

Hints and Tips

Provider Type: All Providers

Category: Claims

This document defines the TCN, or Transaction Code Number. The system assigns the TCN to every submitted claim and payment. You may need to understand the numbers if making claim adjustments and/or when troubleshooting claims with ProviderOne staff.

Each of the 19 digits in the TCN means something different. For example, the claim type, the date submitted, etc.

5	5	15183	0	0000001	000
A	B	C	D	E	F

A: Claim Medium Indicator

- 0 – Not used
- 1 – Paper
- 2 – Direct entry (web submission)
- 3 – Electronic (X12 – HIPAA)
- 4 – System generated
- 5 – DDE social service claims
- 6 – Non-HIPAA compliant Social Service Electronic Batch Submission (Including Template)
- 7 – Social service repetitive/client payment/adjustments or void
- 8 – Reserved for future use
- 9 – When in the claim medium indicator field represents a claim that was billed in the legacy (old payment) system. These TCNs are 21 digits long

B: Type of claim

Place Holder Number that could be one of the following:

- 0 – Medical
- 1 – Pharmacy
- 2 – Crossover or Medical
- 3 – Medical Encounter
- 4 – Pharmacy Encounter
- 5 – Social Services
- 6 – Social Service Shadow Claim Type. System generated daily/removed nightly from system. Does not produce payable claim. Provider & staff please disregard.
- 7-9 – Reserved

C: Batch date

- First two digits are the year (15)
- The next three numbers are the Julian day of the year with 183 being July 2nd. The Agency utilizes the Julian calendar to record the date claims were received. The Julian calendar is simply a continuous counting of the days of the year from 1 to 365. Remember Leap Years!

D: Adjustment indicator

- 0 – Original claim
- 1 – Adjustment credit
- 2 - Adjustment debit

E: Claim sequence number

- Sequential count of claims each day starting with 0000001
- Allows claims count to reach almost 10 million, 9,999,999 claims daily

F: Line number

- The claim level number will be 000.
- Each claim line also has a TCN number. The line number will start with 001 for each new claim line. (HIPAA transactions can have up to 999 lines)

For the example TCN above, 55151830000001000 means a Direct Data Entry, Social Service claim, batch dated July 2, 2015, original claim, first day of sequence, claim level 000.