RECORD NAME: CERTIFICATION RECORD RECORD TYPE: GX1
"NARRATIVE INFORMATION FOR OXYGEN"

Field No.	Field Name	Table Value	Encounter Req.
01	RECORD ID "GX1"	c-24	GX1
02	SEQUENCE NO	c-21	YES
03	PAT CONTROL NO		NO
04	TEST RESULTS		NO
05	MEDICAL FINDINGS		NO
06	EXERCISE ROUTINE		NO
07	FILLEX-NATIONAL		YES
08	FILLER-LOCAL		YES

RECORD NAME: CERTIFICATION RECORD RECORD TYPE: GX2
"FACILITY INFORMATION FOR OXYGEN"

FB0

Field No.	Field Name	Table Value	Encounter Req.
01	RECORD ID "GX2"	c-24	GX2
02	SEQUENCE NO	c-21	YES
03	PAT CONTROL NO		NO
04	TEST FACILITY ADDR 1		NO
05	TEST FACILITY ADDR 2		NO
36	TEST FACILITY CITY		NO
07	TEST FACILITY STATE		NO
08	TEST FACILITY ZIP		NC
09	PAT FACILITY NAME		NO
10	PAT FACILITY ADDR 1		NO
11	PAT FACILITY ADDR 2		NO
12	PAT FACILITY CITY		NO
13	PAT FACILITY STATE		NO
14	PAT FACILITY ZIP		NO
15	FILLER-NATIONAL		YES
16	FILLER-LOCAL		YES

RECORD NAME: NARRATIVE RECORD RECORD TYPE: HA0.

Field No.	Field Name	Table Value	Encounter Req.
01	RECORD ID "HA0"	C-24	HA0
02	SEQUENCE NO	c-21	YES
03	PAT CONTROL NO		NO
04	LINE ITEM CONTROL NO		NO
05	EXTRA NARRATIVE DATA		NO

RECORD NAME: CLAIM TRAILER RECORD "RECORD SUMMARY" RECORD TYPE: XA0

c Required for Medicaid processing
c Must follow FBO - AA0
c Must be followed by CA0, YA0

Field No.	Field Name	Table Value	Encounter Req.
01	RECORD ID "XA0"	c-24	XA0
02	RESERVES (XA0-02.0)		NO
03	PAT CONTROL NO		NO
04	RECORD CXX COUNT		NO
05	RECORD DXX COUNT		NO
06	RECORD EXX COUNT		NO
07	RECORD FXX COUNT		NO
	RECORD GXX COUNT		NO
09	RECORD EXX COUNT		NO
10	CLAIM RECORD COUNT		NO
11	RESERVED (XA0-11.0)		NO
12	TOTAL CLAIM CHARGES	c-13	YES
13	TOTAL DISAL COST CONT CEG		NO
14	TOTAL DISAL OTHER CHARGES		NO
15	TOTAL ALLOWED AMOUNT		NO
16	TOTAL DEDUCTIBLE AMOUNT		NO
17	TOTAL COINSURANCE AMOUNT		NO
18	TOTAL PAYOR AMOUNT PAIC	C-10	NO
19	PAT AMOUNT PAID		NO
20	TOTAL PURCHASE SVC CHARGES		NO
21	PROV DISCOUNT INFORMATION		NO
22	REMARKS		NO
23	FILLER-NATIONAL		YES
24	FILLER-LOCAL		YES

NOTE: Only positive numeric values are accepted as input, negative values are not allowable.

RECORD NAME: BATCH TRAILER RECORD RECORD TYPE: YA0

- Required to show end of batch
- Must follow XA0
- Must be followed by BA0 or ZA0

Field No.	Field Name	Table Value	Encounter Req.
01	RECORD ID "YA0"	C-24	YA0
02	EMC PROV ID		NO
03	BATCH TYPE		NO
04	BATCH NO		NO
05	BATCH ID		NO
06	PROV TAX ID		NC
07	RESERVED (YA0-07.0)		NC
08	BATCH SVC LINE COUNT		NO
09	BATCH RECORD COUNT		NO
10	BATCH CLAIM COUNT		NO
11	BATCH TOTAL CHARGES		NC
12	FILLER-NATIONAL		YES
13	FILLER-LOCAL		YES

NOTE: Only positive numeric values are acceptable as input, negative values are not allowable.

