
Medicare Intermediary Manual Part 3 - Claims Process

Department of Health and
Human Services (DHHS)
HEALTH CARE FINANCING
ADMINISTRATION (HCFA)

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CHANGE REQUEST 1080

<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
Addendum A (Cont.)	A-5 - A-6 (2 pp.)	A-5 - A-6 (2 pp.)
	A-17 - A-20 (4 pp.)	A-17 - A-20 (4 pp.)
	A-31 - A-32 (2 pp.)	A-31 - A-32 (2 pp.)

NEW/REVISED MATERIAL--*EFFECTIVE DATE: July 1, 2000*
IMPLEMENTATION DATE: July 1, 2000

Addendum A, Provider Electronic Billing File and Record Formats, is revised because of the Balanced Budget Act of 1997 which requires that each service now be reported on individual lines. The law affects Hospital Outpatient, Community Mental Health Centers, Skilled Nursing Facilities (SNF) and Home Health prospective payment billing, as well as SNF consolidated billing, Home Health 15 minute increment billing and outpatient therapies which must now have HCPCs on every line. Record Types 50, 60, 61, and 90 are revised to accommodate three digits which will accommodate 450 lines per claim.

No changes are necessary for ANSI 837 vs. 3051.3A.01, since this system will accommodate as many line items as needed.

DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

These instructions should be implemented within your current operating budget.

<u>Record Name</u>	<u>Record Type Code</u>
Physician Data	80
<u>Reserved for National Assignment</u>	<u>81-84</u>
Local Use	85-89
Claim Control Screen	90
Remarks (Overflow from RT 90)	91
* Claim Control Totals	92
Reserved for National Assignment	93-94
Provider Batch Control	95
Local Use	96-97
* Provider Chain Control	98
File Control	99

5. Record Layouts

RECORD TYPE 01 - PROCESSOR DATA

- o Must be first record on file.
- o Must be followed by RT 10.

NOTE: Files will be formatted so that this is a data record, not a conventional label. From a system standpoint, this will be a 'labelless' file.

The processor data record will be the first record on each reel.

This record indicates, in fields 5 thru 7, the class and identification of the organization designated to receive this file or transmission. If the code in field 5 is a "Z", the file contains records for multiple primary payers. In this case, the employer identification number (EIN), also known as the tax identification number (TIN), identifies the organization designated to receive this tape or transmission. Otherwise, the code in field 5 designates the types of primary payer. Field 6 contains the receiver/primary payer identification (NAIC number for commercials, Blue Cross number for PLANS, as indicated by each State agency for Medicaid, as assigned by CHAMPUS where applicable, etc.). For commercial insurers, Field 7 contains the specific office within the insurance carrier designated to receive this tape or transmission. For Blue Cross Plans, this field will be used as designated by the Plan receiving the file.

It is recommended that you and other billers establish a protocol limiting a file to a single reel of tape, single disk, cartridge, or cassette. In the event a file exceeds that limit, the reel, cartridge, or disk must end in a batch control (record type (RT) 95).

RECORD TYPE 01 - PROCESSOR DATA

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFICATION	POSITION	
				FROM	THRU
1	Record type '01'	XX	L	1	2
2	Submitter EIN	9(10)	R	3	12
3	Multiple Provider Billing File Indicator	9		13	13
4	Filler (National Use)	X(17)	L	14	30
5	Receiver Type Code	X		31	31
6	Receiver Identification	9(5)	R	32	36
7	Receiver Sub-Identification	X(4)	L	37	40
8	Filler (National Use)	X(6)		41	46
9	Submitter Name	X(21)	L	47	67
	Submitter Address (Fields 10-13)				
10	Address	X(18)	L	68	85
11	City	X(15)	L	86	100
12	State	XX	L	101	102
13	ZIP Code	X(9)	L	103	111
14	Submitter FAX Number	9(10)	R	112	121
15	Country Code	X(4)	L	122	125
16	Submitter Telephone Number	9(10)	R	126	135
17	File Sequence & Serial Number	X(7)	L	136	142
18	Test/Production Indicator	X(4)	L	143	146
19	Date of Receipt (CCYYMMDD) (intermediary use only)	9(8)	R	147	154
20	Processing Date (Date Bill Submitted on HCFA 1450) (CCYYMMDD)	9(8)	R	155	162
21	Filler (Local Use)	X(27)		163	189
*22	Version Code 060	X(3)	L	190	192

*VERSION 060

See footnote C-1 for benefit coordination.

