

December 3, 2002

**MANAGED CARE PLAN
ENCOUNTER DATA SPECIFICATIONS**

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

NATIONAL VERSION 001.03

**OHIO MEDICAID
LOCAL VERSION 001.03**

ISSUE DATE - 07/01/1993

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LOCAL IMPLEMENTATION DATE - 02/01/94

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT
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ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT
FILE LAYOUT

-----AA0 - File Header Record.....Submitter
-----BA0 - Batch Header RecordProvider
-----BA1 - Batch Header RecordProvider
-----CA0 - Claim Header RecordPatient
-----CB0 - Claim Header RecordLegal Rep
-----DA0 - Insurance Info RecordsPayer(s)
-----DA1 - Insurance Info RecordsPayer(s)
-----DA2 - Insurance Info RecordsPayer(s)
-----EA0 - Claim Record
-----EA1 - Claim Record
-----EA2 - Claim Record
-----FA0 - Service Line Detail Records
-----FB0 - Service Line Detail Records
-----FB1 - Service Line Detail Records
-----FB2 - Service Line Detail Records
-----FD0 - Service Line Detail Records
-----GA0 - Ambulance Certification Record
-----GC0 - Chiropractic Certification Record
-----GD0 - DME Certification Record
-----GD1 - DME Narrative Record
-----GEO - EN Certification Record
-----GP0 - PEN Certification Record
-----GU0 - DMEPOS Certification Record
-----GX0 - OXYGEN Certification Record
-----GX1 - OXYGEN Narrative Record
-----GX2 - OXYGEN Facility Record
-----HA0 - Extra Narrative Record
-----XA0 - Claim Trailer RecordClaim Totals
-----YA0 - Batch Trailer RecordBatch Totals
-----ZA0 - File Trailer RecordFile Totals

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WILL BE CORRECT FOR REMAINING PAGES

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

GENERAL INSTRUCTIONS

NATIONAL VER. 001.03 - 07/01/1993

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT
 GENERAL INSTRUCTIONS

The general instructions define the validation requirements for classes of fields as well as some standard abbreviations that are utilized.

ABBREVIATIONS:

Standard abbreviations used throughout the document:

ABBREVIATION	DESCRIPTION
ADDR	Address (street address)
ANES	Anesthesia
APPL	Appliance
ASSIGN	Assignment
CONT	Containment
CUR	Current
DT	Date
EMPL	Employment
EMPLR	Employer
FUNCTNL	Functional
ID	Identifier OR Identification
IMPRESS	Impression
IND	Indicator
INFO	Information
INSERT	Inserted
LOC	Location
MEASURE	Measurement
MI	Middle Initial
MIN	Minutes
MOS	Months
N/A	Not Applicable OR None
NO	Number
ORTHO	Orthodontic
PAT	Patient
PERM	Permanent
PHONE	Telephone
PLACE	Placement
PRESCRIPT	Prescription
PROV	Provider
PUR	Purchased
REL	Relationship
REP	Representative
REPLACE	Replaced
REQ	Requirement
RETIRE	Retirement
SER	Series

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT
GENERAL INSTRUCTIONS

Standard abbreviations (continued):

ABBREVIATION	DESCRIPTION
SPNSR	Sponsor
SUB	Submitter
SUPV	Supervising
SVC	Service
SYMP	Symptom
TREAT	Treatment
1ST	First

DATA ELEMENT REQUIREMENT:

REQ codes:

R = required O = optional
C = conditional

VALIDATION REQUIREMENTS:

Some Data Element description pages state:

"See GENERAL INSTRUCTIONS for 'xxxxxxxxxxxxxxxx' entry".

Where 'xxxxxxxxxxxxxxxx' is one of the following data elements.

ELEMENT	PAGE #
ADDRESS	8
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IDENTIFICATION NUMBERS	9
NAME 1 (INDIVIDUAL NAMES)	10
NAME 2 (COMPANY NAMES)	10
PATIENT CONTROL NUMBER	11
TELEPHONE	13

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT
GENERAL INSTRUCTIONS

ADDRESS:

ADDRESS-1 and ADDRESS-2:

- a) ADDRESS-1 may not contain a blank in the first position.
- b) If entered, ADDRESS-2 may not contain a blank in the first position.
- c) Must contain at least one embedded blank.
- d) May contain:
 - A-Z
 - 0-9
 - forward slash (/)
 - period (.)
 - comma (,)
 - number sign (#)
 - ampersand (&)
 - parentheses '()'
 - percent sign (%) - for: "in care of"
 - blank ()
- e) No other special characters are allowed.

CITY:

- a) First position must not be blank.
- b) May contain:
 - A - Z
 - period (.)
 - comma (,)
 - ampersand (&)
 - blank ()
- c) No other special characters are allowed.

STATE: Must be a valid code from EXHIBIT 1.

ZIP:

- a) Position 1-3 must be a code from EXHIBIT 1.
Position 4-5 must be numeric.
Position 6-9 is optional but must be numeric if entered.
- b) If the STATE code is a foreign country, ZIP is not required.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT
GENERAL INSTRUCTIONS

DATE:

Format: CCYYMMDD

- a) CC (century) must have a value of '19' or '20'.
exception: may have a value of '18', '19' or '20'
for birth dates.
- b) YY (year) must have a value of '00' through '99'.
- c) MM (month) must have a value of '01' through '12'.
- d) DD (day) must have a value of '01' through '31'
dependent on MM.

MM (month) value	DD (day) value
01, 03, 05, 07, 08, 10, 12	01 through 31
04, 06, 09, 11	01 through 30
02	01 through 29 if YY is divisible by 4
02	01 through 28 if YY NOT divisible by 4

IDENTIFICATION NUMBERS:

- a) If entered, first position may not be blank.
- b) May contain: A - Z
0 - 9
- c) No embedded blanks are allowed.
- d) Special characters may be used at the discretion of
the receiver/payor.

MEDICAID

**NOTES: If special characters are allowed in a field,
it will be specified in the instructions on that field.**

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

GENERAL INSTRUCTIONS

NAME 1 (INDIVIDUAL NAMES):

LAST NAME and FIRST NAME

- a) First position must be A-Z.
- b) May contain: A-Z
hyphen (-)
blank ()
- c) No other special characters are allowed.
- d) Titles such as 'Mr.', 'Dr.', 'Jr.' are not allowed.
- e) Must be at least two (2) positions in length.

MIDDLE INITIAL

- a) Must contain A-Z or blank.

NAME 2 (COMPANY NAMES):

- a) First position must be A-Z.
- b) May contain: A-Z
period (.)
comma (,)
hyphen (-)
ampersand (&)
blank ()
- c) No other special characters are allowed.
- d) Must be at least two (2) positions in length.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

GENERAL INSTRUCTIONS

PATIENT CONTROL NUMBER:

- a) First position must not be blank.
- b) May contain:
 - A-Z
 - 0-9
 - forward slash (/)
 - period (.)
 - comma (,)
 - hyphen (-)
 - number sign (#)
 - blank ()
- c) No other special characters are allowed.

MEDICAID

NOTES: This field is required because it is used to link all records for a single claim. Because of this, the entire claim will be denied without this information.

Only the first nine digits of this field is used by the Medicaid payment system. These first nine digits of the Patient Control Number will be used as the Medical Record Number and will be reflected as such on the printed Remittance Advice and the electronic PAY/REJECT file.

If this number is not available on hardcopy claims, the Scanner/Data Entry departments will insert the last nine digits of the Billing Number.

ENCOUNTER

NOTES: The Ohio Encounter System limits the patient control number field to 15 characters. It is assigned by the MCP to uniquely identify the claim. It is used to link all records for a single claim.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

GENERAL INSTRUCTIONS

PATIENT CONTROL NUMBER: (continued)

ENCOUNTER

NOTES: Report the medical record number using the field by
that name on the CAO record.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

GENERAL INSTRUCTIONS

TELEPHONE:

- a) Format: AAAXXXSSSS
AAA = area code
XXX = exchange
SSSS = station number
- b) Must contain 0-9 only.
- c) No special characters or blanks are allowed.
- d) Valid area codes may be found in EXHIBIT 1.

MEDICAID NOTES:

BATCH:

Each submission is composed of multiple batches.
Each batch is composed of multiple claims.

With respect to electronic submissions coming from providers and intermediaries, our use of the term "batch" relates to the entire submission or file. The batches that exist within that submission have individual batch numbers but they are not used by the Medicaid payment system. Therefore, these submissions are balanced in total by using the total number of claims in the file.

With respect to submission from internal departments, the batches within the submission or file are used by the Medicaid payment system for balancing. Therefore, individual batches within a submission may be rejected.

MISCELLANEOUS (NOT OTHERWISE SPECIFIED) CATEGORIES

The use of any code category that is considered miscellaneous or not specific in description requires the provider to maintain hardcopy documentation in the patient's file to support the submission of that claim. When these types of codes are used, it is advisable to use the Narrative (HA0) record for their explanation.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

GENERAL INSTRUCTIONS

MEDICAID NOTES (CONTINUED):

CLAIMS NOT TO BE BILLED ELECTRONICALLY

The following types of claims cannot be billed electronically. They must be billed on hardcopy and sent to the Ohio Department of Job & Family Services.

- 1) Abortion, sterilization and hysterectomy claims.
- 2) Service dates over 365 days old.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

FILE HEADER RECORD

RECORD TYPE: AA0

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD RECORD TYPE: AA0

LEVEL: FILE

PURPOSE: The first record of any file submitted electronically, it contains information pertinent to the submitter of the claim file. A submitter could be a provider of medical services (i.e. physician, lab, clinic...) or a billing agency. The information contained in this record will be the determining factor in whether or not the file will be allowed system access.

REQUIREMENTS: A "AA0" record is required for every submission.

ORDER:	Preceding Record Type -----	Following Record Type -----
	NONE	BA0

NOTES:

MEDICAID

NOTES: Filler fields will not be read by the Medicaid processing system.
Other information may be provided in these areas but they will not affect the processing of these claims.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD RECORD TYPE: AA0
 "SUBMITTER DATA"

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS FROM	THRU	MANAGED CARE NOTES
01.0	RECORD ID "AA0"	3	X	01	03	R
02.0	SUBMITTER IDENTIFIER	16	X	04	19	R
	FILLER	9	X	20	28	
04.0	SUBMISSION TYPE	6	X	29	34	R
	FILLER	178	X	35	212	
15.0	CREATION DATE	8	X	213	220	R
	FILLER	33	X	221	253	
21.0	TEST/PROD IND	4	X	254	257	R
	FILLER	35	X	258	292	
26.1	TARGET SYSTEM	1	X	293	293	R
	FILLER	27	X	294	320	

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD RECORD/FIELD: AA0-01.0
"SUBMITTER DATA"

DATA ELEMENT: Record Identifier (RECORD ID "AA0")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: Field used to identify the "Submitter Data Record".

CODE VALUES: N/A

VALIDATION: Must be entered.
Must be "AA0".

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD RECORD/FIELD: AA0-02.0
"SUBMITTER DATA"

DATA ELEMENT: Submitter Identifier (SUB ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
02.0	X(16)	LEFT	SPACES	04	19	R

DEFINITION: Identifies the submitter as defined by the receiver.

CODE VALUES: N/A

VALIDATION: Must be entered.
Must be identical to the SUBMITTER ID entered in the File Trailer Record (ZA0-02.0).
See GENERAL INSTRUCTIONS for "Identification Number" entry.

FORM LOCATION: N/A

REMARKS: May be a federally assigned Employer Identification Number (EIN). EIN is also referred to as a Tax Identification Number (TIN) depending on the receiver's requirements.

MEDICAID

NOTES: This field is composed of the three-character alphabetic submitter ID, followed by the three-digit submitter's number followed by spaces

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD RECORD/FIELD: AA0-04.0
 "SUBMITTER DATA"

DATA ELEMENT: Submission Type

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
04.0	X(06)	LEFT	SPACES	29	34	R

DEFINITION: Identifies the input medium or method used to transmit the data to the receiver.

CODE VALUES:	ASYNC	BISYNC	RJE	FAX	TAPE
	ASY	BSY	RJE	FAX	TP
	ASY003	BYS024	RJE024		TPCRTG
	ASY012	BYS048	RJE048		TP0800
	ASY024	BSY096	RJE096		TP1600
	ASY048	BSY192	RJE192		TP6250
	ASY096				
		DISKETTE		SCANNER	CPU
	DSK8SS	DSK5SS	DSK3SS	SCN	CPU
	DSK8SD	DSK5SD	DSK3SD	SCNOCR	
	DSK8DD	DSK5DD	DSK3DD	SCNICR	
	DSK5HD	DSK3HD			

VALIDATION: At a minimum, must be a valid code from the above lists. At the receiver's option, there may be more specific code requirements.

FORM LOCATION: N/A

REMARKS: N/A

MEDICAID

NOTES: For providers and intermediaries who are submitting their claims on reel tape or cartridges, use the "TP" code. Do not use the other codes under "Tape".

For hardcopy claims that are being scanned, use the "SCN" code. For hardcopy claims that are being keyed by the Data Entry department, use the "KD" code.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD RECORD/FIELD: AA0-15.0
"SUBMITTER DATA"

DATA ELEMENT: Creation Date

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
15.0	X(08)	LEFT	SPACES	213	220	R

DEFINITION: Identifies the date the submitter created the
the file.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be a valid date.

See GENERAL INSTRUCTIONS for "Date" entry.

Must not be later than the date the file is
received.

FORM LOCATION: N/A

REMARKS: N/A

MEDICAID

NOTES: Production tapes should be sent to:

Ohio Department of Job & Family Services
Air Center
Data Scheduling Unit
4200 East Fifth Avenue
Columbus, OH 43219

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD RECORD/FIELD: AA0-21.0
"SUBMITTER DATA"

DATA ELEMENT: Test/Production Indicator (TEST/PROD IND)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
----	-----	-----	-----	-----	-----	---
21.0	X(04)	LEFT	SPACES	254	257	R

DEFINITION: A code indicating whether the file is to be used for test or production purposes.

CODE VALUES: TEST = file should be run through a test system.

PROD = file should be run through a production system.

VALIDATION: Must be entered if required by receiver.

If entered, must be a valid code from the above list.

