

HealthFusion Bulk Transaction Upload Format

A	B	C	D	E	F	G	H	I	J	K
PayerIdCode	ProviderId	MemberId	DOB	Service Type	FirstName	LastName	Date of Service	CSI Indicator	CSI Invoice No.	FSR Indicator
payercode	123456789	W0678912340	8/3/1980	30	Ken	Griffey	9/6/2005	Y	12345	Y
payercode	123456789	AB123456	8/4/1980	30	Roger	Clemens	9/7/2005	Y	23456	Y
payercode	123456789	ME568450	8/5/1980	30	Pedro	Martinez	9/8/2005	N	34567	N
payercode	123456789	W06789 12300	8/6/1980	30	David	Wright	9/9/2005	Y	45678	Y
payercode	123456789	ME568400	8/7/1980	30	Carlos	Beltran	9/10/2005	Y	56789	Y
payercode	123456789	W0678910000	8/8/1980	30	Derek	Jeter	9/11/2005	N	67890	N
This is the Payer Code. Every row should contain a payer code.. It should be the same for each row. This field is mandatory. Please contact HealthFusion for the payer codes that apply to your payers,	This is the Provider ID. This can number vary from row to row if there are multiple providers. This field is mandatory.	This is Subscriber ID. Usually this will vary from row to row. This field is mandatory. For certain payers a Dependant ID may work, with a Date of Birth. Contact HealthFusion for more information.	This is the member Date of Birth. For certain payers this field may be optional if used with a Subscriber Id.	This is the Service Type Code. In most instances is will be the same for all rows, but it can vary depending upon user requirements. This field is mandatory but if left blank HealthFusion will default this code to Service Type Code 30.	This is the Member First Name. This field is optional. If left blank Member First Name will not be associated with the member. For certain payers name fields are required, Contact us for more information.	This is the Member Last Name. This field is optional. If left blank Member Last Name will not be associated with the member. For certain payers name fields are required, Contact us for more information	This is the Date of Service. It is an optional field. This field is mandatory but if left blank the request will default to the date the file is uploaded.	This field indicates whether the user requires a (CSI) Claim Status Inquiry for the corresponding member. This field is optional, if left blank it will default to N (NO) CSI requested for the corresponding member. Use Upper Case Y or N	This field allows the user to place a user defined patient invoice or account number for the corresponding member. This field will display on the Claim Status Inquiry Response. This field is optional and if left blank then a user defined patient invoice or account number will not be included in the CSI request and response.*	This field indicates whether the user requires a (FSR) Financial Status Report for the corresponding member. This field is optional, if left blank it will default to N (NO) FSR requested for the corresponding member. ** Use Upper Case Y or N

Fields that are **Bolded and Red**, the fields are required and the user must enter data for this column in each row.

Fields that are **Bolded** are Required Fields that will be sent with default status if left blank. Non-Bolded fields are suggested/optional but not required.

*The user can search the Bulk Responses for Claim Status Inquiry Responses that match this user defined number

** The FSR transaction displays sevice (line) level detail for a claim, including patient responsibility. A CSI must be performed for each FSR requested.

The FSR transaction for bulk is not yet available and is supported only by Aetna

DO NOT INCLUDE A HEADER ROW IN YOUR UPLOAD - THIS WILL CAUSE YOUR FILE TO FAIL - PLEASE MAKE SURE THAT YOUR FIRST ROW IS DATA.

PLEASE DO NOT INCLUDE ANY COMMAS IN YOUR FILE - SINCE THE FILE IS .csv FORMAT THE USE OF COMMAS WILL IMPACT THE INTEGRITY OF THE DATA.