

UB-92 USER MANUAL

UB-92 OVERVIEW

This manual contains record layouts of the UB-92, which is used to bill Inpatient or Outpatient claims.

The instructions for transmitting a file are as follows:

- Logon to www.emomed.com.
- Select "Send files" link.
- Populate the window with the file name.
- Submit the information.

A window appears either confirming successful receipt or notifying of non-receipt of the file.

If the receipt was successful, check for appropriate responses in the "Receive Provider files" area of the www.emomed.com website. Claim confirmation and Functional Acknowledgement (997) files are generated daily and remain on-line for more than 30 days.

If the receipt was not successful and the biller is unable to determine the reason for the non-receipt, contact the Infocrossing Healthcare Services (IHS) Help Desk at (573) 635-3559.

If no claim confirmation file is available after 2 complete business days, contact the IHS Help Desk at (573) 635-3559.

For Outpatient Services/Inpatient Services (UB-92 Record Layout)

Claims for one or more providers may be submitted on a single file. These claims can be outpatient services and/or inpatient services. Electronic claim submissions should be made as frequently as possible to avoid unnecessary delays in reimbursement.

The first record on each file must be a Record Type '01'. This record contains file origination information concerning the creation of specific information for all providers billing on the file. The information submitted on this record is posted to the MO HealthNet Electronic Media Claims (EMC) reference file, assuring an accurate contact address is always on file for future Service Bureau information.

FILE SPECIFICATIONS FOR INPATIENT/OUTPATIENT (UB-92)

Record Type '01' Processor Data must be the first record on each file.

Record Type '99' File Control must be the last record on each file.

For files with multiple providers, Record Type '10' Provider Data and Record Type '95' Provider Batch Control are required for each different provider.

All records are 192 bytes long, plus a 2 byte end of record marker.

All data in the records must be text format using IBM ASCII characters.

The end of record marker is a two byte field containing the value HEX OD OA (Carriage Return/Line Feed).

There are no field separators.

The end of file marker is a 1 byte HEX 1A.

INPATIENT/OUTPATIENT (UB-92) CLAIM SPECIFICATIONS

Inpatient claims have a minimum of nine records per claim; outpatient have eight. Each record is 192 bytes in length.

Required Records

20	Patient Data
30	Third Party Payer Data
40	Claim Data Treatment Authorization/Occurrence
41	Claim Data Condition/Value (must be present for inpatient claims)
50	Accommodations (inpatient only)
60	Ancillary Procedures (inpatient only)
61	Outpatient Procedures (outpatient only)
70	Medical Data
80	Physician Data
90	Claim Control

For inpatient claims, the combination of Record Types '50' and '60' cannot exceed 28 occurrences per claim.*

For outpatient claims, Record Type '61' cannot exceed 28 occurrences per claim.*

*Keep in mind there are 3 occurrences per record. These multiple occurrences count towards the 28 line item restriction.

Claims Submission Restrictions

Services or cases which require substantiating documentation or clarifying information cannot be billed via diskette format and must be billed on paper claims. These include:

Sterilizations

Abortions

Hysterectomies

Second Surgical Opinion Procedures

Services pertaining to a "grower" baby

Services requiring a Medical Necessity Form

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- 20 Patient Data
- 30 Third Party Payer Data
- 40 Claim Data Treatment Authorization/Occurrence
- 41 Claim Data Condition/Value (must be present for inpatient claims)
- 50 Accommodations (inpatient only)
- 60 Ancillary Procedures (inpatient only)
- 61 Outpatient Procedures (outpatient only)
- 70 Medical Data
- 80 Physician Data
- 90 Claim Control

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- Hysterectomies
- Second Surgical Opinion Procedures
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- Services requiring a Medical Necessity Form

RECORD TYPE 01 - PROCESSOR DATA

Required for MO HealthNet processing

Field No.	Field Name	Table Value	Default
1	Record Type '01'		01

2	Submitter EIN		Not required
3	Multiple Provider Billing File Indicator	C-48	Not required
4	Filler		
5	Receiver Type Code		Not required
6	Receiver Identification		Not required
7	Receiver Sub-Identification		Not required
8	Processing Date		Not required
9	Submitter Name	C-47	Required
10	Submitter Address	C-47	Required
11	Submitter City	C-47	Required
12	Submitter State	C-47	Required
13	Submitter Zip Code	C-47	Required
14	Submitter Fax Number	C-47	Not required
15	Country Code		Not required
16	Submitter Telephone Number	C-47	Required
17	File Sequence & Serial Number		Not required
18	Filler		
19	Filler		
20	Version Code		'004'

RECORD TYPE 10 - PROVIDER DATA

Required for MO HealthNet processing

Must follow either RT 01 or 95

Must be followed by RT 20

Note: This record must be present for each provider batch combination.

