitted on the service records (Code 6) in batch must equal total fee submitted recorded in batch trailer record (Code 8).
 22. Number of sociological records (Code 3) in file must equal number sent in file exchange trailer record (Code 9).
 23. Number of address records (Code 4) in file must equal number sent in file exchange trailer record (Code 9).
 24. Number of remarks records (Code 5) in file must equal number sent in file exchange trailer record (Code 9).
 25. Number of service records (Code 6) in file must equal number sent in file exchange trailer record (Code 9).
 26. Number of non-resident records (Code 7) in file must equal number sent in file exchange trailer record (Code 9).
 27. The total of the fees submitted on the service record (Code 6) in file must equal total fee submitted sent in file exchange trailer record (Code 9).
 28. Each patient session must have a sociological record (Code 3).
 29. Each patient session must have 1-30 service records (Code 6).

3. File Exchange Submission Record Layout

For quick reference to file submission record layouts refer to Summary of Record, Chapter 6, Submission Record Layouts, Section A.

A. File Exchange Header Record Code 1

Position	Description
1	Record Code
2 – 6	User Site Number
7 – 46	User Site Name
47 – 71	Filler
72 - 80	First Claim Number

A-1 Record Code

Description:	Identifies the type of record.	
	1 - File Exchange Header Record	6 - Service Record
	2 - Batch Header Record	7 - Non-Resident Record
	3 - Sociological Record	8 - Batch Trailer Record
	4 - Registrant Address Record	9 - File Exchange Trailer Record
	5 - Remarks Record	
Position:	1	
Picture:	9	
Value:	1	

A-2 User Site Number

Description:	Identifies the user submitting the file.
Position:	2 – 6
Picture:	X(5)
Values:	00001 – 00999 or alpha numeric field
Notes:	The user site number is assigned by MH and communicated to the practitioner/clinic.

A-3 User Site Name

Description:	Identifies the user submitting the file, clinic or practitioner name.
Position:	7 – 46
Picture:	X(40)
Notes:	Any combination of alpha-numeric characters may be used as the user site name.

A-4 First Claim Number

Description:	Identifies the claim number assigned to the first patient session in the file exchange.
Position:	72 – 80
Picture:	9(9)
Values:	000000013 – 999999987

Notes:

1. The first claim number you will assign to a patient session of sociological (Code 3), registrant address (Code 4), remarks (Code 5) and service (Code 6) records will be 000000013. For each additional patient session in the file exchange, assign the next sequential valid claim number (refer to note 3). After the last patient session has been written out on the file exchange, the last claim number assigned must be recorded so that this claim number plus one (refer to note 3) can be assigned to the first patient session in the next file exchange. After using claim number 999999987, restart with 000000013.
2. The first and last claim numbers assigned in the file exchange must be stored in the file exchange header (Code 1) and trailer (Code 9) records as the first claim number and the last claim number, respectively.
3. Valid claim numbers are determined by applying MOD-11 using prime numbers to positions 72-79 of the claim number to obtain the check digit for position 80 as follows:

POSITION:	72	73	74	75	76	77	78	79
EXAMPLE#:	1	1	2	3	1	1	1	4
PRIME #:	x29	x23	x19	x17	x13	x7	x5	x3
	-----	-----	-----	-----	-----	-----	-----	-----
	29	23	38	51	13	7	5	12 = 178/11
								= 16 with a remainder of 2

Multiply each character in positions 72-79 by the relating prime number. Add the eight products then divide the sum by 11. A remainder of 10 signifies an invalid claim number so add 1 to positions 72-79 restart check digit calculation. A remainder of 0 through 9 can be suffixed to the claim number in position 80 as a valid check digit.

In the example above 112311142 can be stored in positions 72-80 as a valid claim number.

B. Batch Header Record Code 2

Position	Description
1	Record Code
2 – 6	Practitioner Number
7 – 46	Practitioner Name
47 – 80	Filler

B-1 Record Code

Description: Identifies the type of record.

- | | |
|---------------------------------|----------------------------------|
| 1 - File Exchange Header Record | 6 - Service Record |
| 2 - Batch Header Record | 7 - Non-Resident Record |
| 3 - Sociological Record | 8 - Batch Trailer Record |
| 4 - Registrant Address Record | 9 - File Exchange Trailer Record |
| 5 - Remarks Record | |

Position: 1
Picture: 9
Value: 2

B-2 Practitioner Number

Description: Identifies the practitioner submitting the batch of claims.

Position: 2 – 6

Picture: X(5)

Values: 00001 – 09999 or alpha numeric

- Notes:
1. Practitioner numbers are assigned by the Practitioner Registry Department at MH.
 2. The practitioner number is unique to this batch and is shown on the batch header (Code 2), sociological (Code 3), registrant address (Code 4), remarks (Code 5), service (Code 6), and batch trailer (Code 8) records.

B-3 Practitioner Name

Description: Identifies the practitioner submitting the batch of claims.

Position: 7 – 46

Picture: X(40)

Notes: You may use any combination of alpha-numeric characters as the practitioner name.

C. Sociological Record Code 3

Position	Description
1	Record Code
2 – 6	Practitioner Number
7 – 12	MH Registration Number
13 – 32	Surname
33 – 47	Given Name
48 – 51	Birth Date
52	Gender
53 – 59	Medical Records Number, Clinic Number, or Provider's Patient Number
60 – 65	Total Amount Billed to Patient
66	Pre-Auth Indicator
67	On-Call Indicator
68	Workers Compensation Board (WCB) Indicator
69 – 71	Filler
72 – 80	Claim Number

C-1 Record Code

Description: Identifies the type of record.

1 - File Exchange Header Record	6 - Service Record
2 - Batch Header Record	7 - Non-Resident Record
3 - Sociological Record	8 - Batch Trailer Record
4 - Registrant Address Record	9 - File Exchange Trailer Record
5 - Remarks Record	

Position: 1
Picture: 9
Value: 3

C-2 Practitioner Number

Description: Identifies the practitioner submitting the batch of claims.

Position: 2 – 6
Picture: X(5)
Values: 00001 – 09999 or alpha numeric field

Notes:

1. Practitioner numbers are assigned by the Practitioner Registry Department at MH.
2. The practitioner number is unique to this batch and is shown on the batch header (Code 2), sociological (Code 3), registrant address (Code 4), remarks (Code 5), service (Code 6), and batch trailer (Code 8) records.

C-3 MH Registration Number

Description: Identifies the single person or family unit registered to receive Manitoba medical services.

Position: 7 – 12
Picture: X(6)
Values: 000001 – 999999 or blank for non-resident claims or 6 alphanumeric characters

Notes:

1. This number is assigned by the Registration Department at MH.
2. If claim is for a non-resident, leave this field blank.

C-4 Surname

Description: This is the patient's surname.

Position: 13 – 32
Picture: X(20)
Notes: The first position must be alphabetic (A-Z). The other positions may be alphabetic or blanks and include a hyphen (-) or apostrophe (').

C-5 Given Name

Description: This is the patient's given name.

Position: 33 – 47
Picture: X(15)
Notes: Must be alphabetic or blank. The other positions may be alphabetic or blanks and include a hyphen (-) or apostrophe (').

C-6 Birth Date

Description: This is the patient's birth year and month.
Position: 48 – 51
Picture: 9(4)
Values: YYMM format YY = 00-99 MM = 01-12

C-7 Gender

Description: This is the patient's gender.
Position: 52
Picture: X
Value: M, F or X

C-8 Medical Records Number, Clinic Number or Provider's Patient Number

Description: This is the number assigned in the practitioner's or clinic's office for referencing a patient's medical history file.
Position: 53 – 59
Picture: X(7)
Values: Any combination of alpha-numeric characters and/or blanks.

C-9 Total Amount Billed to Patient

Description: Represents the total charges to the patient by an opted-out doctor.
Position: 60 – 65
Picture: 9999V99
Values: Must be 6 numeric characters or blank.
Notes: 1. Leave blank if doctor is opted-in.
2. This field must be shown on the supporting listing.

C-10 Pre-Auth Indicator

Description: Will be populated if provider and patient received prior approval for this treatment.
Position: 66
Picture: X
Values: P
Notes: Will be used only if prior approval was received from MH for a specific service. (e.g. Rhinoplasty for non-cosmetic purposes)

C-11 On-Call Indicator

Description: Populated if the provider was on call while providing this service.
Position: 67
Picture: X
Values: C

C-12 Workers Compensation Indicator (WCB) Indicator

Description: Identifies that the parent benefit was paid by WCB
Position: 68
Picture: X
Values: W
Notes: This field is to be populated if the tariff was originally submitted to WCB and denied and the tariff is now being submitted to MH in one of the following circumstances:
1. The service date is now past the 6-month claims submission deadline.
2. A child benefit (add-on) is submitted without the corresponding parent benefit (major procedure) because the parent benefit is being covered by WCB.

C-13 Claim Number

Description: Identifies the claim number assigned to the patient's session.
Position: 72 – 80
Picture: 9(9)
Values: 000000013 - 999999987
Notes: This number will be unique to all records relating to a specific patient session.

D. Registrant Address Record Code 4

Position	Description
1	Record Code
2 – 6	Practitioner Number
7 – 12	MH Registration Number
13 – 32	Registrant Address Line One
33 – 52	Registrant Address Line Two
53 – 58	Postal Code
59 – 67	MH Personal Health Information Number (PHIN)
68 – 71	Filler
72 – 80	Claim Number

D-1 Record Code

Description: Identifies the type of record.
1 - File Exchange Header Record 6 - Service Record
2 - Batch Header Record 7 - Non-Resident Record
3 - Sociological Record 8 - Batch Trailer Record
4 - Registrant Address Record 9 - File Exchange Trailer Record
5 - Remarks Record
Position: 1
Picture: 9
Value: 4

D-2 Practitioner Number

- Description: Identifies the practitioner submitting the batch of claims.
- Position: 2 – 6
- Picture: X(5)
- Values: 00001 – 09999 or alpha numeric
- Notes:
1. Practitioner numbers are assigned by the Practitioner Registry Department at MH.
 2. The practitioner number is unique to this batch and is shown on the batch header (Code 2), sociological (Code 3), registrant address (Code 4), remarks (Code 5), service (Code 6), and batch trailer (Code 8) records.

D-3 MH Registration Number

- Description: Identifies the single person or family unit registered to receive Manitoba medical services.
- Position: 7 – 12
- Picture: X(6)
- Values: 00001 – 999999 or blank for non-resident claims or 6 alphanumeric characters
- Notes:
1. This number is assigned by the Registration Department at MH.
 2. If claim is for a non-resident, leave this field blank.

