Appendix 1a
Sample Electronic Media Screen

05/05/95
VL1

HCFA 1500 (CT 20, 21, 24, 30)

* *

MEDICAL ECS SCREEN
The field numbers on the ECS screen correspond with the numbered data elements on the HCFA 1500 claim form.

WELCOME TO ELECTRONIC CLAIMS SUBMISSION — DATE 010193
EDS - WISCONSIN MEDICAID

BP NBR __33__ L NAME __2__ F NAME __2__ MID __1A__
PCN __26__ OI __9__ TPL __10__ MSC __11__ PA NBR __23__ LAB __20__
RP NBR __17__ FP NBR __32__ OP NBR ____
DIAG 1 __21.1__ 2 __21.2__ 3 __21.3__ 4 __21.4__ 5 ____

DTL	FDOS	A1A2A3	POS	PROC	M1	M2	PP NBR	DX	CHARGE	UNIT	TOS	EMG	H/F
1	24.A	A	B	D	D	D	K	E	F	G	C	I	H
2													
3													
4													
5													
6													
7													
8													
9													
10													

TOT BILL __28__ OI PAID __29__ PAT PAID __24.K__ NET BILL __30__

Doc #1 Page #1 Field #6 — Form: MEDICAL — 06-01-1992 10:16:34

Form	CT	Description
MEDICAL	20	Chiropractor Services Family Planning Clinics Rural Health Clinics Laboratory, X-ray, Radiology Free Standing Ambulatory Surgical Centers Physician Services Non-51.42 Owned & Operated Mental Health, AODA, Day Treatment Case Management Community Support Program Podiatry Services Prenatal Care Coordination HealthCheck