

1	2	3a PAT. CNTL #	4 TYPE OF BILL
		b. MED. REC. #	
		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM THROUGH
8 PATIENT	9 PATIENT ADDRESS		
b			
10 BIRTHDA	17 STAT	18	19
		20	21
31 OCC CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN FROM THROUGH	36 OCCURRENCE SPAN FROM THROUGH
a			
b			
38	39 CODE	40 CODE	41 CODE
	a 81	10	
	b 80	25	
	c D3	175.86	
	d		

FL1: The Name and Service location of the Provider submitting the bill. (If NPI is not a one to one match to Medicaid Contract Number, system will look at Service Address to match the Medicaid Contract Address.)

FL39: New Value Codes to Report. Covered/Non-Covered Days, and Family Liability. 80= Covered Days 81= Non-Covered Days D3= Family Liability

FL 56: Billing Provider NPI

FL57: Medicaid ID Number with 1D Qualifier.

FL 81 B3 Qualifier and Health care Taxonomy Code. The Taxonomy Code will assist in cross walking from the NPI of the Provider to each of its subparts when a Provider has chosen not to apply for a Unique NPI Number for those subparts individually.

FL 76: Attending NPI

FL 77 Operating Provider (Primary Surgeon) NPI required if there is a surgical code.

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45	46	47	48	49
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PAGE _____ OF _____		CREATION DATE		TOTALS	
50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE
58 INSURED'S NAME	59 P. REL.	60 INSURED'S UNIQUE ID	62 INSURANCE GROUP NO.	56 NPI	57 OTHER PRV ID
				1234567891	1D1234567891
63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	68	73	
66 DX	69 ADMIT DX	74	71 PPS CODE	72 ECI	75
80 REMARKS	B1CC a	B3 123400000X	76 ATTENDING NPI	77 OPERATING NPI	78 OTHER NPI
	b				
	c				
	d				