D-4 Registrant Address Line One

- Description: This is the first address line of the registrant.
- Position: 13 – 32
- Picture: X(20)
- Notes:
1. Box number must be entered before the street address. e.g. 1234 Main Street Box 5 should be entered as Box 5 1234 Main Street
 2. When three sets of numbers are shown, double space between first two sets of numbers. For example:
 - 42 67 3rd St should be entered as 42 67 3rd St
 - Box 42 67 3rd St should be entered as Box 42 67 3rd St
 - Lot 42 67 3rd St should be entered as Lot 42 67 3rd St
 3. Enter in following order of priority, Box, Group, RR or SS. Enter RR and SS with no space. For example:
 - RR 1
 4. Do not enter the word/abbreviation for Suite, Apt, Room or Unit. For example:
 - Unit 1 7th St should be entered as 1 7th St
 5. Change written numbers to corresponding digits. For example:
 - Fourth St should be entered as 4th St
 6. One half should be entered as 1/2. For example:
 - 341 1/2 Main St
 7. When only city and province is shown, enter city on address line 1 & province on address line 2.
 8. When city is abbreviated, enter the city name in full. For example:

- Edm. should be entered as Edmonton
9. Enter directions as N, S, E, W, or NE, NW, SE, SW.
 10. When an address shown is a corner address, enter with an ampersand. For example:
 - 4th St and Portage Ave should be entered as 4th St & Portage Ave
 11. When entire abbreviations do not fit into Address Line 1, leave off the entire abbreviation (this rule applies to address line 1 only). For example:
 - 1234 Massachusetts A/ve. (/ = indicates end of field) should be entered as 1234 Massachusetts
 12. Abbreviate all provinces and states with no spaces. For example:
 - BC, NS, NT, NB, PE
 13. Enter zip codes for American addresses wherever possible.
 14. Enter foreign addresses as shown (other than USA).

D-5 Abbreviations

Street Type	Abbreviation	Street Type	Abbreviation
Avenue	Ave	Hospital	Hosp
Band	Bd	Lane	Ln
Bloc	Blk	Lookout	Lkout
Boulevard	Blvd	Mountain	Mtn
Building	Bldg	Orchard	Orch
Centre	Ctr	Park	Pk
Circle	Cir	Parkway	Pky
Close	Cl	Passage	Pass
Corners	Crnrs	Pathway	Ptway
Court	Crt	Penthouse	Ph
Crescent	Cres	Place	Pl
Crossing	Cross	Point	Pt
Cul-de-sac	Cds	Promenade	Prom
Downstairs	Dnst	Reserve	Res
Drive	Dr	Road	Rd
Floor	Flr	Route	Rd
Freeway	Fwy	Square	Sq
Gardens	Gdns	Street	St
General Delivery	Gen Del	Terrace	Terr
Grounds	Grnds	Tower	Twr
Harbour	Harbr	Upstairs	Upst
Heights	Hts	Village	Village
Highlands	Hghlds	Walk	Wk
Highway	Hwy		

NOTE: This is not an exhaustive list.

D-6 Registrant Address Line Two

Description: This is the second address line of the registrant.

Position: 33 – 52

Picture: X(20)

- Notes
1. Address line two must be present if the postal code is blank.
 2. Abbreviate all provinces and states.
 3. Enter zip codes for American addresses whenever possible.
 4. Enter foreign addresses as shown (other than USA).

D-7 Abbreviations

Province	Abbreviation	Province	Abbreviation
Alberta	AB	Nunavut	NU
British Columbia	BC	Ontario	ON
Manitoba	MB	Prince Edward Island	PE
New Brunswick	NB	Quebec	QC
Newfoundland	NL	Saskatchewan	SK
Northwest Territories	NT	Yukon	YT
Nova Scotia	NS		

D-8 Abbreviations for United States of America

State	Abbreviation	State	Abbreviation
Alabama	AL	Montana	MT
Alaska	AK	Nebraska	NE
Arizona	AZ	Nevada	NV
Arkansas	AR	New Hampshire	NH
California	CA	New Jersey	NJ
Colorado	CO	New Mexico	NM
Connecticut	CT	New York	NM
Delaware	DE	North Carolina	NC
Florida	FL	North Dakota	ND
Georgia	GA	Ohio	OH
Hawaii	HI	Oklahoma	OK
Idaho	ID	Oregon	OR
Illinois	IL	Pennsylvania	PA
Indiana	IN	Rhode Island	RI
Iowa	IA	South Carolina	SC
Kansas	KS	South Dakota	SD
Kentucky	KY	Tennessee	TN
Louisiana	LA	Texas	TX
Maine	ME	Utah	UT
Maryland	MD	Vermont	VT
Massachusetts	MA	Virginia	VA
Michigan	MI	Washington	WA
Minnesota	MN	West Virginia	WV
Mississippi	MS	Wisconsin	WI

State	Abbreviation	State	Abbreviation
Missouri	MO	Wyoming	WY

D-9 Postal Code

Description: This is the postal code of the registrant.
 Position: 53 – 58
 Picture: ANANAN – Where ‘A’ is an alphabetic character and ‘N’ is a numeric character.
 Notes: The postal code must be present if address line two is blank.

D-10 PHIN

Description: This is the personal health information number of the registrant.
 Position: 59 – 67
 Picture: 9(9)
 Notes: Will be blank on claims for non-Manitoba residents mandatory for all other claims.

D-11 Claim Number

Description: Identifies the claim number assigned to the patient’s session.
 Position: 72 – 80
 Picture: 9(9)
 Values: 000000013 - 999999987
 Notes: This number will be unique to all records relating to a specific patient session.

E. Remarks Record Code 5

Position	Description
1	Record Code
2 – 6	Practitioner Number
7 – 69	Remarks
70 – 71	Remarks Sequence Number
72 – 80	Claim Number

E-1 Record Code

Description: Identifies the type of record.

1 - File Exchange Header Record	6 - Service Record
2 - Batch Header Record	7 - Non-Resident Record
3 - Sociological Record	8 - Batch Trailer Record
4 - Registrant Address Record	9 - File Exchange Trailer Record
5 - Remarks Record	

Position: 1
 Picture: 9
 Value: 5

E-2 Practitioner Number

Description: Identifies the practitioner submitting the batch of claims.
Position: 2 – 6
Picture: X(5)
Values: 00001 – 09999 or alpha numeric
Notes: 1. Practitioner numbers are assigned by the Practitioner Registry Department at MH.
2. The practitioner number is unique to this batch and is shown on the batch header (Code 2), sociological (Code 3), registrant address (Code 4), remarks (Code 5), service (Code 6), and batch trailer (Code 8) records.

E-3 Remarks

Description: 'By Report' or supporting explanation pertaining to services rendered or indication that supporting documentation is accompanying the file.
Position: 7 – 69
Picture: X(63)
Notes: Use free form text for entering remarks.

E-4 Remarks Sequence Number

Description: Identifies the sequence number assigned to each remarks record.
Position: 70 – 71
Picture: 99
Values: 01 – 66
Notes: The first remarks record for a specific patient session will have a sequence number of 01 and each additional remarks record will be incremented by 1. e.g. 02, 03, etc.

E-5 Claim Number

Description: Identifies the claim number assigned to the patient's session.
Position: 72 – 80
Picture: 9(9)
Values: 000000013 - 999999987
Notes: This number will be unique to all records relating to a specific patient session.

F. Service Record Code 6

Position	Description
1	Record Code
2	Incorporated Indicator
3 – 6	Practitioner Number
7 – 11	Referring Practitioner Number
12 – 16	Facility Number
17 – 19	Hospital Code
20 – 25	Service Date

Position	Description
26	Prefix
27 – 30	Tariff
31 – 32	Services
33 – 34	Anesthesia Units
35 – 40	Fee Submitted
41	Confidential Code
42 – 46	International Classification of Diseases, 9 th Revision (ICD-9-CM)
47 – 48	Optometric Reason Code
49 – 51	Chiropractic Service Code
52	Service Location Indicator
53	3 rd Party Liability
54	Special Circumstance Indicator
55 – 59	Interpreting Radiologist's Number
60	Location of Service
61 – 62	Number of Patients
63 – 66	Start Time
67 – 70	Stop Time
71	Bilateral, same, or different incisions indicator
72 – 80	Claim Number

F-1 Record Code

Description: Identifies the type of record.

- | | |
|---------------------------------|----------------------------------|
| 1 - File Exchange Header Record | 6 - Service Record |
| 2 - Batch Header Record | 7 - Non-Resident Record |
| 3 - Sociological Record | 8 - Batch Trailer Record |
| 4 - Registrant Address Record | 9 - File Exchange Trailer Record |
| 5 - Remarks Record | |

Position: 1
 Picture: 9
 Value: 6

F-2 Incorporated Indicator

Description: Identifies the service as being part of the incorporated services for this practitioner.

Position: 2
 Picture: 9
 Values: 0 or 1

Notes: 0 is entered for regular services and 1 is entered for incorporated services performed by the billing practitioner.

F-3 Practitioner Number

Description: Identifies the practitioner submitting the batch of claims.

Position: 3 – 6
 Picture: X(4)
 Values: 0001 – 9999 or alpha numeric

- Notes:
1. Practitioner numbers are assigned by the Practitioner Registry Department at MH.
 2. The practitioner number is unique to this batch and is shown on the batch header (Code 2), sociological (Code 3), registrant address (Code 4), remarks (Code 5), service (Code 6), and batch trailer (Code 8) records.

F-4 Referring Practitioner Number

Description: Identifies the practitioner who referred the patient.

Position: 7 – 11

Picture: X(5)

Values: 00000 – 09999 or alpha numeric

- Notes:
1. Enter 00000 if there is no referring practitioner.
 2. Cannot be 00000 if the practitioner who provided the service is a radiologist or pathologist.
 3. Enter 04000 if an out-of-province practitioner referred the patient. Include the name and address (town only) of practitioner in a remarks record (Code 5).
 4. Enter 04500 if a Manitoba practitioner who is licensed by CPSM, but not registered with MH for a billing number referred the patient. Include the name of the practitioner in a remarks record code (Code 5).
 5. For consultation tariffs, the referring practitioner must not be:
 - a. Chiropractor
 - b. Pathologist (referring doctor's bloc of practice is 08 at service date).
 - c. Zeros
 6. Referring doctor must be entered on all claims for:
 - a. Surgical Assistant Claims
 - b. Consultations
 - c. General Anesthetic
 - d. Lab, bloc 08
 - e. X-Ray, bloc 07

F-5 Facility Number

Description: Identifies the facility where the radiological examination was taken or where the laboratory service was provided.

Position: 12 – 16

Picture: X(5)

Values: 00000, 06000 – 06099 Radiology Facilities, 06100 – 06199 Laboratory Facilities or alpha numeric

- Notes:
1. Radiology service records (prefix 5 in position 26). Enter 00000 for tariffs 7202-7211 & 7213-7216. Enter 06000-06099 for all other radiology tariffs.
 2. Pathology service records (prefix 8 in position 26). 00000 may be entered for short list tariffs 9035, 9142, 9147, 9150, 9170, 9273,

9303, 9312, 9315, 9374, 9518, 9641, 9644, 9711, 9715, 9717, allergy tests, desensitization and photomogram tracing and interpretation (tariffs 9860-9884).

3. Enter 00000 with all other tariffs.

F-6 Hospital Code

Description: Identifies the hospital or long term care facility in which the service was rendered.

