Attachment B
Encounter Information and Statistical Data Reporting Formats

Header Fields

Header Field	Description
Provider ID	NET Medicaid provider ID number
Entity Type Qualifier	Value 2 = NET provider (non-person provider)
Last/Organization Name	NET provider's name
Employer's Tax ID Qualifier	Value 24 = NET provider's tax ID number
(Provider) Address	Provider's street address
City	Provider's city name
State	Provider's postal abbreviated state name
Zip	Provider's postal code
Claim Frequency	1 = original or corrected claim or 8 = void of previously filed claim
Prior Authorization Number	Prior Authorization or Referral Number
ICN	Enter ICN if claim frequency = 8
Recipient ID	Medicaid recipient ID number
Account Number	Number assigned by NET provider to identify patient for internal records
Recipient SSN	Recipient's social security number
Last Name	Medicaid recipient's last name
First Name	Medicaid recipient's first name
Recipient DOB	Medicaid recipient's date of birth
Gender	Medicaid recipient's sex
(Subscriber) Address	Recipient's street address
City	Recipient's city name
State	Recipient's postal abbreviated state name
Zip	Recipient's postal code
(Diagnosis) Primary Code	NET diagnosis code = 7999
Place of Service	NET place of service code = 99
Miles Per Trip	Actual Miles Per Trip
Type of Service	Curb to Curb, Door to Door
Special Needs	Ambulatory or Wheelchair

Service Fields

Service Field	Description
From DOS	Service beginning date of service
To DOS	Service ending date of service
Procedure	NET procedure code = Z2713
Diagnosis Pointer	Diagnosis Pointer = 1 (primary)
Unit of Measure	UN = units
Units	Trip = Enter 1 if trip is one way; enter 2 if round trip; enter 3 or more for additional stops
Charges	Total charge for trip