

RECORD LAYOUT

1.0. BATCH HEADER RECORD

EIN	BATCH HEADER RECORD NAME	FORMAT	POSITION	
			FROM	THRU
0-001	RECORD TYPE	X	1	1
0-005	FI/CONTRACTOR NUMBER	X(2)	2	3
0-010	CONTRACT IDENTIFIER		4	22
0-015	CONTRACT NUMBER	X(7)	4	10
0-025	BATCH/VOUCHER IDENTIFIER	X	11	11
0-030	BATCH NUMBER		12	22
0-035	BATCH DATE	YYYYDDD	12	18
0-040	BATCH SEQUENCE NUMBER	X(2)	19	20
0-045	BATCH RESUBMISSION NUMBER	X(2)	21	22
0-050	PERIOD COVERED		23	38
0-055	PERIOD BEGIN DATE	YYYYMMDD	23	30
0-060	PERIOD END DATE	YYYYMMDD	31	38
0-065	TOTAL NUMBER OF RECORDS	9(7)	39	45
0-070	TOTAL AMOUNT PAID	S9(10)V99	46	57
0-075	VOUCHER DATA		58	81
0-080	VOUCHER NUMBER		58	65
0-082	VOUCHER BRANCH OF SERVICE	XX	58	59
0-085	VOUCHER FISCAL YEAR	Y	60	60
0-090	VOUCHER SEQUENCE NUMBER	XXX	61	63
0-100	VOUCHER RESUBMISSION NUMBER	XX	64	65
0-105	VOUCHER NOTICE DATE	YYYYMMDD	66	73
0-110	VOUCHER PROCESSING DATE	YYYYMMDD	74	81
0-115	TMA BATCH/VOUCHER PROCESSING DATE	YYMMDD	82	87
0-120	REGION CODE	X(2)	88	89

1.0. BATCH HEADER RECORD (CONTINUED)

EIN	BATCH HEADER RECORD NAME	FORMAT	POSITION	
			FROM	THRU
	FILLER	X(8)	90	97

2.0. INSTITUTIONAL RECORD

EIN	INSTITUTIONAL RECORD NAME	FORMAT	POSITION	
			FROM	THRU
1-001	RECORD TYPE	X	01	01
1-005	HEALTH CARE SVCS RECORD INDICATOR		02	22
1-010	INTERNAL CONTROL NUMBER (ICN)		02	15
1-015	FILING DATE	YYYYDDD	02	08
1-016	FILING STATE/COUNTRY	X(2)	09	10
1-020	SEQUENCE NUMBER	X(5)	11	15
1-021	TIME	X(6)	16	21
1-025	HCSR SUFFIX	X	22	22
1-030	PROGRAM INDICATOR	X	23	23
1-035	DATE HCSR PROCESSED TO COMPLETION	YYYYMMDD	24	31
1-040	DATE ADJUSTMENT IDENTIFIED	YYYYMMDD	32	39
1-045	SPONSOR SOCIAL SECURITY NUMBER	X(9)	40	48
1-050	SPONSOR PAY GRADE	X(2)	49	50
1-055	SPONSOR BRANCH OF SERVICE	X	51	51
1-060	BENEFICIARY CATEGORY		52	53
1-065	SPONSOR STATUS	X	52	52
1-070	PATIENT RELATIONSHIP TO SPONSOR	X	53	53
1-075	PATIENT NAME	X(27)	54	80
1-080	PATIENT SSN	X(9)	81	89
1-085	PATIENT DATE OF BIRTH	YYYYMMDD	90	97
1-090	DEERS DEPENDENT SUFFIX	X(2)	98	99
1-095	PATIENT SEX	X	100	100
1-100	PATIENT ZIP CODE	X(9)	101	109
1-105	ENROLLMENT STATUS	X(2)	110	111
1-110	NONAVAILABILITY STATEMENT NUMBER	X(11)	112	122
1-113	REASON FOR PAYMENT REDUCTION	X	123	123
1-115	AMOUNT BILLED	S9(7)V99	124	132
1-120	AMOUNT ALLOWED	S9(7)V99	133	141
1-125	AMOUNT PAID BY OTHER HEALTH INSURANCE	S9(7)V99	142	150