Position: 17 – 19

Picture: 999

Values: 000 or 001 – 999

- Notes:
1. Use 000 if service was not rendered in a hospital or long term care facility.
 2. A hospital code is required for the following tariff numbers: 78510-78528, 78534-78539, 78594 and 78595.
 3. A hospital code is required if the practitioner's office (practice) is located in the hospital complex, along with the Service Location Indicator (see also File Exchange Submission Record Layout, Section F-17).
 4. A hospital code is required if the service was rendered in a hospital based clinic, out-patient or emergency department (see also File Exchange Submission Record Layout, Section F-17).
 5. A long term care facility number is required for tariff 78511.

F-7 Service Date

Description: Identifies the date of the service.

Position: 20 – 25

Picture: 9(6)

Values: YYMMDD format

YY = 00-99

MM = 01-12

DD = 01-28 for MM 02 if not leap year 01-29 for MM 02 if leap year

01-30 for MM 04, 06, 09 and 11 01-31 for remaining months

- Notes:
1. The service date should be within 6 months of the receipt date of the file.
 2. The service date should be the last day of each tariff claims when submitting tariffs for hospital visits and concomitant care (8520 & 8524). We will check the number of services that you have claimed in positions 31-32 and count backwards to obtain the first day billed for these tariff codes.
 3. The service date must not be prior to the chosen effective start date of the claiming practitioner for electronic billing.
 4. Valid service dates within 6 months of date of service.

F-8 Prefix

Description: Identifies the type of benefit being claimed.

Position: 26

Picture: 9

Values: 0 – Surgical assistant
1 – Post-operative fee
2 – Surgery
3 – Maternity
4 – Anesthesia
5 – Radiology
6 – Second Anesthetist
7 – Calls – special tests
8 – Pathology
9 – Undefined item, e.g. a new procedure

Notes: 1. When a claim is submitted for a surgical assistant (Prefix 0), enter the appropriate surgical tariff (major procedure). For example:

- Cholecystectomy – prefix 0 with 3515 in tariff positions 27-30

When submitting a claim for a surgical assistant when more than one surgery is done at the same sitting, enter the major surgical tariff with prefix 0 and list the additional surgical tariffs in the remarks record (Code 5).

2. When you claim second anesthetist (Prefix 6), 0000 must be used in the tariff positions 27-30. A list of applicable tariffs must be included in the remarks record (Code 5).
3. Anesthesia (prefix 4) may be claimed for any tariff item in the Manitoba Practitioner's Manual which has a basic anesthesia value.
4. Prefix 8 must not be claimed by bloc 07.
5. Prefix 5 must not be claimed by bloc 08.

F-9 Tariff

Description: Identifies the specific medical service. Refer to the Manitoba Practitioner's Manual or applicable legislation for tariff codes, descriptions and fees.

Position: 27 – 30

Picture: 9(4)

Values: 0000 – 9999

Notes: 1. Tariffs 8504, 8554 and 2118 cannot be claimed on patient older than sixteen.
2. Tariffs 0740, 2350 and 2486 cannot be claimed on patient younger than sixteen.
3. Tariff 3666 cannot be claimed on patient younger than five.
4. Tariff 2993 cannot be claimed on patient younger than thirteen.
5. There are many additional age-related tariffs contained within the Manitoba Practitioner's Manual.
6. If you use automated hematology or automated biochemistry equipment but for some reason have performed the procedures manually, please include a remarks record requesting payments be

for the manual procedures. Without these remarks, the benefit limit for automated hematology or automated biochemistry will be paid.

7. Tariff 2600 cannot be claimed on a patient older than one year.
8. Chiropractors may only claim tariff 78506.
9. Optometrists may only claim tariffs 78545, 78546, 79724, 79726, and 79728.
10. When a claim is submitted for a surgical assistant (Prefix 0), enter the appropriate surgical tariff (major procedure). For example:

Cholecystectomy – 3515 in tariff with 0 in prefix, position 26

When submitting a claim for a surgical assistant when more than one surgery is done at the same sitting, enter the major surgical tariff with prefix 0 and list the additional surgical tariffs in the remarks record (Code 5)

11. When you claim second anesthetist 0000 must be entered with 6 in prefix, position 26. A list of applicable tariffs must be included in the remarks record (Code 5).

F-10 Services

Description: Indicates the number of services being claimed.

Position: 31 – 32

Picture: 99

Values: 01 – 99

- Notes:
1. Must be 01 or greater on local anesthesia (prefix/tariff 40000).
 2. The number of services for time based anesthetic services will be entered as 01.
 3. The number of services for anesthetic each out-of-hours premium tariff billed (75556, 75557 and 75558) must be populated with the number of anesthetic units to which the premium applies.
 4. Must be 02 – 06 on psychotherapy claims (prefix/tariff 78580, 78581, 78583 and 78589).
 5. The number of services claimed for hospital visits and concomitant care must be the number of days billed.

F-11 Anesthesia Units

Description: Represents the number of units of anesthesia time being claimed.

Position: 33 – 34

Picture: 99

Values: 00 or 01 – 96

- Notes:
1. One unit of time is equal to a 15 minute period or portion thereof.
 2. Use 00 if you are not claiming for anesthesia time.

F-12 Fee Submitted

Description: Represents the fee amount submitted for the service rendered.

Position: 35 – 40

Picture: 9999V99

Values: Must be 6 numeric characters.

Notes: 1. The main use of this field by MH is to audit surgical and maternity services by checking that the tariff (positions 27-30) and fee submitted relate to the same service.

The fee submitted should be the fee shown in the Manitoba Practitioner's Manual unless the service is 'by report' or the practitioner is entitled to a fee differential amount. In the case of fee differential, the fee submitted should be equal to the Practitioner's Manual amount plus the appropriate fee differential amount (optional), as outlined in point 3 below.

Without this audit, a simple transposition of characters in the tariff could result in the payment of large amounts in error and would prove rather awkward when dealing with opt-out payments.

If you are submitting claims at a rate increase time with service date after the effective date of the new rates, but the new rate is unknown, the fee submitted should be the fee shown in the MB Practitioner's Manual (plus fee differential amount, if applicable). MH will adjust the payment at a later date.

2. Other than the above audit, the fee submitted will be processed through the MH computer system and be shown on the return payment records for your reconciliation.
3. Inclusion of a fee differential amount is optional for each user.
4. If a fee differential amount is included in the fee submitted, the following standards will apply:
 - a. The fee differential percentage increase must be added to every fee submitted field on the submission.
 - b. The decision to include fee differentials may be made and implemented without notifying MH.
 - c. The addition of a fee differential amount is always calculated on a single service record basis. i.e. Each individual tariff amount will receive a fee differential percentage increase and these amounts will be summed together to achieve the claim total, as shown in the following example:

PREFIX	NO. OF	TARIFF	FEE
TARIFF	SERVICES	RATE	DIFFERENTIAL
Tariff #1	04	11.70	10%
Tariff #2	01	20.70	10%

Fee Submitted

Tariff #1				
Calculation:	4 x 11.70 =	46.80	x 1.1 =	51.48
Tariff #2				
Calculation:	1 x 20.70 =	20.70	x 1.1 =	22.77

				74.25

F-13 Confidential Code

Description: Identifies services of an extremely confidential nature.
 Position: 41
 Picture: X
 Values: C or blank
 Notes: All claims are handled in a confidential manner, however, in order to exclude a service from a Notification of Health Benefits Paid statement at the request of the patient, use 'C' in this field.

F-14 Internal Classification of Diseases, 9th revision (ICD-9-CM)

Description: This code is used as an international classification of diseases.
 Position: 42 – 46
 Picture: X(5)
 Values: 0010b – 9999b, V010b – V829b or blank
 Notes: 1. Disease codes in ICD-9-CM may be 3, 4 or 5 digits in length. The basic structure is 3 digits but some are further subdivided by the addition of fourth digits and some contain even greater specificity by the use of fifth digit sub-classifications. The structure of each code is as follows:

xxx (three digit code) xxx.x (four digit code) xxx.xx (five digit code)

With the exception of codes containing three digits only, the fourth digit of specificity must be provided on all claims. Do not include the decimal in this field.

Each example above represents a valid code length. All disease codes are left justified with trailing spaces for three and four digit codes. Neither fillers nor zeros are added to make all ICD-9-CM disease codes a uniform length of five digits.

2. Radiology (prefix = 5) and Pathology (prefix = 8) service records may have blanks.
3. Chiropractic tariff (8506) may have blanks.
4. Optometric tariffs (8545, 8546, 9724, 9726 & 9728) should be hardcoded to ICD 3679.
5. Where multiple tariffs are claimed, the ICD should correspond with each tariff billed. For example, a claim with 5 tariffs may have up to 5 ICD's, one to correspond with each tariff. Any relevant ICD's over and above should be included in remarks.

F-15 Optometric Reason Code

- Description: Provides medical reason for an eye examination when the patient falls outside of age related eligibility criteria or when a subsequent eye examination is billed.
- Position: 47 – 48
- Picture: 99
- Values:
- 15 Amblyopia
 - 16 Corneal abrasion or trauma
 - 17 Corneal erosions
 - 18 Systemic disease with ophthalmic manifestations
 - 19 Eye infection/inflammation
 - 20 Eye muscle imbalance, children (under 19 years of age)
 - 21 Glaucoma
 - 22 Cataract
 - 23 Intra-ocular haemorrhages
 - 24 Post-operative eye complications/follow up
 - 25 Significantly changing refractive errors, i.e. changes of + or - 0.5 diopter or greater since the last prescription
 - 26 Referral by practitioner (specify condition in remarks (Code 5))
 - 27 Children under 19 years of age diagnosed with myopia, hyperopia or astigmatism (one complete eye examination in each calendar year)
 - 28 Any other medical condition approved by the Minister (specify condition in remarks (Code 5))
- Notes: Use 00 if the service is not an optometric service or if no optometric reason code applies.