Fld No.	Field Name	Table Value	Default
1	Record Type 10'		10
2	Type of Batch Control	C-43	Required
3	Batch Number		Not required

4	Federal Tax Number or EIN		Not required
5	Federal Tax Sub ID		Not required
6	Medicare Provider Number		Not required
7	Medicaid Provider Number	C-8	Required
8	CHAMPUS Insurer Provider Number		Not required
9	Other Insurer Provider Number		Not required
10	Other Insurer Provider Number		Not required
11	Provider Telephone Number		Not required
12	Provider Name	C-33	Required
13	Provider Address		Not required
14	Provider City		Not required
15	Provider State		Not required
16	Provider Zip Code		Not required
17	Provider Fax Number		Not required
18	Country Code		Not required
19	Filler		
20	Filler		

RECORD TYPE 20-2N - PATIENT DATA

Required for MO HealthNet processing

Must follow either RT 10 or 90

May be followed by RT 21-2N or 30

All records following up through RT 90 must have the same patient control number

Fld No.	Field Name	Table Value	Default
1	Record type '20'		20
2	Filler		
3	Patient Control Number	C-31	Not Required
4	Patient Last Name	C-2	Required
5	Patient First Name	C-2	Required

6	Middle Initial		Not required
7	Patient Sex	C-49	Not required
8	Patient Birthdate		Not required
9	Patient Marital Status	C-50	Not required
10	Type of Admission	C-6	Required
11	Source of Admission		Not required
12	Patient Address-Line 1		Not required
13	Patient Address-Line 2		Not required
14	Patient City		Not required
15	Patient State		Not required
16	Patient Zip Code		Not required
17	Admission/Start of Care Date	C-16	Required
18	Admission Hour		Not required
19	Statement Covers Period - From Date	C-16	Required
20	Statement Covers Period - Thru Date	C-16	Required
21	Patient Status	C-7	Required
22	Discharge Hour		Not required
23	Payments Received		Not required
24	Estimated Amount Due		Not required
25	Medical Record Number	C-31	Optional
26	Filler		

RECORD TYPE 21- NONINSURED EMPLOYMENT INFORMATION

Not required by MO HealthNet

This record must follow record 20

May be followed by RT 21-2N or 30

This record contains employment information pertaining to individuals not claiming insurance, but who may have some insurance coverage through their employer from which the patient may be eligible for benefits.

There are four different individuals to whom this may apply: the patient, the patient's spouse, the patient's father, and the patient's mother. If more than two of these individuals are involved in this claim, use the

second record type 21 to submit the relevant employment data for the third, and if applicable, the fourth party involved. The sequence number (field 2) of the second Type 21 record would be shown as "02".

Fld No.	Field Name	Table Value	Default
1	Record Type '21'		21
2	Sequence Number		Required
3	Patient Control Number		Not Required
4	Employer Name		Not required
5	Employer Address		Not required
6	Employer City		Not required
7	Employer State		Not required
8	Employer Zip Code		Not required
9	Employment Status Code		Not required
10	Filler		
11	Employer Name		Not required
12	Employer Address		Not required
13	Employer City		Not required
14	Employer State		Not required
15	Employer Zip Code		Not required
16	Employment Status Code		Not required
17	Filler		

RECORD TYPE 22 - NONINSURED EMPLOYMENT INFORMATION

Not required by MO HealthNet

Assignment and/or use of these form locators is the responsibility of individual State Uniform Billing committees (SUBCs).

The state code in field 4 is used to identify the SUBC responsible for the definition of the form locators on this sequence of RT 22.

Must follow RT 20 or 21

May be followed by RT 30

Sequence 01 represents the primary payer, sequence 02 represents the secondary payer, and sequence 03 represents the tertiary payer.

