Transmittal 1813   Date: NOVEMBER 9, 2000

CHANGE REQUEST 1381

HEADER SECTION NUMBERS	PAGES TO INSERT	PAGES TO DELETE
ADDENDUM A (Cont.) - ADDENDUM A (Cont.)	A-5 - A-6 (2 pp.)	A-5 - A-6 (2 pp.)
ADDENDUM A (Cont.) - ADDENDUM A (Cont.)	A-19 - A-20 (2 pp.)	A-19 - A-20 (2 pp.)
ADDENDUM A (Cont.) - ADDENDUM A (Cont.)	A-33 - A-34 (2 pp.)	A-33 - A-34 (2 pp.)

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

Addendum A, Provider Electronic Billing File and Record Formats, is being revised to add the option to enter the Health Insurance Prospective Payment System (HIPPS) rate code to Record Type (RT) 61. The HIPPS code will be entered in place of the HCPCS procedure code when Revenue Code 002X is used. This change is necessary in order to process home health insurance prospective payment claims.

RTs 01, 95, and 99 should be corrected to contain an alpha numeric field in the Receiver Identification Number. These changes have already been made by the system's maintainers. These changes are necessary in order to test version 6.0 of the UB-92 flat file with your Coordination of Benefits trading partners. In order to solve the problem, change the Receiver Identification Number to alpha numeric.

NOTIFY AND INFORM YOUR COORDINATION OF BENEFITS TRADING PARTNERS OF THESE CHANGES IMMEDIATELY AFTER RECEIVING THESE INSTRUCTIONS. PROVIDE ADDITIONAL OUTREACH TO ANY TRADING PARTNER THAT REQUIRES IT. YOU MUST SPECIFICALLY INFORM YOUR TRADING PARTNERS THAT NO CHANGES WILL BE MADE TO VERSION 5.0 OR PRIOR VERSIONS. TRADING PARTNERS WHO WISH TO UTILIZE LINE LEVEL DATA WILL NEED TO IMPLEMENT VERSION 6.0.

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.

HCFA-Pub. 13-3

Record Name	Record Type Code
Physician Data	80
Reserved for National Assignment	81-84
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 <u>data</u> 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 SPECIFI-CATION	POSITION FROM	POSITION 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	X(5)	L	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 60 - IP Ancillary Services Data

o   May be preceded by RT 40, 41, 50 - 5n, 60, or 63.

o   May be followed by RT 60, 62, 63, or 70.

o   The sequence number for record type 60 can go from 001 to 999 with each such physical record containing three inpatient ancillary service codes, thus making provision for reporting up to 2997 services although only 450 items will be accepted 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 SPECIFI-CATION	POSITION FROM	POSITION 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
	Inpatient Ancillaries (occurs 3 times)				
	Inpatient Ancillaries - 1	X(55)		28	82
5	Inpatient Ancillary Revenue Code	9(4)	R	28	31
	If Revenue Code is 624, then also use RT 34.				
	When Revenue Code is 002X then field 6 contains a HIPPS Rate Code				
6	HCPCS Procedure Code/HIPPS	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	Inpatient Ancillary Units of Service	9(7)	R	41	47
10	Inpatient Ancillary Total Charges 9(8)V99S		R	48	57
11	Inpatient Ancillary Noncovered Charges	9(8)V99S	R	58	67
12	Form Locator 49	X(4)	L	68	71
* 13	Assessment Date (CCYYMMDD)	9(8)	L	72	79
14	Filler (National Use)	X(3)		80	82
15	Inpatient Ancillaries - 2	X(55)		83	137
16	Inpatient Ancillaries - 3	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, 61, or 63.

o   May be followed by RT 61 - 6n, 62, 63, 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 services although only 450 items will be accepted 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 SPECIFI-CATION	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
	Revenue Center (occurs 3 times)				
	Revenue Code - 1	X(55)		28	82
5	Revenue Code	9(4)	R	28	31
	If Revenue Code is 624, then also use RT 34.				
	When Revenue Code is 002X then field 6 contains a HIPPS Rate Code				
6	HCPCS Procedure Code/HIPPS	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 95 - PROVIDER BATCH CONTROL

o   Must be preceded by RT 90 or 91.

o   Must be followed by RT 10 or 99.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
1	Record Type '95'	XX	L	1	2
2	Federal Tax Number (EIN)	9(10)	R	3	12
3	Receiver Identification	X(5)	L	13	17
4	Receiver Sub-Identification	X(4)	L	18	21
5	Type of Batch	XXX	L	22	24
6	Number of Claims	9(6)	R	25	30
7	Number of 3M Batch Attachment Records	9(6)	R	31	36
8	Accommodations Total Charges for the Batch	9(10)V99S	R	37	48
9	Accommodations Noncovered Charges for the Batch	9(10)V99S	R	49	60
10	Ancillary Total Charges for the Batch	9(10)V99S	R	61	72
11	Ancillary Noncovered Charges for the Batch	9(10)V99S	R	73	84
12	Total Charges for Batch (COB only)	9(10)V99S	R	85	96
13	Total Noncovered Charges for the Batch (COB only)	9(10)V99S	R	97	108
14	Reserve for Future Use	X(12)	L	109	120
15	Filler (National Use)	X(18)		121	138
16	Filler (Local Use)	X(54)		139	192

See footnote C-27 for benefit coordination.

RECORD TYPE 99 - FILE CONTROL

o   Must be preceded by RT 95.

o   Must be last valid record on file.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	THRU
1	Record Type '99'	XX	L	1	2
2	Submitter EIN	9(10)	R	3	12
3	Receiver Identification	X(5)	L	13	17
4	Receiver Sub-Identification	X(4)	L	18	21
5	Number of Batches Billed this File	9999	R	22	25
6	Accommodations Total Charges for the File	9(11)V99S	R	26	38
7	Accommodations Noncovered Charges for the File	9(11)V99S	R	39	51
8	Ancillary Total Charges for the File	9(11)V99S	R	52	64
9	Ancillary Noncovered Charges for the File	9(11)V99S	R	65	77
10	Total Charges for the File (COB only)	9(11)V99S	R	78	90
11	Total Noncovered Charges for the File (COB only)	9(11)V99S	R	91	103
12	Number of Claims for the File (COB only)	9(8)	R	104	111
13	Number of Records for the File (COB only)	9(8)	R	112	119
14	Filler (National Use)	X(16)		120	135
15	Filler (Local Use)	X(57)		136	192

See footnote C-28 for benefit coordination.