F-16 Chiropractic Service Code

- Description: Identifies the type of chiropractic service rendered.
- Position: 49 – 51
- Picture: XXX
- Values:
- Spinal Articulations & Para-Spinal Tissues:**
- Degenerative Disc & Joint Disease**
- B01 Cervical
 - B02 Thoracic
 - B03 Lumbar
 - B04 Lumbo-sacral and/or Sacro-iliac
 - B05 Multiple Spinal Areas
- Traumatic Disc Syndrome**
- A or B06 Cervical
 - A or B07 Thoracic
 - A or B08 Lumbar
- Subluxation**

A or B10	Cervical
A or B11	Thoracic
A or B12	Lumbar
A or B13	Lumbo-sacral and/or Sacro-iliac
A or B14	Multiple Spinal Areas

Sprain

A or B20	Cervical
A or B21	Thoracic
A or B22	Lumbar
A or B23	Lumbo-sacral and/or Sacro-iliac
A or B24	Multiple Spinal Areas

Strain

A or B30	Cervical
A or B31	Thoracic
A or B32	Lumbar
A or B33	Lumbo-sacral and/or Sacro-iliac
A or B34	Multiple Spinal Areas

Myofascial Fibrositis; Fibrosis; Muscular Hypertonicity

A or B40	Cervical
A or B41	Thoracic
A or B42	Lumbar
A or B43	Lumbo-sacral and/or Sacro-iliac
A or B44	Multiple Spinal Areas

Neuralgia and/or Neuritis

A or B50	Cervical
A or B51	Thoracic
A or B52	Intercostal
A or B53	Lumbar
A or B54	Sciatic
A or B55	Multiple Areas

Spinal Whiplash Syndrome

A or B60	Cervical
A or B61	Thoracic
A or B62	Lumbar
A or B63	Multiple Spinal Areas
B70	Abnormal Spinal Curvature
A or B71	Cervical Headache Syndrome
A or B72	Coccygodynia
A or B73	Neuro Vascular Compression Syndrome
A or B74	Costochondral Pain Syndrome
B75	Postural Stress Syndrome

B76 Congenital Spinal Anomalies

Non-Spinal Articulations and Para-Articular Tissues

A or B80 Subluxation
A or B81 Sprain
A or B82 Strain
A or B83 Tendonitis
A or B84 Bursitis
A or B85 Synovitis
A or B86 Internal Cartilagenous Derangement
A or B87 Myofascial Fibrositis; Fibrosis; Muscular Hypertonicity
A or B88 Neuralgia and/or Neuritis
B89 Degenerative Joint Disease

Other

C99 Other Conditions (must be specified in remarks)

- Notes:
1. Blank if tariff is not 8506.
 2. Where a choice of the prefix 'A' or 'B' is indicated, please use 'A' for acute or subacute and 'B' for chronic or recurrent.

F-17 Service Location Indicator

Description: Identifies services rendered in a hospital based clinic, out-patient department or emergency department.

Position: 52

Picture: X

Values: C = Clinic
E = Emergency Department
O (Alpha) = Out-Patient Department

- Notes:
1. Leave this field blank if the service was not rendered in a hospital based clinic, out-patient or emergency department.
 2. When service location indicator is populated a hospital code must be entered (see also File Exchange Submission Record Layout, Section F-6).

F-18 Third Party Liability

Description: Identifies possible 3rd party liability for medical expenses (e.g. WCB, etc).

Position: 53

Picture: X

Values: T or W – possible 3rd party liability

Notes: Leave this field blank if 3rd party liability not eligible.

F-19 Special Circumstance Indicator

Description: Indicates the splitting of a claim.

Position: 54

Picture: A/C/D/E/G/H/K/L/N/P/S/T/U/V/W/X or 1-7

Values:

- A – Admission (complete physical exam for admission to hospital)
- C – CTU (complete physical exam billed from CTU facilities)
- D - Covid/CTU Ward Services
- E – Equal (the tariff chosen is similar or equal to another service found in the Practitioner’s Manual)
- G – General Anesthetic (a procedure with a fee less than the minimum fee listed in Note 2 (Physician’s Manual, Surgical Procedures, page D-1) is done under general anesthetic.) The procedural fee should be increased to the listed minimum and the G indicator populated.
- H – Used when billing 78520 for supportive care. Please refer to Rule of Application 13–Supportive Care
- K – Request for medical exemption – COVID-19 Vaccination
- L – Less (requesting less than the standard tariff rate)
- N – Non-Union, allows an additional 25% for certain tariffs re: Rule of Application 42
- P - Pandemic
- S – Split Surgeries (two surgeons involved in the management of a surgical case, by prior agreement between the surgeons; the total fee is being apportioned in relation to the responsibility taken and the work done)
- T – Triage (complete physical exam of a patient in labour for possible admission)
- U – Virtual Chronic Pain Management Services (billing benefit 78321 in place of 78570 only)
- V – Virtual Chronic Pain Management Services (billing benefit 78321 in place of 78571) or
 - Child Development Assessment Services (billing benefit 78321 in Place of 78404, 78552, 78555, 78558)
- W – Virtual Geriatric Consultation (billing benefit 78535 in place of 78617 only)
- X – Virtual Anesthetic Consultation (billing benefit 78535 in place of 78516 only)

Or Immunization Reason:

- 1 - Personal Care Home Resident
- 2 - Health Care Worker
- 3 - Community with disproportionate disease impact
- 4 - Congregate living, other
- 5 - Routine (age-based indication)
- 6 - Essential Worker
- 7 - Pre-existing Condition

F-20 Interpreting Radiologist's Number

- Description: Indicates the radiologist who interpreted the x-ray.
Position: 55 – 59
Picture: X(5)
Values: 00001 – 09999 or blank or alpha numeric
Notes:
1. Blank if claim is not radiology.
 2. If the claiming practitioner interpreted the x-ray then repeat his number in this field.
 3. If the x-ray was interpreted by someone other than claiming practitioner include interpreting practitioner's number in this field.
 4. Must be a registered radiologist (bloc 07) at time of service.

F-21 Location of Service Indicator

- Description: Identifies the location the service was rendered.
Position: 60
Picture: X
Values: B – Brandon O – Other or blank W – Winnipeg
 N – Northern R – Rural C – Remote Community

New VIRTUAL SERVICES location of service rates effective April 1, 2024

		Patient Location			
		Winnipeg	Brandon/Rural	Northern	Remote
Physician Location	Winnipeg	0%	M=2.5%	P=12.5%	Q=17.5%
	Brandon/Rural	S=2.5%	T=5%	U=15%	V=20%
	Northern	H=12.5%	X=15%	Y=25%	Z=30%
	Remote	D=17.5%	F=20%	G=30%	A=35%

Note: This field indicates whether a fee differential applies to the claim.

F-22 Number of Patients

- Description: Number of Patients
Position: 61 – 62
Picture: 99
Values: 01-99
Notes:
1. Used to represent how many patients were discussed in case management studies.
 2. Used to represent how many patients were present during group psychotherapy.
 3. Blank or zeros if not applicable.

F-23 Start Time

- Description: Start Time
Position: 63 – 66
Picture: 9999
Values: 0001 to 2400

Notes: Used to represent the start time of a service in 24 hour format. For example:

- Anesthetic, after-hours premium (and related services), critical care, etc.

F-24 Stop Time

Description: Stop Time
Position: 67 – 70
Picture: 9999
Values: 0001 to 2400
Notes: Used to represent the stop time of a service in 24 hour time. For example:

- Anesthetic, after-hours premium (and related services), critical care, etc.

F-25 Bilateral, Different, Same Incision Indicator

Description: Bilateral, different, same incision indicator.
Position: 71
Picture: X
Values: B – Bilateral D – Different Incision S – Same Incision

Notes:

1. Used to represent whether the surgical procedure was performed as a bilateral procedure.
2. Used to represent whether the surgical procedure was performed through the same, or different incision as another procedure on the same claim.

F-26 Claim Number

Description: Identifies the claim number assigned to the patient's session.
Position: 72 – 80
Picture: 9(9)
Values: 000000013 – 999999987
Notes: This number will be unique to all records relating to a specific patient session.

G. Non-Resident Record Code 7

Position	Description
1	Record Code
2 – 6	Practitioner Number
7 – 18	Health Identification Number
19 – 20	Province Code
21 – 26	Filler
27 – 34	Patient Birth Date
35 – 71	Filler
72 – 80	Claim Number

G-1 Record Code

Description: Identifies the type of record.

- | | |
|---------------------------------|----------------------------------|
| 1 - File Exchange Header Record | 6 - Service Record |
| 2 - Batch Header Record | 7 - Non-Resident Record |
| 3 - Sociological Record | 8 - Batch Trailer Record |
| 4 - Registrant Address Record | 9 - File Exchange Trailer Record |
| 5 - Remarks Record | |

Position: 1

Picture: 9

Value: 7

G-2 Practitioner Number

Description: Identifies the practitioner submitting the batch of claims.

Position: 2 – 6

Picture: X(5)

Values: 00001 – 09999 or alpha numeric

- Notes:
1. Practitioner numbers are assigned by the Practitioner Registry Department at MH.
 2. The practitioner number is unique to this batch and is shown on the batch header (Code 2), sociological (Code 3), registrant address (Code 4), remarks (Code 5), service (Code 6), and batch trailer (Code 8) records.

G-3 Health Identification Number

Description: The Health Plan registration number of the non-resident's home province or territory.

Position: 7 – 18

Picture: X(12)

Values: Any 12 numeric or alphanumeric characters

- Notes:
1. Must be left-justified if less than 12 characters and blank filled.
 2. For reporting hospital based radiology services a health ID is required.
 3. Check digits are used on most health numbers from other provinces. These must be included to ensure only valid numbers are submitted to MH on non-resident claims.

G-4 Province Code

Description: Identifies the patient's province of residence.

Position: 19 – 20

Picture: X(2)

Values: Alberta AB Nunavut NU

British Columbia	BC	Ontario	ON
New Brunswick	NB	Prince Edward Island	PE
Newfoundland	NL	Quebec	QC
Northwest Territories	NT	Saskatchewan	SK
Nova Scotia	NS	Yukon	YT

G-5 Patient Birth Date

Description: Identifies the patient’s date of birth.
 Position: 27 – 34
 Picture: 9(8)
 Values: CCYYMMDD format
 CC = 19-99 YY = 00-99 MM = 01-12
 DD = 01-28 for MM 02 if not leap year 01-29 for MM 02 if leap year
 01-30 for MM 04, 06, 09 and 11 01-31 for remaining months
 Notes: Complete birth date (CCYYMMDD) must be provided for non-resident claims.

G-6 Claim Number

Description: Identifies the claim number assigned to the patient’s session.
 Position: 72 – 80
 Picture: 9(9)
 Values: 000000013 - 999999987
 Notes: This number will be unique to all records relating to a specific patient session.

H. Batch Trailer Record Code 8

Position	Description
1	Record Code
2 – 6	Practitioner Number
7 – 16	Number of Sociological Records in Batch
17 – 26	Number of Address Records in Batch
27 – 36	Number of Remarks Records in Batch
37 – 46	Number of Service Records in Batch
47 – 56	Total Fee Submitted in Batch
57 – 66	Number of Non-Resident Records in Batch
67 – 80	Filler

H-1 Record Code

Description: Identifies the type of record:
 1 - File Exchange Header Record 6 - Service Record
 2 - Batch Header Record 7 - Non-Resident Record
 3 - Sociological Record 8 - Batch Trailer Record
 4 - Registrant Address Record 9 - File Exchange Trailer Record
 5 - Remarks Record

Position: 1

Picture: 9
Value: 8

H-2 Practitioner Number

Description: Identifies the practitioner submitting the batch of claims.
Position: 2 – 6
Picture: X(5)
Values: 00001 – 09999 or alpha numeric
Notes: 1. Practitioner numbers are assigned by the Practitioner Registry Department at MH.
2. The practitioner number is unique to this batch and is shown on the batch header (Code 2), sociological (Code 3), registrant address (Code 4), remarks (Code 5), service (Code 6), and batch trailer (Code 8) records.