Fld No.	Field Name	Table Value	Default
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1	Record Type '22'		22
2	Sequence Number		Required
3	Patient Control Number		Not Required
4	State Code		Not used
5	Form Locator 2		Not used
6	Form Locator 2		Not used
7	Form Locator 11		Not used
8	Form Locator 11		Not used
9	Form Locator 56		Not used
10	Form Locator 56		Not used
11	Form Locator 56		Not used
12	Form Locator 56		Not used
13	Form Locator 56		Not used
14	Form Locator 78		Not used
15	Form Locator 78		Not used
16	Filler		

RECORD TYPE 30-3N - THIRD PARTY PAYER DATA

Sequence 01 represents the primary payer, sequence 02 represents the secondary payer, and sequence 03 represents the tertiary payer. At least one record type 30 with a payer name of 'MEDICAID' must be submitted for MO HealthNet payment.

Required for MO HealthNet processing

Fld No.	Field Name	Table Value	Default
1	Record Type '30'		30
2	Sequence Number		Required
3	Patient Control Number	C-31	Not Required
4	Source of Payment Code		Not required
5	Payer Identification		Not required
6	Payer Sub-Identification		Not required

7	Certificate / SocSecNumber / Health Insurance Claim / Identification Number card	C-52	Required
8	Payer Name	C-53	Required
9	Primary Payer Code		Not required
10	Insurance Group Number		Not required
11	Insurance Group Name		Not required
12	Insured's Last Name		Not required
13	Insured's First Name		Not required
14	Insured's Middle Initial		Not required
15	Insured's Sex	C-49	Not required
16	Release of Information Certification Indicator		Not required
17	Assignment of Benefits Certification Indicator	C-3	Not required
18	Patient's Relationship to Insured		Not required
19	Employment Status Code	C-51	Not required
20	Covered Days	C-32	Not required
21	Noncovered Days	C-32	Not required
22	Coinsurance Days		Not required
23	Lifetime Reserve Days		Not required
24	Provider Identification Number		Not required
25	Payments Received	C-10	Not required
26	Estimated Amount Due		Not required

RECORD TYPE 31 - THIRD PARTY PAYER DATA

Not required by MO HealthNet

Fld No.	Field Name and description	Table Value	Default
1	Record Type '31'		31
2	Sequence Number		Required
3	Patient Control Number		Not Required
4	Insured's Address-Line 1		Not required

5	Insured's Address-Line 2		Not required
6	Insured's City		Not required
7	Insured's State		Not required
8	Insured's Zip Code		Not required
9	Employer Name		Not required
10	Employer Address		Not required
11	Employer City		Not required
12	Employer State.		Not required
13	Employer Zip Code		Not required
14	Form Locator 37 (ICN/DCN)	C-41	Not required
15	Filler		

RECORD TYPE 32 - THIRD PARTY PAYER DATA

Not required by MO HealthNet

Fld No.	Field Name and description	Table Value	Default
1	Record Type '32'		32
2	Sequence Number		Required
3	Patient Control Number		Not Required
4	Payer Name Payer Address (Fields 5-9)		Not Required
5	Address		Not Required
6	Address		Not required
7	City		Not required
8	State		Not required
9	Zip code		Not required
10	Filler (National Use)		Not required

RECORD TYPE 34 - AUTHORIZATION

Not required by MO HealthNet

Fld No.	Field Name and description	Table Value	Default
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1	Record Type '34'		34
2	Sequence Number		Required
3	Patient Control Number		Not Required
4	Authorization Type		Not used
5	Authorization Number		Not required
6	Authorization From Date		Not required
7	Authorization Thru Date		Not required
8	Authorization Revenue Code		Not required
9	Authorization HCPCS Procedure Code		Not required
10	Authorization - 2		Not required
11	Authorization - 3		Not required
12	Authorization - 4		Not required
13	Filler		

RECORD TYPE 40 - 4N - CLAIM DATA TAN - OCCURRENCE

Required for MO HealthNet processing

Fld No.	Field Name	Table Value	Default
1	Record Type '40'		40
2	Sequence Number		Required
3	Patient Control Number	C-31	Not Required
4	Type of Bill	C-43	Required
5	Treatment Authorization Code - A	C-42	Not required
6	Treatment Authorization Code - B		Not required
7	Treatment Authorization Code - C		Not required
8	Occurrence Code - 1	C-23	Not Required
9	Occurrence Date - 1 (MMDDYY)	C-16	Not Required
10	Occurrence Code - 2		See field 8
11	Occurrence Date - 2		See field 9
12	Occurrence Code - 3		See field 8

