

J-Code File Layout

J-Code FLAT FILE Header RECORD (H)

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

J-Code FLAT FILE Detail RECORD (D)

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

HCPCS Code Dosage	401	10	Administered drug strengths according to described unit on HCPCS, dosage and units. (e.g. 7.5mg, 15mg)	6 mg 1000 units 1 mcg
Brand Name	411	100	Brand name of the drug administered and being billed through procedure code	Neulasta Procrit Neupogen
NDC	511	11	Required field: 11 digits in format 5-4-2 of the National Drug Code (NDC) of drug administered and being billed through procedure code.	55513019001 59676034000 55513054601 NDC MUST BE FILLED BY PROVIDER***
MPI	522	25	Member ID	
Cross over indicator	547	2	Denotes whether the claim was a crossover Medicare claim; e.g. Part B physician-administered drug claim	2-digit code to indicate the type of crossover claim
Claim line number	549	3	Sequential number issued to claims with the same ICN; e.g. generally applicable to medical claims only	Up to a three-digit code
Non-Medicaid (TPL) Amount	552	10	Third party liability	
HCPCS Claim Modifier (s)	562	2	Modifier used to indicate 340B drug. For Medicaid use "UD" modifier	2-digit Alpha code to indicate 340B paid claim

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

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

J-Code FLAT FILE Trailer RECORD (T)

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