RECORD NAME: F'ILE **TRAILER** RECORD **RECORD TYPE:** ZA0

G **Required to** show end of **file**
C **Must** follow YA0
C **Last** record

Field No.	Field Name	Table Value	Encounter Req.
01	RECORD ID "ZA0"	C-24	ZA0
02	SUE ID		NO
03	RESERVED (ZA0-03.0)		NO
04	RECEIVER ID		NO
05	**FILE SVC LINE COUNT**		NO
06	FIT'' RECORD COUNT		NO
07	FILE CLAIM COUNT		NO
08	BATCH COUNT		NO
09	FILE TOTAL **CHARGES**		NO
10	FILLER-NATIONAL		YES
11	FILLER-LOCAL		YES

INPATIENT/OUTPATIENT/HOME HEALTH CLAIM OVERVIEW

Inpatient claims have a minimum of eight records per claim; outpatient have seven. (Record types 20-90). Each record is 192 bytes in length. ('*' denotes batch requirements.)

01* Processor Data
10* Provider Data
20 Patient Data
30 Third Party Payer Data
40 Claim Data Treatnent Authorization/Occurrence
50 Accommodations (inpatient only)
60 Ancillary Irocedures (inpatient only)
61 Outpatient Procedures (outpatient only)
70 Medical Data
E0 Physician Data
90 Claim Control
95* Provider Batch Control
99* File Control

For inpatient claims, the combination of Record Types '50' and '60' cannot exceed 28 occurrences per claim. For outpatient claims, Record Type '61' cannot exceed 28 occurrences per claim. Keep in mind there are 3 occurrences per record. These multiple occurrences count towards the 28 line item restriction.

Record Layout **Charts** (for **Inpatient/Outpatient/Home** Health): Description **of** Headings

Field No. - Field Number
Field Name - Field Name
Table Value - Data element identifier for the Data Definition Table.
Encounter **Req.** - **A** "YES" implies that the field **is** required for **all** claims. **A** "NO" implies that the field is not always required or not required far **all** Medicaid claims or the field is optional. **A** "N/A" implies that the field is NOT applicable **tc** Missouri Medicaid billing.

Missouri Division **of** Medical Services has determined that the Health Plans should submit only paid claims to GTE Data Services.

It is the responsibility ***of*** the Health Plan to resubmit all encounter claims that error off or reject **as** a result of MMIS processing.

Adjustments will not be accepted. The Health Plan must maintain GTEDS' Internal Ccntrcl Number from the Remittance Advice Records in order ***to*** submit the Encounter Void Layout.

RECORD **TYPE 01 - PROCESSOR DATA**

o Required for Medicaid processing

Field No.	Field Name	Table Value	Encounter Req.
01	Record Type '01'		01
02	Submitter EIN		NO
03	Multiple Provider Billing File Indicator	c-48	NO
04	Filler		
05	Receiver Type Code		NO
C6	Receiver Identification		NO
c7	Receiver Sub-Identification		NO
08	Processing Date		NG
09	Submitter Name	c-47	YES
10	Submitter Address	C-a7	YES
11	Submitter City	C-a7	YES
12	Submitter State	C-47	YES
13	Submitter Zip Code	c-47	YES
14	Submitter Fax Number	C-47	NO
15	Country Code		NO
16	Submitter Telephone Number	c-47	YES
17	File Sequence & Serial Number		NO
18	Filler		
19	Filler		
2c	Version Code		

RECORD TYPE 10 - PROVIDER DATA

- Required for Medicaid processing
- Must follow either RT 01 or 95
- Must be followed by RT 20