2.0. INSTITUTIONAL RECORD (CONTINUED)

EIN	INSTITUTIONAL RECORD NAME	FORMAT	POSITION	
			FROM	THRU
1-127	AMOUNT ALLOWED BY OTHER HEALTH INSURANCE	S9(7)V99	151	159
1-130	AMOUNT OF THIRD PARTY LIABILITY	S9(7)V99	160	168
1-133	AMOUNT OF PAYMENT REDUCTION	S9(7)V99	169	177
1-135	PATIENT COST-SHARE		178	193
1-140	PATIENT COINSURANCE	S9(6)V99	178	185
1-145	PATIENT COPAYMENT	S9(6)V99	186	193
1-155	AMOUNT PAID BY GOV'T CONTRACTOR	S9(7)V99	194	202
1-165	PROCESSING CODE		203	223
1-170	OVERRIDE CODE	X(6)	203	208
1-175	TYPE OF SUBMISSION	X	209	209
1-180	NAS EXCEPTION REASON	X(2)	210	211
1-185	HEALTH CARE PLAN CODE	X(2)	212	213
1-190	DIAGNOSIS EDITION IDENTIFIER	X	214	214
1-195	REASON FOR ADJUSTMENT	X	215	215
1-197	SPECIAL PROCESSING CODE	X(6)	216	221
1-198	SPECIAL RATE CODE	X(2)	222	223
1-200	MAJOR DIAGNOSTIC CATEGORY	X(2)	224	225
1-202	REASON FOR ISSUANCE	X	226	226
1-204	CLAIM FORM TYPE	X	227	227
1-205	PCM LOCATION DMIS-ID CODE	X(4)	228	231
1-207	NUMBER OF PAYMENT REDUCTION DAYS/ SERVICES	S9(3)	232	234
1-209	PROVIDER CONTRACT AFFILIATION CODE	X	235	235
1-210	PROVIDER STATE OR COUNTRY CODE	X(2)	236	237
1-212	PROVIDER TAXPAYER NUMBER	X(9)	238	246
1-215	PROVIDER SUB-IDENTIFIER	X(4)	247	250
1-220	PROVIDER ZIP CODE	X(9)	251	259
1-225	PROVIDER PARTICIPATION INDICATOR	X	260	260
1-230	TYPE OF INSTITUTION	X(2)	261	262
1-235	ADMISSION DATE	YYYYMMDD	263	270

2.0. INSTITUTIONAL RECORD (CONTINUED)

EIN	INSTITUTIONAL RECORD NAME	FORMAT	POSITION	
			FROM	THRU
1-240	ADMISSION CODE		271	273
1-250	BILL CLASSIFICATION CODE	X	271	271
1-255	FREQUENCY CODE	X	272	272
1-260	TYPE OF ADMISSION	X	273	273
1-265	SOURCE OF ADMISSION	X	274	274
1-275	DISCHARGE STATUS	XX	275	276
1-280	BEGIN DATE OF CARE	YYYYMMDD	277	284
1-285	END DATE OF CARE	YYYYMMDD	285	292
1-290	NUMBER OF BIRTHS	S9	293	293
1-295	TOTAL BED DAYS	S9(3)	294	296
1-300	GOVERNMENT AUTHORIZED BED DAYS	S9(3)	297	299
1-310	ADMISSION DIAGNOSIS	X(6)	300	305
1-315	PRINCIPAL TREATMENT DIAGNOSIS	X(6)	306	311
1-320	SECONDARY TREATMENT DIAGNOSIS-1	X(6)	312	317
1-325	SECONDARY TREATMENT DIAGNOSIS-2	X(6)	318	323
1-330	SECONDARY TREATMENT DIAGNOSIS-3	X(6)	324	329
1-335	SECONDARY TREATMENT DIAGNOSIS-4	X(6)	330	335
1-336	SECONDARY TREATMENT DIAGNOSIS-5	X(6)	336	341
1-337	SECONDARY TREATMENT DIAGNOSIS-6	X(6)	342	347
1-338	SECONDARY TREATMENT DIAGNOSIS-7	X(6)	348	353
1-339	SECONDARY TREATMENT DIAGNOSIS-8	X(6)	354	359
1-340	PRINCIPAL OPERATION/NONSURGICAL PROCEDURE CODE	X(5)	360	364
1-345	SECONDARY OPERATION/NONSURGICAL PROCEDURE CODE-1	X(5)	365	369
1-350	SECONDARY OPERATION/NONSURGICAL PROCEDURE CODE-2	X(5)	370	374
1-351	SECONDARY OPERATION/NONSURGICAL PROCEDURE CODE-3	X(5)	375	379
1-352	SECONDARY OPERATION/NONSURGICAL PROCEDURE CODE-4	X(5)	380	384
1-353	SECONDARY OPERATION/NONSURGICAL PROCEDURE CODE-5	X(5)	385	389

