

Medi-Cal Electronic Billing Claim Certification and Control Sheet (Form 80-1)

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This section describes how to complete the *Medi-Cal Electronic Billing Claim Certification and Control Sheet* (Form 80-1) for magnetic tape submissions.

Introduction

An original *Medi-Cal Electronic Billing Claim Certification and Control Sheet* (Form 80-1) must be included with each magnetic tape submitted for processing. The form may be used for multiple providers, claim types and data formats.

Each provider, claim type or format must be identified separately showing the number of claims and billed amount for each. The total claims and amount billed on the control sheet must balance with the total claims and amount billed on the tape.

Additional 80-1 forms may be obtained by calling the Telephone Support Center (TSC) at 1-800-541-5555.

Accuracy of the information on the control sheet can affect the timeliness with which claims are processed.

Explanation of Items

The *Claim Certification and Control Sheet* must be completed using the instructions on the following pages for the ASC X12N 837 v.4010A1 format.

ASC X12N 837v.4010A1 Format The following item numbers and descriptions correspond to the sample *Claim Certification and Control Sheet* (Form 80-1) on a previous page. Items 2 – 16 must be completed for the ASC X12N 837 version 4010A1 format.

Explanation of Items	<u>Item</u>	<u>Description</u>
	1.	TRANSMITTAL SUBMISSION NUMBER. For EDS use only. Leave blank.
	2.	TOTAL PROVIDERS RECORDS. Enter the total number of <i>Providers (PRV) Segments</i> for the submission.
	3.	TOTAL CLAIMS RECORDS. Enter the total number of <i>Claim (CLM) Segments</i> for the submission.
	4.	TOTAL REMARKS RECORDS. Enter the total number of <i>Note (NTE) Segments</i> for this submission.
	5.	TOTAL AMOUNT BILLED. This is the sum of all billed amounts from item 12.
	6.	ID NUMBER. Enter the nine-character ID number consisting of the three-character submitter number, a four-digit Julian date of submission and the two-digit CMC sequence number assigned by the submitter.
	7.	SUBMITTER NUMBER. Enter the three-character CMC submitter number assigned by EDS. This field is found in the ISA06 element of the ISA Segment.
	8.	SUBMITTER NAME AND ADDRESS. Enter your submitter name and address as shown on the <i>Medi-Cal Telecommunication and Biller Application/Agreement</i> (DHS 6153) submitted for enrollment in the CMC program.

Provider Specific Data

Fields 9, 10, 11 and 12 must be entered on the *Claims Certification and Control Sheet* or an attached computer report for each unique provider/claim type combination for this submission.

<u>Item</u>	<u>Description</u>
9.	PROVIDER ID. Enter the nine-character Medi-Cal Provider Number.
10.	CLAIM TYPE. Enter the Medi-Cal claim type for each Provider ID Number. 02 – Long Term Care 03 – Inpatient 04 – Outpatient 05 – Medical (Professional/Supplier) 07 – Vision
11.	NUMBER OF CLAIMS. Enter the number of claim records for this provider/claim type. This value is the total of all claims (2300 loops within loop 2000) for a provider.
12.	BILLED AMOUNT. Enter the total dollar amount billed for the provider/claim type. This value is the sum of the Net Billed for all claims submitted for the indicated provider, from the <i>Amount (AMT) Segment</i> with Qualifier Code "C5" (Estimated Amount Due) for ASC X12N 837 v4010A1 Institutional submissions. For ASC X12N 837 v4010A1 Professional submissions, this value is the sum of the <i>Total Claim Charges (CLM02)</i> for all claims submitted for the indicated provider.
13.	ATTACHED PAGES (FROM). If a printout is attached, enter the beginning page number.
14.	ATTACHED PAGES (THROUGH). If a printout is attached, enter the ending page number.
15.	SIGNED. The <i>Claim Certification and Control Sheet</i> must be signed with an original ink signature, not a stamp, initials or facsimile. Only the provider or an authorized agent of the provider(s) may sign the <i>Claim Certification and Control Sheet</i> .
16.	DATE: Enter the date the <i>Claim Certification and Control Sheet</i> was signed including month, day and year.