

6.5.1 CLAIMIP Physical Record Layout:

CLAIMIP RECORD SUMMARY

FIELD NAME	COBOL PICTURE	- POSITION -		DEFAULT
		START	END	ERROR
TOLERANCE				
MSIS-IDENTIFICATION-NUMBER	X(20)	01	20	0.1%
ADJUSTMENT-INDICATOR	9(1)	21	21	2.0%
TYPE-OF-SERVICE	9(2)	22	23	0.1%
TYPE-OF-CLAIM	9(1)	24	24	2.0%
DATE-OF-PAYMENT-ADJUDICATION	9(8)	25	32	2.0%
MEDICAID-AMOUNT-PAID	S9(8)	33	40	0.1%
BEGINNING-DATE-OF-SERVICE	9(8)	41	48	2.0%
ENDING-DATE-OF-SERVICE	9(8)	49	56	2.0%
PROVIDER-ID-NUMBER-BILLING	X(12)	57	68	5.0%
AMOUNT-CHARGED	S9(8)	69	76	5.0%
OTHER-THIRD-PARTY-PAYMENT	S9(6)	77	82	2.0%
PROGRAM-TYPE	9(1)	83	83	2.0%
PLAN-ID-NUMBER	X(12)	84	95	2.0%
MEDICAID-COVERED-INPATIENT-DAYS	S9(5)	96	100	2.0%
MEDICARE-DEDUCTIBLE-PAYMENT	S9(5)	101	105	2.0%
MEDICARE-COINSURANCE-PAYMENT	S9(5)	106	110	2.0%
DIAGNOSIS-CODE-PRINCIPAL	X(8)	111	118	5.0%
DIAGNOSIS-CODE-2	X(8)	119	126	5.0%
DIAGNOSIS-CODE-3	X(8)	127	134	5.0%
DIAGNOSIS-CODE-4	X(8)	135	142	5.0%
DIAGNOSIS-CODE-5	X(8)	143	150	5.0%
DIAGNOSIS-CODE-6	X(8)	151	158	5.0%
DIAGNOSIS-CODE-7	X(8)	159	166	5.0%
DIAGNOSIS-CODE-8	X(8)	167	174	5.0%
DIAGNOSIS-CODE-9	X(8)	175	182	5.0%
PROC-CODE-PRINCIPAL	X(8)	183	190	5.0%
PROC-CODE-FLAG-PRINCIPAL	9(2)	191	192	5.0%
PROC-CODE-MOD-PRINCIPAL	X(2)	193	194	5.0%
PROC-CODE-2	X(8)	195	202	5.0%
PROC-CODE-FLAG-2	9(2)	203	204	5.0%
PROC-CODE-MOD-2	X(2)	205	206	5.0%
PROC-CODE-3	X(8)	207	214	5.0%
PROC-CODE-FLAG-3	9(2)	215	216	5.0%
PROC-CODE-MOD-3	X(2)	217	218	5.0%
PROC-CODE-4	X(8)	219	226	5.0%
PROC-CODE-FLAG-4	9(2)	227	228	5.0%
PROC-CODE-MOD-4	X(2)	229	230	5.0%
PROC-CODE-5	X(8)	231	238	5.0%
PROC-CODE-FLAG-5	9(2)	239	240	5.0%
PROC-CODE-MOD-5	X(2)	241	242	5.0%
PROC-CODE-6	X(8)	243	250	5.0%
PROC-CODE-FLAG-6	9(2)	251	252	5.0%
PROC-CODE-MOD-6	X(2)	253	254	5.0%
ADMISSION-DATE	9(8)	255	262	5.0%
PATIENT-STATUS	9(2)	263	264	5.0%
DIAGNOSIS-RELATED-GROUP(DRG)	9(4)	265	268	100.0%
DIAGNOSIS-RELATED-GROUP-INDICATOR	X(4)	269	272	100.0%