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD RECORD/FIELD: AA0-26.1
"SUBMITTER DATA"

DATA ELEMENT: Target System

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
26.1	X(01)	LEFT	SPACES	293	293	R

DEFINITION: Field used to identify the target system at ODJFS for which the data is intended.

CODE VALUES: N/A

VALIDATION: Must be entered.

FORM LOCATION: N/A

REMARKS: N/A

MCP ENCOUNTER

NOTES: Must be >H- for encounter data.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

BATCH HEADER RECORD

RECORD TYPE: BA0

"PROVIDER DATA 1"

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ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD RECORD TYPE: BA0
"PROVIDER DATA 1"

LEVEL: BATCH

PURPOSE: To identify and provide information regarding the
provider of services indicated in this batch.

REQUIREMENTS: This record is required.
A "BA0" record is required for every submission.

ORDER:	Preceding Record Type ----- AA0 or YA0	Following Record Type ----- BA1 or CA0
--------	---	---

NOTES: Only one BA0 record is allowed for each batch.

MEDICAID

NOTES: See GENERAL INSTRUCTIONS for "Batch" definition.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD RECORD/FIELD: BA0-01.0
"PROVIDER DATA 1"

DATA ELEMENT: Record Type (RECORD ID 'BA0')

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	1	3	R

DEFINITION: This field is used to identify the
"PROVIDER DATA 1" record.

CODE VALUES: N/A

VALIDATION: Must be entered.
Must be BA0.

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD RECORD/FIELD: BA0-04.0
"PROVIDER DATA 1"

DATA ELEMENT: Batch Number (BATCH NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
04.0	9(04)	RIGHT	ZEROS	22	25	R

DEFINITION: This is a sequential number assigned by the submitter, to each batch of claims.

CODE VALUES: Must be equal to 0001 through 9999.

VALIDATION: Must be entered.

Must be numeric.

First occurrence must be 0001.

Whenever the "EMC Provider Identifier", BA0 - 02.0, or "Type of Batch", BA0 - 03.0, changes from those previously entered, the "Batch Number" must be reset to 01.

If the previous "EMC Provider Identifier", BA0 - 02.0 and "Type of Batch", BA0 - 03.0 are identical with those currently being processed, the "Batch Number" must be one greater than the previous "Batch Number".

FORM LOCATION: N/A

REMARKS: N/A

MEDICAID

NOTES: For providers and intermediaries, this field identifies a batch for their own purposes but the Medicaid payment system does not use it.

For Scanning and Data Entry departments, only three digits are accepted by the Medicaid payment system.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD RECORD/FIELD: BAO-12.0
"PROVIDER DATA 1"

DATA ELEMENT: Provider Medicaid Number (PROV MEDICAID NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
12.0	X(15)	LEFT	SPACES	75	89	R

DEFINITION: The number assigned to the Provider by a Medicaid State Agency for identification purposes.

CODE VALUES: N/A

VALIDATION: If entered:

This field must contain the Medicaid Provider Number as it appears on the Payor's Provider File.

See GENERAL INSTRUCTIONS for "Identification Number" entry.

FORM LOCATION: HCFA-1500 Block 33

REMARKS: If the Medicaid Provider Number is not entered or entered incorrectly all Medicaid claims contained within the batch may be rejected.

REQUIREMENTS: The Medicaid Provider Number must be entered if the batch contains any claims that are to be processed by a Medicaid payor.

MEDICAID

NOTES: This is the pay-to Medicaid provider number.

In the case of a group practice or hospital, this is the group's number. In other instances, it is the rendering provider number.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD RECORD/FIELD: BA0-12.0
"PROVIDER DATA 1"

DATA ELEMENT: Provider Medicaid Number (PROV MEDICAID NO)

(CONTINUED)

MEDICAID NOTES:

If the Medicaid Provider Number is not entered or entered incorrectly, all Medicaid claims contained within the batch may be deleted from the system or they may cause payment to the wrong provider.

Billing agencies should validate the digits of the provider number by using the following procedure:

The last digit is the "check" digit and is verified by a routine that takes the first six digits of the provider number and calculates a number that is compared to the seventh digit of the provider number.

The check digit is calculated as follows:

- 1) add together the first three odd number digits and multiply the result by 2
- 2) add together the first three even number digits
- 3) add together the results of step 1 and 2, then subtract from 100
- 4) the low order digit from the result of step 3 should be the check digit

For example:

Provider Number 8321597

- 1) $(8 + 2 + 5) \times 2 = 30$
- 2) $3 + 1 + 9 = 13$
- 3) $100 - (30 + 13) = 57$
- 4) 7 should be the check digit

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD RECORD/FIELD: BA0-16.0
"PROVIDER DATA 1"

DATA ELEMENT: Provider Other Number 1 (PROV NO 1)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
16.0	X(15)	LEFT	SPACES	135	149	C

DEFINITION: The number assigned to the provider by the receiver for other identification purposes.

CODE VALUES: N/A

VALIDATION: Must be entered as required by receiver.

See GENERAL INSTRUCTIONS for "Identification Number" entry.

FORM LOCATION: N/A

REMARKS: Example: Specific number assigned for Workmen's Compensation, Health Maintenance Organization (MCP) or Additional Commercial Number.

MEDICAID

NOTES: In the case of a group practice, this field is the servicing provider's individual provider number.

It can be found on the HCFA-1500 form in Block 33 as the "GRP#".

It has the same check digit routine as Provider Medicaid Number, Record BA0, Field 12.0.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

CLAIM HEADER RECORD

RECORD TYPE: CA0

"PATIENT DATA"

NATIONAL VER. 001.03 - 07/01/1993

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM HEADER RECORD RECORD TYPE: CA0
"PATIENT DATA"

LEVEL: CLAIM

PURPOSE: To identify and provide information regarding the patient who received the services indicated in this claim.

REQUIREMENTS: A CA0 record is required for every claim.

ORDER:	Preceding Record Type -----	Following Record Type -----
	BA0, BA1 or XA0	CB0 or DA0

NOTES: Only one CA0 record is allowed for each claim.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM HEADER RECORD RECORD TYPE: CAO
 "PATIENT DATA"

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS		MANAGED CARE NOTES
				FROM	THRU	
01.0	RECORD ID "CAO"	3	X	01	03	R
	FILLER	2	X	04	05	
03.0	PAT CONTROL NO	17	X	06	22	X1
	ENCOUNTER PAT CONTROL	15	X	06	20	R
	ENCOUNTER FILLER	02	X	21	22	R
04.0	PAT LAST NAME	20	X	23	42	O
05.0	PAT FIRST NAME	12	X	43	54	O
06.0	TOTAL PAYMENT	10	n	55	64	R
	FILLER	117	X	65	181	
22.0	OTHER INSURANCE IND	1	X	182	182	O
	FILLER	13	X	183	195	
27.0	PAYOR CLM CONTROL NO	17	X	196	212	O
28.0	PROVIDER NUMBER	15	X	213	227	R
	FILLER	26	X	228	253	
31.0	MEDICAL RECORD NO	9	X	254	262	R
31.0a	DELETE ENCOUNTER CLAIM FLAG	1	X	263	263	C
32.0	PAID DATE	8	n	264	271	R
33.0	FILLER	45	X	272	320	O

X1 - This field is required since it is used by Ohio Medicaid to link all records for a single encounter record.

ENCOUNTER NOTES: The Ohio Encounter System limits the patient control number field to 15 characters. It is assigned by the MCP to uniquely identify the claim. It is used to link all records for a single claim.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM HEADER RECORD RECORD/FIELD: CA0-01.0
"PATIENT DATA"

DATA ELEMENT: Record Identifier (RECORD ID "CA0")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
----	-----	-----	-----	-----	-----	---
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: Code used to identify the "Patient Data" record.

CODE VALUES: N/A

VALIDATION: Must be entered.
Must be "CA0".

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM HEADER RECORD RECORD/FIELD: CA0-03.0
"PATIENT DATA"

DATA ELEMENT: Patient Control Number (PAT CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
03.0	X(17)	LEFT	SPACES	06	22	R

DEFINITION: An identification assigned to the patient by the provider to identify the patient.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for "Patient Control Number".

Must be entered.

FORM LOCATION: N/A

REMARKS: The patient control number is used by the EMC system to link all records for a claim. All records between the record type CA0, up to and including the record type XA0, must have the same patient control number.

Although up to seventeen characters are allowed, not all payors' systems will record and return seventeen characters on remittance advices or other documents. Consult the Matrix/Usage document supplied by the Payor/Receiver for additional information.

NATIONAL VER. 001.02 - 09/01/1992
LOCAL VER. 001.04 - 06/14/1996

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM HEADER RECORD RECORD/FIELD: CA0-03.0
"PATIENT DATA" (Continued)

ENCOUNTER NOTES: The Ohio Encounter System limits the patient control number field to 15 characters. It is assigned by the MCP to uniquely identify the claim. It is used to link all records for a single claim.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM HEADER RECORD RECORD/FIELD: CA0-04.0
"PATIENT DATA" CA0-05.0

DATA ELEMENT: Patient Last Name (PAT LAST NAME)
Patient First Name (PAT FIRST NAME)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
04.0	X(20)	LEFT	SPACES	23	42	R
05.0	X(12)	LEFT	SPACES	43	54	R

DEFINITION: The name of the individual to whom the services were provided.

CODE VALUES N/A

VALIDATION: See GENERAL INSTRUCTIONS for "Name 1" entry.

FORM LOCATION: HCFA-1500 Block 2

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM HEADER RECORD RECORD/FIELD: CA0-06.0
"PATIENT DATA"

DATA ELEMENT: Total Payment (TOTAL CLAIM PAYMENT)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
06.0	XXXXXXXXvXX	RIGHT	ZEROS	55	64	R

DEFINITION: The total amount paid for the claim in dollars for claims paid on a fee for service basis. The format for the dollar amount paid is "XXXXXXXXvXX" (v indicates an implied decimal point). The line item payment amounts must sum to the total payment of the claim at the header level of the claim. Total payment amounts should be reported for partially capitated claims. For claims that are part of a capitated arrangement with a provider and do not have a fee for service payment on any line item, the field should contain a capitation indicator "9999999999".

CODE VALUES "9999999999" indicates entire claim part of a capitated arrangement with a medical provider.

VALIDATION: Must be positive unsigned numeric value. If any line item payment amounts (LINE CHARGES) have numeric values other than "9999999999", the LINE CHARGES must sum to TOTAL CLAIM PAYMENT. If all line item payment amounts (LINE CHARGES) contain a capitation indicator ("9999999999"), the TOTAL CLAIM PAYMENT must also contain a capitation indicator ("9999999999"). **May not be "0000000000" except if all line items on claim are free immunizations with "0000000000" in LINE CHARGES(see ODJFS Specifications for Reporting Payment Information on Encounter Data for list of valid immunization codes).**

FORM LOCATION: HCFA-1500 Block 2

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM HEADER RECORD RECORD/FIELD: CA0-22.0
"PATIENT DATA"

DATA ELEMENT: Other Insurance Indicator (OTHER INSURANCE IND)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
22.0	X(01)	N/A	SPACE	182	182	C

DEFINITION: A code which indicates the patient has other insurance which may or may not be reflected on this claim.

CODE VALUES: 1 = Yes, patient has other insurance.
2 = Yes, patient has other insurance not reflected on this bill.
3 = No, patient does not have other insurance.

VALIDATION: Must be entered if required by payor/receiver.
If entered, must be a valid code from the above list.

FORM LOCATION: HCFA-1500 Block 11d

REMARKS:

1. Patient has declared that he/she has other insurance which may pay a portion of this claim and provided the necessary insurance information. (Not all insurance companies require the other insurance fields to be completed.)
2. Patient has declared that he/she has other insurance which may pay a portion of this claim but did not furnish the insurance information for this claim.
3. The provider has asked the patient if he/she has other insurance, and the patient has stated that they do not.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT
RECORD NAME: CLAIM HEADER RECORD RECORD/FIELD: CA0-22.0
"PATIENT DATA"
DATA ELEMENT: Other Insurance Indicator (OTHER INSURANCE IND)
(CONTINUED)

MEDICAID

NOTES: The field is required if other insurance is involved.

This is a one character field, either alphabetic or numeric which indicates if an insurance payment other than Medicare has been received or has not been received from the third party insurer. For Ohio Medicaid, the acceptable codes are as follows:

If you have received payment, please enter one of the following:

1	=	Self/Family
2	=	Blue Cross/Blue Shield
3	=	Private Carrier
4	=	Employer or Union
5	=	Public Agency
6	=	Other

If you have not received payment, please enter one of the following:

R	=	No Response From Carrier. Means no response from the insurance carrier for 90 days. A claim with this code may not be submitted until 91 days after the date of treatment.
P	=	No Coverage for This Recipient Number. Means that the provider has confirmed that there is health insurance for some members of the Medicaid case, but the particular patient is not covered.
F	=	No Coverage for All Recipient Numbers. Means that there is no health insurance for any member of the Medicaid case.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM HEADER RECORD RECORD/FIELD: CA0-22.0
"PATIENT DATA"

DATA ELEMENT: Other Insurance Indicator (OTHER INSURANCE IND)
(CONTINUED)

MEDICAID NOTES:

- L = Disputed or Contested Liability. Means that the provider has confirmed that there is health insurance, but the coverage for the billed service is disputed or contested by the insurance carrier.
- S = Non-Covered Services. Means that the provider has confirmed that there is health insurance, but that the policy does not cover the services being billed. This code should also be used when the amount billed has been applied to the insurance deductible.
- E = Insurance Benefits Exhausted. Means that the provider has confirmed that there is health insurance, but the policy benefits for the billed services have been exhausted.
- X = Non-Cooperative Recipient. Means that the provider has confirmed that there is health insurance, but the patient refused to cooperate in collection effort.

If you have not received payment from another source and there is no indication of health insurance coverage for the case, leave this item blank.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM HEADER RECORD RECORD/FIELD: CA0-27.0
"PATIENT DATA"

DATA ELEMENT: Payor Claim Control Number
(PAYOR CLM CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
27.0	X(17)	LEFT	SPACES	196	212	R

DEFINITION: A number assigned by the Payor/Receiver to identify the claim.

