

**Medicare
Intermediary Manual**

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

Part 3 - Claims Process

Transmittal 1800

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CHANGE REQUEST 1258

<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
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**NEW/REVISED MATERIAL--*EFFECTIVE DATE: August 14, 2000*
*IMPLEMENTATION DATE: August 14, 2000***

Addendum A, Provider Electronic Billing File and Record Formats, adds two new codes -- Revenue Code (RC) Sequence and Coordination Of Benefit (COB) Record Type Sequence--to Record Types (RT) 51, 52, 62, and 63. These fields allow adjustment information to be related back to the specific line item to which it refers. We are also including additional records that may follow RTs 50, 60, and 61. RTs 51, 52, 62, and 63 will use the same sequence number as the RTs 50, 60 and 61 to which they correspond, and must now be sorted so that they can be associated with those records. These changes are necessary in order to allow COB trading partners to associate adjustments with the appropriate line items.

Example using RT 63 follows:

Claim contains 5 line items with following revenue codes: 0251, 0252, 0252, 0258, 0258

	RT 61 SEQ 055	RT 63 SEQ 055	REVENUE CODE SEQ
1st Occurrence	RC 0251	RC 0251	1
2nd Occurrence	RC 0252	RC 0252	2
3rd Occurrence	RC 0252	RC 0252	3
	RT 61 SEQ 056	RT 63 SEQ 056	
1st Occurrence	RC 0258	RC 0258	1
2nd Occurrence	RC 0258	RC 0258	2

Apply the same principle and logic to record Types 51, 52 and 62.

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Record Sequence:

- All RTs 51 and 52 follow the RT 50 to which they correspond.
- All RTs 62 and 63 follow the RT 60 or 61 to which they correspond.

Assume in the prior example that two adjustments took place for each line. Six RT 63's with sequence number 055 are created:

SEQREV	CODE	SEQ	COB REC	TYPE	SEQ
055		1			1
055		1			2
055		2			1
055		2			2
055		3			1
055		3			2

The records appear in this order directly after the RT61 with the same sequence number. Similarly, four RT 63's with sequence number 056 are created and follow the RT 61 with that sequence number.

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 MUST 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.

RECORD TYPE 41 - CLAIM DATA CONDITION-VALUE

- o May follow RT 40 or 41.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFICATION	POSITION	
				FROM	THRU
1	Record Type '41'	XX	L	1	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.

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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, 51, 52, 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, 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 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
	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

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 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) Revenue Center (occurs 3 times)	XX		26	27
5	Revenue Code - 1	X(55)		28	82
	Revenue Code If Revenue Code is 624, then also use RT 34.	9(4)	R	28	31
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.

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CLAIM CHANGE REASON CODE (cont.)**RECORD TYPE 42*********OPTIONAL RECORD*******

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFICATION	POSITION	
				FROM	THRU
24	MIA/MOA Remark Code-1	X(5)	L	131	135
25	MIA/MOA Remark Code-2	X(5)	L	136	140
26	MIA/MOA Remark Code-3	X(5)	L	141	145
27	MIA/MOA Remark Code-4	X(5)	L	146	150
28	MIA/MOA Remark Code-5	X(5)	L	151	155
29	Filler (National Use)	X(37)		156	192

Comment: This is a payer generated Record Type and is not created by the provider.

NOTE: Mandatory for Medicare if ASC X12N 835 Remittance Reason Codes used in claims processing. Reason code values and amounts should be the same as those applied to the ANSI ASC X12N 835 Remittance.

IP ACCOMMODATIONS LINE ITEM REMARKS CODES**RECORD TYPE 51**

*****MANDATORY IF LINE LEVEL REMARKS CODES ARE PRESENT*****

- o May follow RT 50, RT 51, or RT 52.
- o May be followed by RT 50, RT 51, RT 52, RT 60, or RT 70.
- o RT 51 should use the same sequence number as the corresponding RT 50.
- o The sequence number for RT 51 can go from 001 to 999.
- o The payer sequence 01' would represent the Primary Payer, payer sequence 02' would represent the Secondary Payer, and payer sequence 03' would represent the Tertiary Payer.
- o The revenue code sequence shows which of the four occurrences of revenue code on RT 50 is being referenced. Valid values are 1 through 4.
- o The COB record type sequence references the order of this record where there are multiple occurrences (one claim line can generate multiple RT 51's). Valid values are 1 through 4.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFICATION	POSITION	
				FROM	THRU
1	Record Type '51'	XX	L	1	2
2	Sequence Number	9(3)	R	3	5
3	Payer Sequence	99	R	6	7
4	Patient Control Number	X(20)	L	8	27
5	Accommodation Revenue Code	9(4)	R	28	31
6	Remarks Code 1	X(4)	L	32	35
7	Remarks Code 2	X(4)	L	36	39
8	Remarks Code 3	X(4)	L	40	43
9	Remarks Code 4	X(4)	L	44	47
10	Remarks Code 5	X(4)	L	48	51
11	Remarks Code 6	X(4)	L	52	55
12	Remarks Code 7	X(4)	L	56	59
13	Remarks Code 8	X(4)	L	60	63
14	Remarks Code 9	X(4)	L	64	67
15	Remarks Code 10	X(4)	L	68	71
16	Revenue Code Sequence	9	R	72	72
17	COB Record Type Sequence	9	R	73	73
18	Filler (National Use)	X(119)		74	192