2.0. INSTITUTIONAL RECORD (CONTINUED)

EIN	INSTITUTIONAL RECORD NAME	FORMAT	POSITION	
			FROM	THRU
1-355	DRG NUMBER	X(3)	390	392
1-356	DRG GROUPER EDITION	XX	393	394
1-357	DRG PRICER EDITION	XX	395	396
1-360	REVENUE DATA OCCURRENCE COUNT - REVENUE CODE INFO (OCCURS 1 TO 50 TIMES)	9(2)	397	398
1-365	REVENUE CODE	X(4)	399	402
1-370	UNITS OF SERVICE BY REVENUE CODE	S9(7)	403	409
1-375	TOTAL CHARGE BY REVENUE CODE	S9(7)V99	410	418
1-380	DENIAL REASON CODE	X(2)	419	420
1-385	OCCURRENCE NUMBER	9(2)	421	422

3.0. NON-INSTITUTIONAL RECORD

EIN	NON-INSTITUTIONAL RECORD NAME	FORMAT	POSITION	
			FROM	THRU
2-001	RECORD TYPE	X	1	1
2-005	HEALTH CARE SVCS RECORD INDICATOR		2	22
2-010	INTERNAL CONTROL NUMBER (ICN)		2	15
2-015	FILING DATE	YYYYDDD	2	8
2-016	FILING STATE/COUNTRY CODE	X(2)	9	10
2-020	SEQUENCE NUMBER	X(5)	11	15
2-021	TIME	X(6)	16	21
2-025	HCSR SUFFIX	X	22	22
2-030	PROGRAM INDICATOR	X	23	23
2-035	DATE HCSR PROCESSED TO COMPLETION	YYYYMMDD	24	31
2-040	DATE ADJUSTMENT IDENTIFIED	YYYYMMDD	32	39
2-045	SPONSOR SOCIAL SECURITY NUMBER	X(9)	40	48
2-050	SPONSOR PAY GRADE	X(2)	49	50
2-055	SPONSOR BRANCH OF SERVICE	X	51	51
2-060	BENEFICIARY CATEGORY		52	53
2-065	SPONSOR STATUS	X	52	52
2-070	PATIENT RELATIONSHIP TO SPONSOR	X	53	53
2-075	PATIENT NAME	X(27)	54	80
2-080	PATIENT SSN	X(9)	81	89
2-085	PATIENT DATE OF BIRTH	YYYYMMDD	90	97
2-090	DEERS DEPENDENT SUFFIX	XX	98	99
2-095	PATIENT SEX	X	100	100
2-100	PATIENT ZIP CODE	X(9)	101	109
2-105	ENROLLMENT STATUS	X(2)	110	111
2-110	NONAVAILABILITY STATEMENT NUMBER	X(11)	112	122
2-113	REASON FOR PAYMENT REDUCTION	X	123	123
2-115	AMOUNT BILLED	S9(7)V99	124	132
2-120	AMOUNT ALLOWED	S9(7)V99	133	141
2-125	AMOUNT PAID BY OTHER HEALTH INSURANCE	S9(7)V99	142	150