CODE VALUES: Blanks / Spaces are only valid values.

VALIDATION: Must be blank / space filled.

FORM LOCATION: N/A

REMARKS: For Payor/Receiver usage only.
For assignment of an Internal / Document /
Claim Control Number (ICN/DCN/CCN) that the Payor/
Receiver will pass to an adjudication system.

MEDICAID

NOTES: This field should not be used by the provider or electronic submission intermediary. This field is for use by the Ohio Medicaid payment system only.

Known within the system as the Transaction Control Number, it has two versions, one for tape/computer submitted claims and one for OCR/Data Entry/Exam Entry claims. They are defined as follows:

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM HEADER RECORD RECORD/FIELD: CA0-27.0
 "PATIENT DATA"

DATA ELEMENT: Payor Claim Control Number
 (PAYOR CLM CONTROL NO)

(CONTINUED)

OCR/DATA ENTRY/EXAM ENTRY FORMAT

abbbbbcdeeeffggghh

a = Input Medium Indicator

 OLD FORMS (UB-82, 6780, ETC.):

- 0 = Exam Entry
- 1 = Keyed
- 2 = Tape/Computer Billed
- 3 = OCR
- 4 = Computer Generated Credit
 or Adjustment

 NEW FORMS (UB-92, HCFA-1500, ETC.):

- 5 = Exam Entry
- 6 = Keyed
- 7 = Tape/Computer Billed
- 8 = OCR
- 9 = Computer Generated Credit
 or Adjustment

bbbbb = Batch Date in Julian format (YYDDD)

c = Microfilm Machine Number

d = Microfilm Roll Number

eee = Batch Number

f = Claim Accounting Code
 0 = Original Claim
 1 = Credit Adjustment
 2 = Debit Adjustment

ggg = Document Number

hh = Document Line Number

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM HEADER RECORD RECORD/FIELD: CA0-27.0
"PATIENT DATA"

DATA ELEMENT: Payor Claim Control Number
(PAYOR CLM CONTROL NO)

(CONTINUED)

ELECTRONIC SUBMISSION FORMAT
abbbbccccdeeeee

a = Input Medium Indicator

OLD FORMS (UB-82, 6780, ETC.):

- 0 = Exam Entry
- 1 = Keyed
- 2 = Tape Billed
- 3 = OCR
- 4 = Computer Generated Credit or Adjustment

NEW FORMS (UB-92, HCFA-1500, ETC.):

- 5 = Exam Entry
- 6 = Keyed
- 7 = Tape Billed
- 8 = OCR
- 9 = Computer Generated Credit or Adjustment

bbbbbb = Batch Date in Julian format (YYDDD)

cccc = Batch Number

d = Claim Accounting Code

- 0 = Original Claim
- 1 = Credit Adjustment
- 2 = Debit Adjustment

eeee = Document Number

For all claims except pharmacy, Document Number and Document Line Number are treated as a single field with each claim incrementing the number by one. For pharmacy claims, each form increments the document number by one and each line on the form increments the Document Line Number by one, up to a maximum of ten.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM HEADER RECORD RECORD/FIELD: CA0-28.0
"PATIENT DATA"

DATA ELEMENT: Provider Number (PROVIDER NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
28.0	X(15)	LEFT	SPACES	213	227	C

DEFINITION: The number assigned to the provider by the payor/
receiver for identification purposes. Or, for
encounter data, the MCP's provider number for the
patient's county of residence.

CODE VALUES: N/A

VALIDATION: Must be entered if required by Payor/Receiver.

If entered:

This field must contain the Provider Number
as it appears on the Payor's/Receiver's file.

See GENERAL INSTRUCTIONS for "Identification
Number" entry.

FORM LOCATION: HCFA-1500 Block 33

REMARKS: The Payor/Receiver may elect to allow the Provider
Number to be submitted in this Claim Level record
instead of at the Batch Level in the "BA0" record.

Consult the Matrix/Usage document supplied by the
Payor/Receiver for additional information and
submission instructions.

**MCP
ENCOUNTER**

**NOTES: Required field for MCP Encounter data. Enter the seven
digit OHIO Medicaid provider number of the patient's
county of residence.**

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM HEADER RECORD RECORD/FIELD: CA0-31.0
"PATIENT DATA"

DATA ELEMENT: Medical Record Number

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
31.0	X(09)	LEFT	SPACES	254	262	R

DEFINITION: This field is the unique identifier assigned by the servicing provider to the patient's medical records.

CODE VALUES: N/A

VALIDATION: N/A

FORM LOCATION: N/A

REMARKS: N/A

ENCOUNTER

NOTES: The medical record number is reported here instead of as part of the patient control number field.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM HEADER RECORD RECORD/FIELD: CA0-31.0a
"PATIENT DATA"

DATA ELEMENT: DELETE ENCOUNTER CLAIM FLAG

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
31.0a	X(01)	LEFT	SPACES	263	263	R

DEFINITION: Use to indicate that the claim is to be deleted from the
the encounter data system.

CODE VALUES: Blank or >D= or >T=

VALIDATION: N/A

FORM LOCATION: N/A

REMARKS: N/A

ENCOUNTER

NOTES: To delete a claim record from the encounter system, enter
the letter >D=.

Delivery claims can only be deleted using the code >T=,
meaning >take back payment and delete=.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM HEADER RECORD RECORD/FIELD: CA0-32.0
"PATIENT DATA"

DATA ELEMENT: Paid Date (PAID DATE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
32.0	X(8)	LEFT	SPACES	264	271	R

DEFINITION: The date on which the MCP paid the medical provider for the claim.

CODE VALUES: N/A

VALIDATION: Must be in format ccyymmdd. Must be on or after the latest SERVICE TO DATE on claim line items.

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM HEADER RECORD RECORD/FIELD: CA0-33.0
"PATIENT DATA"

DATA ELEMENT: Filler-Local

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
33.0	X(57)	LEFT	SPACES	272	320	0

DEFINITION: N/A

CODE VALUES: N/A

VALIDATION: N/A

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

INSURANCE INFORMATION RECORD

RECORD TYPE: DA0

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: INSURANCE INFORMATION RECORD TYPE: DA0
"PAYOR DATA 1"

LEVEL: CLAIM

PURPOSE: To identify the Payor(s) involved with and/or
having liability for the resolution of this
claim.

REQUIREMENTS: At least one DA0 record is required on every
claim.

All known payors are to be identified by using
this record.

ORDER:	Preceding Record Type ----- CA0, CB0, DA0, DA1 or DA2	Following Record Type ----- DA0, DA1, DA2, or EA0
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NOTES: When requesting payment from a secondary payor
it is extremely important that the EOB/remittance
information be provided from the primary
payor(s). This is of major importance in
in allowing the secondary claim to be processed
without having to request a hardcopy EOB.

Multiple DA0 records should be sequenced
according to national and state coordination of
benefits rules. The primary payor should always
be first regardless of whether or not payment is
being requested in this transmission.

The order of the records should always be:
PRIMARY followed by SECONDARY insurance
(if applicable), and then TERTIARY insurance
(if applicable). The CLAIM FILING INDICATOR
(DA0-04.0) should be used to direct the claim
to the appropriate payor(s).

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: INSURANCE INFORMATION
 "PAYOR DATA 1"

RECORD TYPE: DA0

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS		MANAGED CARE NOTE
				FROM	THRU	
01.0	RECORD ID "DA0"	3	X	1	3	R
02.0	SEQUENCE NUMBER	2	X	4	5	R
03.0	PATIENT CONTROL NUMBER	17	X	6	22	X1
	FILLER	46	X	23	68	
10.0	GROUP NUMBER	20	X	69	88	O
11.0	GROUP NAME	33	X	89	121	O
	FILLER	16	X	122	137	
14.0	PRIOR AUTHORIZATION NUMBER	15	X	138	152	C1
	FILLER	4	X	153	156	
18.0	INSURED ID NO	25	X	157	181	R
19.0	INSURED LAST NAME	20	X	182	201	O
20.0	INSURED FIRST NAME	12	X	202	213	O
21.0	INSURED MI	1	X	214	214	O
	FILLER	106	X	215	320	

X1 This field is required since it is used by Ohio Medicaid to link all records for a single encounter record.

C1 Required if prior authorization is required by the MCP for any of the services billed. Use the value A1" if prior authorization is required, otherwise leave blank.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: INSURANCE INFORMATION RECORD/FIELD: DA0-01.0
"PAYOR DATA 1"

DATA ELEMENT: Record Identifier (RECORD ID "DA0")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	FFS	MC
01.0	X(03)	LEFT	SPACES	01	03	R	R

DEFINITION: Field used to identify the "INSURANCE INFORMATION"
- "PAYOR DATA 1" record.

CODE VALUES: N/A

VALIDATION: A claim must have at least one "DA0" record and
may have up to three.

Must be "DA0".

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: INSURANCE INFORMATION RECORD/FIELD: DA0-02.0
"PAYOR DATA 1"

DATA ELEMENT: Sequence Number (SEQUENCE NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
02.0	X(02)	LEFT	SPACES	04	05	R

DEFINITION: A numeric value from 01 through 03 used to sequence the "DA0" records and to associate "DA0" records with "DA1" and "DA2" records.

CODE VALUES: 01 - Identifies the primary payor record.
02 - Identifies the secondary payor record.
03 - Identifies the tertiary payor record.

VALIDATION: Must be entered.

Must be a valid code from the above list.

A claim must have at least one "DA0" record and may have up to three. All "Dan" records must be grouped as "DA0", "DA1", "DA2" by sequence number.

The first (or only) record must be identified by a sequence number of '01'.

FORM LOCATION: N/A

REMARKS: Multiple DA0 records should be sequenced according to national and state coordination of benefits rules. The primary payor should always be first regardless of whether or not payment is being requested in this transmission.

The order of the records should always be PRIMARY followed by SECONDARY insurance (if applicable) and then TERTIARY insurance (if applicable). The CLAIM FILING INDICATOR (DA0-04.0) should be used to direct the claim to the appropriate payor(s).

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: INSURANCE INFORMATION RECORD/FIELD: DA0-03.0
"PAYOR DATA 1"

DATA ELEMENT: Patient Control Number (PAT CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
03.0	X(17)	LEFT	SPACES	06	22	R

DEFINITION: A unique identifier assigned by the provider to identify the patient.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be identical to the "Patient Control Number" (CA0-03.0) of this claim.

See GENERAL INSTRUCTIONS for "Patient Account Number" entry.

FORM LOCATION: HCFA-1500 Block 26

REMARKS: The Patient Account Number field is used to associate all of the records for a single claim.

MEDICAID

NOTES: This field is used to link all records for a single claim. Because of this, the entire claim will be denied without this information.

For further information, refer to the GENERAL INSTRUCTIONS, PATIENT CONTROL NUMBER: MEDICAID NOTES.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: INSURANCE INFORMATION RECORD/FIELD: DA0-10.0
"PAYOR DATA 1"

DATA ELEMENT: Group Number (GROUP NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
10.0	X(20)	LEFT	SPACES	69	88	C

DEFINITION: The identification number assigned by the payor to the group or plan through which insurance is provided.

CODE VALUES: N/A

VALIDATION: Must be entered if required by payor.

Must be completed when the primary source of payment (DA0-05.0) equals B, E, F, G, H, I, J, or Z and Medicare secondary payment is being requested.

If entered, must only contain 0-9, A-Z, forward slash (/), period (.), comma (,), hyphen (-), number sign (#), ampersand (&) and blank (). No other characters are allowed.

Must NOT equal the PAYOR ID (DA0-07.0).

Must NOT equal the INSURED'S IDENTIFICATION NUMBER (DA0-18.0).

Must NOT contain all zeroes (0's) or a combination of all zeroes (0's) and spaces ().

Must NOT contain all nines (9's) or a combination of all nines (0's) and spaces (). EXCEPT for certain commercial claims which allow "999999" (six nines followed by spaces).

Must NOT contain any of the following laterals: "UNKNOWN", "123456789", "INDIVIDUAL", "NONE", "SELF", "N/A" OR "NOT APPLICABLE".

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: INSURANCE INFORMATION RECORD/FIELD: DA0-10.0
"PAYOR DATA 1"

DATA ELEMENT: Group Number (GROUP NO)

(CONTINUED)

Must NOT equal the GROUP NAME (DA0-11.0).

FORM LOCATION: HCFA-1500 Blocks 9a, 11

REMARKS: Some payors require this information for all
claims others may only require it, if necessary,
for COB processing.

If available, it should be provided for all
payors since it's presence may expedite the
processing of the claim.

This information is required for processing
a Medicare secondary claim.

**MEDICAID
NOTES:**

**This field is required when other insurance is
involved. It contains the group number of the other
insurance.**

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: INSURANCE INFORMATION RECORD/FIELD: DA0-11.0
"PAYOR DATA 1"

DATA ELEMENT: Group Name

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
11.0	X(33)	LEFT	SPACES	89	121	C

DEFINITION: The name of the group or plan through which insurance is being provided.

CODE VALUES: N/A

VALIDATION: Must be entered if required by payor.

Must be completed when the primary source of payment (DA0-05.0) equals B, E, F, G, H, I, J, or Z and Medicare secondary payment is being requested.

See GENERAL INSTRUCTIONS for "Name 2" (company name) entry.

Must NOT equal the PAYOR ID (DA0-07.0).

Must NOT equal the INSURED'S IDENTIFICATION NUMBER (DA0-18.0).

Must NOT contain all zeroes (0's) or a combination of all zeroes (0's) and spaces ().

Must NOT contain all nines (9's) or a combination of all nines (0's) and spaces () EXCEPT for certain commercial claims which allow "999999" (six nines followed by spaces).

Must NOT contain any of the following literals: "UNKNOWN", "123456789", "INDIVIDUAL", "NONE", "SELF", "N/A" OR "NOT APPLICABLE".

Must NOT equal the GROUP NUMBER (DA0-10.0).

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: INSURANCE INFORMATION RECORD/FIELD: DA0-11.0
"PAYOR DATA 1"

DATA ELEMENT: Group Name (CONTINUED)

FORM LOCATION: HCFA-1500 Blocks 9d, 11

REMARKS: Some payors require this information for all
claims others may only require it, if necessary,
for COB processing.

