

January 1, 2009

## RED NOTES CHANGES AND ADDITIONS

Field Description	Format	Justify		Position	Field Vaules
Site/Clinic Number	Numeric	Right	7	001-007	Clinic Number assigned by Region X
Client Number	Numeric	Right	9	008-016	Self-Explanatory
Date of Visit, CCYYMMDD	Numeric	Right	8	017-024	CCYYMMDD
Purpose of Visit, Values 1-5	Alphameric	Left	1	025-025	1, 2, 3, 4, 5, or 9 Only
Date of Birth, CCYYMMDD	Numeric	Right	8	026-033	CCYYMMDD
<b>Medical Services</b>	Alphameric	Left	72	034-105	02 03 04 05 06 07 08 09 <b>11 12 13 14</b> 15 16 17 19 20 21 22
<b>DESCRIPTION CHANGES AND ADDITIONS</b>					<b>23 24 25 26</b> 27 28 29 30 31 32 33 34 35 36 37 38 39 40 42 <b>43 44</b> 46 47 48 49 50
Provider of Medical Counseling Svc	Alphameric	Left	4	106-109	1, 2, 3, 4
Counseling Services	Alphameric	Left	26	110-135	01,02,03,04,05,06, <b>07</b> ,08,09,10,12,13,15,16,17,18,19,20
<b>DESCRIPTION CHANGES</b>					
<b>Version Number- 0901</b>	Alphameric	Left	4	136-139	<b>0901</b>
<b>Contraceptive Method Before Visit</b>	Alphameric	Left	2	140-141	01,02,03,04,06,07, <b>08</b> ,09,10,11,13,14,15,16,17,18,19,20,21
<b>DESCRIPTION CHANE</b>					
<b>Contraceptive Method After Visit</b>	Alphameric	Left	2	142-143	01,02,03,04,06,07, <b>08</b> ,09,10,11,13,14,15,16,17,18,19,20,21
<b>DESCRIPTION CHANGE</b>					
If None, Give Reason	Alphameric	Left	1	144-144	1, 3, 6, 7, or 8
<b>Referred Elsewhere</b>	Alphameric	Left	10	145-154	01,02,03,04,05,06, <b>07</b> ,08,09,10,11,12,13,14,15,16,17
<b>DESCRIPTION CHANGE</b>					
Ahlers Internal Use	Alphameric	Left	1	155-155	Blank
Number of Pregnancies	Alphameric	Left	2	156-157	Zero-Zero to 99
Source of Payment	Alphameric	Left	2	158-159	01,02,04,05,06,07,08 or 10
Ahlers Internal Use	Alphameric	Left	2	160-161	Blank
Monthly Income	Alphameric	Right,	6	162-167	Self-Explanatory (Enter No Income as Zero-Filled)
Number Supported b/Income	Numeric	Right,	2	168-169	01 thru 99
Insurance Status	Alphameric	Left	1	170-170	1,2,3 or 4
Zip Code	Numeric	Right	5	171-175	Self Explanatory, 02000 and Greater
Hispanic, 6-Yes or 9-No	Alphameric	Left	1	176-176	6 (Yes-Hispanic/Latino) or 9 (Not-Hispanic/Latino)
Gender	Alphameric	Left	1	177-177	Self-Explanatory
Last Name	Alphameric	Left	20	178-197	Self-Explanatory
First Name	Alphameric	Left	10	198-207	Self Explanatory
Middle Initial	Alphameric	Left	1	208-208	Self Explanatory
FPEP ID Number	Numeric	Left	8	209-216	Self Explanatory Required
Social Security Number	Alphameric	Left	9	217-225	Self Explanatory
Ahlers Internal Use	Alphameric	Left	4	226-229	Blank
Contraceptive Code 1	Alphameric	Left	2	230-231	See Attachment I or Valid Code on CVR
Supply Quantity 1	Numeric	Right	2	232-233	See Maximum Amount on Attachment I
Contraceptive Code 2	Alphameric	Left	2	234-235	See Attachment I or Valid Code on CVR
Supply Quantity 2	Numeric	Right	2	236-237	See Maximum Amount on Attachment I
Contraceptive Code 3	Alphameric	Left	2	238-239	See Attachment I or Valid Code on CVR
Supply Quantity 3	Numeric	Right	2	240-241	See Maximum Amount on Attachment I
Contraceptive Code 4.	Alphameric	Left	2	242-243	See Attachment I or Valid Code on CVR
Supply Quantity 4	Numeric	Right	2	244-245	See Maximum Amount on Attachment I
3rd Party Resource Code	Alphameric	Left	2	246-247	See Oregon FPEP Manual For Values
Other Insurance Paid	Numeric	Right	5	248-252	Self-Explanatory
<b>Additional Demographics</b>	<b>Alphameric</b>	<b>Left</b>	<b>3</b>	<b>253-255</b>	<b>5 ELIMINATED 4 AND 6</b>
3rd Party Internal Number	Numeric	Right	9	256-264	Self Explanatory
Race	Alphameric	Left	7	265-271	1,2,3,4,5,6,7 or 8
Supply 1 Reimbursement Rate		Right	5,2	272-276	Unit Price
Supply 2 Reimbursement Rate		Right	5,2	277-281	Unit Price
Supply 3 Reimbursement Rate	Numeric	Right	5,2	282-286	Unit Price
Supply 4 Reimbursement Rate	Numeric	Right	5,2	287-291	Unit Price
Diagnosis Code	Alphameric	Left	5	292-296	See Attachment J
Will Insurance Be billed ( 9B )	Alphameric	Left	1	297-297	1,2 or Blank
Special Confidentiality Needs ( 9C )	Alphameric	Left	1	298-298	1 or Blank
Ahlers Internal Use	Numeric	Right	6	299-304	Zero - fill