Note: This record must be present for each provider batch combination

Field No.	Field Name	Table Value	Encounter Req.
01	Record Type '10'		10
02	Type of Batch Control	c-43	
03	Batch Number		
04	Federal Tax Number or EIN		NO
35	Federal Tax Sub ID		NO
06	Medicare Provider Number		NO
07	Medicaid Prcvider Number	C-8	YES
08	CHAMPUS Insurer Provider Number		NO
09	Other Insurer Provider Number		NO
10	Other Insurer Provider Number		NO
11	Provider Telephone Number		NO
12	provider Name	c-33	YES
13	Provider Address		NO
14	Provider City		NO
15	Provider State		NO
16	Provider Zip Code		NO
17	Provider Fax Number		NO
18	Country Code		NO
19	Filler		
20	Filler		

RECORD **TYPE 20-2N - PATIENT DATA**

- Required for Medicaid processing
- Must follow either RT 10 or 90
- May be followed by RT 21-2N or 30
- All records following up through RT 90 must have the same patient control number

Field No.	Field Name	Table Value	Encounter Req.
01	Record type '20'		20
02	Filler		
03	Patient Control Number	C-31	NO
04	Patient Last Name	C-2	E"
05	Patient First Name	C-2	YES
06	Middle Initial		NO
07	Patient Sex	C-49	NO
08	Patient Birthdate		NO
09	Patient Marital Status	C-50	NO
10	Type of Admission	C-5	YES
11	Source of Admission		NO
12	Patient Address-Line 1		NO
13	Patient Address-Line 2		NO
14	Patient City		NO
15	Patient State		NO NO
16	Patient Zip Code		NO
17	Admission/Start of Care Date	C-16	YES
18	Admission Hour		NO
19	Statement Covers Period - From Gate	C-15	YES
20	Statement Covers Period - Thru Date	C-16	YES
21	Patient Status	C-7	YES
22	Discharge Hour		NO
23	Payments Received		NO
24	Estimated Amount Die		NO
25	Medical Record Number	C-34	NO
26	Filler		

RECORD TYPE **21 - NONINSURED** EMPLOYMENT **INFORMATION**

- Not Required by Medicaid
- This record must follow record 20
- May be followed by RT 21-2N or 30
- This record contains employment information pertaining to individuals not claiming insurance, but who may have some insurance coverage through their employer from which the patient may be eligible for benefits.
- There are four differ—t individuals to whom this may apply: the patient, the patiect's spouse, the patient's father, and the patient's mother. If more than two of these individuals are involved in this claim, **use** the second record type 21 to submit the relevant employment data for the third, and if applicable, the fourth party involved. The sequence number (field 2) of the second Type 21 record would be shown as "02".

Field No.	Field Name	Table Value	Encounter Req.
01	Record Type '21'		21
02	Sequence Number	C-21	YES
03	Patient Control Number		NO
04	Employer Nane		NO
05	Employer Address		NC
06	Employer City		NC
08	Employer Zip Code		NO
09	Employment Status Code		NO
10	Filler		
11	Employer Name		NO
12	Employer Address		NO
13	Employer City		NO
14	Employer State		NO
15	Employer Zip Code		NO
16	Employment Status Code		NO
	Filler		

RECORD TYPE 22 - NONINSURED EMPLOYMENT INFORMATION

- Not Required by Medicaid
- Assignment and/or use of these form locators is the responsibility of individual State Uniform Billing committees (SUBCs).
- The state code in field 4 is used to identify the SUBC responsible for the definition of the form locators on this sequence of RT 22.
- Must follow RT 20 or 21
- May be followed by RT 30

Sequence 01 represents the primary payer, sequence 02 represents She secondary payer, and sequence 03 represents the tertiary payer.