If available, it should be provided for all
payors since it's presence may expedite the
processing of the claim.

This information is required for processing
Medicare secondary claims.

MEDICAID

**NOTES: This field is required when other insurance is
involved. It is the plan name or program name
of the other insurance.**

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: INSURANCE INFORMATION RECORD/FIELD: DA0-14.0
"PAYOR DATA 1"

DATA ELEMENT: Prior Authorization Number (PRIOR AUTH NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
14.0	X(15)	LEFT	SPACES	138	152	C

DEFINITION: A number, code or other indicator that the services provided on this claim have been authorized by the payor.

CODE VALUES: N/A

VALIDATION: Must be entered if required by the payor and prior approval has been obtained from the payor or his agent.

FORM LOCATION: HCFA-1500 Block 23

REMARKS: N/A

MEDICAID

NOTES: Complete this field only if prior/payment authorization is required for any of the services billed. Use the ODJFS assigned six (6) digit number from the approved "Prior Authorization" notification. Refer to the appropriate Medicaid Handbook to determine what services require prior authorization.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: INSURANCE INFORMATION RECORD/FIELD: DA0-18.0
 "PAYOR DATA 1"

DATA ELEMENT: Insured Identification Number (INSURED ID NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
18.0	X(25)	LEFT	SPACES	157	181	R

DEFINITION: Insured's unique identification number,
 assigned by the Third Party Payor.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for identification
 number entry. Must not contain all zeros or
 all nines (9's). May not contain any of the
 following literals:
 "unknown", "individual", "self",
 "1234567890" or "none"

FORM LOCATION: HCFA-1500 Blocks 1a, 9a

REMARKS: Subscriber ID
 Sponsor ID
 HIC ID
 SSN ID
 Recipient ID
 Employee ID (Group self administered)

MEDICAID

**NOTES: This is a required field and is an unique number
 assigned to each recipient.**

**This is the 12 digit billing number which is found in the
 column marked "Billing Number" on the Ohio Medical card
 (Medicaid, General Assistance, or Disability Assistance). This
 number is also referred to as the Medicaid Recipient ID.**

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: INSURANCE INFORMATION RECORD/FIELD: DA0-18.0
"PAYOR DATA 1"

DATA ELEMENT: Insured Identification Number (INSURED ID NO)
(CONTINUED)

The tenth digit of the number is the "check" digit and is verified by a routine that takes the first nine digits of the Billing Number and calculates a number that is compared to the tenth digit of the Billing Number. If digits 11 and 12 are equal to 80, the routine is ignored.

The check digit is calculated as follows:

- 1) take the first five odd number digits and treat it as a single number
- 2) multiply the result of step 1 by 2
- 3) add together each digit of the result of step 2 with the first four even number digits
- 4) subtract the result of step 3 from 100
- 5) the low order digit from the result of step 4 should be the check digit

For example:

Billing Number 736285914701

- 1) $(76894) \times 2 = 153788$
- 2) $(1+5+3+7+8+8) + (3+2+5+1) = 43$
- 3) $100 - (43) = 57$
- 4) 7 should be the check digit

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: INSURANCE INFORMATION RECORD/FIELD: DA0-19.0
"PAYOR DATA 1" DA0-20.0
DA0-21.0

DATA ELEMENT: Insured Last Name (INSURED LAST NAME)
Insured First Name (INSURED FIRST NAME)
Insured Middle Initial (INSURED MI)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
19.0	X(20)	LEFT	SPACES	182	201	C
20.0	X(12)	LEFT	SPACES	202	213	C
21.0	X(01)	LEFT	SPACES	214	214	C

DEFINITION: The last, first, middle name of the insured individual.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for Name 1 (individual names) entry.

FORM LOCATION: HCFA-1500 Blocks 4, 9

REMARKS: N/A

MEDICAID

NOTES: This field is required when other insurance is involved. It is the Other Insured's Name from Block 9 of the HCFA-1500.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

INSURANCE INFORMATION RECORD

RECORD TYPE: DA1

NATIONAL VER. 001.03 - 07/01/1993

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: INSURANCE INFORMATION RECORD TYPE: DA1
"PAYOR DATA 2"

LEVEL: CLAIM

PURPOSE: To supply additional information for identifying the payor and/or to provide prior adjudication status information from primary payors.

REQUIREMENTS: When filing 'secondary' claims a "DA1" record is required for every payor who has received and/or processed the claim prior to this submission.

ORDER:	Preceding Record Type	Following Record Type
	----- DA0	----- DA0, DA2 or EA0

NOTES: When requesting payment from a secondary payor it is extremely important that the EOB/remittance information be provided from the primary payor(s). This is of major importance in allowing the secondary claim to be processed without having to request a hardcopy EOB.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: INSURANCE INFORMATION
 "PAYOR DATA 2"

RECORD TYPE: DA1

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS		MANAGED CARE NOTE
				FROM	THRU	
01.0	RECORD ID "DA1"	3	X	01	03	R
02.0	SEQUENCE NO	2	X	04	05	R
03.0	PAT CONTROL NO	17	X	06	22	X1
	FILLER	105	X	23	127	
11.0	ALLOWED AMOUNT	7	N	128	134	O
12.0	DEDUCTIBLE AMOUNT	7	N	135	141	O
13.0	COINSURANCE AMOUNT	7	N	142	148	O
	FILLER	104	X	149	252	
26.1	DATE PAID BY MEDICARE	6	X	253	258	O
	FILLER	62	X	259	320	

X1 This field is required since it is used by Ohio Medicaid to link all records for a single encounter record.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: INSURANCE INFORMATION RECORD/FIELD: DA1-01.0
"PAYOR DATA 2"

DATA ELEMENT: Record Identifier (RECORD ID "DA1")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: Field used to identify the "INSURANCE INFORMATION"
- "PAYOR DATA 2" record.

CODE VALUES: N/A

VALIDATION: A claim may have up to three "DA1" records. Each
must have a corresponding "DA0" record.

Must be "DA1".

FORM LOCATION: N/A

REMARKS: Multiple "DA1" records must have corresponding
"DA0" records. The records are 'matched' by
SEQUENCE NO (DA0-02.0 and DA1-02.0).

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: INSURANCE INFORMATION RECORD/FIELD: DA1-02.0
"PAYOR DATA 2"

DATA ELEMENT: Sequence Number (SEQUENCE NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
02.0	X(02)	LEFT	SPACES	04	05	R

DEFINITION: A numeric value from 01 through 03 used to sequence the "DA1" records and to associate "DA1" records with "DA0" and "DA2" records.

CODE VALUES: 01 - Identifies the primary payor record.
02 - Identifies the secondary payor record.
03 - Identifies the tertiary payor record.

VALIDATION: Must be entered.

Must be a valid code from the above list.

The value entered must match the SEQUENCE NUMBER (DA0-02.0) submitted in the preceding "DA0" record.

FORM LOCATION: N/A

REMARKS: See sequencing instructions regarding "DA0" record.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: INSURANCE INFORMATION RECORD/FIELD: DA1-11.0
"PAYOR DATA 2"

DATA ELEMENT: Allowed Amount

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
11.0	9(5)V99	RIGHT	ZEROS	128	134	C

DEFINITION: The maximum amount determined by the payor as being "allowable" under the provisions of the contract prior to the determination of actual payment.

CODE VALUES: N/A

VALIDATION: Must be entered if applicable and the payor requires the information for the filing of secondary claims EMC.

Must be a positive, unsigned numeric value.

FORM LOCATION: EOB (Explanation of Benefits) or remittance of primary payor.

REMARKS: This field may be used to report the total amount allowed on the claim for Medicare Secondary Payor submission purposes.

Consult the Matrix/User Guide document supplied by the payor/receiver to determine usage of this data element.

MEDICAID

NOTES: USE FOR MEDICARE CROSSOVER CLAIMS ONLY
Enter the total dollar amount approved by Medicare indicated on the Summary Notice from Medicare.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: INSURANCE INFORMATION RECORD/FIELD: DA1-12.0
"PAYOR DATA 2"

DATA ELEMENT: Deductible Amount

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
12.0	9(5)V99	RIGHT	ZEROS	135	141	C

DEFINITION: The amount deducted, by the payor, from the allowed amount in order to meet the contract "deductible" provisions.

The amount applied toward the deductible by this payor.

CODE VALUES: N/A

VALIDATION: Must be entered if applicable and the payor requires the information for the filing of secondary claims EMC.

Must be a positive, unsigned numeric value.

FORM LOCATION: EOB (Explanation of Benefits) or remittance of primary payor.

REMARKS: This field may be used to report the total amount of deductible on the claim for Medicare Secondary Payor submission purposes.

Consult the Matrix/User Guide document supplied by the payor/receiver to determine usage of this data element.

MEDICAID

NOTES:

USE FOR MEDICARE CROSSOVER CLAIMS ONLY
Enter the dollar amount shown in the Deductible Column on the Summary Notice of Medicare Benefits. If there is no deductible, leave this item blank.

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LOCAL VER. 001.03 - 09/15/1993
ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: INSURANCE INFORMATION RECORD/FIELD: DA1-13.0
"PAYOR DATA 2"

DATA ELEMENT: Coinsurance Amount

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
13.0	9(5)V99	RIGHT	ZEROS	142	148	C

DEFINITION: The amount deducted, by the payor, from the allowed amount in order to meet the "coinsurance" provisions of the contract.

The amount applied toward the coinsurance by this payor.

CODE VALUES: N/A

VALIDATION: Must be entered if applicable and the payor requires the information for the filing of secondary claims EMC.

Must be a positive, unsigned numeric value.

FORM LOCATION: EOB (Explanation of Benefits) or remittance of primary payor.

REMARKS: This field may be used to report the total amount of coinsurance on the claim for Medicare Secondary Payor submission purposes.

Consult the Matrix/User Guide document supplied by the payor/receiver to determine usage of this data element.

MEDICAID

NOTES:

USE FOR MEDICARE CROSSOVER CLAIMS ONLY

Enter the dollar amount shown in the Co-insurance column on the Summary Notice of Medicare Benefits. If there is no Co-insurance, leave this item blank.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: INSURANCE INFORMATION RECORD/FIELD: DA1-26.1
"PAYOR DATA 2"

DATA ELEMENT: Date Paid by Medicare

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
26.1	X(6)	LEFT	ZEROS	253	258	C

DEFINITION: This field is the date that this claim was paid by Medicare.

CODE VALUES: N/A

VALIDATION: Logical date edit: MMDDYY

FORM LOCATION: EOB (Explanation of Benefits) or remittance of primary payor.

REMARKS: This field is only used for Medicare Secondary Payor submission purposes.

MEDICAID

NOTES: USE FOR MEDICARE CROSSOVER CLAIMS ONLY
Enter the payment date shown in the upper right hand corner of the Summary Notice of Medicare Benefits, using the six (6) digit format.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

CLAIM RECORD

RECORD TYPE: EA0

"CLAIM DATA"

NATIONAL VER. 001.03 - 07/01/1993

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM RECORD RECORD TYPE: EA0
"CLAIM DATA"

LEVEL: CLAIM

PURPOSE: To identify claim level information.

REQUIREMENTS: One EA0 is required on every claim.

ORDER:	Preceding	Following
	Record Type	Record Type
	-----	-----
	DA0, DA1 or DA2	EA1 or FA0

NOTES: Only one EA0 record is allowed on each claim.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM RECORD

RECORD TYPE: EA0

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS		MANAGED CARE NOTE
				FROM	THRU	
01.0	RECORD ID "EA0"	3	X	1	3	R
	FILLER	2	X	4	5	
03.0	PATIENT CONTROL NUMBER	17	X	6	22	X1
	FILLER	1	X	23	23	
05.0	ACCIDENT INDICATOR	1	X	24	24	O
	FILLER	1	X	25	25	
07.0	ACCIDENT/SYMPTOM DATE	8	X	26	33	C2
	FILLER	46	X	34	79	
20.0	REFERRING PROVIDER ID NUMBER	15	X	80	94	C3
	FILLER	25	X	95	119	
22.0	REFER PROV LAST	20	X	120	139	O
23.0	REFER PROV FIRST	12	X	140	151	O
24.0	REFER PROV MI	1	X	152	152	O
	FILLER	26	X	153	178	
30.0	DIAGNOSIS CODE-1 (PRIMARY)	5	X	179	183	C4
31.0	DIAGNOSIS CODE-2 (SECONDARY)	5	X	184	188	C4
	FILLER	132	X	189	320	

X1 This field is required since it is used by Ohio Medicaid to link all records for a single encounter record.

C2 Required for pregnancy only. Enter the date of the last menstrual period.

C3 If the enrollee was referred from another provider for the billed or reported service, the referring provider's Medicaid provider number is required. That is, for services that an MCP requires a referral, the referring provider's Medicaid provider number must be reported. If the referring physician does not have a Medicaid provider number, for example the referral was made by a resident, enter 9111115 in this place.

C4 Required for every record except independent laboratory, physiological laboratory, portable x-ray and waiver claims. Enter all the ICD-9 diagnosis codes in order of significance, up to maximum of four, that apply for the services performed. (NOTE: NSF only accommodates 2 diagnosis)

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM RECORD RECORD/FIELD: EA0-01.0
"CLAIM DATA"

DATA ELEMENT: Record Identification (RECORD ID "EA0")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: This is the record identifier for the Claim Detail Record - EA0.

CODE VALUES: N/A

VALIDATION: Must be entered.
Must be "EA0".

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM RECORD RECORD/FIELD: EA0-03.0
"CLAIM DATA"

DATA ELEMENT: Patient Control Number (PAT CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
03.0	X(17)	LEFT	SPACES	06	22	R

DEFINITION: A unique number assigned by the provider to identify the patient.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be identical to the "Patient Control Number" (CA0-03.0) of this claim.

See GENERAL INSTRUCTIONS for "Patient Control Number" entry.

FORM LOCATION: HCFA-1500 Block 26

REMARKS: N/A

MEDICAID

NOTES: This field is used to link all records for a single claim. Because of this, the entire claim will be denied without this information.