13	Occurrence Date - 3		See field 9
14	Occurrence Code - 4		See field 8
15	Occurrence Date - 4		See field 9
16	Occurrence Code - 5		Not used
17	Occurrence Date - 5		Not used
18	Occurrence Code - 6		Not used
19	Occurrence Date - 6		Not used
20	Occurrence Code - 7		Not used
21	Occurrence Date - 7		Not used
22	Occurrence Code - 8		Not used
23	Occurrence Date - 8		Not used
24	Occurrence Code - 9		Not used
25	Occurrence Date - 9		Not used
26	Occurrence Code - 10		Not used
27	Occurrence Date - 10		Not used
28	Occurrence Span Code - 1		Not required
29	Occurrence Span From Date - 1 (MMDDYY)	C-60	Required
30	Occurrence Span Thru Date - 1 (MMDDYY)	C-60	Required
31	Occurrence Span Code - 2		Not used
32	Occurrence Span From Date - 2 (MMDDYY)		Not required
33	Occurrence Span Thru Date - 2 (MMDDYY)		Not required
34	Filler		

RECORD TYPE 41 - CLAIM DATA CONDITION-VALUE

Required for MO HealthNet processing

Fld No.	Field Name	Table Value	Default
1	Record Type '41'		41
2	Sequence Number		Required
3	Patient Control Number.		Not Required

4	Condition Code - 1	C-22	Required
5	Condition Code - 2	C-22	Not required
6	Condition Code - 3	C-22	Not required
7	Condition Code - 4	C-22	Not required
8	Condition Code - 5	C-22	Not required
9	Condition Code - 6	C-22	Not required
10	Condition Code - 7	C-22	Not required
11	Condition Code - 8		Not used
12	Condition Code - 9		Not used
13	Condition Code - 10		Not used
14	Form Locator 31 (upper)		Not used
15	Form Locator 31 (lower)		Not used
16	Value Code - 1		Not used
17	Value Amount - 1		Not used
18	Value Code - 2		Not used
19	Value Amount - 2		Not used
20	Value Code - 3		Not used
21	Value Amount - 3		Not used
22	Value Code - 4		Not used
23	Value Amount - 4		Not used
24	Value Code - 5		Not used
25	Value Amount - 5		Not used
26	Value Code - 6		Not used
27	Value Amount - 6		Not used
28	Value Code - 7		Not used
29	Value Amount - 7		Not used
30	Value Code - 8		Not used
31	Value Amount - 8		Not used
32	Value Code - 9		Not used

33	Value Amount - 9		Not used
34	Value Code - 10		Not used
35	Value Amount - 10		Not used
36	Value Code - 11		Not used
37	Value Amount - 11		Not used
38	Value Code - 12		Not used
39	Value Amount - 12		Not used
40	Filler		

RECORD TYPE 50 - IP ACCOMMODATIONS DATA

RT 50 or 60 required for MO HealthNet inpatient processing

Not required for MO HealthNet outpatient processing

May be preceded by RT 40 - 4N or 50 - 5N

May be followed by RT 50 - 5N, 60, or 70

Accommodations should be entered in numeric sequence

Fld No.	Field Name and description	Table Value	Default
1	Record Type '50'		50
2	Sequence Number		Required
3	Patient Control Number	C-31	Not Required
4	Accommodations Revenue Code	C-9	Required
5	Accommodations Rate	C-34	Required
6	Accommodations Days	C-28	Required
7	Accommodations Total Charges	C-10	Required
8	Accommodations Noncovered Charges	C-10	Not Required
9	Form Locator 49		
10	Filler		
11	Accommodations - 2 (2nd occurrence)		
12	Accommodations - 3 (3rd occurrence)		
13	Accommodations - 4 (4th occurrence)		

RECORD TYPE 60 - IP ANCILLARY SERVICES DATA

RT 50 or 60 required for MO HealthNet inpatient processing

Not required for MO HealthNet outpatient processing

May be preceded by RT 40, 41, 50 - 5N or 60 - 6N (excluding 61).

