



PAR DATA

(Revised August 15, 2003)

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	LENGTH	DEC. POS.	START POS.	END POS.
Add or Delete Indication Possible Values are "A" "C" or "D"	1		1	1
Prior Auth. Unique # Uniquely identifies this PAR.	11		2	12
Customer Number BEECH STREET assigned. Our insurance company number.	5		13	17
Date of Add/Change/Delete - MMDDYY				
Time of Add/Change/Delete - HHMMSS	6		24	29
Date Record Created - MMDDYY	6		30	35
Professional Unique Key BEECH STREET assigned. Allows access to professional contract information. It is unique to the professional and all of his/her offices. Professional information cannot be considered accurate for non-members.	11		36	46
Professional Office # Professional may have more than one office.	2		47	48
Professional Last Name	14		49	62
Professional First Name	10		63	72
Title of a Professional - i.e. MD, DC	3		73	75
Professional State - BEECH STREET assigned	2		76	77
Professional Region - BEECH STREET assigned	1		78	78
Professional Area	2		79	80
Professional Member - Y or N	1		81	81
Professional Tax ID - If available, tax ID supplied by professional.	9		82	90
Professional Phone #	10		91	100
Professional Soc. Security # If available, SSN supplied by professional.	9		101	109
Professional License - Professional State license Number.	10		110	119
Professional Zip	5		120	124
Professional Zip Suffix	4		125	133
BEECH STREET Facility Number BEECH STREET assigned. Number to identify facility.	5	0	129	133
Facility Name	30		134	163
Facility Address 1	30		164	193
Facility Address 2	30		194	223
Facility City	21		224	244
Facility State	2		245	246
Facility Zip	5	0	247	246
Facility Zip Suffix	4	0	247	251
Facility Region	1	0	256	256
Facility Area	2	0	257	258
Facility Member - Y or N	1		259	259

Facility Tax ID - Facility Tax ID supplied by facility.	9	0	260	268
Facility Phone # Facility phone number on BEECH STREET facility file.	10	0	269	278
Insured SSN	9	0	279	287
Insured ID	27		288	314
Insured Last Name	14		315	328
Insured First Name	10		329	338
Insured Middle Initial	1		339	339
Patient Last Name	14		340	353
Patient First Name	10		354	363
Patient Middle Initial	1		364	364
Patient Sex - M - F	1		365	365
Patient Date of Birth - MMDDYY	6	0	366	371
Patient Address	30		372	401
Patient City	21		402	422
Patient State	2		423	424
Patient Zip	5	0	425	429
Patient Zip Suffix	4	0	430	433
Patient Relationship - E=Employee, S=Spouse, C=Child, O=Other	1		434	434
Policy Holder Number - BEECH STREET assigned	7		435	441
Division# of an Employer - Used for Divisions, AKAs, DBAs	5	0	442	446
Policy Group Number - Policy Number	20		447	466
Claims Paying Office	5	0	467	471
Claims Office Name	30		472	501
Approval - Y or N. Expresses approval of the number if days authorized.	1		502	502
Authorization # Authorization number if authorized. If deferred, will be blank.	11		503	513
From Service Date - MMDDYY	6	0	514	519
To Service Date - MMDDYY	6	0	520	525
Initial Days - Number of days authorized.	3	0	526	528
Extended Days - Number of days the stay has been extended	3	0	529	531
Total Days Authorized - Total number of days authorized. (Initial & Extended)	3	0	532	534
ICD-9 or CPT - BEECH STREET Internal use only.	1		535	535
Based on Procedure	5		536	540
CPT or CRVS Code 1 - BEECH STREET Internal use only.	1		541	541
Procedure 1	5		542	546
Procedure 1 Modifier 1	2		547	548

Procedure 1 Modifier 2	2		549	550
CPT or CRVS Code 2 - BEECH STREET Internal use only.	1		551	551
Procedure 1	5		542	546
Procedure 1 Modifier 1	2		547	548
Procedure 1 Modifier 2	2		549	550
Multiple CPT - Multiple Procedures. Y or N, Y denotes that more than 2 CPT procedures were performed.	1		561	561
ICD-9 Code 1 - Format XXX.XX decimal is implied	5		562	566
ICD-9 Code 2 - Format XXX.XX decimal is implied	5		567	571
Multiple ICD-9 - Y or N More than two Diagnoses.	1		572	572
DRG Code 1	5		573	577
DRG Code 2	5		578	582
Multiple DRG - Y or N, Y denotes that more than one DRG exists.	1		583	583
Place of Service - Indicates where service was performed.	2	0	584	585
More Info. Required - Y or N. More information is required for medical justification.	1		586	586
2nd Opinion Required - Y o r N	1		587	587
2nd Opinion Concurred - Blank if not received. N if received, but not concurred. Y if received and concurred.	1		588	588
3rd Opinion Required - Y or N	1		589	589
3rd Opinion Concurred - Blank if not received. N if received, but not concurred. Y if received and concurred.	1		590	590
Emergency Indicator - Y or N	1		591	591
Override Selected - Y or N. Override approved by the PAR processor.	1		592	592
Late Submission - Y or N. This PAR was entered late.	1		593	593
Not Covered Procedure - Y or N. This procedure is not covered under plan.	1		594	594
Internal Use Only	1		595	595
Case Management - Y or N. This procedure has the potential for case management.	1		596	596
Case Closed - Y or N. Y=BEECH STREET is no longer handling this PAR. The PAR can be considered complete.	1		597	597
Date Case Closed - MMDDYY. Date that BEECH STREET stopped handling this PAR.	6	0	598	603
Date of Discharge - MMDDYY. The actual date of discharge. If date = 0, then actual date of discharge was not obtained.	6	0	604	609
Disp. Place of Service 1 - Indicates where patient was sent after leaving the original place of service. (See Appendix A)	2	0	610	6141