3.0. NON-INSTITUTIONAL RECORD (CONTINUED)

EIN	NON-INSTITUTIONAL RECORD NAME	FORMAT	POSITION	
			FROM	THRU
2-127	AMOUNT ALLOWED BY OTHER HEALTH INSURANCE	S9(7)V99	151	159
2-130	AMOUNT OF THIRD PARTY LIABILITY	S9(7)V99	160	168
2-133	AMOUNT OF PAYMENT REDUCTION	S9(7)V99	169	177
2-135	PATIENT COST-SHARE		178	193
2-140	PATIENT COINSURANCE	S9(6)V99	178	185
2-145	PATIENT COPAYMENT	S9(6)V99	186	193
2-150	AMOUNT APPLIED TOWARD DEDUCTIBLE	S9(3)V99	194	198
2-155	AMOUNT PAID BY GOV'T FI/CONTRACTOR	S9(7)V99	199	207
2-165	PROCESSING CODE		208	229
2-170	OVERRIDE CODE	X(6)	208	213
2-175	TYPE OF SUBMISSION	X	214	214
2-180	NAS EXCEPTION REASON	X(2)	215	216
2-185	HEALTH CARE PLAN CODE	X(2)	217	218
2-190	DIAGNOSIS EDITION IDENTIFIER	X	219	219
2-195	PROCEDURE TEXT IDENTIFIER	X	220	220
2-200	REASON FOR ADJUSTMENT	X	221	221
2-202	SPECIAL PROCESSING CODE	X(6)	222	227
2-203	SPECIAL RATE CODE	X(2)	228	229
2-205	MAJOR DIAGNOSTIC CATEGORY	X(2)	230	231
2-207	REASON FOR ISSUANCE	X	232	232
2-208	PRICING LOCALITY CODE	X(3)	233	235
2-210	CLAIM FORM TYPE	X	236	236
2-211	PCM LOCATION DMIS-ID CODE	X(4)	237	240
2-212	NUMBER OF PAYMENT REDUCTION DAYS/ SERVICES	S9(3)	241	243
2-214	PROVIDER CONTRACT AFFILIATION CODE	X	244	244
2-215	PROVIDER STATE OR COUNTRY CODE	X(2)	245	246
2-217	PROVIDER TAXPAYER NUMBER	X(9)	247	255
2-220	PROVIDER SUB-IDENTIFIER	X(4)	256	259
2-225	PROVIDER ZIP CODE	X(9)	260	269

3.0. NON-INSTITUTIONAL RECORD (CONTINUED)

EIN	NON-INSTITUTIONAL RECORD NAME	FORMAT	POSITION	
			FROM	THRU
2-230	PROVIDER PARTICIPATION INDICATOR	X	269	269
2-235	PROVIDER SPECIALTY	X(2)	270	271
2-255	PRINCIPAL TREATMENT DIAGNOSIS	X(6)	272	277
2-260	SECONDARY TREATMENT DIAGNOSIS-1	X(6)	278	283
2-265	SECONDARY TREATMENT DIAGNOSIS-2	X(6)	284	289
2-270	SECONDARY TREATMENT DIAGNOSIS-3	X(6)	290	295
2-275	SECONDARY TREATMENT DIAGNOSIS-4	X(6)	296	301
2-280	UTILIZATION DATA OCCURRENCE COUNT NON-INSTITUTIONAL UTILIZATION DATA (OCCURS 1 TO 25 TIMES)	9(2)	302	303
2-290	PROCEDURE CODE	X(5)	304	308
2-300	NUMBER OF SERVICES	S9(2)	309	310
2-305	TOTAL CHARGES BY PROCEDURE CODE	S9(7)V99	311	319
2-306	AMOUNT ALLOWED BY PROCEDURE CODE	S9(7)V99	320	328
2-309	PRICING CODE	X(2)	329	330
2-310	BEGIN DATE OF CARE	YYYYMMDD	331	338
2-315	END DATE OF CARE	YYYYMMDD	339	346
2-320	PLACE OF SERVICE	XX	347	348
2-325	TYPE OF SERVICE	X(2)	349	350
2-330	DENIAL REASON CODE	X(2)	351	352
2-331	PRICING PROFILE	X(2)	353	354
2-333	PROCEDURE CODE MODIFIER	X(4)	355	358
2-335	OCCURRENCE NUMBER	9(2)	359	360