6.5.1 CLAIMIP Physical Record Layout (continued):

CLAIMIP RECORD SUMMARY - continued

<u>FIELD NAME</u>	<u>COBOL PICTURE</u>	<u>- POSITION -</u>		<u>DEFAULT ERROR TOLERANCE</u>
		<u>START</u>	<u>END</u>	
PROC-DATE-PRINCIPAL	9(8)	273	280	5.0%
UB-REV-CODE-1	9(4)	281	284	5.0%
UB-REV-UNITS-1	S9(7)	285	291	5.0%
UB-REV-CHARGE-1	S9(8)	292	299	5.0%
UB-REV-CODE-2	9(4)	300	303	5.0%
UB-REV-UNITS-2	S9(7)	304	310	5.0%
UB-REV-CHARGE-2	S9(8)	311	318	5.0%
UB-REV-CODE-3	9(4)	319	322	5.0%
UB-REV-UNITS-3	S9(7)	323	329	5.0%
UB-REV-CHARGE-3	S9(8)	330	337	5.0%
UB-REV-CODE-4	9(4)	338	341	5.0%
UB-REV-UNITS-4	S9(7)	342	348	5.0%
UB-REV-CHARGE-4	S9(8)	349	356	5.0%
UB-REV-CODE-5	9(4)	357	360	5.0%
UB-REV-UNITS-5	S9(7)	361	367	5.0%
UB-REV-CHARGE-5	S9(8)	368	375	5.0%
UB-REV-CODE-6	9(4)	376	379	5.0%
UB-REV-UNITS-6	S9(7)	380	386	5.0%
UB-REV-CHARGE-6	S9(8)	387	394	5.0%
UB-REV-CODE-7	9(4)	395	398	5.0%
UB-REV-UNITS-7	S9(7)	399	405	5.0%
UB-REV-CHARGE-7	S9(8)	406	413	5.0%
UB-REV-CODE-8	9(4)	414	417	5.0%
UB-REV-UNITS-8	S9(7)	418	424	5.0%
UB-REV-CHARGE-8	S9(8)	425	432	5.0%
UB-REV-CODE-9	9(4)	433	436	5.0%
UB-REV-UNITS-9	S9(7)	437	443	5.0%
UB-REV-CHARGE-9	S9(8)	444	451	5.0%
UB-REV-CODE-10	9(4)	452	455	5.0%
UB-REV-UNITS-10	S9(7)	456	462	5.0%
UB-REV-CHARGE-10	S9(8)	463	470	5.0%
UB-REV-CODE-11	9(4)	471	474	5.0%
UB-REV-UNITS-11	S9(7)	475	481	5.0%
UB-REV-CHARGE-11	S9(8)	482	489	5.0%
UB-REV-CODE-12	9(4)	490	493	5.0%
UB-REV-UNITS-12	S9(7)	494	500	5.0%
UB-REV-CHARGE-12	S9(8)	501	508	5.0%
UB-REV-CODE-13	9(4)	509	512	5.0%
UB-REV-UNITS-13	S9(7)	513	519	5.0%
UB-REV-CHARGE-13	S9(8)	520	527	5.0%
UB-REV-CODE-14	9(4)	528	531	5.0%
UB-REV-UNITS-14	S9(7)	532	538	5.0%
UB-REV-CHARGE-14	S9(8)	539	546	5.0%
UB-REV-CODE-15	9(4)	547	550	5.0%
UB-REV-UNITS-15	S9(7)	551	557	5.0%
UB-REV-CHARGE-15	S9(8)	558	565	5.0%

6.5.1 CLAIMIP Physical Record Layout (continued):

CLAIMIP RECORD SUMMARY - continued

<u>FIELD NAME</u>	<u>COBOL PICTURE</u>	<u>- POSITION -</u>		<u>DEFAULT ERROR TOLERANCE</u>
		<u>START</u>	<u>END</u>	
UB-REV-CODE-16	9(4)	566	569	5.0%
UB-REV-UNITS-16	S9(7)	570	576	5.0%
UB-REV-CHARGE-16	S9(8)	577	584	5.0%
UB-REV-CODE-17	9(4)	585	588	5.0%
UB-REV-UNITS-17	S9(7)	589	595	5.0%
UB-REV-CHARGE-17	S9(8)	596	603	5.0%
UB-REV-CODE-18	9(4)	604	607	5.0%
UB-REV-UNITS-18	S9(7)	608	614	5.0%
UB-REV-CHARGE-18	S9(8)	615	622	5.0%
UB-REV-CODE-19	9(4)	623	626	5.0%
UB-REV-UNITS-19	S9(7)	627	633	5.0%
UB-REV-CHARGE-19	S9(8)	634	641	5.0%
UB-REV-CODE-20	9(4)	642	645	5.0%
UB-REV-UNITS-20	S9(7)	646	652	5.0%
UB-REV-CHARGE-20	S9(8)	653	660	5.0%
UB-REV-CODE-21	9(4)	661	664	5.0%
UB-REV-UNITS-21	S9(7)	665	671	5.0%
UB-REV-CHARGE-21	S9(8)	672	679	5.0%
UB-REV-CODE-22	9(4)	680	683	5.0%
UB-REV-UNITS-22	S9(7)	684	690	5.0%
UB-REV-CHARGE-22	S9(8)	691	698	5.0%
UB-REV-CODE-23	9(4)	699	702	5.0%
UB-REV-UNITS-23	S9(7)	703	709	5.0%
UB-REV-CHARGE-23	S9(8)	710	717	5.0%
NATIONAL-PROVIDER-ID	X(12)	718	729	5.0%
PROVIDER-TAXONOMY	X(12)	730	741	5.0%
INTERNAL-CONTROL-NUMBER-ORIG	X(21)	742	762	5.0%
INTERNAL-CONTROL-NUMBER-ADJ	X(21)	763	783	5.0%
FILLER	X(57)	784	840	

