DHMH DIAL-UP BILLING JOB SPECIFICATIONS
MMIS-11 RECORD FORMAT AND EDITING PROCEDURES

RECORD TITLE: Detail Record HCFA-1500 **RECORD LENGTH:** 300 **BLOCK SIZE:** 300

COMPLETED BY: Jackie Smick **DATE:** 05/15/03

SEQ. #	FIELD NAME	OUTPUT POSITIONS	SIZE	ALPHA OR NUMERIC	JUSTIFY RIGHT OR LEFT	FILL CHARACTER WITH DATA	FILL CHARACTER WITHOUT DATA	MANDT	CONST	SPECIAL INSTRUCTIONS
1	RECIPIENT ID NUMBER	1-11	11	N	R	ZEROES	N/A	R		
2	PAYEE PROVIDER NUMBER	12-20	9	N	R	ZEROES	ZEROES	R		
3	FACILITY PROVIDER NUMBER	21-29	9	N	R	ZEROES	ZEROES	A		
4	PROVIDER PATIENT NUMBER	30-40	11	A/N	L	SPACES	SPACES	A		**DOCUMENTATIONAL PURPOSES ONLY FOR PROVIDER..WILL RETURN YOUR INFORMATION**
5	FILLER	41-57	17				SPACES			
6	PATIENT LAST NAME	58-82	25	A/N	L	SPACES	SPACES	R		
7	PATIENT FIRST NAME	83-107	25	A/N	L	SPACES	SPACES	R		
8	PATIENT MIDDLE INITIAL	108	1	A/N	L	SPACES	SPACES			
9	DIAGNOSIS CODE-1	109-113	5	A/N	L	SPACES	SPACES	A		**NO SPECIAL CHARACTERS ALLOWED: I.E. PERIODS.**
10	DIAGNOSIS CODE-2	114-118	5	A/N	L	SPACES	SPACES	A		**NO SPECIAL CHARACTERS ALLOWED: I.E. PERIODS.**
11	DIAGNOSIS CODE-3	119-123	5	A/N	L	SPACES	SPACES	A		**NO SPECIAL CHARACTERS ALLOWED: I.E. PERIODS.**
12	DIAGNOSIS CODE-4	124-128	5	A/N	L	SPACES	SPACES	A		**NO SPECIAL CHARACTERS ALLOWED: I.E. PERIODS.**
13	DIAGNOSIS INDICATOR-1	129	1	A/N			SPACES	A		**ENTER ONE OF THE FOLLOWING VALID CODES: 1,2, 3 OR 4.**

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14	DIAGNOSIS INDICATOR-2	130	1	A/N			SPACES	A		ENTER ONE OF THE FOLLOWING VALID CODES: 1,2, 3 OR 4.
15	DIAGNOSIS INDICATOR-3	131	1	A/N			SPACES	A		ENTER ONE OF THE FOLLOWING VALID CODES: 1,2, 3 OR 4.
16	DIAGNOSIS INDICATOR-4	132	1	A/N			SPACES	A		ENTER ONE OF THE FOLLOWING VALID CODES: 1,2, 3 OR 4.
17	FILLER	133	1				SPACES			
18	REFERRING PROVIDER NUMBER	134-142	9	N	R	ZEROES	ZEROES	A		
19	FILLER	143-149	7				SPACES			
20	PREAUTH NUMBER	150-157	8	A/N	L	SPACES	SPACES	A		
21	FILLER	158-161	4				SPACES			
22	RENDERING PROVIDER NUMBER	162-170	9	N	R	ZEROES	ZEROES	A		
23	FILLER	171-173	3				SPACES			
24	TOTAL CHARGES	174-182	9	N	R	ZEROES	ZEROES	R		KEY ONLY ON LAST RECORD OF INVOICE. NO SPECIAL CHARACTERS ALLOWED: I.E. DOLLAR SIGNS, COMMAS, OR DECIMAL POINTS.
25	TOTAL COLLECTIONS FROM THIRD PARTY	183-191	9	N	R	ZEROES	ZEROES	R		KEY ONLY ON LAST RECORD OF INVOICE. NO SPECIAL CHARACTERS ALLOWED: I.E. DOLLAR SIGNS, COMMAS, OR DECIMAL POINTS.