H-3 Number of Sociological Records in Batch

Description: Represents the number of sociological records (Code 3) in the practitioner's batch (between the practitioner's batch header and batch trailer records).
Position: 7 – 16
Picture: 9(10)
Values: >0000000000

H-4 Number of Address Records in Batch

Description: Represents the number of registrant address records (Code 4) in the practitioner's batch (between the practitioner's batch header and batch trailer records).
Position: 17 – 26
Picture: 9(10)
Values: >0000000000

H-5 Number of Remarks Records in Batch

Description: Represents the number of remarks records (Code 5) in the practitioner's batch (between the practitioner's batch header and batch trailer records).
Position: 27 – 36
Picture: 9(10)
Values: >0000000000

H-6 Number of Service Records in Batch

Description: Represents the number of service records (Code 6) in the practitioner's batch (between the practitioner's batch header and batch trailer records).
Position: 37 – 46
Picture: 9(10)
Values: >0000000000

H-7 Total Fee Submitted in Batch

Description: Represents the total of the fee submitted fields on the service records (Code 6) in the practitioner's batch (between the practitioner's batch header and batch trailer records).

Position: 47 – 56

Picture: 9(8) V99

Values: >00000000.00

Notes: Do not include decimal point in the data element.

H-8 Number of Non-Resident Records in Batch

Description: Represents the number of non-resident records (Code 7) in the practitioner's batch.

Position: 57 – 66

Picture: 9(10)

Values: >0000000000

I. File Exchange Trailer Record Code 9

Position	Description
1	Record Code
2 – 6	User Site Number
7 – 16	Number of Sociological Records in File Exchange
17 – 26	Number of Address Records in File Exchange
27 – 36	Number of Remarks Records in File Exchange

Position	Description
37 – 46	Number of Service Records in File Exchange
47 – 56	Total Fee Submitted in File Exchange
57 – 66	Number of Non-Resident Records
67 – 71	Filler
72 – 80	Last Claim Number

I-1 Record Code

Description: Identifies the type of record:

1 - File Exchange Header Record	6 - Service Record
2 - Batch Header Record	7 - Non-Resident Record
3 - Sociological Record	8 - Batch Trailer Record
4 - Registrant Address Record	9 - File Exchange Trailer Record
5 - Remarks Record	

Position: 1

Picture: 9

Value: 9

I-2 User Site Number

Description: Identifies the user submitting the file.
Position: 2 – 6
Picture: X(5)
Values: 00001 – 00999 or alpha numeric
Notes: This number and the user site number on the file exchange header record are identical and unique to your file submissions.

I-3 Number of Sociological Records in File Exchange

Description: Represents the number of sociological records (Code 3) in the file submission.
Position: 7 – 16
Picture: 9(10)
Values: >0000000000

I-4 Number of Address Records in File Exchange

Description: Represents the number of registrant address records (Code 4) in the file submission.
Position: 17 – 26
Picture: 9(10)
Values: >0000000000

I-5 Number of Remarks Records in File Exchange

Description: Represents the number of remarks records (Code 5) in the file submission.
Position: 27 – 36
Picture: 9(10)
Values: >0000000000

I-6 Number of Service Records in File Exchange

Description: Represents the number of service records (Code 6) in the file submission.
Position: 37 – 46
Picture: 9(10)
Values: >0000000000

I-7 Total Fee Submitted in File Exchange

Description: Total fee submitted fields on the service records (Code 6) in the file submission.
Position: 47 – 56
Picture: 9(8) V99

Values: >00000000.00
Notes: Do not include decimal point in the data element.

I-8 Number of Non-Resident Claims in File Exchange

Description: Represents the number of non-resident records (Code 7) in the file submission.
Position: 57 – 66
Picture: 9(10)
Values: >0000000000

I-9 Last Claim Number

Description: Identifies the claim number assigned to the last patient session in the file exchange.
Position: 72 – 80
Picture: 9(9)
Values: 000000013 – 999999987
Notes

1. The first claim number you will assign to a patient session of sociological, registrant address, remarks and service records will be 000000013. For each additional patient session in the file exchange, assign the next sequential valid claim number (refer to note 3). After the last patient session has been written out on the file exchange, the last claim number assigned must be recorded so that this claim number plus one (refer to note 3) can be assigned to the first patient session in the next file exchange. After using claim number 999999987, restart with 000000013.
2. The first and last claim numbers assigned in the file exchange must be stored in the file exchange header and trailer records as the first claim number and the last claim number, respectively.
3. Valid claim numbers are determined by applying MOD-11 using prime numbers to positions 72-79 of the claim number to obtain the check digit for position 80 as follows:

POSITION:	72	73	74	75	76	77	78	79
EXAMPLE#:	1	1	2	3	1	1	1	4
PRIME #:	x29	x23	x19	x17	x13	x7	x5	x3
	-----	-----	-----	-----	-----	-----	-----	-----
	29	23	38	51	13	7	5	12 = 178/11
								= 16 with a remainder of 2

Multiply each character in positions 72-79 by the relating prime number. Add the eight products then divide the sum by 11. A remainder of 10 signifies an invalid claim number so add 1 to positions 72-79 restart check digit calculation. A remainder of 0 through 9 can be suffixed to the claim number in position 80 as a

valid check digit.

In the example above 112311142 can be stored in positions 72-80 as a valid claim number.

J. File Exchange Sample Supporting Listing

```
A44M132RPT          M.H.S.C.
FILE EXCHANGE AUDIT CONTROL REPORT
PREPARED 04 01 03          12:20:24 03-01-04 PAGE 0001
USER NO 00999 TEST ELECTRONIC USER          1ST CLM# 000665777
PHYSICIAN 01111 DOCTOR ONE
PHYSICIAN 01111 # OF SOCIOLOGICAL RECORDS          1
# OF ADDRESS RECORDS          1
# OF REMARKS RECORDS          2
# OF SERVICE RECORDS          1
# OF NON-RES RECORDS          1
TOTAL FEE SUBMITTED          $373.60
PHYSICIAN 06666 # OF SOCIOLOGICAL RECORDS          1
# OF ADDRESS RECORDS          1
# OF REMARKS RECORDS          2
# OF SERVICE RECORDS          1
# OF NON-RES RECORDS          1
TOTAL FEE SUBMITTED          $75.40
USER NO 00999 # OF SOCIOLOGICAL RECORDS          2 LAST CLM 000665830
# OF ADDRESS RECORDS          2
# OF REMARKS RECORDS          4
# OF SERVICE RECORDS          2
# OF NON-RES RECORDS          2
TOTAL FEE SUBMITTED          $449.00
FILE ACCEPTED
END OF REPORT
```

K. File Exchange Supporting Listing

List of Fields

00999	User Site Number
TEST ELECTRONIC USER	User Site Name
000665777	First Claim Number
03-01-04	Current Date DDMMYY
PAGE 0001	Page Number
PHYSICIAN 01111	Practitioner Number
DOCTOR ONE	Practitioner Name
# OF SOCIOLOGICAL RECORDS 1	Number of Sociological Records in Batch
# OF ADDRESS RECORDS 1	Number of Address Records in Batch
# OF REMARKS RECORDS 2	Number of Remarks Records in Batch
# OF SERVICE RECORDS 1	Number of Service Records in Batch
# OF NON-RES RECORDS 1	Number of Non-resident Records in Batch
TOTAL FEE SUBMITTED \$373.60	Total Fee Submitted in Batch
# OF SOCIOLOGICAL RECORDS 2	Number of Sociological Records in File Exchange
LAST CLM 000665830	Last Claim Number
# OF ADDRESS RECORDS 2	Number of Address Records in File Exchange
# OF REMARKS RECORDS 4	Number of Remarks Records in File Exchange
# OF SERVICE RECORDS 2	Number of Service Records in File Exchange

OF NON-RES RECORDS 2
TOTAL FEE SUBMITTED \$449.00

Number of Non-resident Records in File Exchange
Total Fee Submitted in File Exchange

L. File Exchange Submission Sample File Dump

100001MANITOBA HEALTH USER NAME	000000013
200025DR NAME 1	
300025000089PATIENT SURNAME A GIVEN NAME A 3511MN123451	000000013
40002500008912 PACIFIC AV. WINNIPEG, MAN.	000000013
500025DR P ANDREWS 42 67 3RD ST., REGINA, SASK.	01000000013
500025CHEST PAIN	02000000013
60002504000000000000791023785090100000880 7865 00	000000013
300025012076PATIENT SURNAME B GIVEN NAME B 6005FA675443	000000026
60002500000000000000791002785090100000880 3989900	000000026
60002504000000000000791002789540100000240 3989900	000000026
8000250000000000200000000010000000002000000000300000002000	
201243DR NAME 2	
301243765238PATIENT SURNAME C GIVEN NAME C 5503FB987439	000000039
501243COMPLAINT 1. DYSMENORRHEA -ABDOMINAL DISCOMFORT	01000000039
501243 DURING MENSES UNRELIEVED BY SIMPLE ANALGESICS.	02000000039
501243SURGERY FOR 1. UNDER G/A EUA WAS DONE. NOTHING	03000000039
501243 WAS FOUND. THE CERVIX WAS STENOSED AND THE	04000000039
501243 UTERINE CAVITY CURETTED. THIS RESULTED IN SCANT	05000000039
501243 MATERIAL, HOWEVER, THERE WAS NO EVIDENCE OF	06000000039
501243 HYPERPLEXIA OR NEOPLASTIC INFILTRATION	07000000039
501243 MICROSCOPICALLY.	08000000039
501243COMPLAINT 2. PAINFUL SCAR OF 3 INCH LENGTH	09000000039
501243SURGER FOR 2. THE SCAR WAS TOTALLY EXCISED.	10000000039
501243 SIDES UNDERMINED AND THE WOUND REAPPROXIMATED	11000000039
501243 USING NYLON 4-0.	12000000039
501243TOTAL OPERATING TIME 1/2 HR.	13000000039
601243000000000000177791003246460100005400 6253 00	000000039
601243000000000000177791003202750100003300 6253 00	000000039
80124300000000000010000000000000000013000000000020000008700	
9000010000000000003000000000010000000015000000000050000010700	000000039

4. File Exchange Return Specifications

A. File Specifications

The file returned from MH for medical claims reconciliation will be:

- Record & block lengths of 80 characters
- Accompanied by a remittance summary

B. File Return Record Codes, Descriptions and Purpose

The file returned from MH will be comprised of the following records:

Record Code	Description	Purpose
0	File Exchange Header Record	Identifies file exchange user.
2	Processed Sociological Record	Identifies patient whose service has been processed by MH.
3	Processed Service Record	Provides specifics for processed services.
5	Pending Sociological Record	Identifies patient whose claim is received and in process at MH.
6	Pending Service Record	Provides specifics for service received and in process at MH.
9	File Exchange Trailer Record	Provides various audit totals for the file exchange returned to the user.

C. Processing Exceptions

Claims are usually shown as either pending or processed on a remittance file although there are instances where some of the tariffs on a claim may be shown as processed while other tariffs on the same claim are shown as pending.