6.5.2 CLAIMLT Physical Record Layout:

CLAIMLT RECORD SUMMARY

FIELD NAME	COBOL PICTURE	- POSITION -		DEFAULT ERROR TOLERANCE
		START	END	
MSIS-IDENTIFICATION-NUMBER	X(20)	01	20	0.1%
ADJUSTMENT-INDICATOR	9(1)	21	21	2.0%
TYPE-OF-SERVICE	9(2)	22	23	0.1%
TYPE-OF-CLAIM	9(1)	24	24	2.0%
DATE-OF-PAYMENT-ADJUDICATION	9(8)	25	32	2.0%
MEDICAID-AMOUNT-PAID	S9(8)	33	40	0.1%
BEGINNING-DATE-OF-SERVICE	9(8)	41	48	2.0%
ENDING-DATE-OF-SERVICE	9(8)	49	56	2.0%
PROVIDER-ID-NUMBER-BILLING	X(12)	57	68	5.0%
AMOUNT-CHARGED	S9(8)	69	76	5.0%
OTHER-THIRD-PARTY-PAYMENT	S9(6)	77	82	2.0%
PROGRAM-TYPE	9(1)	83	83	2.0%
PLAN-ID-NUMBER	X(12)	84	95	2.0%
MEDICAID-COVERED-INPATIENT-DAYS	S9(5)	96	100	2.0%
MEDICARE-DEDUCTIBLE-PAYMENT	S9(5)	101	105	2.0%
MEDICARE-COINSURANCE-PAYMENT	S9(5)	106	110	2.0%
DIAGNOSIS-CODE-1	X(8)	111	118	5.0%
DIAGNOSIS-CODE-2	X(8)	119	126	5.0%
DIAGNOSIS-CODE-3	X(8)	127	134	5.0%
DIAGNOSIS-CODE-4	X(8)	135	142	5.0%
DIAGNOSIS-CODE-5	X(8)	143	150	5.0%
ADMISSION-DATE	9(8)	151	158	5.0%
PATIENT-STATUS	9(2)	159	160	5.0%
ICF-MR-DAYS	S9(5)	161	165	2.0%
LEAVE-DAYS	S9(5)	166	170	5.0%
NURSING-FACILITY-DAYS	S9(5)	171	175	2.0%
PATIENT-LIABILITY	S9(6)	176	181	2.0%
NATIONAL-PROVIDER-ID	X(12)	182	193	5.0%
PROVIDER-TAXONOMY	X(12)	194	205	5.0%
INTERNAL-CONTROL-NUMBER-ORIG	X(21)	206	226	5.0%
INTERNAL CONTROL-NUMBER-ADJ	X(21)	227	247	5.0%
FILLER	X(53)	248	300	

6.5.3 CLAIMOT Physical Record Layout

CLAIMOT RECORD SUMMARY

FIELD NAME	COBOL PICTURE	- POSITION -		DEFAULT
		START	END	ERROR TOLERANCE
MSIS-IDENTIFICATION-NUMBER	X(20)	1	20	0.1%
ADJUSTMENT-INDICATOR	9(1)	21	21	2.0%
TYPE-OF-SERVICE	9(2)	22	23	0.1%
TYPE-OF-CLAIM	9(1)	24	24	2.0%
DATE-OF-PAYMENT-ADJUDICATION	9(8)	25	32	2.0%
MEDICAID-AMOUNT-PAID	S9(8)	33	40	0.1%
BEGINNING-DATE-OF-SERVICE	9(8)	41	48	2.0%
ENDING-DATE-OF-SERVICE	9(8)	49	56	2.0%
PROVIDER-ID-NUMBER-BILLING	X(12)	57	68	5.0%
AMOUNT-CHARGED	S9(8)	69	76	5.0%
OTHER-THIRD-PARTY-PAYMENT	S9(6)	77	82	2.0%
PROGRAM-TYPE	9(1)	83	83	2.0%
PLAN-ID-NUMBER	X(12)	84	95	2.0%
QUANTITY-OF-SERVICE	S9(5)	96	100	2.0%
MEDICARE-DEDUCTIBLE-PAYMENT	S9(5)	101	105	2.0%
MEDICARE-COINSURANCE-PAYMENT	S9(5)	106	110	2.0%
DIAGNOSIS-CODE-1	X(8)	111	118	5.0%
DIAGNOSIS-CODE-2	X(8)	119	126	5.0%
PLACE-OF-SERVICE	9(2)	127	128	5.0%
SPECIALTY-CODE	X(4)	129	132	100.0%
SERVICE-CODE	X(8)	133	140	5.0%
SERVICE-CODE-FLAG	9(2)	141	142	5.0%
SERVICE-CODE-MOD	X(2)	143	144	5.0%
UB-92-REVENUE-CODE	9(4)	145	148	100.0%
PROVIDER-ID-NUMBER-SERVICING	X(12)	149	160	5.0%
NATIONAL-PROVIDER-ID	X(12)	161	172	5.0%
PROVIDER-TAXONOMY	X(12)	173	184	5.0%
INTERNAL-CONTROL-NUMBER-ORIG	X(21)	185	205	5.0%
LINE-NUMBER-ORIG	9(3)	206	208	5.0%
INTERNAL CONTROL-NUMBER-ADJ	X(21)	209	229	5.0%
LINE-NUMBER-ADJ	9(3)	230	232	5.0%
FILLER	X(48)	233	280	