INPATIENT ACCOMMODATION REASON CODES**RECORD TYPE 52*********MANDATORY IF LINE LEVEL REASON CODES ARE PRESENT*******

- o May follow RT 50, RT 51, or RT 52.
- o May be followed by RT 50, RT 52, RT 60, or RT 70.
- o Use RT 52 for IP accommodations
- o **RT 52 should use the same sequence number as the corresponding RT 50.**
- o The sequence number for RT 52 can go from 001 to 999.
- o The payer sequence '01' would represent the Primary Payer, payer Sequence '02' would represent the Secondary Payer, and payer sequence '03' would represent the Tertiary Payer.
- o **The revenue code sequence shows which of the four occurrences of the revenue code on RT 50 is being referenced. Valid values are 1 through 4.**
- o **COB record type sequence references the order of this record where there are multiple occurrences (one claim line can generate multiple RT 52's). Valid values are 1 through 4.**

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFICATION	POSITION	
				FROM	THRU
1	Record Type 52	XX	L	1	2
2	Sequence Number	9(3)	R	3	5
3	Payer Sequence	99	R	6	7
4	Patient Control Number	X(20)	L	8	27
5	Revenue Code	9(4)	L	28	31
6	Group Code	X(2)	L	32	33
7	Reason Code 1	X(3)	L	34	36
8	Adjustment Amount 1	9(7)V99S	R	37	45
9	Adjustment Quantity 1	9(5)S	R	46	50
10	Reason Code 2	X(3)	L	51	53
11	Adjustment Amount 2	9(7)V99S	R	54	62
12	Adjustment Quantity 2	9(5)S	R	63	67
13	Reason Code 3	X(3)	L	68	70
14	Adjustment Amount 3	9(7)V99S	R	71	79
15	Adjustment Quantity 3	9(5)S	R	80	84
16	Reason Code 4	X(3)	L	85	87
17	Adjustment Amount 4	9(7)V99S	R	88	96
18	Adjustment Quantity 4	9(5)S	R	97	101
19	Reason Code 5	X(3)	L	102	104
20	Adjustment Amount 5	9(7)V99S	R	105	113
21	Adjustment Quantity 5	9(5)S	R	114	118
22	Reason Code 6	X(3)	L	119	121
23	Adjustment Amount 6	9(7)V99S	R	122	130

24	Adjustment Quantity 6	9(5)S	R	131	135
25	Revenue Code Sequence	9	R	136	136
26	COB Record Type Sequence	9	R	137	137
27	Filler (National Use)	X(55)		138	192

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ANCILLARY OR OP ITEM REMARKS CODES**RECORD TYPE 62**

- o May follow RT 60, RT 61, RT 62, or RT 63.
- o May be followed by RT 60, RT 61, RT 62, RT 63, or RT 70.
- o **RT 62 should use the same sequence as the corresponding RT 60 or RT 61.**
- o The sequence number for RT 62 can go from 001 to 999.
- o The payer sequence '01' would represent the Primary Payer, payer sequence '02' would represent the Secondary Payer, and payer sequence '03' would represent the Tertiary Payer.
- o **The revenue code sequence shows which of the three occurrences of the revenue code on RT 60 or 61 is being referenced. Valid values are 1 through 3.**
- o **COB record type sequence references the order of this record where there are multiple occurrences (one claim line can generate multiple RT 62's). Valid values are 1 through 4.**

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFICATION	POSITION	
				FROM	THRU
1	Record Type '62'	XX	L	1	2
2	Sequence Number	9(3)	R	3	5
3	Payer Sequence	99	R	6	7
4	Patient Control Number	X(20)	L	8	27
5	Revenue Code	9(4)	R	28	31
6	Remarks Code 1	X(4)	L	32	35
7	Remarks Code 2	X(4)	L	36	39
8	Remarks Code 3	X(4)	L	40	43
9	Remarks Code 4	X(4)	L	44	47
10	Remarks Code 5	X(4)	L	48	51
11	Remarks Code 6	X(4)	L	52	55
12	Remarks Code 7	X(4)	L	56	59
13	Remarks Code 8	X(4)	L	60	63
14	Remarks Code 9	X(4)	L	64	67
15	Remarks Code 10	X(4)	L	68	71
16	Revenue Code Sequence	9	R	73	73
17	COB Record Type Sequence	9	R	74	74
18	Filler (National Use)	X(119)		74	192