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26	TOTAL RESOURCES	192-200	9	N	R	ZEROES	ZEROES	R		KEY ONLY ON LAST RECORD OF INVOICE. NO SPECIAL CHARACTERS ALLOWED: I.E. DOLLAR SIGNS, COMMAS, OR DECIMAL POINTS.
27	FILLER	201-213	13				SPACES			
28	FAMILY PLANNING INDICATOR	214	1	A/N		SPACES	SPACES	A		ENTER A 'Y' IF THIS IS A FAMILY PLANNING RELATED SERVICE
29	FILLER	215	1				SPACES			
30	EPSDT INDICATOR	216	1	A/N		SPACES	SPACES	A		ENTER A 'Y' IF THIS IS AN EPSDT RELATED SERVICE
31	ACCIDENT INDICATOR	217	1	A/N		SPACES	SPACES	A		ENTER A 'Y' IF THIS IS AN ACCIDENT RELATED SERVICE
32	PATIENT'S EMPLOYMENT INDICATOR	218	1	A/N		SPACES	SPACES	A		ENTER A 'Y' IF SERVICE RENDERED IS DUE TO EMPLOYMENT
33	THIRD PARTY INDICATOR	219	1	A/N		SPACES	SPACES	A		ENTER A 'Y' IF A THIRD PARTY COLLECTION POTENTIAL EXITS.
34	EMERGENCY INDICATOR	220	1	A/N		SPACES	SPACES	A		ENTER A 'Y' IF SERVICE RENDERED IS DUE TO AN EMERGENCY
35	THIRD PARTY OVERRIDE	221	1	A/N		SPACES	SPACES	A		SEE ADDITIONAL INSTRUCTIONS AT END OF LAYOUT.
36	FILLER	222-243	22				SPACES			
37	BILL DATE	244-249	6	N	R	ZEROES	ZEROES	R		DATE INVOICE IS SUBMITTED: MMDDYY

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38	SERVICE THRU DATE	250-255	6	N	R	ZEROES	ZEROES	R		THRU DATE MUST BE SAME AS FROM DATE. MMDDYY
39	SERVICE FROM DATE	256-261	6	N	R	ZEROES	ZEROES	R		FROM DATE MUST BE SAME AS THRU DATE. MMDDYY
40	TYPE OF PROFESSIONAL SERVICE	262-263	2	A/N	L	SPACES	SPACES	A		SEE BILLING INSTRUCTIONS FOR VALID CODES
41	PLACE OF SERVICE	264-265	2	A/N	L	SPACES	SPACES	R		SEE BILLING INSTRUCTIONS FOR VALID CODES
42	DAYS/UNITS	266-270	5	N	R	ZEROES	ZEROES	R		
43	PROCEDURE CODE	271-275	5	A/N	L	SPACES	SPACES	R		NO SPECIAL CHARACTERS ALLOWED: I.E. PERIODS OR SLASHES.
44	PROCEDURE MODIFIER-1	276-277	2	A/N	L	SPACES	SPACES	A		
45	PROCEDURE MODIFIER-2	278-279	2	A/N	L	SPACES	SPACES	A		
46	PROCEDURE MODIFIER-3	280-281	2	A/N	L	SPACES	SPACES	A		
47	PROCEDURE MODIFIER-4	282-283	2	A/N	L	SPACES	SPACES	A		
48	FILLER	284	1				SPACES			
49	CHARGE AMOUNT	285-293	9	N	R	ZEROES	ZEROES	R		NO SPECIAL CHARACTERS ALLOWED: I.E. DOLLAR SIGNS, COMMAS, OR DECIMAL POINTS.
50	FILLER	294-300	7				SPACES			

RECORD TITLE: **Detail Record HCFA-1500** **RECORD LENGTH: 300** **BLOCK SIZE: 300**

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NOTES:

1. **DETAIL RECORD**:

   A. 'R' IN MANDT. COLUMN REPRESENTS A MUST ENTER FIELD FOR PAYMENT OF CLAIM.
   B. 'A' IN MANDT. COLUMN REPRESENTS A MUST ENTER FIELD ONLY IF APPLICABLE FOR SERVICES RENDERED.

   FOR CLARIFICATION CHECK BILLING INSTRUCTIONS AND/OR CONTACT PROVIDER RELATIONS AT: 410-767-5503 OR 1-800-548-3348.

2. **TAPE SEQUENCE #35: THIRD PARTY LIABILITY OVER-RIDE:**

   K==SERVICES NOT RENDERED
   L==COVERAGE LAPSED
   M==COVERAGE NOT IN EFFECT ON SERVICE DATE
   N==INDIVIDUAL NOT COVERED

   *Q==CLAIMS NOT FILED TIMELY
   *R==NO RESPONSE FROM CARRIER IN 90 DAYS
   *S==OTHER REJECTION REASON NOT DEFINED ABOVE

   ****OVER-RIDE CODES 'Q', 'R' AND 'S' REQUIRE ADDITIONAL DOCUMENTATION AND CAN NOT BE BILLED ELECTRONICALLY. MUST BE BILLED VIA HARD COPY.**