

Attachment I

Encounter Information and Statistical Data Reporting Formats

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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
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, 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

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Required Fields

NET Statistical Data Required Field	Description
Destination Provider	Destination provider's Medicaid ID number or NPI
Request Date	Date ride was requested
Transportation	Mode of transportation provided (B = bus; C = car; T = taxi; V = van)
Appointment After Hours	Was appointment after hours (Y = yes; N=no)
Within Service Region	Was service provided within region assigned to Broker (Y = yes; N=no)
Others Riding	Identify others riding (N = none; E = escort; I= parent to an inpatient visit)
Scheduled Pick Up Time at Original Destination	Time recipient was scheduled to be picked up at their home or other originating destination. Enter 4 digit military time (Example: 1:30 p.m.= 1330)
Actual Pick Up Time at Original Destination	Actual time recipient was picked up at their home or other originating destination. Enter 4-digit military time (Example: 1:35 p.m. = 1335)
Appointment Time with Provider	Scheduled appointment time at provider facility. Enter 4 digit military time (Example: 2:00 P.m. = 1400)
Actual Drop Off Time at Destination Provider	Actual time recipient was dropped off at provider facility. Enter 4 digit military time (Example: 1:55 p.m. = 1355)
Actual Pick Up Time at Provider Destination	Actual time recipient was picked up at provider facility. Enter 4 digit military time (Example: 3: 15 p.m. = 1535)
Actual Drop Off Time at Original Destination	Actual time recipient was dropped off at original destination. Enter 4 digit military time (Example: 4:00 p.m. = 1600)
NOTE	If recipient was not returned to original destination, enter time of 2359 to indicate no return trip. To indicate public transportation was provided, enter all times as 2359.