Disp. Place of Service 2 - Indicates where patient was sent after leaving the original place of service (See Appendix A)	2	0	612	613
Disp. Place of Service 3 - Indicates where patient was sent after leaving the original place of service (See Appendix A)	2	0	614	615
Unique # of Next PAR	11	0	616	626
Final Diagnosis - Format XXX.XX decimal is implied (ICD-9 code).	5		627	631
Potential of Non-approved - Y or N. Y indicates that BEECH STREET is no longer following the case, but the patient may be staying longer than the authorized LOS.	1		632	632
Special Circumstances - Y or N. Y indicates that special circumstances were involved.	1		633	633
PAR Timeliness - Blank = PAR received on time '1'= PAR received shortly before admission '2'= PAR received after admission but before discharge '3'= PAR received after discharge	1		634	634
Type of Network Available Based on Patient Zip Code - Based on Patient Zip Code P=Physician, F=Facility, B=Both Physician & Facility, N=No network available	1		635	635
Type of Network Available Based on Physician Zip Code - Based on Patient Zip Code P=Physician, F=Facility, B=Both Physician & Facility, N=No network available	1		636	636
Type of Network Available Based on Facility Zip Code - Based on Patient Zip Code P=Physician, F=Facility, B=Both Physician & Facility, N=No network available	1		637	637
Number of Outpatient Visits	2	0	638	639
Century of Add/Change/Delete - Current Century	2	0	640	641
Century Record Created - 0=18, 1=19, 2=20	1	0	642	642
Patient Century of Birth - 0=18, 1=19, 2=20	1	0	643	643
From Service Century - 0=18, 1=19, 2=20	1	0	644	644
To Service Century - 0=18, 1=19, 2=20	1	0	645	645
Case Closed Century - Current Century	2	0	646	647
Century of Discharge - Current Century	2	0	648	649
Beech Street Facility ID - Beech Street assigned. Unique 11-digit ID to identify facility. Valid as of 4/1/03.	11	0	650	660
Reserved	140		661	800

PAR DATA FILE OPTIONS AVAILABLE

Media:	WEX or FTP	Character Set:	ASCII
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PAR COMMENTS & NOTES FILE

FIELD DESCRIPTION	LENGTH	DEC. POS.	STARTING POSITION	ENDING POSITION
Add or Delete Indication - Possible Values are "A" "C" or "D"	1		1	1
Prior Auth. Unique # - Uniquely identifies this PAR	11	0	2	12
Customer Number -	5	0	13	17
Date of Add/Change/Delete - MMDDYY	6	0	18	23
Time of Add/Change/Delete - HHMMSS	6	0	24	29
<u>Standard Comment 1 Record Format</u>				
Comment Type = S	1		30	30
Sequence Number = 1-3	3	0	31	33
Comment Code 1	3		34	36
Standard Comment 1 Text	60		37	96
		OR		
<u>Standard Comment 2 Record Format</u>				
Comment Type = S	1		30	30
Sequence Number = 4-6	3	0	31	33
Comment Code 2	3		34	36
Standard Comment 2 Text	60		37	96
		OR		
<u>Free Form Comments Record Format</u>				
Comment Type = F	1		30	30
Sequence Number = 1-3	3	0	31	33
BEECH STREET Internal Use	3		34	36
Free Form Comment Text	60		37	96
			OR	
<u>Progress Notes Record Format</u>				
Comment Type = N	1		30	30
Sequence Number = 1-999	3	0	31	33
BEECH STREET Internal Use	3		34	36
Progress Note Text	60		37	96
AND				
Century of Add/Change/Delete - Current Century	2	0	97	98

Appendix A
Place of Service Codes

Code	Description
80	Deceased in Hospital
84	Office
85	Patient's Home
86	Inpatient Hospital
87	E-R Hospital
88	Outpatient Hospital
89	Independent Laboratory
90	Day Care Psy.
91	Night Care Psy.
92	Intermediate Care
93	Skilled Nursing Facility
94	Indep. Kidney Treatment
95	Clinic
96	Surgery Clinic
97	Ambulance
98	Other Med/Surg Facility
99	Other