D. Sequence of Records on File Return

The sequence of records on the file returned from MH will be as follows:

1. The first record will be the file exchange header record (Code 0).
2. Following the file exchange header record, the record codes 2 – 8 will be in ascending practitioner number (positions 2 – 6) order.
3. Within practitioner number, processed records will precede pending records.
4. Processed records:
 - a) If any, for each patient session, one sociological record (Code 2) will precede the relating service records (Code 3).
 - b) These records will be in ascending surname, MH registration number, given name, year of birth, gender, claim number, MH microfilm number and service date order.
5. Pending records:
 - a) If any, for each patient session, one sociological record (Code 5) will precede the relating service records (Code 6).
 - b) These records will be in ascending surname, MH registration number, given name, year of birth, gender, claim number, MH microfilm number and service date order.

6. The file exchange trailer record (Code 9) will be the last record on the file returned.

5. File Exchange Return Record Layout

For quick reference to file return record layouts refer to Summary of Record, Chapter 6, Return Record Layouts, Section B.

A. File Exchange Header Record Code 0

Position	Description
1	Record Code
2 - 6	User Site Number
7 - 46	User Site Name
47 - 51	Creation Date
52 - 80	Filler

A-1 Record Code

Description: Identifies the type of record:

0 – File Exchange Header Record	5 – Pending Sociological Record
2 – Processed Sociological Record	6 – Pending Service Record
3 – Processed Service Record	9 – File Exchange Trailer Record

Position: 1
Picture: 9
Value: 0

A-2 User Site Number

Description: Identifies the user receiving the file.

Position: 2 – 6
Picture: X(5)
Values: 00001 – 00999 or alpha numeric field assigned by MH

A-3 User Site Name

Description: Identifies the user receiving the file. Clinic or Practitioner name.

Position: 7 – 46
Picture: X(40)

A-4 Creation Date

Description: Specifies the creation date (Julian) of the file.

Position: 47 – 51
Picture: 9(5)

Format: YYDDD format YY = creation year DDD = creation day of year

B. Processed Sociological Record Code 2

Position	Description
1	Record Code
2 – 6	Practitioner Number
7 – 12	MH Registration Number
13 – 32	Surname
33 – 47	Given Name
48 – 49	Year of Birth
50	Gender
51 – 57	Medical Records Number, Clinic Number, or Provider's Patient Number
58 – 63	MH Receipt Date
64 – 71	MH Microfilm Number
72 – 80	Claim Number

B-1 Record Code

Description:	Identifies the type of record:	
	0 - File Exchange Header Record	5 - Pending Sociological Record
	2 - Processed Sociological Record	6 - Pending Service Record
	3 - Processed Service Record	9 - File Exchange Trailer Record
Position:	1	
Picture:	9	
Value:	2	

B-2 Practitioner Number

Description:	Identifies the practitioner submitting the batch of claims.
Position:	2 – 6
Picture:	X(5)
Values:	00001 – 09999 or alpha numeric field

B-3 MH Registration Number

Description:	Identifies the single person or family unit registered to receive Manitoba medical services.
Position:	7 – 12
Picture:	X(6)
Values:	000001 – 999999 or blank for non-resident claims.

B-4 Surname

Description:	This is the patient's surname.
Position:	13 – 32
Picture:	X(20)

B-5 Given Name

Description:	This is the patient's given name.
Position:	33 – 47
Picture:	X(15)

B-6 Year of Birth

Description: This is the patient's year of birth.
Position: 48 – 49
Picture: 99
Values: 00-99

B-7 Gender

Description: This is the patient's gender.
Position: 50
Picture: X
Value: M, F or X

B-8 Medical Records Number, Clinic Number or Provider's Patient Number

Description: This is the number assigned in the practitioner's or clinic's office for referencing a patient's medical history file.
Position: 51 - 57
Picture: X(7)

B-9 MH Receipt Date

Description: This is the date that MH received the claim.
Position: 58 – 63
Picture: 9(6)
Values: YYMMDD format
YY = 00-99
MM = 01-12
DD = 01-28 for MM if not leap year 01-29 for MM 02 if leap year
 01-30 for MM 04, 06, 09 and 11 01-31 for remaining months

B-10 MH Microfilm Number

Description: A MH generated reference number to identify and retrieve claim info.
Position: 64 – 71
Picture: X(8)
Values: **CPS:**

An 8 character unique key assigned to identify and retrieve claim information in CPS.

Legacy:

TANNNNNN or XANNNNNN where T or X identifies the claim source as an electronically submitted claim.

A identifies the microfilm file month where:

A = Jan B = Feb C = Mar D = Apr E = May F = Jun
G = Jul H = Aug I = Sept J = Oct K = Nov L = Dec

NNNNNN is the reference number for the claim session of sociological, family head address, remarks and service records.

If the high order position is not a “T” or “X”, the claim source is a paper claim form and the format of the MH microfilm number is MMNNNNNN where MM is the microfilm file month:
 01 = Jan 02 = Feb 03 = Mar 04 = Apr 05 = May 06 = Jun
 07 = Jul 08 = Aug 09 = Sept 10 = Oct 11 = Nov 12 = Dec
 NNNNNN is the reference claim number for the claim form.

B-13 Claim Number

Description: Identifies the claim number assigned to the patient’s session.
Position: 72 – 80
Picture: 9(9)
Values: 000000000 or 000000013 - 999999987
Notes: This number will be unique to all records relating to a specific patient session. 000000000 will be present for any service record which originated on a paper claim form.

C. Processed Sociological Record Code 3

Position	Description
1	Record Code
2	Incorporated Indicator
3 – 6	Practitioner Number
7 – 11	Referring Practitioner Number
12 – 16	Interest Amount
17 – 19	Hospital Code
20 – 25	Service Date
26	Prefix
27 – 30	Tariff
31 – 32	Services
33 – 34	Province Code, non-residents only
35 – 40	Fee Submitted
41 – 46	Fee Assessed
47	Manual Code
48 – 59	PHIN for Manitoba Residents only (48-56) or Health ID # for non-residents only (48-59)
60 – 63	Patient Birth Date, non-residents only
64	Practitioner Option
65	Location of Service
66 – 71	Explanation of Benefits (EOB)
72 – 80	Claim Number

C-1 Record Code

Description: Identifies the type of record:
0 - File Exchange Header Record 5 - Pending Sociological Record
2 - Processed Sociological Record 6 - Pending Service Record
3 - Processed Service Record 9 - File Exchange Trailer Record

Position: 1
Picture: 9
Value: 3

C-2 Incorporated Indicator

Description: Identifies the service as being part of the incorporated services for this practitioner.

Position: 2
Picture: 9
Values: 0 or 1

C-3 Practitioner Number

Description: Identifies the Practitioner who submitted the claim.

Position: 3 – 6
Picture: X(4)
Values: 0001 – 9999 or alpha numeric

C-4 Referring Practitioner Number

Description: Identifies the Practitioner who referred the patient.

Position: 7 – 11
Picture: X(5)
Values: 00000 – 09999 or alpha numeric

C-5 Interest Amount

Description: Identifies the amount of interest paid on this record (if applicable).

Position: 12 – 16
Picture: 999V99
Values: 000.00 – 999.99

Notes: 1. Dollar amount added to original payment amount because a service is being paid outside of the negotiated timeline.
2. Decimal is implied.

C-6 Hospital Code

Description: Identifies the hospital in which the service was rendered.

Position: 17 – 19
Picture: 999
Values: 000 or 001 – 999

C-7 Service Date

Description: Identifies the date of service.
Position: 20 – 25
Picture: 9(6)
Values: YYMMDD format
YY = 00-99
MM = 01-12
DD = 01-28 for MM 02 if not leap year 01-29 for MM 02 if leap year
01-30 for MM 04, 06, 09 and 11 01-31 for remaining months

C-8 Prefix

Description: Identifies the type of benefit being claimed.
Position: 26
Picture: 9
Values: 0 – Surgical assistant 5 – Radiology
1 – Post-operative fee 6 – Second Anesthetist
2 – Surgery 7 – Calls – special tests
3 – Maternity 8 – Pathology
4 – Anesthesia 9 – Undefined item, e.g. a new procedure

C-9 Tariff

Description: Identifies the specific medical service. Refer to the Manitoba Practitioner's Manual for tariff codes, descriptions and fees.
Position: 27 – 30
Picture: 9(4)
Values: 0000 – 9999

C-10 Services

Description: Indicates the number of services being assessed for payment.
Position: 31 – 32
Picture: 99
Values: 01 – 99

C-11 Province Code

Description: Identifies the patient's province of residence.
Position: 33 – 34
Picture: X(2)
Values: Alberta AB Nunavut NU
British Columbia BC Ontario ON
New Brunswick NB Prince Edward Island PE
Newfoundland NL Quebec QC
Northwest Territories NT Saskatchewan SK
Nova Scotia NS Yukon YT
Note: Will be blank if claim is for a resident of Manitoba.

C-12 Fee Submitted

Description: Represents the fee amount submitted for the service rendered.
Position: 35 – 40
Picture: 9999V99
Values: 6 numeric characters
Note: Will be 000000 for any service record which originated on a paper claim form.

C-13 Fee Assessed

Description: Represents the fee amount assessed by MH for reconciliation (and payment).
Position: 41 – 46
Picture: S9999V99
Values: 6 numeric characters
Note:

1. If the value is 000000, refer to the explanation of benefits code write up for reason why service was rejected.
2. This fee will be negative if any explanation of benefits code is: DR – withdrawal, service previously paid in error.
3. Caution should be exercised when processing this field which is defined as numeric, i.e. S9999V99. The unit position of this field will contain non-numeric characters to specify whether the fee is positive or negative (drawback).

Positive Values

Positive 15.01 will be represented as 150A	Positive 15.02 will be represented as 150B
Positive 15.03 will be represented as 150C	Positive 15.04 will be represented as 150D
Positive 15.05 will be represented as 150E	Positive 15.06 will be represented as 150F
Positive 15.07 will be represented as 150G	Positive 15.08 will be represented as 150H
Positive 15.09 will be represented as 150I	Positive 15.00 will be represented as 150{

A positive value containing a zero in the units position will have a left brace bracket.

Negative Values

Negative 15.01 will be represented as 150J	Negative 15.02 will be represented as 150K
Negative 15.03 will be represented as 150L	Negative 15.04 will be represented as 150M
Negative 15.05 will be represented as 150N	Negative 15.06 will be represented as 150O
Negative 15.07 will be represented as 150P	Negative 15.08 will be represented as 150Q
Negative 15.09 will be represented as 150R	Negative 15.00 will be represented as 150}

A negative value containing a zero in the units position will have a right brace bracket.

C-14 Manual Code

Description: Code used for internal staff to override business rules for processing.
Position: 47
Picture: X
Values: A – Z or blank

C-15 Health Identification Number

Description: The PHIN for Manitoba residents or the Health Plan registration number of the non-resident's home province or territory.
 Position: 48 – 59
 Picture: X(12)
 Values: May be any 12 numeric or alphabetic characters.