ANCILLARY OR OP REASON CODES**RECORD TYPE 63**

*****MANDATORY RECORD IF LINE LEVEL REASON CODES ARE PRESENT***

- o May follow RT 60, RT 61, RT 62 or RT 63.
- o Use RT 63 for IP ancillary or OP line level reason codes.
- o RT 63 should use the same sequence number as the corresponding RT 60 or 61.
- o The sequence number for RT 63 can go from 001 to 999.
- o The payer sequence 01' would represent the Primary payer, payer sequence 02' would represent the Secondary payer, and payer sequence 03' would represent the Tertiary Payer.
- o The revenue code sequence shows which of the three occurrences of revenue code on RT 60 or 61 is being referenced. Valid values are 1 through 3.
- o COB record type sequence references the order of this record where there are multiple occurrences (one claim line can generate multiple RT 63's). Valid values are 1 through 4.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFICATION	POSITION	
				FROM	THRU
1	Record Type 63	XX	L	1	2
2	Sequence Number	9(3)	R	3	5
3	Payer Sequence	99	R	6	7
4	Patient Control Number	X(20)	L	8	27
5	Revenue Code	9(4)	R	28	31
6	Group Code	X(2)	L	32	33
7	Reason Code 1	X(3)	L	34	36
8	Adjustment Amount 1	9(7)V99S	R	37	45
9	Adjustment Quantity 1	9(5)S	R	46	50
10	Reason Code 2	X(3)	L	51	53
11	Adjustment Amount 2	9(7)V99S	R	54	62
12	Adjustment Quantity 2	9(5)S	R	63	67
13	Reason Code 3	X(3)	L	68	70
14	Adjustment Amount 3	9(7)V99S	R	71	79
15	Adjustment Quantity 3	9(5)S	R	80	84
16	Reason Code 4	X(3)	L	85	87
17	Adjustment Amount 4	9(7)V99S	R	88	96
18	Adjustment Quantity 4	9(5)S	R	97	101
19	Reason Code 5	X(3)	L	102	104
20	Adjustment Amount 5	9(7)V99S	R	105	113
21	Adjustment Quantity 5	9(5)S	R	114	118
22	Reason Code 6	X(3)	L	119	121
23	Adjustment Amount 6	9(7)V99S	R	122	130
24	Adjustment Quantity 6	9(5)S	R	131	135

25	Revenue Code Sequence	9	R	136	136
26	COB Record Type Sequence	9	R	137	137
27	Filler (National Use)	X(55)		138	192

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CLAIM CONTROL TOTALS**RECORD TYPE 92******* MANDATORY RECORD *****

- o May follow RT 90, RT 91 or RT 92.
- o May be followed by RT 20, 92, 93 or RT 95
- o This Record Type is used ONLY for OUT Bound COB Bills
- o If there is an Inpatient DRG bill, RT 51 and 61 will not be present because the DRG amount paid is at a claim level, rather than at an individual revenue code level.
- o Sequence 01 represents the primary payer, sequence 02 represents the secondary payer, and sequence 03 represents the tertiary payer.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFICATION	POSITION	
				FROM	THRU
1	Record Type '92'	XX	L	1	2
2	Sequence Number	99	R	3	4
3	Patient Control Number	X(20)	L	5	24
N1 4	Current DCN/ICN	X(23)	L	25	47
5	Filler - (National Use)	X(6)		48	53
N2 6	Total Submitted Charges	9(8)V99S	R	54	63
N3 7	Total Non-covered Charges	9(8)V99S	R	64	73
8	Total Charges Allowed	9(8)V99S	R	74	83
9	Total Medicare Reimbursement	9(8)V99S	R	84	93
10	Total Amount Medicare Paid Provider	9(8)V99S	R	94	103
11	Total Amount Paid Beneficiary	9(8)V99S	R	104	113
N4 12	Total Medicare Days Utilized	9(4)	R	114	117
13	DRG/APC Assigned via Grouper	999	R	118	120
14	DRG/APC Amount Applied via Pricer	9(8)V99S	R	121	130
15	DRG Outlier Amount	9(8)V99S	R	131	140
16	Total Denied Charges	9(8)V99S	R	141	150
17	Cost Report Days	999S	R	151	153
18	Lifetime Psychiatric Days	999S	R	154	156
N5 19	Claim Status	XX	L	157	158
20	Reimbursement Rate (%)	9(4)V999	R	159	165
21	Claim Paid Date (CCYYMMDD)	9(8)	R	166	173
22	Filler (National Use)	X(19)		174	192

N1 NOTE: This is the claim ICN/DCN currently being processed.

N2 NOTE: Sum of RT 90 FL 13/15

N3 NOTE: Sum of RT 90 FL 14/16

N4 NOTE: Same as RT 30 FL 20-covered days

N5 NOTE: Claim Status Codes-Refer to ANSI X12 codes.

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