

Manitoba Health

# Medical Claims File Exchange Guide

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Manitoba Health  
300 Carlton Street  
Winnipeg, Manitoba  
R3B 3M9

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## 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](mailto:practitionerregistry@gov.mb.ca).

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

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# 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       | NY           |
| 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**  
Missouri

**Abbreviation**  
MO

**State**  
Wyoming

**Abbreviation**  
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                  |



| <b>Position</b> | <b>Description</b>  |
|-----------------|---|
| 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 <sup>th</sup> Revision (ICD-9-CM) |
| 47 – 48         | Optometric Reason Code  |
| 49 – 51         | Chiropractic Service Code   |
| 52              | Service Location Indicator  |
| 53              | 3 <sup>rd</sup> 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 photomotogram 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<br>1 – Post-operative fee<br>2 – Surgery<br>3 – Maternity<br>4 – Anesthesia   | 5 – Radiology<br>6 – Second Anesthetist<br>7 – Calls – special tests<br>8 – Pathology<br>9 – Undefined item, e.g. a new procedure |
| Notes:       | <ol style="list-style-type: none"><li>1. When a claim is submitted for a surgical assistant (Prefix 0), enter the appropriate surgical tariff (major procedure). For example:<ul style="list-style-type: none"><li>• Cholecystectomy – prefix 0 with 3515 in tariff positions 27-30</li></ul></li></ol> <p>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).</p> <ol style="list-style-type: none"><li>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).</li><li>3. Anesthesia (prefix 4) may be claimed for any tariff item in the Manitoba Practitioner's Manual which has a basic anesthesia value.</li><li>4. Prefix 8 must not be claimed by bloc 07.</li><li>5. Prefix 5 must not be claimed by bloc 08.</li></ol> |   |

## 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:       | <ol style="list-style-type: none"><li>1. Tariffs 8504, 8554 and 2118 cannot be claimed on patient older than sixteen.</li><li>2. Tariffs 0740, 2350 and 2486 cannot be claimed on patient younger than sixteen.</li><li>3. Tariff 3666 cannot be claimed on patient younger than five.</li><li>4. Tariff 2993 cannot be claimed on patient younger than thirteen.</li><li>5. There are many additional age-related tariffs contained within the Manitoba Practitioner's Manual.</li><li>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</li></ol> |

- 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<br>TARIFF | NO. OF<br>SERVICES | TARIFF<br>RATE | FEE<br>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, 9<sup>th</sup> 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:      | <b>Spinal Articulations &amp; Para-Spinal Tissues:</b> |                                 |
|              | <b>Degenerative Disc &amp; Joint Disease</b>           |                                 |
|              | B01  | Cervical                        |
|              | B02  | Thoracic                        |
|              | B03  | Lumbar                          |
|              | B04  | Lumbo-sacral and/or Sacro-iliac |
|              | B05  | Multiple Spinal Areas           |
|              | <b>Traumatic Disc Syndrome</b>                         |                                 |
|              | A or B06   | Cervical                        |
|              | A or B07   | Thoracic                        |
|              | A or B08   | Lumbar                          |
|              | <b>Subluxation</b>                                     |                                 |



---

|          |                                 |
|----------|---------------------------------|
| 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 3<sup>rd</sup> party liability

Notes: Leave this field blank if 3<sup>rd</sup> 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  
Notes: 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:

- Used to represent whether the surgical procedure was performed as a bilateral procedure.
- 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)

|                       |    |                      |    |
|-----------------------|----|----------------------|----|
| 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    | 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 SOCIOL 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 SOCIOL 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 SOCIOL 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 SOCIOL 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 SOCIOL 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       | Number of Non-resident Records in File Exchange |
| TOTAL FEE SUBMITTED \$449.00 | 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 |
| 60124300000000000177791003246460100005400 6253 00          | 000000039   |
| 60124300000000000177791003202750100003300 6253 00          | 000000039   |
| 8012430000000000010000000000000000013000000000020000008700 |             |
| 9000010000000000030000000001000000015000000000050000010700 | 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 MMNNNNNNN 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  
Notes: 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                      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

## 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  
Notes: This field indicates whether a fee differential has been applied 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

Description: Represents the number of processed sociological records (Code 3) in the file return.

Position: 31 – 37

Picture: 9(7)

Value: Will be 7 numeric characters.

## 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         |         |  |         |
| OPT                          |     | CLAIMS  |                  | CLAIMS  |  |         |
| PRACTITIONER NUMBER AND NAME | CHQ | TOTAL FEES  | PROCESSED        | 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.

| <b>Record Code</b> | <b>Description</b>    | <b>Purpose</b>  |
|--------------------|-----------------------|---|
| 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**

| <b>Position</b> | <b>Description</b> |
|-----------------|--------------------|
| 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**

| <b>Position</b> | <b>Description</b>  |
|-----------------|---------------------|
| 1               | Record Code         |
| 2 – 6           | Practitioner Number |
| 7 – 46          | Practitioner Name   |
| 47 – 80         | Filler              |

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### 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 |



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|         |   |
|---------|---|
| 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) |

| <b>Position</b> | <b>Description</b>                              |
|-----------------|---|
| 47 – 48         | Optometric Reason Code                          |
| 49 – 51         | Chiropractic Service Code                       |
| 52              | Service Location Indicator                      |
| 53              | 3 <sup>rd</sup> 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**

| <b>Position</b> | <b>Description</b>           |
|-----------------|------------------------------|
| 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**

| <b>Position</b> | <b>Description</b>                      |
|-----------------|---|
| 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                                  |

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## 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 |

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|         |  |
|---------|--|
| 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**

| <b>Position</b> | <b>Description</b>   |
|-----------------|--|
| 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**

| <b>Position</b> | <b>Description</b>   |
|-----------------|--|
| 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   |

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## **B-7 Pending Service Record Code 6**

| <b>Position</b> | <b>Description</b>                 |
|-----------------|------------------------------------|
| 1               | Record Code                        |
| 2               | Incorporated Indicator             |
| 3 – 6           | Practitioner Number                |
| 7 – 11          | Referring Practitioner Number      |
| 12 – 16         | Filler                             |
|                 |                                    |
| <b>Position</b> | <b>Description</b>                 |
| 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 Code9**

| <b>Position</b> | <b>Description</b>       |
|-----------------|--------------------------|
| 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                   |