Field No.	Field Name	Table Value	Encounter Req.
01	Record Type '22'		22
02	Sequence Number	c-21	YES
03	Patient Control Number		NO
04	State Code		N/A
05	Form Locator 2		N/A
06	Form Locator 2		N/A
07	Form Locator 11		N/A
08	Form Locator 11		N/A
09	Form Locator 56		=/E-
10	Form Locator 56		N/A
11	Form Locator 56		N/A
12	Form Locator 56		N/A
13	Form Locator 56		N/A
	Form Locator 78		N/A
15	Form Locator 78		N/A
16	Filler		

RECORD **TYPE 30-3n - THIRD PARTY PAYER DATA**

o Required for Medicaid processing

Field No.	Field Name	Table Value	Encounter Req.
01	Record Type '30'		30
02	Sequence Number	C-21	YES
03	Patient Controi Number	c-3:	NO
c4	Source of Payment Code		NO
05	Payer Identification		NO
06	Payer Sub-Identification		NO
07	Certificate / SocSecNumber / Health Insurance Claim / Identification Number card.	C-52	YES
08	Payer Name	C-53	YES
09	Primary Payer Code		NO
LO	Insurance Group Number		NO
11	Insurance Group Name		NO
12	Insured's Last Kame		NO
13	Insured's First Name		NO
14	Insured's Middle Initial		NO
15	Insured's Sex	C-49	NO
16	Release of Information Certification Indicator		NO
17	Assignment of Benefits Certification Indicator		NO
18	Patient's Relationship to Insured		NO
19	Employment Status Code	C-51	NO
20	Covered Days	C-32	YES
21	Noncovered Days	C-32	NO
22	Coinsurance Days		NO
23	Lifetime Reserve Days		NO
24	Provider Identification Number		NO
25	Payments Received	C-10	NO
25	Estimated Amount Due	2-61	YES

RECORD TYPE 31 - THIRD PARTY PAYER DATA

o Not Required by Medicaid

Field No.	Field Name	Table Value	Encounter Req.
01	Record Type '31'		31
02	Sequence Number	C-21	YES
03	Patient Control Number		NO
04	Insured's Address-Line 1		NO
05	Insured's Address-Line 2		NO
06	Insured's City		NO
07	Insured's State		NO
08	Insured's Zip Code		NO
09	Employer Name		NO
10	Employer Address		NO
11	Employer City		NO
12	Employer State.		NO
13	Employer Zip Code		NU
14	Form Locator 37 (ICN/DCN)	C-41	NO
15	Filler		

RECORD TYPE 34 - AUTHORIZATION

Field No.	Field Name	Table Value	Encounter Req.
01	Record Type '34'	-	34
02	Sequence Number	c-21	YES
03	Patient Control Number		NO
04	Authorization Type		N/A
05	Authorization Number		NO
06	Authorization From Date		NO
07	Authorization Thru Date		NO
08	Authorization Revenue Code		NO
09	Authorization HCPCS Procedure Code		NO
10	Authorization - 2		NO
11	Authorization - 3		NO
12	Authorization - 4		NO
13	Filler		

c Required for Medicaid processing

Field No.	Field Name	Table Value	Encounter Req.
01	Record Type '40'	-	10
02	Sequence Number	C-21	YES
03	Patient Control Number	C-31	E3
04	Type of Bill	C-43	YES
05	(TreatmentAuthorization Ccde - A		NO
06	Treatment Authorization Ccde - E		NO
07	Treatment Authorization Ccde - C		NO
08	Occurrence Code - 1	C-23	NO
09	Crcurrence Date - 1 (MMDDYY)	C-16	NO
10	Occurrence Code - 2		See field E
11	Cccurrence Date - 2		See field 9
12	occurrence Code - 3		See field E
13	Occurrence Date - 3		See field 9
14	Cccurrence Code - 4		See field 8
15	Cccurrence Date - 4		See field 9
16	Cccurrence Code - 5		N/A
17	Gccurrence Date - 5		N/A
18	Occurrence Code - 5		N/A
19	Occurrence Date - 6		N/A
20	Cccurrence Code - 7		N/A
21	Occurrence Date - 7		N/A
22	Occurrence Code - 8		N/A
23	Occurrence Date - 8		N/A
24	Occurrence Code - 9		N/A
25	Occurrence Date - 9		N/A
26	Occurrence Code - 10		N/A