6.5.4 CLAIMRX Physical Record Layout

CLAIMRX RECORD SUMMARY

FIELD NAME	COBOL PICTURE	- POSITION -		DEFAULT ERROR TOLERANCE
		START	END	
MSIS-IDENTIFICATION-NUMBER	X(20)	01	20	0.1%
ADJUSTMENT-INDICATOR	9(1)	21	21	2.0%
TYPE-OF-SERVICE	9(2)	22	23	0.1%
TYPE-OF-CLAIM	9(1)	24	24	2.0%
DATE-OF-PAYMENT-ADJUDICATION	9(8)	25	32	2.0%
MEDICAID-AMOUNT-PAID	S9(8)	33	40	0.1%
DATE-PRESCRIBED	9(8)	41	48	2.0%
FILLER	9(8)	49	56	
PROVIDER-ID-NUMBER-BILLING	X(12)	57	68	5.0%
AMOUNT-CHARGED	S9(8)	69	76	5.0%
OTHER-THIRD-PARTY-PAYMENT	S9(6)	77	82	2.0%
PROGRAM-TYPE	9(1)	83	83	2.0%
PLAN-ID-NUMBER	X(12)	84	95	2.0%
QUANTITY-OF-SERVICE	S9(5)	96	100	2.0%
DAYS-SUPPLY	9(3)	101	103	5.0%
NATIONAL-DRUG-CODE	X(12)	104	115	5.0%
PRESCRIPTION-FILL-DATE	9(8)	116	123	2.0%
NEW-REFILL-INDICATOR	9(2)	124	125	2.0%
PRESCRIBING-PHYSICIAN-ID-NUMBER	X(12)	126	137	5.0%
NATIONAL-PROVIDER-ID	X(12)	138	149	5.0%
PROVIDER-TAXONOMY	X(12)	150	161	5.0%
INTERNAL-CONTROL-NUMBER-ORIG	X(21)	162	182	5.0%
INTERNAL CONTROL-NUMBER-ADJ	X(21)	183	203	5.0%
FILLER	X(47)	204	250	

The error tolerance describes, for each field, the maximum allowable percentage of records submitted that may have missing, unknown, or invalid codes. Error rates in excess of the error tolerance level for any field will cause the entire file to be rejected.

CLAIMS FILES

Data Element Name: DIAGNOSIS-CODE-PRINCIPAL

Definition: CLAIMIP - The ICD-9-CM code for the principal diagnosis for this claim. Principal diagnosis is the condition established after study to be chiefly responsible for the admission. Even though another diagnosis may be more severe than the principal diagnosis, the principal diagnosis, as defined above, is entered.

Field Description:

<u>COBOL PICTURE</u>	<u>Error Tolerance</u>	<u>Example Value</u>
X(8)	5.0%	"21050 "

Coding Requirements:

Code full valid ICD-9-CM codes without a decimal point. For example: 210.5 is coded as "21050 ". Include all five digits where applicable.

Enter invalid codes exactly as they appear in the State system. Do not "8" or "9-fill".

Note: Seventh character reserved for implementation of ICD-10-CM codes, plus eighth character reserved for future expansion of this field.

Error Condition

Resulting Error Code

**THE FOLLOWING EDITS WILL NOT COUNT AGAINST THE ERROR TOLERANCE
FOR ADJUSTMENT RECORDS (ADJUSTMENT INDICATOR=1, 2, 3, 4, OR 5)**

1. Relational Field in Error	999
2. First character of Value is not {"0" through "9", or alpha character}.....	101
3. Second or third character of Value is not {"0" through "9"}	101
4. Fourth or fifth character of Value is not {" " or..... "0" through "9"}	101
5. Fourth character of Value = " " <u>AND</u> fifth character	101
of Value <> " "	
6. Sixth character of Value <> " ".....	101
7. Value = "99999999".....	301
8. Value= " "	303
9. Value = "88888888".....	305

CLAIMS FILES

Data Element Name: DIAGNOSIS-CODE-1 through DIAGNOSIS-CODE-9

Definition: DIAGNOSIS-CODE-1: CLAIMLT, CLAIMOT - The ICD-9-CM code for the first diagnosis for this claim (For CLAIMIP, DIAGNOSIS-CODE-PRINCIPAL is used in place of DIAGNOSIS-CODE-1).

DIAGNOSIS-CODE-2: CLAIMIP, CLAIMLT, CLAIMOT - Second ICD-9-CM code found on the claim.