C-16 Non-Resident Birth Date

Description: Birth month and day of non-resident.
 Position: 60 – 63
 Picture: X(4)
 Values: MMDD format
 MM = 01-12
 DD = 01-28 for MM 02 if not leap year 01-29 for MM 02 if leap year
 01-30 for MM 04, 06, 09 and 11 01-31 for remaining months
 Notes: Only provided for non-resident claims.

C-17 Practitioner Option

Description: Identifies the Practitioner's option and method of payment.
 Position: 64
 Picture: X
 Values: I = IY, In/Cheque S = IS, In/Salaried O = ON, Out-No Cheque
 Notes: 1. The service date is used to determine the Practitioner's option.
 2. If the service date is invalid on a pending or processed service record, the Practitioner's current option is used.

C-18 Location of Service

Description: Identifies the location the service was rendered.
 Position: 60
 Picture: X
 Values: B – Brandon O – Other or blank W – Winnipeg
 N – Northern R – Rural C – Remote Community

New VIRTUAL SERVICES location of service rates effective April 1, 2024

		Patient Location			
		Winnipeg	Brandon/Rural	Northern	Remote
Physician Location	Winnipeg	0%	M=2.5%	P=12.5%	Q=17.5%
	Brandon/Rural	S=2.5%	T=5%	U=15%	V=20%
	Northern	H=12.5%	X=15%	Y=25%	Z=30%
	Remote	D=17.5%	F=20%	G=30%	A=35%

Note: This field indicates whether a fee differential applies to the claim.

C-19 Explanation of Benefits (EOB)

Description: These codes are used to advise the Practitioner when the submitted sociological data differs from the MH registration file, why a service is rejected or payment adjusted and to identify credit adjustments or withdrawals of claims previously paid in error.

Position: 66 – 71

Picture: XX for each of the three EOB codes.

Values: Blanks or see supporting documentation referred to as EOB codes.

C-20 Claim Number

Description: Identifies the claim number assigned to the claim session.

Position: 72 – 80

Picture: 9(9)

Values: 000000000 or 000000013 – 999999987

Notes: 000000000 will be present for any service record which originated on a paper claim form.

D. Pending Sociological Record Code 5

Position	Description
1	Record Code
2 – 6	Practitioner Number
7 – 12	MH Registration Number
13 – 32	Surname
33 – 47	Given Name
48 – 49	Year of Birth
50	Gender
51 – 57	Medical Records Number, Clinic or Provider's Patient Number
58 – 63	MH Receipt Date
64 – 71	MH Microfilm Number
72 – 80	Claim Number

D-1 Record Code

Description: Identifies the type of record:

0 - File Exchange Header Record	5 - Pending Sociological Record
2 - Processed Sociological Record	6 - Pending Service Record
3 - Processed Service Record	9 - File Exchange Trailer Record

Position: 1

Picture: 9

Value: 5

D-2 Practitioner Number

Description: Identifies the practitioner who submitted the claim.

Position: 2 – 6

Picture: X(5)

Values: 00001 – 09999 or alpha numeric

D-3 MH Registration Number

Description: Identifies the single person or family unit registered to receive Manitoba medical services.
Position: 7 – 12
Picture: X(6)
Values: 000001 – 999999 or blank for non-resident claims.

D-4 Surname

Description: This is the patient's surname.
Position: 13 – 32
Picture: X(20)

D-5 Given Name

Description: This is the patient's given name.
Position: 33 – 47
Picture: X(15)

D-6 Year of Birth

Description: This is the patient's year of birth.
Position: 48 – 49
Picture: XX
Values: 00-99

D-7 Gender

Description: This is the patient's gender.
Position: 50
Picture: X
Value: M, F or X

D-8 Medical Records Number, Clinic Number or Provider's Patient Number

Description: This is the number assigned in the practitioner's or clinic's office for referencing a patient's medical history file.
Position: 51 – 57
Picture: X(7)

D-9 MH Receipt Date

Description: This is the date that MH received the claim.
Position: 58 – 63
Picture: 9(6)
Values: YYMMDD format
Notes: YY = 00-99
MM = 01-12
DD = 01-28 for MM 02 if not leap year 01-29 for MM 02 if leap year
 01-30 for MM 04, 06, 09 and 11 01-31 for remaining months

D-10 MH Microfilm Number

Description: A MH generated reference number to identify and retrieve claim info.
Position: 64 – 71
Picture: X(8)
Values: **CPS:**

An 8 character unique key assigned to identify and retrieve claim information in CPS.

Legacy:

TANNNNNN where T or X identifies the claim source as an electronically submitted claim.

A identifies the microfilm file month where:

A = Jan B = Feb C = Mar D = Apr E = May F = Jun
G = Jul H = Aug I = Sept J = Oct K = Nov L = Dec

NNNNNN is the reference number for the claim session of sociological, family head address, remarks and service records.

If the high order position is not a “T” or “X”, the claim source is a paper claim form and the format of the MH microfilm number is MMNNNNNN where MM is the microfilm file month:

01 = Jan 02 = Feb 03 = Mar 04 = Apr 05 = May 06 = Jun
07 = Jul 08 = Aug 09 = Sept 10 = Oct 11 = Nov 12 = Dec

NNNNNN is the reference claim number for the claim form.

D-11 Claim Number

Description: Identifies the claim number assigned to the patient’s session.
Position: 72 – 80
Picture: X(9)
Values: 000000000 or 000000013 - 999999987
Notes: 000000000 will be present for any service record which originated on a paper claim form.

E. Pending Service Record Code 6

Position	Description
1	Record Code
2	Incorporated Indicator
3 – 6	Practitioner Number
7 – 11	Referring Practitioner Number
12 – 16	Filler
17 – 19	Hospital Code
20 – 25	Service Date
26	Prefix
27 – 30	Tariff
31 – 32	Services
33 – 34	Province Code – non-residents only
35 – 40	Fee Submitted
41 – 52	Health ID # - non-residents
53 – 56	Patient Birth Date – non-residents
57 – 63	Filler
64	Practitioner Option

65	Location of Service
66 – 67	Explanation of Benefits (EOB) Code
68 – 71	Filler
72 – 80	Claim Number

E-1 Record Code

Description:	Identifies the type of record:	
	0 - File Exchange Header Record	5 - Pending Sociological Record
	2 - Processed Sociological Record	6 - Pending Service Record
	3 - Processed Service Record	9 - File Exchange Trailer Record
Position:	1	
Picture:	9	
Value:	6	

E-2 Incorporated Indicator

Description:	Identifies the service as being part of the incorporated services for this practitioner.
Position:	2
Picture:	9
Values:	0 or 1
Notes:	0 for regular services and 1 for incorporated services performed by billing practitioner.

E-3 Practitioner Number

Description:	Identifies the practitioner who submitted the claim.
Position:	3 – 6
Picture:	X(4)
Values:	0001 – 9999 or alpha numeric

E-4 Referring Practitioner Number

Description:	Identifies the Practitioner who referred the patient.
Position:	7 – 11
Picture:	X(5)
Values:	00000 - 09999 or alpha numeric

E-5 Hospital Code

Description:	Identifies the hospital or long term care facility in which the service was rendered.
Position:	17 – 19
Picture:	XXX
Values:	000 or 001 – 999

E-6 Service Date

Description:	Identifies the date of service.
Position:	20 – 25
Picture:	X(6)
Values:	YYMMDD format YY = 00-99

MM = 01-12

DD = 01-28 for MM 02 if not leap year 01-29 for MM 02 if leap year

01-30 for MM 04, 06, 09 and 11 01-31 for remaining months

E-7 Prefix

Description: Identifies the type of benefit being claimed.

Position: 26

Picture: X

Values: 0 – Surgical assistant
1 – Post-operative fee
2 – Surgery
3 – Maternity
4 – Anesthesia
5 – Radiology
6 – Second Anesthetist
7 – Calls – special tests
8 – Pathology
9 – Undefined item, e.g. a new procedure

E-8 Tariff

Description: Identifies the specific medical service. Refer to the Manitoba Practitioner's Manual for tariff codes, descriptions and fees.

Position: 27 – 30

Picture: X(4)

Values: 0000 – 9999

E-9 Services

Description: Indicates the number of services being claimed.

Position: 31 – 32

Picture: XX

Values: 01 – 99

E-10 Province Code

Description: Identifies the patient's province of residence.

Position: 33 - 34

Picture: X(2)

Values:	Alberta	AB	Nunavut	NU
	British Columbia	BC	Ontario	ON
	New Brunswick	NB	Prince Edward Island	PE
	Newfoundland	NL	Quebec	QC
	Northwest Territories	NT	Saskatchewan	SK
	Nova Scotia	NS	Yukon	YT

Note: Will be blank if claim is for a resident of Manitoba.

E-11 Fee Submitted

Description: Represents the fee amount submitted for the service rendered.

Position: 35 – 40

Picture: 9999V99

Values: Will be 6 numeric characters.

Note: Will be 000000 for any service record which originated on a paper claim form.

E-12 Health Identification Number

Description: The Health Plan registration number of the non-resident's home province or territory.
 Position: 41 – 52
 Picture: X(12)
 Values: May be any 12 numeric or alphanumeric characters.

E-13 Non-Resident Birth Date

Description: Birth month and day of non-resident.
 Position: 53 – 56
 Picture: X(4)
 Values: MMDD format
 MM = 01-12
 DD = 01-28 for MM 02 if not leap year 01-29 for MM 02 if leap year
 01-30 for MM 04, 06, 09 and 11 01-31 for remaining months
 Notes: Only provided for non-resident claims.

E-14 Practitioner Option

Description: Identifies the Practitioner's option and method of payment.
 Position: 64
 Picture: X
 Values: I = IY, In/Cheque S = IS, In/Salaried O = ON, Out-No Cheque
 Notes: 1. The service date is used to determine the Practitioner's option.
 2. If the service date is invalid on a pending or processed service record, the Practitioner's current option is used.

E-15 Location of Service

Description: Identifies the location the service was rendered.
 Position: 65
 Picture: X
 Values: B – Brandon O – Other or blank W – Winnipeg
 N – Northern R – Rural C – Remote Community

New VIRTUAL SERVICES location of service rates effective April 1, 2024

		Patient Location			
		Winnipeg	Brandon/Rural	Northern	Remote
Physician Location	Winnipeg	0%	M=2.5%	P=12.5%	Q=17.5%
	Brandon/Rural	S=2.5%	T=5%	U=15%	V=20%
	Northern	H=12.5%	X=15%	Y=25%	Z=30%
	Remote	D=17.5%	F=20%	G=30%	A=35%

Note: This field indicates whether a fee differential applies to the claim.