27	Occurrence Date - 10		N/A
28	Occurrence Span Code - 1		N/A
29	Occurrence Span From Date - 1 (MMDDYY)	C-60	NO
30	Occurrence Span Thru Date - 1 (MMDDYY)	C-60	NO
31	Occurrence Span Code - 2		N/A
32	Occurrence Span From Date - 2 (MMDDYY)		NO
33	Occurrence Span Thru Date - 2 (MMDDYY)		NO
34	Filler		

Field No.	Field Name	Table Value	Encounter Req.
01	Record Type '41'		41
02	Sequence Number	C-21	YES
03	Patient Control Number.		NO
04	Condition Code - 1	c-22	NO
05	Ccndition Cocie - 2	c-22	NO
06	Ccndition Code - 3	c-22	NC
07	Ccndition Code - 4	c-22	NC
08	Ccndition Code - 5	c-22	NO
09	Ccndition Code - 6	f-22	NC
10	Ccndition Code - 7	c-22	NC
11	Ccndition Code - 8		N/A
12	Condition Code - 9		N/A
13	Condition Code - 10		N/A
14	Form Locatcr 31 (upper)		N/A
15	Form Locator 31 (lower)		N/A
16	Value Code - 1		N/A
17	Value Amount - 1		N/A
18	Value Code - 2		N/A
19	Value Amount - 2		N/A
20	Value Code - 3		N/A
21	Value Amount - 3		N/A
22	Value Code - 4		N/A
23	Value Amount - 4		N/X
24	Value Code - 5		N/A
25	Value Amount - 5		N/A
26	Value Code - 6		N/A
27	Value Amount - 6		N/A
28	Value Code - 7		N/A
29	Value Amount - 7		N/A

30	Value Code - 8		N/A
31	Value Amount - 8		N/A
32	Value Code - 9		N/A
33	Value Amount - 9		N/A
34	Value Code - 10		N/A
35	Value Amount - 10		N/A
36	Value Code - 11		N/A
37	Value Amount - 11		N/A
38	Value Code - 12		N/A
39	Value Amount - 12		N/A
40	Filler		

RECORD **TYPE 50** - IP ACCOMMODATIONS DATA

- RT 50 or 60 required for Medicaid inpatient processing
- Not Required for Medicaid outpatient processing
- May be preceded by RT 40 - 4N or 50 - 5N
- May be followed by RT 50 - 5N, 60, or 70
- Accommodations should he entered in numeric sequence

Field No.	Field Name	Table Value	Encounter Req.
01	Record Type '50'		50
02	Sequence Number	c-21	YES
03	Patient Ccntrcl Number	C-31	NO
04	Accommodations Revenue Code	C-9	YES
05	Accommodations Rate	C-34	YES
06	Accommodations Days	C-28	YES
07	Accomodations Total Charges	C-10	YES
08	Accommodations Norcovered Charges	C-10	NO
09	Form Locator 49		
10	Filler		
11	Accommodations - 2 (2nd occurrence)		
12	Accommodations - 3 (3rd occurrence)		
13	Accommodations 4 (4th occurrence)		

RECORD TYPE 60 - IP ANCILLARY SERVICES DATA

0 RT 50 or 60 required for Medicaid inpatient processing
O Not Required for Medicaid outpatient processing
C May be preceded by RT 40, 41, 50 - 5N or E3 - 6N (excluding 61).
O May be followed by RT 6C - 6N (excluding 61), 70 or 80

Field No.	Field Name	Tahle Value	Encounter Req.
01	Record Type '60'		60
02	Sequence Number	c-21	YES
03	Patient Control Number	C-31	NO
04	Ancillary Revenue Code	C-9	YES
05	HCPCS Procedure Code		N/A
06	Modifier 1 (HCPCS & CPT-4)		N/A
07	Modifier 2 (HCPCS & CPT 4)		B!A
08	Ancillary Units of Service	e-28	YES
09	Ancillary Total Charges	C-10	YES
10	Ancillary Noncovered Charges	C-LO	NO
11	Form Locator 49		
12	Filler		
13	Ancillaries - 2 (2nd occurrence)		
14	Ancillaries - 3 (3rd occurrence)		