DIAGNOSIS-CODE-3 through DIAGNOSIS-CODE-5 : CLAIMIP, CLAIMLT - The third through fifth ICD-9-CM codes that appear on the claim.

DIAGNOSIS-CODE-6 through DIAGNOSIS-CODE-9 : CLAIMIP- The sixth through ninth ICD-9CM codes that appear on the claim.

Field Description:

<u>COBOL PICTURE</u>	<u>Error Tolerance</u>	<u>Example Value</u>
X(8)	5.0%	"21050 "

Coding Requirements:

Code valid ICD-9-CM codes (up to nine occurrences, depending on file type) without a decimal point. For example: 210.5 is coded as "2105 ".

If more than nine diagnosis codes appear on the claim, enter the codes for the first nine that appear. If less than nine diagnosis codes are used, blank fill the unused fields.

Enter invalid codes exactly as they appear in the State system. Do not "8" or "9-fill".

CLAIMOT: Code Specific ICD-9-CM code. There are many types of claims that aren't expected to have diagnosis codes, such as transportation, DME, lab, etc. Do not add vague and unspecified diagnosis codes to those claims. The error tolerance for this field will be adjusted on a State-specific basis to accommodate the absence of diagnosis codes.

CLAIMLT: Provide diagnosis coding as submitted on bill.

Note: Seventh character reserved for implementation of ICD-10-CM codes, plus eighth character reserved for future expansion of this field.

Error Condition

Resulting Error Code

THE FOLLOWING EDITS WILL NOT COUNT AGAINST THE ERROR TOLERANCE FOR ADJUSTMENT RECORDS (ADJUSTMENT INDICATOR=1, 2, 3, 4, OR 5)

1. Value = "99999999"301
2. Value = "88888888".....305
3. Value <> "blank" AND first character of Value is not {"0" through "9", or alpha character} 101
4. Value <> "blank" AND second or third character of Value is not {"0" through "9"}..... 101

CLAIMS FILES

Data Element Name: DIAGNOSIS-CODE-1 through DIAGNOSIS-CODE-9 (continued)

<u>Error Condition</u>	<u>Resulting Error Code</u>
5. Value <> "blank" <u>AND</u> fourth or fifth character of Value is not " " or "0" through "9"}	101
6. Value <> "blank" <u>AND</u> fourth character of Value = " " <u>AND</u> fifth character of Value <> " "	101
7. Value <> "blank" <u>AND</u> sixth character of Value <> " "	101
8. Relational Field in Error.	999
9. Value Diagnosis-Code 1= "blank".	303
10. Value <> "blank" <u>AND</u> preceding DIAGNOSIS-CODE value(s) = "blank".	542
11. Value appears in preceding field	542

CLAIMS FILES

Data Element Name: INTERNAL-CONTROL-NUMBER-ORIG

Definition: CLAIMIP, CLAIMLT, CLAIMOT and CLAIMRX - A unique number (up to 21 alpha/numeric characters) assigned by the State's payment system that identifies an original claim, including all of the services within it.

Field Description:

<u>COBOL PICTURE</u>	<u>Error Tolerance</u>	<u>Example Value</u>
X(21)	5.0%	"ABC000111222333444555666"

Coding Requirements:

Record the value exactly as it appears in the State system. Do not pad.

If the ADJUSTMENT-INDICATOR is '0' then this field must include the ICN for the original claim. The field should also be completed on adjustment claims to reflect the INTERNAL-CONTROL-NUMBER for the original claim being adjusted.

If Value is unknown, fill with "99999999999999999999".

Error Condition

Resulting Error Code

THE FOLLOWING EDITS WILL NOT COUNT AGAINST THE ERROR TOLERANCE
FOR GROSS ADJUSTMENT RECORDS (ADJUSTMENT INDICATOR=5)

- | | |
|---|-----|
| 1. Value = "99999999999999999999" | 301 |
| 2. Value is "Space Filled" | 303 |
| 3. Value is 0-filled | 304 |

CLAIMS FILES

Data Element Name: INTERNAL-CONTROL-NUMBER-ADJ

Definition: CLAIMIP, CLAIMLT, CLAIMOT and CLAIMRX - A unique claim number (up to 21 alpha/numeric characters) assigned by the State's payment system that identifies the adjustment claim for an original transaction, including all of the service lines within it.

Field Description:

<u>COBOL PICTURE</u>	<u>Error Tolerance</u>	<u>Example Value</u>
X(21)	5.0%	"ABC111222333444555666"

Coding Requirements:

Record the value exactly as it appears in the State system. Do not pad.

This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0

If Value is unknown, fill with "99999999999999999999".

Error Condition

Resulting Error Code

THE FOLLOWING EDITS WILL NOT COUNT AGAINST THE ERROR TOLERANCE
FOR GROSS ADJUSTMENT RECORDS (ADJUSTMENT INDICATOR=5)

1. Value = "99999999999999999999"	301
2. Value is "Space Filled"	303
3. Value is 0-filled	304
4. Value = "88888888888888888888" <u>AND</u> ADJUSTMENT-INDICATOR IS NE 0	305

CLAIMS FILES

Data Element Name: LINE-NUMBER-ORIG

Definition: CLAIMOT- A unique number to identify the transaction line number that is being reported on the original claim.