For further information, refer to the GENERAL INSTRUCTIONS, PATIENT CONTROL NUMBER: MEDICAID NOTES.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM RECORD RECORD/FIELD: EA0-05.0
"CLAIM DATA"

DATA ELEMENT: Accident Indicator (ACCIDENT IND)

<u>FIELD</u>	<u>COBOL PICTURE</u>	<u>JUSTIFY</u>	<u>INITIAL</u>	<u>FROM</u>	<u>THRU</u>	<u>REQ</u>
05.0	X(01)	LEFT	SPACE	24	24	R

DEFINITION: A code to indicate whether the patient's condition was the result of an accident.

CODE VALUES: A = Auto accident
O = Other, non-auto accident
N = No accident

VALIDATION: Must be entered.

Must be a valid code from above list.

If "A" or "O" is entered, EA0-07.0 thru EA0-11.0 must be completed according to payor requirements.

FORM LOCATION: HCFA-1500 Blocks 10b, 10c

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM RECORD RECORD/FIELD: EA0-07.0
"CLAIM DATA"

DATA ELEMENT: Accident/Symptom Date

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
07.0	X(08)	LEFT	SPACES	26	33	C

DEFINITION: The date of the accident or the date that patient first experienced symptoms of illness or the date of the last menstrual period (LMP).

CODE VALUES: N/A

VALIDATION: If "Symptom Indicator" (EA0-06.0) equals "1" or "2", this field must be completed according to payor requirements.

If "Accident Indicator" (EA0-05.0) equals "A" or "O", this field must be completed according to payor requirements.

If entered, must be a valid date.

See GENERAL INSTRUCTIONS for "Date" entry.

FORM LOCATION: HCFA-1500 Block 14

REMARKS: N/A

MEDICAID

NOTES: This field is only used for the Last Menstrual Period Date (LMP).

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM RECORD RECORD/FIELD: EA0-20.0
"CLAIM DATA"

DATA ELEMENT: Referring Provider Identification Number
(REFER PROV ID NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
20.0	X(15)	LEFT	SPACES	80	94	C

DEFINITION: The Identification Number assigned by the Payor to the Referring Physician.

CODE VALUES: N/A

VALIDATION: Must be entered if required by payor.

See GENERAL INSTRUCTIONS for "Identification Number" entry.

FORM LOCATION: HCFA-1500 Block 17a

REMARKS: N/A

MEDICAID NOTES:

For physicians, podiatrists, clinics and private duty nurses, if the patient was referred to you, enter the referring physician's provider number. If the referring physician's provider number is not available, enter 9111115 in this space and enter the referring physician's name and address (Record EA0, Fields 22, 23 and 24). This field must be completed when you are billing for consultative or referral services or billing for services provided to a Pact recipient for whom you are not the designated physician.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM RECORD RECORD/FIELD: EA0-20.0
"CLAIM DATA"

DATA ELEMENT: Referring Provider Identification Number
(REFER PROV ID NO)

(CONTINUED)

MEDICAID

NOTES:

For Medical Suppliers, enter the seven (7) digit Medicaid provider number of the prescribing physician or podiatrist. If the referring provider does not have a Medicaid provider number or you are unable to obtain the provider number, enter 9111115 in the space and the referring provider's name and address.

For Laboratories, please leave blank unless the procedure code is one designated as code requiring a referring physician number.

For Transportation, except in instances of Ambulance Transportation to a hospital emergency room in an emergency situation; e.g., as a result of accident, injury or acute illness, all ambulance and ambulette services must be certified by a physician as medically necessary. Enter the Medicaid provider number of the attending or ordering physician.

Please refer to the check digit routine for the Provider Medicaid Number field (number 12.0) on Record BA0.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM RECORD RECORD/FIELD: EA0-22.0
"CLAIM DATA" EA0-23.0
EA0-24.0

DATA ELEMENT: Referring Provider Last Name (REFER PROV LAST)
Referring Provider First Name (REFER PROV FIRST)
Referring Provider Middle Initial
(REFER PROV MI)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
22.0	X(20)	LEFT	SPACES	120	139	C
23.0	X(12)	LEFT	SPACES	140	151	C
24.0	X(01)	LEFT	SPACES	152	152	C

DEFINITION: Name of Provider who referred the patient to the
the provider of service on this claim.

CODE VALUES: N/A

VALIDATION: Must be entered if required by payor.

See GENERAL INSTRUCTIONS for "Name 1" entry.

FORM LOCATION: HCFA-1500 Block 17

REMARKS: N/A

MEDICAID

NOTES: These fields should be used if the Referring
Provider Identification Number is equal to
9111115.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM RECORD RECORD/FIELD: EA0-30.0
"CLAIM DATA" EA0-31.0

DATA ELEMENT: Diagnosis Code-1
Diagnosis Code-2

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
30.0	X(05)	LEFT	SPACES	179	183	R
31.0	X(05)	LEFT	SPACES	184	188	C

DEFINITION: An ICD-9-CM Diagnosis Code identifying a diagnosed medical condition resulting in a line item service.

CODE VALUES: ICD-9-CM Diagnosis Codes.

VALIDATION: Must be the most specific/precise 3 digit, 4 digit or 5 digit code allowed for in the ICD-9-CM coding format.

Do not submit a decimal point. The decimal point is implied because each ICD-9-CM code is unique.

The submission of "V", "E" and/or "M" Diagnosis Codes may or may not be accepted by a payor.

FORM LOCATION: HCFA-1500 Block 21

REMARKS: The Diagnosis Code should correspond with the age and sex of the patient.

MEDICAID
NOTES:

Diagnosis Code-1 is considered the Primary Diagnosis.
Diagnosis Code-2 is considered the Secondary Diagnosis.

PRIMARY DIAGNOSIS CODE: For Physicians, Podiatrists, Vision, Ambulatory Surgical Centers, Clinics and Medical Suppliers, enter the appropriate diagnosis code from the Internal Classification of Diseases,

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM RECORD RECORD/FIELD: EA0-30.0
"CLAIM DATA" EA0-31.0

DATA ELEMENT: Diagnosis Code-1
Diagnosis Code-2

(CONTINUED)

9th Edition, Clinical Modification (ICD-9-CM) for the primary diagnosis. Note: Some diagnosis codes in the ICD-9-CM are 3 or 4 digits. If the diagnosis is 5 digits, you must enter all 5 digits. "V" are acceptable. "E" and "M" codes are not acceptable as a primary diagnosis.

SECONDARY DIAGNOSIS CODE: Enter the 3, 4 or 5 digit ICD-9-CM code which corresponds to the secondary diagnosis for the patient. If there is no secondary diagnosis, leave this field blank. "V", "M", and "E" codes are acceptable.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

SERVICE LINE DETAIL RECORD

RECORD TYPE: FA0

"CLAIM - ROOT SEGMENT"

NATIONAL VER. 001.03 - 07/01/1993

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD TYPE: FA0

LEVEL: CLAIM - ROOT SEGMENT

PURPOSE: To provide information related to the medical/dental services rendered to the patient by the provider.

REQUIREMENTS: This record is required on all claims.

ORDER:	Preceding Record Type	Following Record Type
	----- EA0, EA1, EA2, FA0, FB0, FB1, FB2, FD0, CERT Records, or HA0	----- FB0, FB1, FB2, FD0, CERT Records, HA0 or XA0

- NOTES:
1. There must be at least 1 record type FA0 entered for a claim.
 2. There may be up to 99 record type FA0's entered for a claim.

MEDICAID

NOTES: There must be at least one but not more than twenty-one line items per document.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD TYPE: FA0
 ROOT SEGMENT

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS		MANAGED CARE NOTE
				FROM	THRU	
01.0	RECORD ID "FA0"	3	X	1	3	R
02.0	SEQUENCE NUMBER	2	X	4	5	R
03.0	PATIENT CONTROL NUMBER	17	X	6	22	X1
04.0	LINE ITEM CONTROL NO	17	X	23	39	O
05.0	SERVICE FROM DATE	8	X	40	47	C5
	FILLER	8	X	48	55	
07.0	PLACE OF SERVICE	2	X	56	57	C6
	FILLER	2	X	58	59	
09.0	HCPCS PROCEDURE CODE	5	X	60	64	C7
10.0	HCPCS MODIFIER 1	2	X	65	66	C8
	FILLER	4	X	67	70	
13.0	LINE CHARGES	10	N	71	80	R
	FILLER	1	X	80	81	
18.0	UNITS OF SERVICE	4	N	82	85	C9
19.0	ANESTHESIA/OXYGEN MINUTES	4	N	86	89	C9
	FILLER	141	X	141	230	
39.1	EG ORDER SHIPPING DATE	8	X	231	238	O
	FILLER	82	X	239	320	

X1 This field is required since it is used by Ohio Medicaid to link all records for a single encounter record.

C5 Required for every service. Under >From= enter the dates of service in chronological order (oldest to newest). Enter all digits consecutively without dashes/slashes, or spaces. Do not enter a date under >To=. A separate line is required for each date of service.

C6 Required for every record except independent laboratories, portable x-ray suppliers, and independent physiological laboratories. Enter the appropriate place of service from the list below.

- 11 Office
- 12 Home
- 21 Inpatient Hospital
- 22 Outpatient Hospital
- 23 Emergency Room - Hospital
- 24 Ambulatory Surgical Center
- 25 Birthing Center
- 26 Military Treatment Facility
- 31 Skilled Nursing Facility
- 32 Nursing Facility
- 33 Custodial Care Facility

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL
ROOT SEGMENT

RECORD TYPE: FA0
(Continued)

34 Hospice
41 Ambulance - Land
42 Ambulance - Air or Water
51 Inpatient Psychiatric Facility
52 Psychiatric Residential Treatment Center
61 Comprehensive Inpatient Rehabilitation Facility
62 Comprehensive Outpatient Rehabilitation Facility
71 State or Local Public Health Clinic
72 Rural Health Clinic
73 Clinic, Not Otherwise Specified
81 Independent Laboratory
99 Other Unlisted Facility

C7 Required for every service. Use appropriate CPT, HCPC, local Medicare HCPC, or local ODJFS HCPC code. Anesthesia services do not need to be reported.

C8 In some instances, a modifier is required depending on the service (e.g., anesthesia, assistant-at-surgery, laboratory, transportation, radiology, durable medical equipment, etc.)

C9 Required. Enter the number of units of service. Only whole numbers may be reported.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FA0-01.0

DATA ELEMENT: Record Identifier (RECORD ID "FA0")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: This is the record identifier for the
Service Line Detail Record - FA0.

CODE VALUES: N/A

VALIDATION: Must be entered.
Must be 'FA0'.

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FA0-02.0

DATA ELEMENT: Sequence Number (SEQUENCE NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
02.0	X(02)	LEFT	SPACES	04	05	R

DEFINITION: This is the record sequence number of the Service Line Detail Record.

CODE VALUES: 01 through 99

VALIDATION: Must be entered.

Must be a valid code from the above list.

All Fxx records must be grouped as FA0, FB0, FB1 followed by any applicable CERT record(s) and/or Narrative record(s) (or for Dental claims, FA0, FD0) by Sequence Number.

FORM LOCATION: N/A

REMARKS: Consult the Matrix/User Guide document supplied by the payor/receiver to determine the maximum number (sequences) of "FA0" records allowed.

MEDICAID NOTES:

There can be no duplicate line numbers for a document (claim or invoice). Line numbers must be in ascending sequence. There must be at least one but not more than twenty-one line items per document.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FA0-03.0

DATA ELEMENT: Patient Control Number (PAT CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
03.0	X(17)	LEFT	SPACES	06	22	R

DEFINITION: A unique number assigned by the provider to identify the patient.

CODE VALUES: N/A

VALIDATION: Must be entered.

See GENERAL INSTRUCTIONS for "Patient Control Number" entry.

FORM LOCATION: HCFA-1500 Block 26

REMARKS: N/A

MEDICAID

NOTES: This field is used to link all records for a single claim. Because of this, the entire claim will be denied without this information.

For further information, refer to the GENERAL INSTRUCTIONS, PATIENT CONTROL NUMBER: MEDICAID NOTES.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FA0-04.0

DATA ELEMENT: Line Item Control Number (LINE ITEM CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
04.0	X(17)	LEFT	SPACES	23	39	C

DEFINITION: An identifier assigned by the submitter/provider to this line item.

CODE VALUES: N/A

VALIDATION: May be entered if payor allowed.
See GENERAL INSTRUCTIONS for "Patient Control Number" entry.

FORM LOCATION: N/A

REMARKS: If accepted by Payor, it should be returned on the EMC electronic remittance to facilitate the provider's posting of line item adjudication information.

MEDICAID

NOTES: This field is currently not returned on the Ohio Medicaid Pay/Reject file.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FA0-05.0

DATA ELEMENT: Service From Date (SVC FROM DATE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
05.0	X(08)	LEFT	SPACES	40	47	R

DEFINITION: The date the service was initiated.

CODE VALUES: N/A

VALIDATION: Must be entered.

See GENERAL INSTRUCTIONS for "Date" entry.

FORM LOCATION: HCFA-1500 Block 24a

REMARKS: N/A

MEDICAID NOTES:

Enter the dates of service in chronological order (first to last). Each date of service must be a separate FA0 record. FAILURE TO ENTER A DATE WILL CAUSE THE CLAIM TO REJECT.

Since Medicaid does not pay for spanned billing dates, the Service To Date should be left blank.

Note: All services must be billed to Medicaid within 365 days of the date of service.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FA0-07.0

DATA ELEMENT: Place of Service (PLACE OF SVC)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
07.0	X(02)	LEFT	SPACES	56	57	R

DEFINITION: The code that identifies where the service was performed.

CODE VALUES:

00-09	Unassigned
11	Office
12	Home
10, 13-19	Unassigned
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room - Hospital
24	Ambulatory Surgical Center
25	Birth Center
26	Military Treatment Facility
20, 27-29	Unassigned
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
30, 35-39	Unassigned
41	Ambulance - Land
42	Ambulance - Air or Water
40, 43-49	Unassigned
51	Inpatient Psychiatric Facility
52	Psychiatric Facility Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility/Mentally Retarded
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
50, 57-59	Unassigned

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FA0-07.0

DATA ELEMENT: Place of Service (PLACE OF SVC)

(CONTINUED)

61 Comprehensive Inpatient Rehabilitation Facility
62 Comprehensive Outpatient Rehabilitation Facility
65 End Stage Renal Disease Treatment Facility
60, 63, 64 Unassigned
66-69 Unassigned

71 State or Local Public Health Clinic
72 Rural Health Clinic
70, 73-79 Unassigned

81 Independent Laboratory
80, 82-89 Unassigned

99 Other Unlisted Facility
90-98 Unassigned

VALIDATION: Must be entered
Must be a valid code from the above list.