RECORD TYPE 41 - CLAIM DATA CONDITION-VALUE

o May follow RT 40 or 41.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFICATION		POSITION	
			L	I	FROM	THRU
1	Record Type '41'	XX	L	I	2	
2	Sequence Number	99		R	3	4
3	Patient Control Number	X(20)		L	5	24
	CONDITION CODE					
	Repeats 10 times					
4	Condition Code - 1	X(2)		L	25	26
5	Condition Code - 2	X(2)		L	27	28
6	Condition Code - 3	X(2)		L	29	30
7	Condition Code - 4	X(2)		L	31	32
8	Condition Code - 5	X(2)		L	33	34
9	Condition Code - 6	X(2)		L	35	36
10	Condition Code - 7	X(2)		L	37	38
11	Condition Code - 8	X(2)		L	39	40
12	Condition Code - 9	X(2)		L	41	42
13	Condition Code - 10	X(2)		L	43	44
14	Form Locator 31 (upper)	X(5)		L	45	49
15	Form Locator 31 (lower)	X(6)		L	50	55
	VALUE CODE					
	Repeats 12 times					
16	Value Code - 1	X(2)		L	56	57
17	Value Amount - 1	9(7)V99S		R	58	66
18	Value Code - 2	X(2)		L	67	68
19	Value Amount - 2	9(7)V99S		R	69	77
20	Value Code - 3	X(2)		L	78	79
21	Value Amount - 3	9(7)V99S		R	80	88
22	Value Code - 4	X(2)		L	89	90
23	Value Amount - 4	9(7)V99S		R	91	99
24	Value Code - 5	X(2)		L	100	101
25	Value Amount - 5	9(7)V99S		R	102	110
26	Value Code - 6	X(2)		L	111	112
27	Value Amount - 6	9(7)V99S		R	113	121
28	Value Code - 7	X(2)		L	122	123
29	Value Amount - 7	9(7)V99S		R	124	132
30	Value Code - 8	X(2)		L	133	134
31	Value Amount - 8	9(7)V99S		R	135	143
32	Value Code - 9	X(2)		L	144	145
33	Value Amount - 9	9(7)V99S		R	146	154
34	Value Code - 10	X(2)		L	155	156
35	Value Amount - 10	9(7)V99S		R	157	165
36	Value Code - 11	X(2)		L	166	167
37	Value Amount - 11	9(7)V99S		R	168	176
38	Value Code - 12	X(2)		L	177	178
39	Value Amount - 12	9(7)V99S		R	179	187
40	Filler (National Use)	X(5)			188	192

See footnote C-11 for benefit coordination.

RECORD TYPE 50 - IP ACCOMMODATIONS DATA

- o May be preceded by RT 40 - 4n or 50 - 5n.
- o May be followed by RT 50 - 5n, 60, or 70.
- o Accommodations must be entered in numeric sequence.
- o The sequence number for record type 50 can go from 001 to 999, each such physical record containing four accommodations, thus making provision for reporting up to 3996 accommodations on a single claim.