Field Description:

<u>COBOL PICTURE</u>	<u>Error Tolerance</u>	<u>Example Value</u>
9(3)	5.0%	"001"

Coding Requirements:

Record the value exactly as it appears in the State system. Do not pad. This field should also be completed on adjustment claims to reflect the LINE-NUMBER of the INTERNAL-CONTROL-NUMBER on the original claim.

If Value is unknown, fill with "999".

Error Condition

Resulting Error Code

THE FOLLOWING EDITS WILL NOT COUNT AGAINST THE ERROR TOLERANCE
FOR ADJUSTMENT RECORDS (ADJUSTMENT INDICATOR=1, 2, 3, 4, OR 5)

1. Value = "999"	301
2. Value is "Space Filled"	303
3. Value is 0-filled	304
4. Value = "888" <u>AND</u> ADJUSTMENT-INDICATOR IS = 0.....	305

CLAIMS FILES

Data Element Name: LINE-NUMBER-ADJ

Definition: CLAIMOT - A unique number to identify the transaction line number that is being amended from the original claim.

Field Description:

<u>COBOL PICTURE</u>	<u>Error Tolerance</u>	<u>Example Value</u>
9(3)	5.0%	"001"

Coding Requirements:

Record the value exactly as it appears in the State system. Do not pad.

This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0.

If Value is unknown, fill with "999".

Error Condition

Resulting Error Code

THE FOLLOWING EDITS WILL NOT COUNT AGAINST THE ERROR TOLERANCE
FOR ADJUSTMENT RECORDS (ADJUSTMENT INDICATOR=1, 2, 3, 4, OR 5)

1. Value = "999"	301
2. Value is "Space Filled"	303
3. Value is 0-filled	304
4. Value = "888" <u>AND</u> ADJUSTMENT-INDICATOR IS NE 0.....	306

CLAIMS FILES

Data Element Name: NATIONAL-PROVIDER-ID

Definition: CLAIMIP, CLAIMLT, CLAIMOT, CLAIMRX –

For CLAIMOT and CLAIMRX files the unique number to identify the provider who treated the recipient (as opposed to the provider “billing” for the service).

For CLAIMIP and CLAIMLT files the NPI should be that of the institution billing/caring for the beneficiary.

Field Description:

<u>COBOL PICTURE</u>	<u>Error Tolerance</u>	<u>Example Value</u>
X(12)	5.0%	“01CA79300000”

Coding Requirements:

Record the value exactly as it appears in the State system. Do not 9-fill.

If the State continues to include legacy identifiers for providers, then both the legacy ID and NPI should be included on the claim. If only the legacy Provider ID is available then 9-fill the National Provider ID and enter the legacy ID in the servicing Provider ID.

8-fill field for premium payments (TYPE-OF-SERVICE = 20, 21, 22)

If Value is unknown, fill with "999999999999".

Error Condition Resulting Error Code

THE FOLLOWING EDITS WILL NOT COUNT AGAINST THE ERROR TOLERANCE
FOR ADJUSTMENT RECORDS (ADJUSTMENT INDICATOR=1, 2, 3, 4, OR 5)

1. Value = "999999999999".....	301
2. Value is “Space Filled”	303
3. Value is 0-filled	304
4. Value = “888888888888” <u>AND</u> TYPE-OF-SERVICE <> {20, 21, 22}.....	305
5. Value <> “888888888888” <u>AND</u> TYPE-OF-SERVICE = {20, 21, 22}.....	306
6. Value = PROVIDER-ID-NUMBER-BILLING	529

CLAIMS FILES

Data Element Name: PROC-CODE-PRINCIPAL

Definition: CLAIMIP - A code used by the State to identify the principal procedure performed during the hospital stay referenced by this claim. A principal procedure is performed for definitive treatment rather than for diagnostic or exploratory purposes. It is closely related to either the principal diagnosis or to complications that arise during other treatments.

Field Description:

<u>COBOL PICTURE</u>	<u>Error Tolerance</u>	<u>Example Value</u>
X(8)	5.0%	"123456 "

Coding Requirements:

If no principal procedure was performed, fill with "88888888".

Value must be a valid code. If PROC-CODE-FLAG-PRINCIPAL = {10 through 87} valid codes must be supplied by the State.

For national coding systems, code should conform to the nationally recognized formats:

CPT (PROC-CODE-FLAG-PRINCIPAL=01): Positions 1-5 should be numeric and position 6-7 must be blank.

ICD-9-CM (PROC-CODE-FLAG-PRINCIPAL=02): Positions 1-2 must be numeric, positions 3-4 must be numeric or blank, positions 5-7 must be blank.