RECORD TYPE 61 - OUTPATIENT PROCEDURES

- Required for Medicaid outpatient and home health processing
- Not Required for Medicaid inpatient processing
- May be preceded by RT 40, 41, or 61
- May be followed by RT 61-6N, 70 or 80

Field No.	Field Name	Table Value	Encounter Req.
01	Record Type '61'		61
02	Sequence Number	C-21	YES
03	Patient Control Number	C-31	NO
04	Revenue Center Code	C-9	NO
05	HCPCS Procedure Code	C-30	YES
06	Modifier 1 (HCPCS & CPT-4)	C-35	NO
07	Modifier 2 (HCPCS & CPT 4)	C-35	NO
08	Units of Service	C-28	YES
09	Date of Service (MMDDYY)		YES
10	Outpatient Total Charges	C-10	YES
11	Outpatient Noncovered Charges		NO
12	Form Locator 49	C-11	NO
13	Filler		
14	Revenue Center - 2		
15	Revenue Center - 3		

RECORD TYPE 70 - MEDICAL, DATA (SEQUENCE 1 & 2)

RT

Field No.	Field Name	Table Value	Encounter Req.
	SEQUENCE 1		
01	Record Type '70'		70
02	Sequence Number	c-21	YES
03	Patient Control Number		NO
04	Principal Diagnosis Code	c-17	YES
05	Other Diagnosis Code - 1	C-17	OPTIONAL
06	Other Diagnosis Code - 2	C-17	OPTIONAL
08	(Other Diagnosis Code - 4	C-17	OPTIONAL
09	Other Diagnosis Code - 5	c-17	N/A
10	Other Diagnosis Sode - 6	C-17	N/A
11	Other Diagnosis Ccde - 7	C-17	N/A
12	Other Diagnosis Code - 8	C-17	N/A
13	Principal Procedure Code	C-59	NO
14	Principal Procedure Date (MMDDYY)		NO
15	Other Procedure Code - 1	C-59	NO
16	Other Procedure Date - 1 (MMDDYY)		NO
17	Other Procedure Code - 2	c-59	NO
18	Other Procedure Date - 2 (MMDDYY)		NO
19	Other Procedure Code - 3	C-59	NO
23	Other Procedure Date - 3 (MMDDYY)		NO
21	Other Procedure Code - 4	c-59	NO
22	Other Procedure Date - 4 (MMDDYY)		NO
23	Other Procedure Code - 5	c-59	NO
24	Other Procedure Date - 5 (MMDDYY)		NO
25	Admitting Diagnosis Code		NO
25	External Cause of Injury (E-Code)		NO
27	Procedure Coding Method Used		NO

28	Filler		
	SEQUENCE 2		
01	Record Type '70'		70
02	Sequence Number		YES
03	Patient Control Number		NO
04	Form Locator 57		NO
05	Filler		

c May be followed by RT 74, 7N, 80, or 90

Field No.	Field Name	Table Value	Encounter Req.
01	Record Type "71"		-- /A
02	Filler		
03	Patient Control Number		NO
04	Data I3		NO
05	SOC Date		NO
06	Certification Period From (MMDDYY)		NO
07	Certification Period Thru (MMDDYY		NO
08	Date of Onset or Exacerbation cf Principal Diagnosis (MMDDYY)		NO
09	Surgical Procedure Code		NO
10	Date Surgical Procedure Performed (MMDDYY) 'Dates of Onset/Exacerbation of Secondary Diagnoses (occurs 4 times)		NO
11	Date Secondary Diagnosis-1		NO
12	Date Secondary Diagnosis-:!		NO
13	Date Secondary Diagnosis-3		NO
14	Date Secondary Diagnosis-4		NO
15	Functional Limitation Code (occurs 13 times)	C-54	NO
16	Activities Permitted Code (occurs 13 times)	c-55	NO
17	Mental Status Code (occurs 8 times)	C-56	NO
16	Prognosis	C-57	NO
19	Verbal SOC Date (MMDDYY)		NO
20	Physician's Last Name:		NO
21	Physician's First Name:		NG
22	Physician's Initial:		NO
23	Physician's Zip Code:		NO
24	Medicare Covered	C-3	NO
25	Date Physician Last Saw Patient (MMDDYY)		NO
26	Date Last Contacted Physician (MMDDYY		NO