ACCOMMODATION REVENUE CODES: 100 THRU 21X

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFICATION	POSITION	
				FROM	THRU
1	Record type '50'	XX	L 1	2	
2	Sequence Number	9(3)	R	3	5
3	Patient Control Number	X(20)	L	6	25
4	Filler (National Use)	X(3)		26	28
	Accommodations (occurs 4 times)				
	Accommodations - 1	X(41)		29	69
5	Accommodations Revenue Code	9(4)	R	29	32
6	Accommodations Rate	9(7)V99	R	33	41
7	Accommodations Days	9(4)	R	42	45
8	Accommodations Total Charges	9(8)V99S	R	46	55
9	Accommodations Noncovered Charges	9(8)V99S	R	56	65
10	Form Locator 49	X(4)	L	66	69
11	Accommodations - 2	X(41)		70	110
12	Accommodations - 3	X(41)		111	151
13	Accommodations - 4	X(41)		152	192

See footnote C-12 for benefit coordination.

RECORD TYPE 60 - IP Ancillary Services Data

- o May be preceded by RT 40, 41, 50 - 5n, or 60.
- o May be followed by RT 60 or 70.
- o The sequence number for record type 60 can go from 001 to 999, each such physical record containing three inpatient ancillary service codes, thus making provision for reporting up to 2997 inpatient ancillary services on a single claim.
- o Write all sequences of RT 60.

PAYER AND RELATED INFORMATION REVENUE CODES: CODES 0010 - 0099.

THESE CODES MAY BE REPORTED IN RT 60, BUT THE AMOUNTS ASSOCIATED WITH THEM ARE NOT TO BE INCLUDED IN CONTROL TOTALS FOR ANCILLARIES IN RTS 90 AND 91.

INPATIENT ANCILLARY SERVICES REVENUE CODES: CODES 0220 - 099X.

INPATIENT ANCILLARY CODES MUST BE IN CODE NUMBER SEQUENCE.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFICATION		POSITION	
					FROM	THRU
1	Record type '60'	XX	L	1	2	
2	Sequence Number	9(3)		R	3	5
3	Patient Control Number	X(20)		L	6	25
4	Filler (National Use)	X(2)			26	27
	<u>Inpatient Ancillaries (occurs 3 times)</u>					
	<u>Inpatient Ancillaries - 1</u>	X(55)			28	82
5	<u>Inpatient Ancillary Revenue Code</u>	9(4)		R	28	31
	<u>If Revenue Code is 624, then also use RT 34.</u>					
	<u>When Revenue Code is 002X then field 6 contains a HIPPS Rate Code</u>					
6	<u>HCPCS Procedure Code/HIPPS</u>	X(5)		L	32	36
7	<u>Modifier 1 (HCPCS & CPT-4)</u>	X(2)		L	37	38
8	<u>Modifier 2 (HCPCS & CPT-4)</u>	X(2)		L	39	40
9	<u>Inpatient Ancillary Units of Service</u>	9(7)		R	41	47
10	<u>Inpatient Ancillary Total Charges 9(8)V99S</u>		R	48	57	
11	<u>Inpatient Ancillary Noncovered Charges</u>	9(8)V99S		R	58	67
12	<u>Form Locator 49</u>	X(4)		L	68	71
* 13	<u>Assessment Date (CCYYMMDD)</u>	X(8)		L	72	79
14	<u>Filler (National Use)</u>	X(3)			77	82
15	<u>Inpatient Ancillaries - 2</u>	X(55)			83	137
16	<u>Inpatient Ancillaries - 3</u>	X(55)			138	192

* Field 13 must only be completed when Revenue Code 002X is used, otherwise leave blank.
See footnote C-13 for benefit coordination.

RECORD TYPE 61 - OUTPATIENT PROCEDURES

- o May be preceded by RT 40, 41, or 61.
- o May be followed by RT 61 - 6n, 70, or 80.
- o The sequence number for record type 61 can go from 001 to 999, each such physical record containing three procedure codes, thus making provision for reporting up to 2997 procedures on a single claim.

PAYER AND RELATED INFORMATION REVENUE CODES: CODES 0010 -0099.