FORM LOCATION: HCFA-1500 Block 24b

REMARKS: N/A

MEDICAID NOTES:

An additional code is available:

73 Clinic NOS

All claims, other than those submitted by independent laboratories, portable x-ray suppliers and independent physiological laboratories, require a place of service. Please check your Billing Instructions for details.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FA0-09.0

DATA ELEMENT: HCPCS Procedure Code

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
09.0	X(05)	LEFT	SPACES	60	64	R

DEFINITION: This is the HCPCS/CPT-4 code that describes the service.

CODE VALUES: HCPCS/CPT-4 code set.

VALIDATION: Must be entered.

Must be a valid HCPCS/CPT-4 procedure code.

FORM LOCATION: HCFA-1500 Block 24d

REMARKS: N/A

MEDICAID NOTES:

Enter the 5 character/digit Health Care Financing Administration Common Procedure Coding System (HCPCS) code which corresponds to the service being rendered.

Encounter/Procedure Codes - ONLY provider types (04) OHF, (05) RHF, and (12) FQHC must bill the appropriate five (5) digit encounter code followed immediately on the next record by the HCPCS code(s) that corresponds to the services rendered. HCPCS CODES MUST FOLLOW THE ENCOUNTER CODE TO WHICH THEY RELATE.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FA0-09.0

DATA ELEMENT: HCPCS Procedure Code

(CONTINUED)

Modifiers (all providers) - In certain instances, a 2 character/digit modifier will be required depending on the service. When entering a code with the modifier, enter the 2 character/digit modifier directly behind the solid hash line using no spaces, dashes or slashes. The following services must always be billed using a modifier:

Healthchek evaluation and management codes
(99381-99395)
Anesthesia
Assistant at Surgery
Ambulance/Ambulette
Oxygen

Other services may require a modifier based on the type and/or place of service. The appropriate Medicaid Handbook should be referenced for further details regarding the use of modifiers.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FA0-10.0

DATA ELEMENT: HCPCS Modifier 1

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
10.0	X(02)	LEFT	SPACES	65	66	C

DEFINITION: These codes identify special circumstances related to the performance of the service.

CODE VALUES: See current HCPCS Modifier codes.

VALIDATION: Must be entered if required for proper adjudication of the service.

FORM LOCATION: HCFA-1500 Block 24D

REMARKS: N/A

MEDICAID NOTES:

In certain instances, a modifier is required depending on the service (e.g., anesthesia, assistant-at-surgery, laboratory, transportation, radiology, durable medical equipment, etc.). Please refer to the Medicaid Handbook for proper usage.

The allowable codes are as follows:

AA = Anesthesia
AB = Medical direction of own
AC = Medical direction of other
AE = Anesthesia direction of residents
AR = Return ambulance/ambulette trip
AU = Physician Assistant 2 (Inv. prior 4/1/92)
CR = Capped rental of durable medical equipment
EE = Ambulance/ambulette from LTC to LTC
EH = Ambulance/ambulette from LTC to hospital
EP = Ambulance/ambulette from LTC to physician

FA0.12

NATIONAL VER. 001.01 - 03/01/1992
LOCAL VER. 001.03 - 09/15/1993
ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FA0-10.0

DATA ELEMENT: HCPCS Modifier 1 (CONTINUED)

ER = Ambulance/ambulette from LTC to residence
FA = Patient refer to Dent/Heart/Vision
FC = Patient refer to CHDS for assistance
FR = Patient to return/refer to other
HE = Ambulance/ambulette from hospital to LTC
HH = Ambulance/ambulette from hospital to hospital
(for discharge/transfer)
HR = Ambulance/ambulette from hospital to residence
HT = Ambulance/ambulette from hospital (for diagnosis/
therapeutic services)
MS = Six months of maintenance and servicing of
capped rental durable medical equipment items
NF = No F/treatment rendered this visit
QA = Procedure performed by physician assistant
(Inv. after 3/31/92)
QE = Oxygen Rx is 1 LPM or less
QF = Oxygen Rx is greater than 4 LPM and includes
portable
QG = Oxygen Rx is greater than 4 LPM
QJ = Oxygen use between 1001 and 2000 cubic feet
QK = Oxygen use between 2001 and 3000 cubic feet
QL = Oxygen use between 3001 and 4000 cubic feet
QM = Oxygen use greater than 4000 cubic feet
RE = Ambulance/ambulette from residence to LTC
RH = Ambulance/ambulette from residence to hospital
RR = Rental of Durable Medical Equipment or
Ambulance/ambulette from residence/LTC to
ambulatory setting
SH = Ambulance/ambulette from accident to hospital
TC = Technical component
UE = Purchase of used durable medical equipment
VC = Non-routine post-op visit for complication
ZP = Total procedure
1F = Initial antepartum visit before 15 weeks
1V = Initial antepartum visit between 15-36 weeks
24 = Procedure performed by physician assistant 2
(Inv. prior 4/1/92)
25 = Digital radiology
26 = Professional component
50 = Bilateral procedures

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FA0-10.0

DATA ELEMENT: HCPCS Modifier 1

(CONTINUED)

52 = Reduced services or
Spectacle filing services for less than a
complete pair of spectacles
80 = Assistant surgeon
90 = Reference (outside) lab
91 = Reference Total

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FA0-13.0

DATA ELEMENT: Line Charges

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
13.0	9(08)V99	RIGHT	ZEROS	71	80	R

DEFINITION: The dollar amount paid by MCP to the medical provider for this service. The format for the dollar amount paid is "XXXXXXXXvXX" (v indicates an implied decimal point). The line item payment amounts must sum to the total payment of the claim at the header level of the claim. The amount may be part of a bundled payment. The field may contain the total amount for the bundled services or "0000000000", if the total payment for the bundled service is captured in a different line item on the claim. If the line item is part of a capitated arrangement with the medical provider, the field must contain a capitation indicator ("9999999999").

CODE VALUES: "9999999999" indicates line item part of a capitated arrangement with a medical provider.

VALIDATION: Must be positive unsigned numeric value.

FORM LOCATION: HCFA-1500 Block 24f

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FA0-18.0

DATA ELEMENT: Units Of Service (UNITS OF SVC)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
18.0	9(03)V9	RIGHT	ZEROS	82	85	R

DEFINITION: The number of services rendered in days or units.

CODE VALUES: N/A

VALIDATION: Must be Positive unsigned numeric value.

FORM LOCATION: HCFA-1500 Block 24g

REMARKS: In order to capture fractional services,
use the fourth position with an assumed
decimal position.

MEDICAID

NOTES: This field contains the number of units of service if more than one. Only numbers 1 to 999 are accepted. The digit to the right of the decimal must be zero (0).

NOTE: Multiple units of service on a single record is limited to allergy services, transportation (number of loaded miles), medical supplies (number of items dispensed), private duty nursing (hours of personal care) and waiver services.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FA0-19.0

DATA ELEMENT: Anesthesia/Oxygen Minutes
(ANESTHESIA/OXYGEN MIN)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
19.0	9(04)	RIGHT	ZEROS	86	89	C

DEFINITION: The actual number of minutes patient was anesthetized or number of minutes of oxygen.

CODE VALUES: N/A

VALIDATION: When required by Payor, must be positive unsigned numeric value.

FORM LOCATION: HCFA-1500 Block 24G

REMARKS: N/A

MEDICAID

NOTES:This field is valid for anesthesia minutes only.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FA0-39.1

DATA ELEMENT: Eyeglass Order Shipping Date
(EG ORDER SHIPPING DATE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
39.1	X(08)	LEFT	SPACES	231	238	C

DEFINITION: The date the eyeglasses were shipped.

CODE VALUES: N/A

VALIDATION: Must be entered for eyeglass orders.
See GENERAL INSTRUCTIONS for "Date" entry.

FORM LOCATION: N/A

REMARKS: N/A

MEDICAID

NOTES: This field only applies to Medicaid vision contractors.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

SERVICE LINE DETAIL RECORD

RECORD TYPE: FB0

"MEDICAL SEGMENT"

NATIONAL VER. 001.03 - 07/01/1993

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD TYPE: FB0

LEVEL: CLAIM - MEDICAL SEGMENT

PURPOSE: To provide information related to the medical services rendered to the patient by the provider.

REQUIREMENTS: If required by the payor, this record must be submitted.

ORDER:	Preceding Record Type -----	Following Record Type -----
	FA0	FA0, FB1, CERT records, HA0 or XA0

NOTES: There may be up to 99 record type FB0's entered for a claim.

MEDICAID

NOTES: There must be at least one but not more than twenty-one line items per document.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL
 MEDICAL SEGMENT

RECORD TYPE: FB0

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS		MANAGED CARE NOTE
				FROM	THRU	
01.0	RECORD ID "FB0"	3	X	1	3	R
02.0	SEQUENCE NUMBER	2	X	4	5	R
03.0	PATIENT CONTROL NUMBER	17	X	6	22	X1
04.0	LINE ITEM CONTROL NO	17	X	23	39	O
	FILLER	88	X	40	127	
17.0	PRESCRIPTION NUMBER	15	X	128	142	O
	FILLER	12	X	143	154	
22.0	EPSDT INDICATOR	1	X	155	155	O
23.0	FAMILY PLANNING INDICATOR	1	X	156	156	O
	FILLER	164	X	157	320	

X1 This field is required since it is used by Ohio Medicaid to link all records for a single encounter record.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FB0-01.0

DATA ELEMENT: Record Identifier (RECORD ID "FB0")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: This is the record identifier for the
Service Line Detail Record - FB0.

CODE VALUES: N/A

VALIDATION: Must be entered.
Must be 'FB0'.

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FB0-02.0

DATA ELEMENT: Sequence Number (SEQUENCE NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
02.0	X(02)	LEFT	SPACES	04	05	R

DEFINITION: This is the record sequence number of the Service Line Detail Record.

CODE VALUES: 01 through 99

VALIDATION: Must be entered.

Must be a valid code from the above list.

The value entered must match the SEQUENCE NUMBER (FA0-02.0) submitted in the preceding "FA0" record.

FORM LOCATION: N/A

REMARKS: See sequencing instructions in "FA0" record.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FB0-03.0

DATA ELEMENT: Patient Control Number (PAT CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
03.0	X(17)	LEFT	SPACES	06	22	R

DEFINITION: A unique number assigned by the provider to identify the patient.

CODE VALUES: N/A

VALIDATION: Must be entered.

See GENERAL INSTRUCTIONS for "Patient Control Number" entry.

FORM LOCATION: HCFA-1500 Block 26

REMARKS: N/A

MEDICAID

NOTES: This field is used to link all records for a single claim. Because of this, the entire claim will be denied without this information.

For further information, refer to the GENERAL INSTRUCTIONS, PATIENT CONTROL NUMBER: MEDICAID NOTES.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FB0-04.0
DATA ELEMENT: Line Item Control Number (LINE ITEM CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
04.0	X(17)	LEFT	SPACES	23	39	C

DEFINITION: An identifier assigned by the submitter/provider to this line item.

CODE VALUES: N/A

VALIDATION: May be entered if payor allowed.

See GENERAL INSTRUCTIONS for "Patient Control Number" entry.

FORM LOCATION: N/A

REMARKS: If accepted by Payor, it should be returned on the EMC electronic remittance to facilitate the provider's posting of line item adjudication information.

MEDICAID

NOTES: This field is currently not returned on the Ohio Medicaid Pay/Reject file.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FB0-17.0

DATA ELEMENT: Prescription Number (PRESCRIPTION NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
17.0	X(15)	LEFT	SPACES	128	142	C

DEFINITION: The unique identification number assigned by the pharmacy or supplier.

CODE VALUES: N/A

VALIDATION: Must be entered if required by Payor.

See GENERAL INSTRUCTIONS for "Identification Number" entry.

FORM LOCATION: N/A

REMARKS: N/A

MEDICAID

NOTES: Only the first 10 positions of this field are used by the Medicaid payment system.

For Medical Supplies, enter the prescription number or invoice number of the dispensed item.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FB0-22.0

DATA ELEMENT: EPSDT Indicator (EPSDT IND)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
22.0	X(01)	LEFT	SPACE	155	155	C

DEFINITION: An indicator of whether or not "Early and Periodic Screen for Diagnosis and Treatment of children" services are involved with this detail line.

CODE VALUES: Y - yes, EPSDT involvement
N - no, EPSDT not involved

VALIDATION: Must be entered if required by Payor.
If entered, must be valid code from the above list.

FORM LOCATION: HCFA-1500 Block 24h

REMARKS: N/A

MEDICAID

NOTES: This field is required by the Medicaid payment system.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FB0-23.0

DATA ELEMENT: Family Planning Indicator (FAMILY PLANNING IND)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
23.0	X(01)	LEFT	SPACE	156	156	C

DEFINITION: An indicator of whether or not Family Planning Services are involved with this detail line.

CODE VALUES: Y - Yes, family planning involved

N - No, family planning not involved

VALIDATION: Must be entered if required by Payor.

If entered, must be valid code from the above list.

FORM LOCATION: HCFA-1500 Block 24h

REMARKS: N/A

MEDICAID

NOTES: This field is required by the Medicaid payment system.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

SERVICE LINE DETAIL RECORD

RECORD TYPE: FD0

"DENTAL SEGMENT"

NATIONAL VER. 001.03 - 07/01/1993

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD TYPE: FD0

LEVEL: CLAIM - DENTAL SEGMENT

PURPOSE: To provide information related to dental services rendered to the patient by the provider.

REQUIREMENTS: If required by the payor, this record must be submitted for dental claims.

ORDER:	Preceding Record Type ----- FA0, FB0, FB1 FB2 or FD0	Following Record Type ----- FD0, HA0 or XA0
--------	--	--

NOTES: There may be up to 99 record type FD0's entered for a claim.