4.0. PROVIDER FILE RECORD

EIN	PROVIDER FILE RECORD NAME	FORMAT	POSITION	
			FROM	THRU
3-001	RECORD TYPE	X	1	1
3-005	PROVIDER TAXPAYER NUMBER	X(9)	2	10
3-010	PROVIDER SUB IDENTIFIER	X(4)	11	14
3-015	PROVIDER TAXPAYER NUMBER IDENTIFIER	X	15	15
3-020	CONTRACTOR NUMBER	X(2)	16	17
3-025	PROVIDE CONTRACT AFFILIATION CODE	X	18	18
3-030	INST/NON-INST INDICATOR	X	19	19
3-035	PROVIDER NAME	X(40)	20	59
3-040	PROVIDER ADDRESS		60	118
3-045	PROVIDER STREET ADDRESS	X(30)	60	89
3-050	PROVIDER CITY	X(18)	90	107
3-055	PROVIDER STATE OR COUNTRY CODE	X(2)	108	109
3-060	PROVIDER ZIP CODE	X(9)	110	118
3-065	PROVIDER BILLING ADDRESS		119	177
3-070	PROVIDER BILLING STREET/P.O. BOX	X(30)	119	148
3-075	PROVIDER BILLING CITY	X(18)	149	166
3-080	PROVIDER BILLING STATE OR COUNTRY CODE	X(2)	167	168
3-085	PROVIDER BILLING ZIP CODE	X(9)	169	177
3-090	PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION	X(2)	178	179
3-092	TYPE OF INSTITUTION CODE	X	180	180
3-095	AMERICAN HOSPITAL ASSOCIATION ID NUMBER	X(9)	181	189
3-100	AHA MULTI-HOSPITAL SYSTEM CODE	X(4)	190	193
3-105	MEDICARE NUMBER	X(8)	194	201
3-110	PROVIDER ACCEPTANCE DATE	YYYYMMDD	202	209
3-115	PROVIDER TERMINATION DATE	YYYYMMDD	210	217
3-120	RURAL/URBAN INDICATOR	X	218	218
3-125	IDME RATIO	9V9(4)	219	223
3-130	IDME RATIO EFFECTIVE DATE	YYYYMMDD	224	231
3-135	AREA WAGE INDEX	9V9(4)	232	236

4.0. PROVIDER FILE RECORD (CONTINUED)

EIN	PROVIDER FILE RECORD NAME	FORMAT	POSITION	
			FROM	THRU
3-140	AREA WAGE INDEX EFFECTIVE DATE	YYYYMMDD	237	244
3-145	DRG EXEMPT/NONEXEMPT INDICATOR	X	245	245
3-150	DRG EXEMPT/NONEXEMPT EFFECTIVE DATE	YYYYMMDD	246	253
3-155	TRANSACTION CODE	X	254	254
3-160	RECORD EFFECTIVE DATE	YYYYMMDD	255	262
	FILLER	17	263	279

5.0. PRICING FILE RECORD

EIN	RECORD NAME	FORMAT	POSITION	
			FROM	THRU
4-001	RECORD TYPE	X	1	1
4-005	PRICING STATE OR COUNTRY CODE	X(2)	2	3
4-010	PROCEDURE TEXT IDENTIFIER	X	4	4
4-015	PROCEDURE CODE	X(5)	5	9
4-020	CLASS OF PROVIDER	X(2)	10	11
4-025	TYPE OF PRICING SERVICE	X(2)	12	13
4-030	PREVAILING FEE	9(5)V99	14	20
4-035	CONVERSION AMOUNT	9(5)V99	21	27
4-040	RELATIVE VALUE UNIT	9(3)V99	28	32
4-045	CONVERSION FACTOR	9(3)V99	33	37
4-050	CATEGORY OF CARE FOR CONVERSION FACTOR	X	38	38
4-051	MEDICARE ECONOMIC INDEX PRICE	9(5)V99	39	45
4-052	PRICING PROFILE	X(2)	46	47
4-055	PRICING EFFECTIVE DATE	YYYYMMDD	48	55
	FILLER	X(9)	56	64
4-060	TRANSACTION CODE	X	65	65

6.0. BATCH/VOUCHER LIST FILE RECORD LAYOUTS

The purpose of the Batch/Voucher List File is to provide TMA a tabular list of Batch/Voucher numbers contained in a contractor transmission:

VOUCHER FILE LAYOUT ¹	
RECORD NAME:	VOUCHER RECORD
RECORD LENGTH:	80 bytes
DATA TYPE:	Unsigned Numeric or Alphanumeric by Field
RECORD FILL:	Zero Fill Any Incomplete Record
ELEMENT NAME:	VOUCHER NUMBER
ELEMENT OCCURRENCES:	10 Times per Record
¹ For contractor's sending Vouchers	

FIELD NAME ²	DATA TYPE	FORMAT	POSITION	
			FROM	THRU
VOUCHER BRANCH OF SERVICE	Numeric	99	1	2
VOUCHER FISCAL YEAR	Numeric	Y	3	3
VOUCHER SEQUENCE NUMBER	Alphanumeric	XXX	4	6
VOUCHER RESUBMISSION NUMBER	Numeric	99	7	8

² For Field Name descriptions, see the ELN descriptions found in BATCH HEADER RECORD DATA, [Section 3](#).