HCPCS (PROC-CODE-FLAG-PRINCIPAL=06): Position 1 must be an alpha character ("A"-"Z") and position 6-7 must be blank.. Value can include both National and Local (Regional) codes. For National codes (position 1="A"-"V") positions 2-5 must be numeric; for Local (Regional) codes, positions 2-5 must be alphanumeric (e.g., "X1234" or "WW234").

For other schemes which are not nationally recognized, states should supply CMS with lists of valid values and any formats which should apply.

If value is unknown, fill with "99999999".

Note: An eighth character is provided for future expansion of this field.

CLAIMS FILES

Data Element Name: PROC-CODE-PRINCIPAL (continued)

Error Condition

Resulting Error Code

**THE FOLLOWING EDITS WILL NOT COUNT AGAINST THE ERROR TOLERANCE
FOR ADJUSTMENT RECORDS (ADJUSTMENT INDICATOR=1, 2, 3, 4, OR 5)**

1.	Value = "99999999"	301
2.	Value = "00000000"	304
3.	Value is "Space Filled"	303
4.	Relational Field In Error	999
5.	Value <> "88888888" <u>AND</u> PROC-CODE-FLAG-PRINCIPAL = 88	306
6.	Value = "88888888" <u>AND</u> PROC-CODE-FLAG-PRINCIPAL <> 88	305
7.	Value is invalid as related to PROC-CODE-FLAG-PRINCIPAL=01 (CPT-4)	203
8.	Value is invalid as related to PROC-CODE-FLAG-PRINCIPAL=02 (ICD-9)	203
9.	Value is invalid as related to PROC-CODE-FLAG-PRINCIPAL=06 (HCPCS)	203

CLAIMS FILES

Data Element Name: PROC-CODE-2 through PROC-CODE-6

Definition: CLAIMIP - A series of up to five codes used by the State to identify the procedures performed in addition to the principal procedure during the hospital stay referenced by this claim.

Field Description:

<u>COBOL PICTURE</u>	<u>Error Tolerance</u>	<u>Example Value</u>
X(8)	5.0%	"123456 "

Coding Requirements:

Enter as many procedures as are reported after the principal procedure up to five additional codes. Remaining fields should be 8-filled (e.g., if claim contains two additional procedures, they would be reported in PROC-CODE-2 and PROC-CODE-3. Remaining fields PROC-CODE-4 through PROC-CODE-6 would all be 8-filled.)

Value must be a valid code. If corresponding PROC-CODE-FLAG = {10 through 87} valid codes must be supplied by the State.

For national coding systems, code should conform to the nationally recognized formats:

CPT (corresponding PROC-CODE-FLAG = 01): Positions 1-5 should be numeric and position 6-8 must be blank.

ICD-9-CM (corresponding PROC-CODE-FLAG = 02): Positions 1-2 must be numeric, positions 3-4 must be numeric or blank, positions 5-8 must be blank.

HCPCS (corresponding PROC-CODE-FLAG = 06): Position 1 must be an alpha character ("A"- "Z") and position 6-8 must be blank.. Value can include both National and Local (Regional) codes. For National codes (position 1="A"- "V") positions 2-5 must be numeric; for Local (Regional) codes, positions 2-5 must be alphanumeric (e.g., "X1234" or "WW234").

For other schemes which are not nationally recognized, states should supply CMS with lists of valid values and any formats which should apply.

If value is unknown, fill with "99999999".

Note: An eighth character is provided for future expansion of these fields.

CLAIMS FILES

Data Element Name: PROC-CODE-2 through PROC-CODE-6 (continued)

Error Condition

Resulting Error Code

**THE FOLLOWING EDITS WILL NOT COUNT AGAINST THE ERROR TOLERANCE
FOR ADJUSTMENT RECORDS (ADJUSTMENT INDICATOR=1, 2, 3, 4, OR 5)**

1.	Value is = "99999999"	301
2.	Value = "00000000"	304
3.	Value is "Space Filled"	303
4.	Relational Field in Error	999
5.	Value is <> "88888888"	306
	<u>AND</u> corresponding PROC-CODE-FLAG = 88	
6.	Value is = "88888888"	305
	<u>AND</u> corresponding PROC-CODE-FLAG <> 88	
7.	Value is invalid as related to corresponding PROC-CODE-FLAG= 01 (CPT-4)	203
8.	Value is invalid as related to corresponding PROC-CODE-FLAG = 02 (ICD-9-CM).	203
9.	Value is invalid as related to corresponding PROC-CODE-FLAG = 06 (HCPCS)	203

CLAIMS FILES

Data Element Name: PROVIDER-ID-NUMBER-BILLING

Definition: CLAIMIP, CLAIMLT, CLAIMOT, CLAIMRX - A unique identification number assigned by the state to a provider or capitation plan. This should represent the entity billing for the service. For encounter records (TYPE-OF-CLAIM = 3), this represents the entity billing (or reporting) to the managed care plan (See PLAN-ID-NUMBER for reporting capitation plan-ID). Capitation PLAN-ID should be used in this field only for premium payments (TYPE-OF-SERVICE = 20, 21, 22)

Field Description:

<u>COBOL PICTURE</u>	<u>Error Tolerance</u>	<u>Example Value</u>
X(12)	5.0%	01CA79300

Coding Requirements:

Valid formats must be supplied by the State in advance of submitting file data.

