APPENDIX 4g
ELECTRONIC MEDIA CLAIMS SAMPLE SCREEN

HCFA 1500 (CT 20, 21, 22, 24, 30)

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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