May be followed by RT 60 - 6N (excluding 61), 70 or 80

Fld No.	Field Name	Table Value	Default
1	Record Type '60'		60
2	Sequence Number		Required
3	Patient Control Number	C-31	Not Required
4	Ancillary Revenue Code	C-9	Required
5	HCPCS Procedure Code		Not used
6	Modifier 1 (HCPCS & CPT-4)		Not used
7	Modifier 2 (HCPCS & CPT 4)		Not used
8	Ancillary Units of Service	C-28	Required
9	Ancillary Total Charges	C-10	Required
10	Ancillary Noncovered Charges	C-10	Not required
11	Form Locator 49		
12	Filler		
13	Ancillaries - 2 (2nd occurrence)		
14	Ancillaries - 3 (3rd occurrence)		

RECORD TYPE 61 - OUTPATIENT PROCEDURES

Required for MO HealthNet outpatient processing

Not required for MO HealthNet inpatient processing

May be preceded by RT 40, 41, or 61

May be followed by RT 61-6N, 70 or 80

Fld No.	Field Name and description		MO HealthNet Billing
1	Record Type '61'		61
2	Sequence Number		Required
3	Patient Control Number	C-31	Not Required

4	Revenue Center Code		Not required
5	HCPCS Procedure Code	C-30	Required
6	Modifier 1 (HCPCS & CPT-4)	C-35	Not required
7	Modifier 2 (HCPCS & CPT 4)	C-35	Not required
8	Units of Service	C-28	Required
9	Date of Service (MMDDYY)		Required
10	Outpatient Total Charges	C-10	Required
11	Outpatient Noncovered Charges		Not required
12	Form Locator 49	C-11	Not required
13	Filler		
14	Revenue Center - 2		
15	Revenue Center - 3		

RECORD TYPE 70 - MEDICAL DATA (SEQUENCE 1 & 2)

Required for MO HealthNet processing

May be preceded by RT 50, 60, or 61

May be followed by RT 7N, 80 or 90

Fld No.	Field Name	Table Value	Default
	SEQUENCE 1		
1	Record Type '70'		70
2	Sequence Number		Required
3	Patient Control Number		Not Required
4	Principal Diagnosis Code	C-17	Required
5	Other Diagnosis Code - 1	C-17	Optional
6	Other Diagnosis Code - 2	C-17	Optional
7	Other Diagnosis Code - 3	C-17	Optional
8	Other Diagnosis Code - 4	C-17	Optional
9	Other Diagnosis Code - 5	C-17	Not used
10	Other Diagnosis Code - 6	C-17	Not used

11	Other Diagnosis Code - 7	C-17	Not used
12	Other Diagnosis Code - 8	C-17	Not used
13	Principal Procedure Code	C-59	Not required
14	Principal Procedure Date (MMDDYY)		Not Required
15	Other Procedure Code - 1	C-59	Not required
16	Other Procedure Date - 1 (MMDDYY)		Not required
17	Other Procedure Code - 2	C-59	Not required
18	Other Procedure Date - 2 (MMDDYY)		Not required
19	Other Procedure Code - 3	C-59	Not required
20	Other Procedure Date - 3 (MMDDYY)		Not required
21	Other Procedure Code - 4	C-59	Not required
22	Other Procedure Date - 4 (MMDDYY)		Not required
23	Other Procedure Code - 5	C-59	Not required
24	Other Procedure Date - 5 (MMDDYY)		Not required
25	Admitting Diagnosis Code		Not required
26	External Cause of Injury (E-Code)		Not required
27	Procedure Coding Method Used		Not required
28	Filler		
	SEQUENCE 2		
1	Record Type '70'		70
2	Sequence Number		Required
3	Patient Control Number		Not Required
4	Form Locator 57		Not required
5	Filler		

RECORD TYPE 71 - PLAN OF TREATMENT AND PATIENT INFORMATION (HOME HEALTH SERVICES)

Not used by MO HealthNet

Must be preceded by RT 70

May be followed by RT 74, 7N, 80, or 90

Fld No.	Field Name	Table Value	Default
1	Record Type "71"		71
2	Filler		
3	Patient Control Number		Not Required
4	Data ID		Not required
5	SOC Date		Not required
6	Certification Period From (MMDDYY)		Not required
7	Certification Period Thru (MMDDYY)		Not required
8	Date of Onset or Exacerbation of Principal Diagnosis (MMDDYY)		Not required
9	Surgical Procedure Code		Not required
10	Date Surgical Procedure Performed (MMDDYY)/Dates of Onset/Exacerbation of Secondary Diagnoses (occurs 4 times)		Not required
11	Date Secondary Diagnosis-1		Not required
12	Date Secondary Diagnosis-2		Not required
13	Date Secondary Diagnosis-3		Not required
14	Date Secondary Diagnosis-4		Not required
15	Functional Limitation Code (occurs 13 times)	C-54	Not required
16	Activities Permitted Code (occurs 13 times)	C-55	Not required
17	Mental Status Code (occurs 8 times)	C-56	Not required
18	Prognosis	C-57	Not required
19	Verbal SOC Date (MMDDYY)		Not required
20	Physician's Last Name:		Not required
21	Physician's First Name:		Not required
22	Physician's Initial:		Not required
23	Physician's Zip Code:		Not required
24	Medicare Covered	C-3	Not required
25	Date Physician Last Saw Patient (MMDDYY)		Not required
26	Date Last Contacted Physician (MMDDYY)		Not required

