

FILE LAYOUT

Enhanced Benefit Information System

Rejected Records

Format of each detail record:

Bytes 01 – 09	Character, 9	Provider ID
10 – 18	Character, 9	Recipient ID
19 – 26	CCYYMMDD	Date of Birth
27 – 31	Character, 5	Procedure Code
32 – 39	CCYYMMDD	Date of Paid Claim/ <u>Date HP received EB universal Form</u>
40 – 50	Character, 11	NDC
51 – 55	Character, 5	GCN
56 – 59	Numeric, 4	Quantity
60 – 62	Numeric, 3	Day Supply
63 – 70	CYYMMDD	Date of Service / <u>End Date on the EB Universal Form</u>
71 – 74	Character, 4	Denial Reason 1
75 – 78	Character, 4	Denial Reason 2
79 – 82	Character, 4	Denial Reason 3
83 – 90	CCYYMMDD	Date of Rejection from EBIS