THESE CODES MAY BE REPORTED IN RT 61, BUT THE AMOUNTS ASSOCIATED WITH THEM ARE NOT TO BE INCLUDED IN CONTROL TOTALS FOR ANCILLARIES IN RTS 90 AND 91.

OUTPATIENT ANCILLARY CODES MUST BE IN CODE NUMBER SEQUENCE.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFICATION	POSITION	
				FROM	THRU
1	Record type '61'	XX	L 1	2	
2	Sequence Number	9(3)	R	3	5
3	Patient Control Number	X(20)	L	6	25
4	Filler (National Use)	XX	26	27	
	<u>Revenue Center (occurs 3 times)</u>				
	<u>Revenue Code - 1</u>	<u>X(55)</u>		<u>28</u>	<u>82</u>
5	Revenue Code	9(4)	R	28	31
	<u>If Revenue Code is 624, then also use RT 34.</u>				
6	HCPCS Procedure Code	X(5)	L	32	36
7	Modifier 1 (HCPCS & CPT-4)	X(2)	L	37	38
8	Modifier 2 (HCPCS & CPT-4)	X(2)	L	39	40
9	Units of Service	9(7)	R	41	47
10	Form Locator 49	X(6)	L	48	53
11	Outpatient Total Charges	9(8)V99S	R	54	63
12	Outpatient Noncovered Charges	9(8)V99S	R	64	73
13	Date of Service (CCYYMMDD)	9(8)	R	74	81
14	Filler (National Use)	X		82	82
* 15	Revenue Code - 2	X(55)		83	137
* 16	Revenue Code - 3	X(55)		138	192

* Revenue Codes 2 and 3 have the same format as fields 5-14 in Revenue Center 1.

See footnote C-14 for benefit coordination.

RECORD TYPE 90 - CLAIM CONTROL SCREEN

- o May be preceded by RT 50 - 5N, 60 - 6N, 70 - 7N, or 80 - 8N.
- o Must be followed by RT 20, 74, 91, or 95.
- o If more than 110 characters are required for Form Locator 84, use RT 91 to report the additional characters and code a "1" in field 12 of RT 90. A "0" indicates that no RT 91 follows.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFICATION	POSITION	
				FROM	THRU
1	Record Type '90'	XX	L 1	2	
2	Filler (National Use)	XX	3	4	
3	Patient Control Number	X(20)	L	5	24
4	Physical Record Count (Excluding RT 90 + 91)	9(3)	R	25	27
5	Record Type nn Count (Fields 5-11)	99	R	28	29
6	Record Type 2n Count	99	R	30	31
7	Record Type 3n Count	99	R	32	33
8	Record Type 4n Count	99	R	34	36
9	Record Type 5n Count	9(3)	R	37	39
10	Record Type 6n Count	99	R	40	41
11	Record Type 7n Count	99	R	42	43
12	Record Type 8n Count	99	R	44	44
13	Record Type 91 Qualifier	9		44	44
13	Total Accommodation Charges Revenue Centers	9(8)V99S	R	45	54
14	Noncovered Accommodation Charges - Revenue Centers	9(8)V99S	R	55	64
15	Total Ancillary Charges Revenue Centers	9(8)V99S	R	65	74
16	Noncovered Ancillary Charges - Revenue Centers	9(8)V99S	R	75	84
17	Remarks	X(108)	L	85	192

See footnote C-25 for benefit coordination.

RECORD TYPE 91 - REMARKS

- o Must be preceded by RT 90.
- o Must be followed by RT 20, 74, or 95.
- o The first 110 characters from Form Locator 84, Remarks, that are required to provide additional information on the claim must 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	PICTURE	FIELD SPECIFICATION	POSITION	
				FROM	THRU
1	Record Type '91'	XX	L 1		2
2	Filler (National Use)	XX	3		4
3	Patient Control Number	X(20)	L	5	24
4	Remarks (Additional)	X(82)	L	25	106
5	Filler (National Use)	X(86)		107	192

See footnote C-26 for benefit coordination.