2:	**Patient Receiving Care in 1861(J) (I) Facility:**		N/A
28	Cert/Recert/Mod		NO
23	Admission (MMDDYY)		NO
33	**Discharge (MMDDYY)**		NO
31	Type **of Facility**	IC-58-	NO
-- :A	**Filler**		

RECORD TYPE 72 - SPECIFIC SERVICES AND TREATMENTS FOR HOME HEALTH SERVICES

c Not Required by Medicaid

Field No.	Field Name	Table Value	Encounter Req.
01	Record Type "72"	-	72
02	Sequence Number	C-21	YES
03	Patient Control Number		NO
04	Discipline		N/A
05	Visits (This bill) related to Prior Certification/Frequency and Duration (Occurs 12 times)		N/A
06	Frequency cf Visits-1		N/A
07	Frequency of Visits-2:		N/A
08	Frequency of Visits-3:		N/A
09	Frequency of Visits-4:		N/A
10	Frequency of Visits-5:		N/A
11	Frequency of Visits-6:		N/A
12	Frequency of Visits-7:		N/A
13	Frequency of Visits-8:		N/A
14	Frequency of Visits-9:		N/A
15	Frequency of Visits-10:		N/A
16	Frequency of Visits-11:		N/A
17	Frequency of Visits-12:		X/A
18	Treatment Codes-1		N/A
19	Treatment Codes-2		N/A
20	Treatment Codes-3		N/A
21	Treatment Codes-4		N/A
22	Treatment Codas-5		N/A
23	Treatment Codes-6		N/A
24	Treatnent Codes-7		N/A
25	Treatment Codes-8		N/A
26	Treatment Codes-9		N/A
27	Treatnent Codes-10		N/A
28	Treatment Codes-21		N/A

29	Treatment Codes-12		N/A
30	Treatment Codes-13		N/A
31	Treatment Codes-14		N/A
32	Treatment Codes-15		N/A
33	Treatment Codes-16		N/A
34	Treatment Codes-17		N/A
35	Treatment Codes-18		N/A
36	Treatment Codes-19		N/A
37	Treatment Codes-20		N/A
38	Treatment Codes-21		N/A
39	Treatment Codes-22		N/A
40	Treatment Codes-23		N/A
41	Treatment Codes-24		N/A
42	Treatment Codes-25		N/A
43	Total Visits Projected This Cert.		N/A
44	Filler		
45	Filler		

RECORD TYPE 73 - PLAN OF TREATMENT/MEDICAL UPDATE NARRATIVE FOR HOME HEALTH SERVICES

o Not Required, by Medicaid

Field No.	Field Name	Table Value	Encounter Req.
01	Record Type '73'		73
02	Sequence Number	C-21	YES
03	Patient Contrsl Number		NO
04	Filler		
05	Data ID Number		NO
06	Corresponding Data		NO

RECORD TYPE 74 - PATIENT INFORMATION

Field No.	Field Name	Table Value	Encounter Req.
01	Record Type '74'		74
02	Filler		
03	Patient Control Number		NO
04	Filler		
05	HICN (Health Insurance Claim Identification Number)		NO
06	Medical Record Number		NO
07	Patient Last Name		NO
08	Patient First Name		NO
09	Patient Middle Initial		NO
10	Patient Birthdate		NO
11	Patient Sex	C-49	NO
12	Principal Diagnosis Code	c-17	NO
13	Other Diagnosis Code - 1	c-17	NO
14	Other Diagnosis Code - 2	C-17	NO
15	Other Diagnosis Code - 3	C-17	NO
17	Filler		

RECORD TYPE 80 - 8N - PHYSICIAN DATA

- Required for Medicaid processing
- May follow RT 50, 60, 61 or 70-7N
- Yay be followed by RT 81, 90-9N