27	Patient Receiving Care in 1861(J)(1) Facility:		Not used
28	Cert/Recert/Mod		Not required
29	Admission (MMDDYY)		Not required
30	Discharge (MMDDYY)		Not required
31	Type of Facility	C-58	Not required
32	Filler		

RECORD TYPE 72 - SPECIFIC SERVICES AND TREATMENTS FOR HOME HEALTH SERVICES

Not used by MO HealthNet

Fld No.	Field Name	Table Value	Default
1	Record Type "72"		72
2	Sequence Number		Required
3	Patient Control Number		Not Required
4	Discipline		Not used
5	Visits (This bill) related to Prior Certification/Frequency and Duration (Occurs 12 times)		Not used
6	Frequency of Visits-1		Not used
7	Frequency of Visits-2:		Not used
8	Frequency of Visits-3:		Not used
9	Frequency of Visits-4:		Not used
10	Frequency of Visits-5:		Not used
11	Frequency of Visits-6:		Not used
12	Frequency of Visits-7:		Not used
13	Frequency of Visits-8:		Not used
14	Frequency of Visits-9:		Not used
15	Frequency of Visits-10:		Not used
16	Frequency of Visits-11:		Not used
17	Frequency of Visits-12:		Not used

18	Treatment Codes-1		Not used
19	Treatment Codes-2		Not used
20	Treatment Codes-3		Not used
21	Treatment Codes-4		Not used
22	Treatment Codes-5		Not used
23	Treatment Codes-6		Not used
24	Treatment Codes-7		Not used
25	Treatment Codes-8		Not used
26	Treatment Codes-9		Not used
27	Treatment Codes-10		Not used
28	Treatment Codes-11		Not used
29	Treatment Codes-12		Not used
30	Treatment Codes-13		Not used
31	Treatment Codes-14		Not used
32	Treatment Codes-15		Not used
33	Treatment Codes-16		Not used
34	Treatment Codes-17		Not used
35	Treatment Codes-18		Not used
36	Treatment Codes-19		Not used
37	Treatment Codes-20		Not used
38	Treatment Codes-21		Not used
39	Treatment Codes-22		Not used
40	Treatment Codes-23		Not used
41	Treatment Codes-24		Not used
42	Treatment Codes-25		Not used
43	Total Visits Projected This Cert.		Not used
44	Filler		
45	Filler		

RECORD TYPE 73 - PLAN OF TREATMENT/MEDICAL UPDATE NARRATIVE FOR HOME HEALTH SERVICES

Not used by MO HealthNet

Fld No.	Field Name	Table Value	Default
1	Record Type '73'		73
2	Sequence Number		Required
3	Patient Control Number		Not required
4	Filler		
5	Data ID Number		Not required
6	Corresponding Data		Not required

RECORD TYPE 74 - PATIENT INFORMATION

Not required by MO HealthNet processing

Fld No.	Field Name	Table Value	Default
1	Record Type '74'		74
2	Filler		
3	Patient Control Number		Not Required
4	Filler		
5	HICN (Health Insurance Claim Identification Number		Not required
6	Medical Record Number		Not required
7	Patient Last Name		Not required
8	Patient First Name		Not required
9	Patient Middle Initial		Not required
10	Patient Birthdate		Not required
11	Patient Sex	C-49	Not required
12	Principal Diagnosis Code	C-17	Not required
13	Other Diagnosis Code - 1	C-17	Not required
14	Other Diagnosis Code - 2	C-17	Not required
15	Other Diagnosis Code - 3	C-17	Not required
16	Other Diagnosis Code - 4	C-17	Not required