BATCH FILE LAYOUT ³	
RECORD NAME:	BATCH RECORD
RECORD LENGTH:	120 bytes
DATA TYPE:	Unsigned Numeric or Alphanumeric by Field
RECORD FILL:	Zero Fill Any Incomplete Record
ELEMENT NAME:	BATCH NUMBER
ELEMENT OCCURRENCES:	10 Times per Record

³ For At-Risk contractors sending Institutional/Non-institutional Batches.

FIELD NAME ⁴	DATA TYPE	FORMAT	POSITION	
			FROM	THRU
BATCH DATE	Numeric	YYYYDDD	1	7
BATCH SEQUENCE NUMBER	Alphanumeric	XXX	8	10
BATCH RESUBMISSION NUMBER	Numeric	99	11	12

⁴ For Field Name descriptions, see the ELN descriptions found in BATCH HEADER RECORD DATA, [Section 3](#).

7.0. TRANSMISSION HEADER AND TRAILER RECORDS

7.1. The first record in each transmission to TMA, whether by teleprocessing or magnetic tape, will be a transmission header, using the following format. Where value is specified under comments, the value must be reported exactly as shown.

TRANSMISSION HEADER AND TRAILER RECORD FORMAT

POSITION(S)	DESCRIPTION	CONTENT	COMMENT
1-8	Alpha	Data Type	Must be HCSR Data
9-10	**	Delimiter	Must be **

TRANSMISSION HEADER AND TRAILER RECORD FORMAT (CONTINUED)

POSITION(S)	DESCRIPTION	CONTENT	COMMENT
11-22	Alphanumeric	File Name	Must be named in accordance with Chapter 1, Section 2, paragraph 4.1.
23-24	**	Delimiter	Must be **
25-29	Alpha		Must be FSIZE
30-Variable	Numeric (unsigned)	File Size	Includes the total number of batch/voucher header records, provider, pricing and HCSRs (variable length). Includes transmission header, excludes transmission trailer.
Variable (2 positions)	**	Delimiter	Must be **
Variable (6 positions)	Alpha	Record Type	Must be RTYPEV
Variable (2 positions)	**	Delimiter	Must be **
Variable (7 positions)	Alpha		Must be MAXRLEN
Variable	Numeric	Maximum Record Length	Length of the longest variable length record within the transmission. Must be > 0
Variable (2 positions)	**	Delimiter	Must be **
Variable- 80	Blank	Reserved	Must be HEX 40's

7.2. Appended to the end of each transmission to TMA, whether by teleprocessing or magnetic tape, will be a transmission trailer record. The format for the transmission trailer record follows:

TRANSMISSION HEADER AND TRAILER RECORD

POSITION(S)	DESCRIPTION	CONTENT	COMMENT
1	Alphabetic	Record ID	Must be '@' sign
2-3	Alphanumeric	Contractor Number	TMA-assigned contractor number
4-10	Numeric	Transmission Date	Enter in YYYYDDD format
11-13	Numeric	Batch Count	Number of batches and/or vouchers in the transmission

TRANSMISSION HEADER AND TRAILER RECORD (CONTINUED)

POSITION(S)	DESCRIPTION	CONTENT	COMMENT
14-19	Numeric	Record Count	Includes the total number of batch/voucher header records, provider, pricing and variable length HCSRs. Excludes transmission header and transmission trailer
20-80	Blank	Reserved	Must be HEX 40's

7.3. All numeric fields will be unsigned.

8.0. PRINT/REPORT TRANSMISSIONS

8.1. All errors in Health Care Service Records detected by TMA editing system (see Edit Requirements, [Chapter 3](#) through [Chapter 8](#)) will be reported to the contractor in 133-byte record print image format. Except for special situations, these records will be teleprocessed to the contractor the day following processing. The format of the error records returned to the contractor will be:

ERROR RECORDS RETURNED FORMAT

DESCRIPTION	POSITION	
	FROM	THRU
Number of errors on this HCSR	1	3
HCSR data as submitted	4	Variable
Error code number (occurs 1 to 500 times based on number of errors above)	Variable	Variable

The format of the error code number is 9 characters:

ERROR CODE FORMAT

DESCRIPTION	POSITION
ELN (Element Locator Number)	1 to 4
Sequenced number of error within ELN	5 to 6
Relational edit indicator if applicable	7 to 7
Occurrence number from HCSR if applicable	8 to 9