Field No.	Field Name	Table Value	Encounter Req.
01	Record Type '80'		80
02	Sequence	c-21	YES
03	Patient Cor-troi Number	C-31	NO
04	Physician Number Qualifying Codes		NO
05	Attending Physician Number	c-20	NO
06	Operating Physician Number		NC
07	Referring Physician Number	C-20	NC
08	Hospital EIN	c-20	NG
09	Attending Physician Name		NO
10	Operating Physician Name		NC
11	~~Other Physician Name~~ FQHC/RHC Provider Number	C-127	NO
12	Other Physician Name		NC
13	Filler		

RECORD **TYPE 81 - PACEMAKER REGISTRY** RECORD

Field No.	Field Name	Tahle Value	Encounter Req.
01	Record Type '81'	81	
02	Sequence	C-21	YES
03	Patient Control Number		NO
04	Ordering Physician Number		NO
05	Ordering Physician Name		NO
06	Operating Physician Number		NO
37	Operating Physician Name		NO
08	Record Identification Code		NO
10	Model Number		NO
11	Serial Number		NO
12	Warranty Expiration Date		NO
13	Implant Date		NO
14	Leads Left in Patient		NO
15	Returned tc Manufacturer		NO
16	Filler		
17	Filler		

RECORD TYPE 90 - CLAIM CONTROL SCREEN

- Required for Medicaid processing
- May be preceded by RT 50-5N, 60-6N, 70-7N, or 80-8N
- Must be followed by RT 23 or 95
- If more than 110 characters are required for Form Locator 84, used RT 91 to report the additional characters and code a "1" in field 12 of RT 90

Field No.	Field Name	Table Value	Encounter Req.
01	Record Type '90'		90
02	Filler		
03	Patient Control Number		NO
04	Physical Record Count		YES
05	Record Type 2n Count		YES
06	Record Type 3n Count		YES
07	Record Type 4n Count		YES
08	Record Type 5n Count		YES
09	Record Type 6n Count		YES
10	Record Type 7n Count		YES
11	Record Type 8n Count		YES
12	Record Type 91 Qualifier		YES
13	Total Accommodation Charges Revenue Centers		YES
14	Noncovered Accommodation Charges Revenue Centers		YES
15	Total Ancillary Charges Revenue Centers		YES
16	Noncovered Ancillary Charges Revenue Centers		YES
17	Remarks		NO

RECORD TYPE 91 - REMARKS

- Not Required for Medicaid processing
- The first 110 characters from Form Locator 84, Remarks, that are required to provide additional information on the claim should be entered on RT 90. If more than 110 characters are required, use field 4 of RT 91 to report them.

Field No.	Field Name	Table Value	Encounter Req.
01	Record Type '91'		91
02	Filler		
03	Patient Control Number		NO
04	Remarks (additional)		NO
05	Filler		

RECORD TYPE 95 - PROVIDER BATCH CONTROL

C Required for Medicaid processing
C Must De preceded by RT 90
C Must be followed by RT 10 or 99

Field No.	Field Name	Table Value	Encounter Req.
01	Record Type '95'		95
02	Federal Tax Number (EIN)		NO
03	Receiver Identification		NO
04	Receiver Sub-Identification		NO
05	Type of Batch	c-43	YES
06	Number of Claims		YES
07	Filler		
08	Accommodations Total Charges for the batch		YES
09	Accommodations Noncovered Charges for the batch		YES
10	Ancillary Tctal Charqes for the batch		YES
11	Ancillary Noncovered Charges for the batch		YES
12	[illegible]		
13	[illegible]		

RECORD TYPE 99 - FILE CONTROL

- Required for Medicaid processing
- Must be preceded by RT 95
- Must be last valid record on file

Field No.	Field Name	Table Value	Encounter Req.
01	Record Type '99'		99
02	Submitter EIN		NO
03	Receiver Identification		NO
04	Receiver Sub-Identification		NO
05	Number of Batches Billed this File		YES
06	Accommodations Total Charges for the file		YES
07	Accommodations Noncovered Charges for the File		YES
08	Ancillary Total Charges for the File		YES
09	Ancillary Noncovered Charges for the file.		YES
10	Filler		
11	Filler		