17	Filler		
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RECORD TYPE 80 - 8N - PHYSICIAN DATA

Required for MO HealthNet processing

May follow RT 50, 60, 61 or 70-7N

May be followed by RT 81, 90-9N

Fld No.	Field Name and description	Table Value	Default
1	Record Type '80'		80
2	Sequence		Required
3	Patient Control Number	C-31	Not Required
4	Physician Number Qualifying Codes		Not required
5	Attending Physician Number	C-20	Required
6	Operating Physician Number		Not required
7	Other Physician Number	C-20	Required
8	Other Physician Number		Not required
9	Attending Physician Name		Not required
10	Operating Physician Name		Not required
11	Other Physician Name		Not required
12	Other Physician Name		Not required
13	Filler		

RECORD TYPE 81 - PACEMAKER REGISTRY RECORD

Not used by MO HealthNet

May be preceded by RT 50-5N, 60-6N, 70-7N, or 80

Must be followed by RT 20 or 95

The sequence for this record is not related to payer A, B, or C

Fld No.	Field Name and description	Table Value	MO HealthNet Billing
1	Record Type '81'		81
2	Sequence		Required
3	Patient Control Number		Not Required

4	Ordering Physician Number		Not required
5	Ordering Physician Name		Not required
6	Operating Physician Number		Not required
7	Operating Physician Name		Not required
8	Record Identification Code		Not required
9	Manufacturer Identification		Not required
10	Model Number		Not required
11	Serial Number		Not required
12	Warranty Expiration Date		Not required
13	Implant Date		Not required
14	Leads Left in Patient		Not required
15	Returned to Manufacturer		Not required
16	Filler		
17	Filler		

RECORD TYPE 90 - CLAIM CONTROL SCREEN

Required for MO HealthNet processing

May be preceded by RT 50-5N, 60-6N, 70-7N, or 80-8N

Must be followed by RT 20 or 95

If more than 110 characters are required for Form Locator 84, used RT 91 to report the additional characters and code a "1" in field 12 of RT 90

Fld No.	Field Name	Table Value	Default
1	Record Type '90'		90
2	Filler		
3	Patient Control Number		Not Required
4	Physical Record Count		Required
5	Record Type 2n Count		Required
6	Record Type 3n Count		Required
7	Record Type 4n Count		Required
8	Record Type 5n Count		Required

9	Record Type 6n Count		Required
10	Record Type 7n Count		Required
11	Record Type 8n Count		Required
12	Record Type 91 Qualifier		Required
13	Total Accommodation Charges Revenue Centers		Required
14	Noncovered Accommodation Charges Revenue Centers		Required
15	Total Ancillary Charges Revenue Centers		Required
16	Noncovered Ancillary Charges Revenue Centers		Required
17	Remarks		Not required

RECORD TYPE 91 - REMARKS

Not required for MO HealthNet processing

The first 110 characters from Form Locator 84, Remarks, that are required to provide additional information on the claim should be entered on RT 90. If more than 110 characters are required, use field 4 of RT 91 to report them.

Fld No.	Field Name	Table Value	Default
1	Record Type '91'		91
2	Filler		
3	Patient Control Number		Not Required
4	Remarks (additional)		Not required
5	Filler		

RECORD TYPE 95 - PROVIDER BATCH CONTROL

Required for MO HealthNet processing

Must be preceded by RT 90

Must be followed by RT 10 or 99

Fld No.	Field Name	Table Value	Default
1	Record Type '95'		95
2	Federal Tax Number (EIN)		Not required
3	Receiver Identification		Not Required
4	Receiver Sub-Identification		Not required

5	Type of Batch	C-43	Required
6	Number of Claims		Required
7	Filler		
8	Accommodations Total Charges for the batch		Required
9	Accommodations Noncovered Charges for the batch		Required
10	Ancillary Total Charges for the batch		Required
11	Ancillary Noncovered Charges for the batch		Required
12	Filler		
13	Filler		

RECORD TYPE 99 - FILE CONTROL

Required for MO HealthNet processing

Must be preceded by RT 95

Must be last valid record on file

Fld No.	Field Name	Table Value	Default
1	Record Type '99'		99
2	Submitter EIN		Not required
3	Receiver Identification		Not required
4	Receiver Sub-Identification		Not required
5	Number of Batches Billed this File		Required
6	Accommodations Total Charges for the file		Required
7	Accommodations Noncovered Charges for the File		Required
8	Ancillary Total Charges for the File		Required
9	Ancillary Noncovered Charges for the file.		Required
10	Filler		
11	Filler		