MEDICAID

NOTES: There must be at least one but not more than twenty-one line items per document.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL
 DENTAL SEGMENT

RECORD TYPE: FD0

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS		MANAGED CARE NOTE
				FROM	THRU	
01.0	RECORD ID "FD0"	3	X	01	03	R
02.0	SEQUENCE NO	2	X	04	05	R
03.0	PAT CONTROL NO	17	X	06	22	X1
04.0	LINE ITEM CONTROL NO	17	X	23	39	R
05.0	TOOTH CODE NUMBER 1	2	X	40	41	O
06.0	TOOTH SURFACE(S) 1	5	X	42	46	O
	FILLER	274	X	47	320	

X1 This field is required since it is used by Ohio Medicaid to link all records for a single encounter record.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FD0-01.0

DATA ELEMENT: Record Identifier (RECORD ID "FD0")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: This is the record identifier for the Service Line Detail Record - FD0.

CODE VALUES: N/A

VALIDATION: Must be entered.
Must be "FD0".

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FD0-02.0

DATA ELEMENT: Sequence Number (SEQUENCE NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
02.0	X(02)	LEFT	SPACES	04	05	R

DEFINITION: This is the record sequence number of the Service Line Detail Record.

CODE VALUES: 01 through 99

VALIDATION: Must be entered.

Must be a valid code from the above list.

The value entered must match the "Sequence Number" (FA0-02.0) submitted in the preceding "FA0" record.

FORM LOCATION: N/A

REMARKS: See sequencing instructions regarding AFA0" record.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FD0-03.0

DATA ELEMENT: Patient Control Number (PAT CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
03.0	X(17)	LEFT	SPACES	06	22	R

DEFINITION: A unique number assigned by the provider to identify the patient.

CODE VALUES: N/A

VALIDATION: Must be entered.

See GENERAL INSTRUCTIONS for "Patient Control Number" entry.

Must be identical to the "Patient Control Number" (CA0-03.0) of this claim.

FORM LOCATION: HCFA-1500 Block 26

REMARKS: N/A

MEDICAID

NOTES: This field is used to link all records for a single claim. Because of this, the entire claim will be denied without this information.

For further information, refer to the GENERAL INSTRUCTIONS, PATIENT CONTROL NUMBER: MEDICAID NOTES.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FD0-04.0

DATA ELEMENT: Line Item Control Number (LINE ITEM CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
04.0	X(17)	LEFT	SPACES	23	39	C

DEFINITION: An identifier assigned by the submitter/provider to this line item.

CODE VALUES: N/A

VALIDATION: May be entered if payor allowed.

See GENERAL INSTRUCTIONS for "Patient Control Number" entry.

FORM LOCATION: N/A

REMARKS: If accepted by Payor, it should be returned on the EMC electronic remittance to facilitate the provider's posting of line item adjudication information.

MEDICAID

NOTES: This field is currently not returned on the Ohio Medicaid Pay/Reject file.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FD0-05.0

DATA ELEMENT: Tooth Code Number 1

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
05.0	X(02)	LEFT	SPACES	40	41	C

DEFINITION: An indication of the tooth on which services were performed or will be performed.

CODE VALUES: 01 Through 09 - Permanent
10 Through 32 - Permanent
A Through T - Primary
SN - Supernumerary

VALIDATION: If entered, must be a valid code from the above list.

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL RECORD/FIELD: FD0-06.0

DATA ELEMENT: Tooth Surface(s) 1

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
06.0	X(05)	LEFT	SPACES	42	46	C

DEFINITION: The surface(s) of the tooth on which services were performed or will be performed.

CODE VALUES:

- M - Mesial
- O - Occlusal
- D - Distal
- L - Lingual
- F - Facial
- I - Incisal
- B - Buccal

VALIDATION: If entered must be a valid code or combination of up to five codes from the above table.

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

AMBULANCE CERTIFICATION RECORD

RECORD TYPE: GA0

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: AMBULANCE CERT RECORD RECORD TYPE: GA0

LEVEL: SERVICE LINE

PURPOSE: To provide additional information related to the ambulance service rendered to the patient.

REQUIREMENTS: If required by the payor, this record must be submitted.

ORDER:	Preceding Record Type -----	Following Record Type -----
	FA0, FB0, FB1	FA0, HA0, or XA0

NOTES: When used, this record must follow the FA0, FB0 or FB1 record related to this service.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: AMBULANCE CERT RECORD

RECORD TYPE: GA0

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS FROM	POSITIONS THRU	MANAGED CARE NOTE
01.0	RECORD ID "GA0"	3	X	1	3	R
02.0	SEQUENCE NUMBER	2	X	4	5	R
03.0	PATIENT CONTROL NUMBER	17	X	6	22	X1
	FILLER	31	X	23	53	
17.0	MILES	4	X	54	57	O
	FILLER	250	X	58	307	
23.1	TIME PATIENT WAS PICKED UP	4	X	308	311	O
	FILLER	9	X	312	320	

X1 This field is required since it is used by Ohio Medicaid to link all records for a single encounter record.

NATIONAL VER. 001.01 - 03/01/1992
LOCAL VER. 001.01 - 03/01/1992

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: AMBULANCE CERT RECORD RECORD/FIELD: GA0-01.0

DATA ELEMENT: Record Identification (RECORD ID "GA0")

<u>FIELD</u>	<u>COBOL PICTURE</u>	<u>JUSTIFY</u>	<u>INITIAL</u>	<u>FROM</u>	<u>THRU</u>	<u>REQ</u>
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: This is the record identifier for the Ambulance
Cert Record - GA0.

CODE VALUES: N/A

VALIDATION: Must be entered.
Must be "GA0".

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: AMBULANCE CERT RECORD RECORD/FIELD: GA0-02.0

DATA ELEMENT: Sequence Number (SEQUENCE NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
02.0	X(02)	LEFT	SPACES	04	05	R

DEFINITION: A numeric value from 01 through 99 used to sequence the "GA0" record to the corresponding "FA0" record.

CODE VALUES: 01 through 99

VALIDATION: Must be entered.
Must be a valid code from the above list.
The value entered must match the SEQUENCE NUMBER (FA0-02.0) submitted in the preceding "FA0" record.

FORM LOCATION: N/A

REMARKS: See sequencing instructions regarding AFA0" record.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: AMBULANCE CERT RECORD RECORD/FIELD: GA0-03.0

DATA ELEMENT: Patient Control Number (PAT CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
03.0	X(17)	LEFT	SPACES	06	22	R

DEFINITION: A unique number assigned by the provider to identify the patient.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be identical to the "Patient Control Number" (CA0-03.0) of this claim.

See GENERAL INSTRUCTIONS for "Patient Control Number" entry.

FORM LOCATION: HCFA-1500 Block 26

REMARKS: N/A

MEDICAID

NOTES: This field is used to link all records for a single claim. Because of this, the entire claim will be denied without this information.

For further information, refer to the GENERAL INSTRUCTIONS, PATIENT CONTROL NUMBER: MEDICAID NOTES.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: AMBULANCE CERT RECORD RECORD/FIELD: GA0-17.0

DATA ELEMENT: Miles

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
17.0	X(04)	LEFT	SPACES	54	57	C

DEFINITION: Number of miles traveled during this ambulance service.

CODE VALUES: N/A

VALIDATION: Must be entered if required by payor.
If entered, must be numeric values.

FORM LOCATION: N/A

REMARKS: N/A

MEDICAID

NOTES: This field is required for Transportation claims.

It is the total number of loaded miles.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: AMBULANCE CERT RECORD RECORD/FIELD: GA0-23.1

DATA ELEMENT: Time patient was picked up

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
23.1	X(4)	LEFT	SPACES	308	311	R

DEFINITION: This is the hour and minute that the patient was picked up by the ambulance. The hour is represent in the military (24 hour clock) fashion.

CODE VALUES: N/A

VALIDATION: Only required for Transportation type claims.

FORM LOCATION: N/A

REMARKS: N/A

MEDICAID

NOTES: This field is required for Transportation claims.

The time is required for each line item and must be expressed in military time. As an example, military time is represented as follows:

8:30 a.m. = 0830

2:15 p.m. = 1415

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

EXTRA NARRATIVE RECORD

RECORD TYPE: HA0

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: NARRATIVE RECORD RECORD TYPE: HA0

LEVEL: SERVICE LINE

PURPOSE: To provide additional information related to the service rendered to the patient by the provider.

REQUIREMENTS: If required by the payor, this record must be submitted.

ORDER:	Preceding Record Type	Following Record Type
	-----	-----
	FA0, FB0, FB1, FB2, FD0, GA0, GC0, GD0, GD1, GE0, GP0, GU0, GX0, GX1 or GX2	FA0 or XA0

NOTES: When used, this record must follow the FA0, FB0, FB1, FB2, FD0, GA0, GC0, GD0, GE0, GP0, GU0, GX0, GX1 or GX2 record related to this service.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: NARRATIVE RECORD

RECORD TYPE: HA0

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS		MANAGED CARE NOTE
				FROM	THRU	
01.0	RECORD ID "HA0"	3	X	01	03	R
02.0	SEQUENCE NO	2	X	04	05	R
03.0	PAT CONTROL NO	17	X	06	22	X1
04.0	LINE ITEM CONTROL NO	17	X	23	39	R
05.0	EXTRA NARRATIVE DATA	281	X	40	320	O

X1 This field is required since it is used by Ohio Medicaid to link all records for a single encounter record.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: NARRATIVE RECORD RECORD/FIELD: HA0-01.0
"CLAIM DATA"

DATA ELEMENT: Record Identification (RECORD ID "HA0")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: This is the record identifier for the Narrative Record - HA0.

CODE VALUES: N/A

VALIDATION: Must be entered.
Must be "HA0".

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: NARRATIVE RECORD RECORD/FIELD: HA0-02.0
"CLAIM DATA"

DATA ELEMENT: Sequence Number (SEQUENCE NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
02.0	X(02)	LEFT	SPACES	04	05	R

DEFINITION: A numeric value from 01 through 99 used to sequence the "HA0" record to the corresponding "FA0" record.

CODE VALUES: 01 through 99

VALIDATION: Must be entered.

Must be a valid value from the above list.

The value entered must match the SEQUENCE NUMBER (FA0-02.0) submitted in the preceding "FA0" record.

FORM LOCATION: N/A

REMARKS: See sequencing instructions regarding "FA0" record.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: NARRATIVE RECORD RECORD/FIELD: HA0-03.0
"CLAIM DATA"

DATA ELEMENT: Patient Control Number (PAT CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
03.0	X(17)	LEFT	SPACES	06	22	R

DEFINITION: A unique number assigned by the provider to identify the patient.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be identical to the "Patient Control Number" (CA0-03.0) of this claim.

See GENERAL INSTRUCTIONS for "Patient Control Number" entry.

FORM LOCATION: HCFA-1500 Block 26

REMARKS: N/A

MEDICAID

NOTES: This field is used to link all records for a single claim. Because of this, the entire claim will be denied without this information.

For further information, refer to the GENERAL INSTRUCTIONS, PATIENT CONTROL NUMBER: MEDICAID NOTES.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: NARRATIVE RECORD RECORD/FIELD: HA0-04.0
"CLAIM DATA"

DATA ELEMENT: Line Item Control Number (LINE ITEM CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
04.0	X(17)	LEFT	SPACES	23	39	C

DEFINITION: An identifier assigned by the submitter/provider to this line item.

CODE VALUES: N/A

VALIDATION: May be entered if payor allowed.

If entered, value must match the "Line Item Control Number" submitted in the preceding FA0-04.0 record.

See GENERAL INSTRUCTIONS for "Patient Control Number" entry.

FORM LOCATION: N/A

REMARKS: N/A

MEDICAID

NOTES: This field is currently not returned on the Ohio Medicaid Pay/Reject file.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: NARRATIVE RECORD RECORD/FIELD: HA0-05.0
"CLAIM DATA"

DATA ELEMENT: Extra Narrative Data

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
05.0	X(281)	LEFT	SPACES	40	320	C

DEFINITION: Free form narrative record to submit additional information that may assist in the adjudication of the Service Line Item in the preceding FA0 record.

CODE VALUES: N/A

VALIDATION: Must be entered if required by payor.

FORM LOCATION: N/A

REMARKS: This field may be used as follows:

1. To describe the service being submitted as an Unlisted/NOC HCPCS Procedure Code in the preceding FA0 record.
2. To report "Secondary" Diagnosis Codes that exceeded the number that could be submitted on the preceding FA0 record.
3. To report the substitute physician's UPIN (six bytes in length, alpha numeric) for "Reciprocal" or "Locum Tenens" billing arrangements.

Consult the Matrix/Users Guide supplied by the Payor/Receiver for additional details regarding submission instructions.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: NARRATIVE RECORD RECORD/FIELD: HA0-05.0
"CLAIM DATA"

DATA ELEMENT: Extra Narrative Data

(CONTINUED)

MEDICAID NOTES:

These records are required when miscellaneous codes are used, such as Places of Service "0-9", "10", "13-19", "20", "27-99", "30", "35-39", "40", "43-49", "50", "57-59", "60", "63-64", "66-69", "70", "74-79", "80", "82-89", "90-99", Other Source of Insurance "6", or when special types of claims are submitted, such as:

- 1) HCPCS, CPT, drug and supply codes that need special handling, pricing or any miscellaneous codes needing an explanation.
- 2) Transportation claims requiring an explanation for the need for service (when the referring physician number is not available).
- 3) Claims with multiple surgeries.
- 4) Transportation claims for multiple passengers or air flight.

Item #3 in the above Remarks section is concerned with "Reciprocal" and "Locum Tenens" billing arrangements. These arrangements are not currently being recognized by Ohio Medicaid.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

CLAIM TRAILER RECORD

RECORD TYPE: XA0

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM TRAILER RECORD RECORD TYPE: XA0

LEVEL: CLAIM

PURPOSE: The last record of every claim submitted electronically, it contains information pertinent to the balancing of each claim (i.e. claim record counts, claim charges) within a batch.