E-16 Explanation of Benefits (EOB)

Description: Identifies pending service records.
Position: 66 – 67
Picture: 99
Values: 77 = Pending benefit catalogue item

E-17 Claim Number

Description: Identifies the claim number assigned to the claim session.
Position: 72 – 80
Picture: X(9)
Values: 000000000 or 000000013 – 999999987

F. File Exchange Trailer Record 9

Position	Description
1	Record Code
2 – 6	User Site Number
7 – 16	Total Fee Assessed
24 – 30	Number of Code 2 Records
31 – 37	Number of Code 3 Records
45 – 51	Number of Code 5 Records
52 – 58	Number of Code 6 Records
73 – 80	Filler

F-1 Record Code

Description: Identifies the type of record:
0 - File Exchange Header Record 5 - Pending Sociological Record
2 - Processed Sociological Record 6 - Pending Service Record
3 - Processed Service Record 9 - File Exchange Trailer Record

Position: 1
Picture: 9
Value: 9

F-2 User Site Number

Description: Identifies the user receiving the file.
Position: 2 – 6
Picture: X(5)
Value: 00001 – 00999 or alpha numeric assigned by MH

F-3 Total Fee Assessed

Description: Represents the accumulated fee assessed (positions 41 – 46) from the processed service records (Code 3) in the file return.
Position: 7 – 16
Picture: S9(8)V99
Value: Will be 10 numeric characters.

F-5 Number of Code 2 Records

Description: Represents the number of processed sociological records (Code 2) in the file return.
 Position: 24 – 30
 Picture: 9(7)
 Value: Will be 7 numeric characters.

F-6 Number of Code 3 Records

F-8 Number of Code 5 Records

Description: Represents the number of processed sociological records (Code 5) in the file return.
 Position: 45 – 51
 Picture: 9(7)
 Value: Will be 7 numeric characters.

F-9 Number of Code 6 Records

Description: Represents the number of processed sociological records (Code 6) in the file return.
 Position: 52 - 58
 Picture: 9(7)
 Value: Will be 7 numeric characters.

G. Remittance Summary

A Sample Summary

A44MXXRPT

Summary for XXX, 19XX MID or MONTH END REMITTANCE

PAGE XX

USER # XXXXX

DD-MM-YY

PRACTITIONER NUMBER AND NAME	OPT	CHQ	TOTAL FEES	CLAIMS PROCESSED	CLAIMS PENDING
XXXXX X-----X	XX	ZZZ.ZZZ.99+	XXX,XXX	XXX,XXX	
	XX	ZZZ.ZZZ.99+	XXX,XXX	XXX,XXX	
	XX	ZZZ.ZZZ.99+	XXX,XXX	XXX,XXX	
XXXXX X-----X	XX	ZZZ.ZZZ.99+	XXX,XXX	XXX,XXX	
XXXXX X-----X	XX	ZZZ.ZZZ.99+	XXX,XXX	XXX,XXX	
	XX	ZZZ.ZZZ.99+	XXX,XXX	XXX,XXX	
TOTALS	XX	ZZZ.ZZZ.99+	XXX,XXX	XXX,XXX	
	XX	ZZZ.ZZZ.99+	XXX,XXX	XXX,XXX	
	XX	ZZZ.ZZZ.99+	XXX,XXX	XXX,XXX	
	XX	ZZZ.ZZZ.99+	XXX,XXX	XXX,XXX	
OPTION/CHEQUE INDICATORS:	IY - IN/CHEQUE		IS - IN/SALARIED		
	ON - OUT/NO CHEQUE				
END OF REPORT					

B Comments

1. The remittance summary lines will be in ascending Practitioner number order.
2. If applicable, one summary line per Practitioner option will be printed for Practitioners who have changed options.
3. For CLAIMS PROCESSED and CLAIMS PENDING all service records pertaining to a specific patient session will be one CLAIM.

6. Summary of Record Layouts

A. Submission Record Layouts

The file submitted to MH will be comprised of the following records.

Record Code	Description	Purpose
1	File Exchange Header	Identifies file exchange user
2	Batch Header	Identifies practitioner whose medical claim records follow
3	Sociological Record	Identifies patient who received service
4	Registrant Address	Current mailing address of registrant
5	Remarks	'By Report' or supporting explanation pertaining to service rendered
6	Service Record	Provides specifics for service rendered
7	Non-Resident Record	Required if service is for a non-resident of Manitoba
8	Batch Trailer	Provides various audit totals for practitioner's submitted medical claims
9	File Exchange Trailer	Provides various audit totals for the exchange file submitted to MH

A-1 File Exchange Header Record Code 1

Position	Description
1	Record Code
2 – 6	User Site Number
7 – 46	User Site Name
47 – 71	Filler
72 – 80	First Claim Number

A-2 Batch Header Record Code 2

Position	Description
1	Record Code
2 – 6	Practitioner Number
7 – 46	Practitioner Name
47 – 80	Filler

A-3 Sociological Record Code 3

Position	Description
1	Record Code
2 – 6	Practitioner Number
7 – 12	MH Registration Number
13 – 32	Surname
33 – 47	Given Name
48 – 51	Birth Date
52	Gender
Position	
Description	
53 – 59	Medical Records Number, Clinic Number, or Provider's Patient Number
60 – 65	Total Amount Billed to Patient
66	Pre-Auth Indicator
67	On-Call Indicator
68	WCB Indicator
69 – 71	Filler
72 – 80	Claim Number

A-4 Registrant Address Record Code 4

Position	Description
1	Record Code
2 – 6	Practitioner Number
7 – 12	MH Registration Number
13 – 32	Registrant Address Line One
33 – 52	Registrant Address Line Two
53 – 58	Postal Code
59 – 67	MH PHIN
68 – 71	Filler
72 – 80	Claim Number

A-5 Remarks Record Code 5

Position	Description
1	Record Code
2 – 6	Practitioner Number
7 – 69	Remarks
70 – 71	Remarks Sequence Number
72 – 80	Claim Number

A-6 Service Record Code 6

Position	Description
1	Record Code
2	Incorporated Indicator
3 – 6	Practitioner Number
7 – 11	Referring Practitioner Number

12 – 16	Facility Number
17 – 19	Hospital Code
20 – 25	Service Date
26	Prefix
27 – 30	Tariff
31 – 32	Services
33 – 34	Anesthesia Units
35 – 40	Fee Submitted
41	Confidential Code
42 – 46	International Classification of Diseases, 9th Revision (ICD-9-CM)

Position	Description
47 – 48	Optometric Reason Code
49 – 51	Chiropractic Service Code
52	Service Location Indicator
53	3 rd Party Liability
54	Special Circumstance Indicator
55 – 59	Interpreting Radiologist's Number
60	Location of Service
61 – 62	Number of Patients
63 – 66	Start Time
67 – 70	Stop Time
71	Bilateral, Same or Different Incision Indicator
72 – 80	Claim Number

A-7 Non-Resident Record Code 7

Position	Description
1	Record Code
2 – 6	Practitioner Number
7 – 18	Health Identification Number
19 – 20	Province Code
27 – 34	Patient Birth Date
35 – 71	Filler
72 – 80	Claim Number

A-8 Batch Trailer Record Code 8

Position	Description
1	Record Code
2 – 6	Practitioner Number
7 – 16	Number of Sociological Records In Batch
17 – 26	Number of Address Records in Batch
27 – 36	Number of Remarks Records in Batch
37 – 46	Number of Service Records in Batch
47 – 56	Total Fee Submitted in Batch
57 – 66	Number of Non-Resident Records in Batch
67 – 80	Filler

A-9 File Exchange Trailer Record Code 9

Position	Description
1	Record Code
2 – 6	Practitioner Number
7 – 16	Number of Sociological Records in File Exchange
17 – 26	Number of Address Records in File Exchange
27 – 36	Number of Remarks Records in File Exchange
37 – 46	Number of Service Records in File Exchange
47 – 56	Total Fee Submitted in File Exchange

Position	Description
57 – 66	Number of Non-Resident Records
67 – 71	Filler
72 – 80	Last Claim Number

B. Return Record Layouts

The file returned from MH will be comprised of the following records.

Record Code	Description	Purpose
0	File Exchange Header Record	Identifies file exchange user
2	Processed Sociological Record	Identifies patient whose service has been processed by MH
3	Processed Service Record	Provides specifics for processed service
5	Pending Sociological Record	Identifies patient whose service is received and in process at MH
6	Pending Service Record	Provides specifics for service received and in process at MH
9	File Exchange Trailer Record	Provides various audit totals for the file exchange returned to the user

B-1 File Exchange Header Record Code 0

Position	Description
1	Record Code
2 – 6	User Site Number
7 – 46	User Site Name
47 – 51	Creation Date
52 – 80	Filler

B-3 Processed Sociological Record Code 2

Position	Description
1	Record Code
2 – 6	Practitioner Number
7 – 12	MH Registration Number

13 – 32	Surname
33 – 47	Given Name
48 – 49	Year of Birth
50	Gender
51 – 57	Medical Records Number, Clinic Number or Provider's Patient Number
58 – 63	MH Receipt Date
64 – 71	MH Microfilm Number
72 – 80	Claim Number

B-4 Processed Service Record Code 3

Position	Description
1	Record Code
2	Incorporated Indicator
3 – 6	Practitioner Number
7 – 11	Referring Practitioner Number
12 – 16	Interest Amount
17 – 19	Hospital Code
20 – 25	Service Date
26	Prefix
27 – 30	Tariff
31 – 32	Services
33 – 34	Province Code, non-residents only
35 – 40	Fee Submitted
41 – 46	Fee Assessed
47	Manual Code
48 – 59	PHIN for Manitoba residents only (48-56) or Health ID # for non-residents only
60 – 63	Patient Birth Date, non-residents only
64	Practitioner Option
65	Location of Service
66 – 71	Explanation of Benefits (EOB)
72 – 80	Claim Number

B-6 Pending Sociological Record Code 5

Position	Description
1	Record Code
2 – 6	Practitioner Number
7 – 12	MH Registration Number
13 – 32	Surname
33 – 47	Given Name
48 – 49	Year of Birth
50	Gender
51 – 57	Medical Records Number, Clinic Number or Provider's Patient Number
58 – 63	MH Receipt Date
64 – 71	MH Microfilm Number
72 – 80	Claim Number

B-7 Pending Service Record Code 6

Position	Description
1	Record Code
2	Incorporated Indicator
3 – 6	Practitioner Number
7 – 11	Referring Practitioner Number
12 – 16	Filler

Position	Description
17 – 19	Hospital Code
20 – 25	Service Date
26	Prefix
27 – 30	Tariff
31 – 32	Services
33 – 34	Province Code – non-residents only
35 – 40	Fee Submitted
41 – 52	Health ID # - non-residents
53 – 56	Patient Birth Date – non-residents
57 – 63	Filler
64	Practitioner Option
65	Location of Service
66 – 67	Explanation of Benefits (EOB)
68 – 71	Filler
72 – 80	Claim Number

B-10 File Exchange Trailer Record Code 9

Position	Description
1	Record Code
2 – 6	User Site Number
7 – 16	Total Fee Assessed
24 – 30	Number of Code 2 Records
31 – 37	Number of Code 3 Records
45 – 51	Number of Code 5 Records
52 – 58	Number of Code 6 Records
73 – 80	Filler