

- Reference File 04

## File Layout

Header (T0)			One Per File	
Data Name	Picture	Actual Positions		Remarks
		From	To	
Filler	X(12)	01	12	
Creation Date	X(08)	13	20	CCYYMMDD
Filler	X(58)	21	78	
Record Type	X(02)	79	80	T0

### Medicaid Covered Part B Therapeutic Classes (TA) (RF350)

One Class

Data Name	Picture	Actual Positions		Remarks
		From	To	
Therapeutic Class Code	X(06)	01	06	
Therapeutic Class Description	X(40)	07	46	
Begin Date	X(08)	47	54	CCYYMMDD
End Date	X(08)	55	62	CCYYMMDD
Filler	X(16)	63	78	
Record Type	X(02)	79	80	TA

### EVV Procedure Code XReference (TB) (RF7C3)

One to many Record

Data Name	Picture	Actual Positions		Remarks
		From	To	
PROC-CODE	X(05)	01	05	HCPCS/CPT Procedure Code
PR-TYPE	X(02)	06	07	Provider Type Code
PLACE-OF-SVC	X(02)	08	09	Place of Service Code
MODIFIER	X(02)	10	11	Modifier Code
BEG-DAT	X(08)	12	19	Begin Date (YYYYMMDD)
END-DAT	X(08)	20	27	End Date (YYYYMMDD)
FILLER	X(51)	28	78	Filler

Record Type	X(02)	79	80	TB
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**Link Multiple Service Types (T2) (RF771)**

**One to Many**

Data Name	Picture	Actual Positions		Remarks
		From	To	
Code Type	X(02)	01	02	
Service Type From	X(01)	03	03	H=HCPCS, R=Revenue, D=Diagnosis
Service From Start	X(11)	04	14	
Service From End	X(11)	15	25	
Service Type To	X(1)	26	26	H=HCPCS, R=Revenue, D=Diagnosis
Service To Start	X(11)	27	37	
Service To End	X(11)	38	48	
Begin Date	X(08)	49	58	CCYYMMDD
End Date	X(08)	57	64	CCYYMMDD
Filler	X(12)	65	78	
Record Type	X(02)	79	80	T2

**VFC Procedure Codes (T3) (RF729)****One to Many**

Data Name	Picture	Actual Positions		Remarks
		From	To	
Procedure Code	X(02)	01	05	
Indicator	X(01)	06	06	A = Administration Code, T = Toxoid Code
Maximum Administration Fee	N(7.4)	07	17	
Begin Date	X(08)	18	25	CCYYMMDD
End Date	X(08)	26	33	CCYYMMDD
Filler	X(45)	34	78	
Record Type	X(02)	79	80	T3

**Medicare Primary Payer Error Bypass (T4) (RF799)****One Error**

Data Name	Picture	Actual Positions		Remarks
		From	To	
Error Message Code	X(04)	01	04	
Error Message Text	X(40)	05	44	
Begin Date	X(08)	45	52	CCYYMMDD
End Date	X(08)	53	60	CCYYMMDD
Filler	X(18)	61	78	
Record Type	X(02)	79	80	T4

**Medicaid Covered Therapeutic Classes (T5) (RF347)****One Class**

Data Name	Picture	Actual Positions		Remarks
		From	To	
Therapeutic Class Code	X(06)	01	06	
Therapeutic Class Description	X(40)	07	46	
Begin Date	X(08)	47	54	CCYYMMDD

End Date	X(08)	55	62	CCYYMMDD
Filler	X(16)	63	78	
Record Type	X(02)	79	80	T5

**ASC Rate Schedule (T6) (RFC23)**

**One Per Procedure**

Data Name	Picture	Actual Positions		Remarks
		From	To	
Status Code	X(01)	01	01	A = Active
Procedure Code	X(05)	02	06	
County Code	X(02)	07	08	
ASC Fee Schedule	N(9)V99	09	19	
Begin Date	X(08)	20	27	CCYYMMDD
End Date	X(08)	28	35	CCYYMMDD
ASC Group ID	X(05)	36	40	
Filler	X(38)	41	78	
Record Type	X(02)	79	80	T6

**Dental Procedure (T7) (RF103)**

**One to Many**

Data Name	Picture	Actual Positions		Remarks
		From	To	
Dental Procedure Code	X(05)	01	05	
Tooth Number Required	X(01)	06	06	
Tooth Quadrant Required	X(01)	07	07	
Tooth Surface Required	X(01)	08	08	
Max Teeth per Quadrant	X(01)	09	09	
Max Surface per Tooth	X(01)	10	10	
Begin Date	X(08)	11	18	CCYYMMDD
End Date	X(08)	19	26	CCYYMMDD
Filler	X(52)	27	78	

Record Type	X(02)	79	80	T7
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**Procedure Place of Service (T8) (RF115)**

**One to Many**

Data Name	Picture	Actual Positions		Remarks
		From	To	
Procedure Code	X(05)	01	05	
Place of Service	X(02)	06	07	
Begin Date	X(08)	08	15	CCYYMMDD
End Date	X(08)	16	23	CCYYMMDD
Place of Service Description	X(40)	24	63	
Filler	X(15)	64	78	
Record Type	X(02)	79	80	T8

**Trailer (T9)**

**One Per File**

Data Name	Picture	Actual Positions		Remarks
		From	To	
Filler	X(12)	01	12	
Creation Date	X(08)	13	20	CCYYMMDD
Total Records	X(10)	21	30	
Total Groups	X(10)	31	40	
Filler	X(38)	41	78	
Record Type	X(02)	79	80	T9