REQUIREMENTS: An 'XA0' Record is a REQUIRED record since it is the CLAIM TRAILER

ORDER:	Preceding Record Type	Following Record Type
	-----	-----
	FA0, FB0, FB1, FB2, FD0, GA0 (CERT RECORDS), HA0 (NARRATIVE RECORD)	CA0, YA0

NOTES: Fields that require balancing should be the sum of all the corresponding fields in Record Type FA0 (SERVICE LINE DETAIL RECORD).

There may be multiple claims per batch.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

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

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS		MANAGED CARE NOTE
				FROM	THRU	
01.0	RECORD ID "XA0"	3	X	1	3	R
	FILLER	2	X	4	5	
03.0	PATIENT CONTROL NUMBER	17	X	6	22	X1
	FILLER	12	X	23	34	
10.0	CLAIM RECORD COUNT	3	N	35	37	R
	FILLER	40	X	38	77	
12.0	TOTAL CLAIM CHARGES	7	N	78	84	O
	FILLER	42	X	85	126	
19.9	PATIENT AMOUNT PAID	7	N	127	133	O
	FILLER	187	X	134	320	

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

X1 This field is required since it is used by Ohio Medicaid to link all records for a single encounter record.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM TRAILER RECORD RECORD/FIELD: XA0-01.0
"RECORD SUMMARY"

DATA ELEMENT: Record Identifier (RECORD ID "XA0")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: Field used to identify the "Claim Trailer Control Record".

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be "XA0".

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM TRAILER RECORD RECORD/FIELD: XA0-03.0
 "RECORD SUMMARY"

DATA ELEMENT: Patient Control Number (PAT CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
03.0	X(17)	LEFT	SPACES	06	22	R

DEFINITION: A unique number assigned by the provider to identify the patient.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be identical to the PATIENT CONTROL NUMBER found in Claim Header Record (CA0-03.0).

See GENERAL INSTRUCTIONS for "Patient Control Number" entry.

FORM LOCATION: HCFA-1500 Block 26

REMARKS: N/A

MEDICAID

NOTES: This field is used to link all records for a single claim. Because of this, the entire claim will be denied without this information.

For further information, refer to the GENERAL INSTRUCTIONS, PATIENT CONTROL NUMBER: MEDICAID NOTES.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM TRAILER RECORD RECORD/FIELD: XA0-10.0
"RECORD SUMMARY"

DATA ELEMENT: Claim Record Count

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
10.0	9(03)	RIGHT	ZEROS	35	37	R

DEFINITION: The total number of records submitted for this claim excluding this record.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be numeric.

Must be the computed sum of all records processed from the Claim Header Record (CA0) to the Claim Trailer Record (XA0).

This DOES NOT include this record.

FORM LOCATION: N/A

REMARKS: N/A

MEDICAID

NOTES: This field is required for the Medicaid payment system.

For provider or intermediary submissions, incorrect totals in this field would not reject the entire submission.

For scanner/data entry submissions, incorrect totals in this field would not reject the entire batch.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM TRAILER RECORD RECORD/FIELD: XA0-12.0
"RECORD SUMMARY"

DATA ELEMENT: Total Claim Charges

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
12.0	9(05)V99	RIGHT	ZEROS	78	84	R

DEFINITION: The sum of all line item charges included within this claim.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be a positive, unsigned numeric value.

Must be the computed sum of all LINE CHARGES fields (FA0-13.0) included for this claim.

FORM LOCATION: HCFA-1500 Block 28

REMARKS: N/A

MEDICAID

NOTES: This field is required for the Medicaid payment system.

For provider or intermediary submissions, incorrect totals in this field would reject the entire submission.

For scanner/data entry submissions, incorrect totals in this field would reject the entire batch.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM TRAILER RECORD RECORD/FIELD: XA0-19.0
"RECORD SUMMARY"

DATA ELEMENT: Patient Amount Paid (PAT AMOUNT PAID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
19.0	9(05)V99	RIGHT	ZEROS	127	133	R

DEFINITION: The amount the provider has received from the patient (or insured) toward payment of this claim.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be a positive, unsigned numeric value.

Must not exceed TOTAL CLAIM CHARGES (XA0-12.0).

FORM LOCATION: HCFA-1500 Block 29

REMARKS: N/A

MEDICAID

NOTES:

USE FOR ALL CLAIMS OTHER THAN MEDICARE CROSSOVER
Enter the amount collected from all sources OTHER
THAN MEDICARE. If the amount collected from all
sources other than Medicare exceeds the maximum
payment that Medicaid will make for the service,
Medicaid will not make any additional payment.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

BATCH TRAILER RECORD

RECORD TYPE: YA0

NATIONAL VER. 001.03 - 07/01/1993

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD TYPE: YA0

LEVEL: BATCH

PURPOSE: The last record of any batch submitted electronically, it contains information pertinent to the balancing of each batch (i.e. batch record count, batch charges) within a file.

REQUIREMENTS: A 'YA0' Record is a REQUIRED record since it is the BATCH TRAILER.

ORDER:	Preceding Record Type	Following Record Type
	----- XA0	----- BA0, ZA0

NOTES: Fields that require balancing should be the sum of all the corresponding fields in Record Type XA0 (CLAIM TRAILER RECORD).

There may be multiple batches per file.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD TYPE: YA0

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS		MANAGED CARE NOTE
				FROM	THRU	
01.0	RECORD ID "YA0"	3	X	1	3	R
	FILLER	18	X	4	21	
04.0	BATCH NUMBER	4	N	22	25	R
	FILLER	21	X	26	46	
08.0	BATCH SERVICE LINE COUNT	7	N	47	53	R
09.0	BATCH RECORD COUNT	7	N	54	60	R
10.0	BATCH CLAIM COUNT	7	N	61	67	R
11.0	BATCH TOTAL CHARGES	9	N	68	76	O
	FILLER	244	X	77	320	

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

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: YA0-01.0

DATA ELEMENT: Record Identifier (RECORD ID "YA0")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: Field used to identify the "Provider Batch Control Record".

CODE VALUES: N/A

VALIDATION: Must be entered.
Must be "YA0".

FORM LOCATION: N/A

REMARKS:

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: YA0-04.0

DATA ELEMENT: Batch Number (BATCH NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
04.0	9(04)	RIGHT	Zero	22	25	R

DEFINITION: A sequential number assigned by the submitter to each batch of claims.

CODE VALUES: Must be "0001" through "9999".

VALIDATION: Must be entered.

Must be numeric.

First occurrence must be "0001".

Must be identical to the BATCH NUMBER entered in the corresponding Batch Header Record (BA0-04.0).

FORM LOCATION: N/A

REMARKS:

MEDICAID

NOTES: For submission coming from providers and electronic submission intermediaries, the Medicaid payment system will accept up to 9,999 batches in a submission.

For submissions coming from Scanning and Data Entry, the Medicaid payment system will accept up to 999 batches in a submission.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: YA0-08.0

DATA ELEMENT: Batch Service Line Count
(BATCH SVC LINE COUNT)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
08.0	9(07)	RIGHT	ZEROS	47	53	R

DEFINITION: The number of line items included in this batch.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be numeric.

Must be the computed sum of all Record Type
FA0's within this batch.

FORM LOCATION: N/A

REMARKS:

MEDICAID

NOTES: This field is required for the Medicaid payment system.

For provider or intermediary submissions, incorrect totals in this field would not reject the entire submission.

For scanner/data entry submissions, incorrect totals in this field would not reject the entire batch.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: YA0-09.0

DATA ELEMENT: Batch Record Count

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
09.0	9(07)	RIGHT	ZEROS	54	60	R

DEFINITION: The number of records included in this batch.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be numeric.

Must be the computed sum of all Record Types
BA0 through YA0.

FORM LOCATION: N/A

REMARKS:

MEDICAID

NOTES: This field is required for the Medicaid payment system.

For provider or intermediary submissions, incorrect totals in this field would not reject the entire submission.

For scanner/data entry submissions, incorrect totals in this field would not reject the entire batch.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: YA0-10.0

DATA ELEMENT: Batch Claim Count

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
10.0	9(07)	RIGHT	ZEROS	61	67	R

DEFINITION: The number of claims that are included within this batch.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be numeric.

Must be the computed sum of all the Record Type CA0's included between this Batch Trailer Record (YA0) and the preceding Batch Header Record (BA0).

FORM LOCATION: N/A

REMARKS:

MEDICAID

NOTES: This field is required for the Medicaid payment system.

For provider or intermediary submissions, incorrect totals in this field would reject the entire submission.

For scanner/data entry submissions, incorrect totals in this field would reject the entire batch.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: YA0-11.0

DATA ELEMENT: Batch Total Charges

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
11.0	9(07)V99	RIGHT	ZEROS	68	76	R

DEFINITION: The sum of all "Total Claim Charges" fields included within this batch.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be a positive, unsigned numeric value.

Must be the computed sum of all the TOTAL CLAIM CHARGES fields (XA0-12.0) included within this batch.

FORM LOCATION: N/A

REMARKS:

MEDICAID

NOTES:

This field is required for the Medicaid payment system.

For provider or intermediary submissions, incorrect totals in this field would not reject the entire submission.

For scanner/data entry submissions, incorrect totals in this field would not reject the entire batch.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

FILE TRAILER RECORD

RECORD TYPE: ZA0

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD TYPE: ZA0

LEVEL: FILE

PURPOSE: The last record of any file submitted electronically, it contains information pertinent to the balancing of the file (i.e. file record counts, file charges).

REQUIREMENTS: A "ZA0" Record is a REQUIRED record since it is the FILE TRAILER RECORD.

ORDER:

Record Type	Record Type
-----	-----
YA0	NONE

NOTES: Fields that require balancing should be the sum of all the corresponding fields in Record Type YA0 (BATCH TRAILER RECORD).

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD

RECORD TYPE: ZA0

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS		MANAGED CARE NOTE
				FROM	THRU	
01.0	RECORD ID "ZA0"	3	X	1	3	R
02.0	SUBMITTER ID NUMBER	16	X	04	19	R
	FILLER	25	X	20	44	
05.0	FILE SERVICE LINE COUNT	7	N	45	51	R
06.0	FILE RECORD COUNT	7	N	52	58	R
07.0	FILE CLAIM COUNT	7	N	59	65	R
08.0	BATCH COUNT	4	N	66	69	R
09.0	FILE TOTAL CHARGES	11	N	70	80	O
	FILLER	240	X	81	320	

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

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: ZA0-01.0

DATA ELEMENT: Record Identifier (RECORD ID "ZA0")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: Field used to identify the "File Trailer Record".

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be "ZA0".

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: ZA0-02.0

DATA ELEMENT: Submitter Identifier (SUB ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
02.0	X(16)	LEFT	SPACES	04	19	R

DEFINITION: Identifies the submitter as defined by receiver.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be identical to the SUBMITTER ID entered in the File Header Record (AA0-02.0).

See GENERAL INSTRUCTIONS for "Identification Number" entry.

REMARKS: May be a Federally assigned Employer Identification Number (EIN). EIN is also referred to as Tax Identification Number (TIN) depending on the receiver's requirements.

MEDICAID

NOTES: This field is required.

Please refer to the Medicaid Notes on Record AA0, Field Number 2.0, Submitter Identifier.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: ZA0-05.0
DATA ELEMENT: File Service Line Count (FILE SVC LINE COUNT)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
05.0	9(07)	RIGHT	ZEROS	45	51	R

DEFINITION: The number of service lines included in this file.

CODE VALUES: N/A

VALIDATION: Must be numeric.

Must be the computed sum of all BATCH SERVICE LINE COUNT fields (YA0-08.0) included within this file.

FORM LOCATION: N/A

REMARKS: N/A

MEDICAID

NOTES: This field is required for the Medicaid payment system.

For provider or intermediary submissions, incorrect totals in this field would not reject the entire submission.

For scanner/data entry submissions, incorrect totals in this field would not reject the entire batch.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: ZA0-06.0

DATA ELEMENT: File Record Count

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
06.0	9(07)	RIGHT	ZEROS	52	58	R

DEFINITION: The number of records included in this file.

CODE VALUES: N/A

VALIDATION: Must be numeric.

Must be the computed sum of all BATCH RECORD COUNT fields (YA0-09.0) within this file.

FORM LOCATION: N/A

REMARKS: This field does not include any count of the AA0 or the ZA0 records.

MEDICAID

NOTES: This field is required for the Medicaid payment system.

For provider or intermediary submissions, incorrect totals in this field would not reject the entire submission.

For scanner/data entry submissions, incorrect totals in this field would not reject the entire batch.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: ZA0-07.0

DATA ELEMENT: File Claim Count

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
07.0	9(07)	RIGHT	ZEROS	59	65	R

DEFINITION: The number of claims included in this file.

CODE VALUES: N/A

VALIDATION: Must be numeric.

Must be the computed sum of all BATCH CLAIM COUNT fields (YA0-10.0) included within this file.

FORM LOCATION: N/A

REMARKS: N/A

MEDICAID

NOTES: This field is required for the Medicaid payment system.

For provider or intermediary submissions, incorrect totals in this field would reject the entire submission.

For scanner/data entry submissions, incorrect totals in this field would reject the entire batch.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: ZA0-08.0

DATA ELEMENT: Batch Count

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
08.0	9(04)	RIGHT	ZEROS	66	69	R

DEFINITION: The number of batches included within this file.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be numeric.

Must be the computed sum of all Record Type YA0's within this file.

FORM LOCATION: N/A

REMARKS: N/A

MEDICAID

NOTES: This field is required for the Medicaid payment system.

For provider or intermediary submissions, incorrect totals in this field would not reject the entire submission.

For scanner/data entry submissions, incorrect totals in this field would not reject the entire batch.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: ZA0-09.0

DATA ELEMENT: File Total Charges

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
09.0	9(09)V99	RIGHT	ZEROS	70	80	R

DEFINITION: The sum of all total charges from each batch contained within this file.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be a positive, unsigned numeric value.

Must be the computed sum of all BATCH TOTAL CHARGES fields (YA0-11.0) included within this file.

FORM LOCATION: N/A

REMARKS: N/A

MEDICAID

NOTES: This field is required for the Medicaid payment system.

For provider or intermediary submissions, incorrect totals in this field would not reject the entire submission. This amount must equal the total claim amount on the Letter of Certification/Batch Recap Form (ODJFS 6312).

For scanner/data entry submissions, incorrect totals in this field would not reject the entire batch.