If Value is invalid, record it exactly as it appears in the State system. Do not 9-fill.

If Value is unknown, fill with "999999999999".

Note: Once a national provider ID numbering system is in place, the national number should be used. If the State's legacy ID number is also available then that number can be entered in this field.

<u>Error Condition</u>	<u>Resulting Error Code</u>
1. Value = "999999999999"	301
2. Value is "Space Filled"	303
3. Value is 0-filled	304

CLAIMS FILES

Data Element Name: PROVIDER-TAXONOMY

Definition: CLAIMIP, CLAIMLT, CLAIMOT, CLAIMRX - A unique number to identify the specialty of the provider who treated the recipient (as opposed to the provider "billing" for the service, see PROVIDER-ID-NUMBER-BILLING)

Field Description:

<u>COBOL PICTURE</u>	<u>Error Tolerance</u>	<u>Example Value</u>
X(12)	5.0%	"01CA79300000"

Coding Requirements:

8-fill field for premium payments (TYPE-OF-SERVICE = 20, 21, 22)

If Value is unknown, fill with "999999999999".

Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.

Error Condition

Resulting Error Code

THE FOLLOWING EDITS WILL NOT COUNT AGAINST THE ERROR TOLERANCE
FOR ADJUSTMENT RECORDS (ADJUSTMENT INDICATOR=1, 2, 3, 4, OR 5)

1. Value = "999999999999"	301
2. Value is "Space Filled"	303
3. Value is 0-filled	304
4. Relational Field in Error	999
5. Value = "888888888888" <u>AND</u> TYPE-OF-SERVICE <> {20, 21, 22}	305
6. Value <> "888888888888" <u>AND</u> TYPE-OF-SERVICE = {20, 21, 22}	306
7. Value = PROVIDER-ID-NUMBER-BILLING <u>AND</u> TYPE-OF-SERVICE = {11,12}	529

CLAIMS FILES

Data Element Name: SERVICE-CODE

Definition: CLAIMOT - The code used by the State to indicate the service provided during the period covered by this claim.

Field Description:

<u>COBOL PICTURE</u>	<u>Error Tolerance</u>	<u>Example Value</u>
X(8)	5.0%	"A23456 "

Coding Requirements:

Field should contain a code for each service or other administrative cost (e.g, premium payments, EPSDT group screens) where the State has a national or local code to identify it. For situations where no code exists (e.g., end year cost settlements), fill with "88888888".

For outpatient claims on which multiple line items are not separately adjudicated and the TYPE-OF-SERVICE = {20, 21, 22}, fill with "88888888". Include service codes on crossover claims if available, otherwise they would be 8-filled.

For national coding systems, code should conform to the nationally recognized formats:

CPT (SERVICE-CODE-FLAG = 01): Positions 1-5 should be numeric and position 6-8 must be blank.

ICD-9-CM (SERVICE-CODE-FLAG = 02): Positions 1-2 must be numeric, positions 3-4 must be numeric or blank, positions 5-8 must be blank.

HCPCS (SERVICE-CODE-FLAG = 06): Position 1 must be an alpha character ("A"- "Z") and position 6-8 must be blank. Value can include both National and Local (Regional) codes. For National codes . (Position 1="A"- "V") positions 2-5 must be numeric; for Local (Regional) codes, positions 2-5 must be alphanumeric (e.g., "X1234" or "WW234").

For other schemes which are not nationally recognized, states should supply CMS with lists of valid values and any formats which should apply.

If Value is unknown, fill with "99999999".

Note: An eighth character is provided for future expansion of this field.

<u>Error Condition</u>	<u>Resulting Error Code</u>
1. Value = "99999999"	301
2. Value = "00000000"	304
3. Value is "Space Filled"	303
4. Relational Field in Error	999
5. Value <> "88888888" <u>AND</u> SERVICE-CODE-FLAG = 88	306

CLAIMS FILE

DATA ELEMENT NAME: SERVICE CODE (CONTINUED)

<u>Error Condition</u>	<u>Resulting Error Code</u>
6. Value = "88888888" <u>AND</u> SERVICE-CODE-FLAG <> 88	305
7. Value is invalid as related to SERVICE-CODE-FLAG = 01 (CPT 4)	203
8. Value is invalid as related to SERVICE-CODE-FLAG= 02 (ICD-9)	203
9. Value is invalid as related to SERVICE-CODE-FLAG= 06 (HCPCS)	203
10. SERVICE-CODE-FLAG = (10 through 87) <u>AND</u> state specific Values have not been supplied.	998