

This section details the procedures for submitting 837 professional claims (formerly the HCFA 1500) using the Point of Service (POS) device. Such claims are entered in the Medi-Cal claims processing system for nightly batch processing and claim adjudication; they are not adjudicated in real time.

Note: The 837 professional claim transaction on the POS device includes a Claim Note Text screen that permits up to 80 characters. Claims requiring space for additional characters or requiring other documentation can be billed using the attachment fields in the POS claim, a paper claim form, or as a Computer Media Claim (CMC).

It is recommended that providers verify subscriber (recipient) eligibility before rendering services. For information about the Eligibility transaction, refer to the *Eligibility Transaction Procedures* section of the *POS Device User Guide* for the VeriFone Omni 3300 device.

If you have questions regarding the operation of the POS device, call the Telephone Service Center (TSC) at 1-800-541-5555 and select the option for POS/Internet inquiries.

If you have questions about Medi-Cal policy or billing Medi-Cal claims, refer to the appropriate section of the provider manual or call the TSC at 1-800-541-5555.

Overview

The Medi-Cal claims processing system will return a Claim Control Number (CCN) to your device for each accepted 837 professional claim transaction.

Note: The assignment of a CCN to your claim does not represent adjudication of the claim. Further editing must be performed by the Medi-Cal claims processing system before the claim can be adjudicated.

The Medi-Cal system performs an Eligibility Inquiry for each accepted 837 professional claim transaction using the service date from the first claim line. If you wish to obtain eligibility information for claim lines 2 – 6 but the lines have a month and/or year of service that is different from claim line 1, you must perform separate Eligibility Inquiry transactions.

If one or more Electronic Claims Capture (ECC) errors are detected on the transaction, the device will return a Claim Rejected response and an error message(s). You must re-edit (correct) the claim information indicated by the error message and resubmit the claim. Possible error messages and their codes are listed at the end of this user guide.

Note the following:

- You can press <F1> for help in any screen except the shortcut key, response message and menu screens.
- The <EXIT> and <F8> keys are disabled during the initial entry of transaction information in the header screens.
- Pressing <EXIT> or <F8> once all header screens have been completed or during re-edit will return you to the Send/Re-Edit screen, regardless of whether all claim line screens have been completed.
- At any time during re-edit, you can press <EXIT> or <F8> to return to the Send/Re-Edit screen.

Beginning a Transaction

Use the following two steps to begin an 837 professional claim transaction.

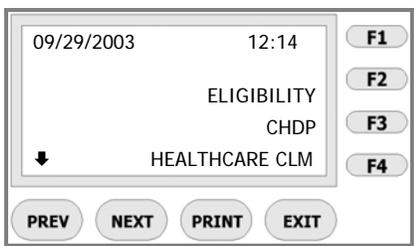


1. The first screen on the POS device is the Welcome screen. To get started, you may either swipe a Benefits Identification Card (BIC) or a Health Access Programs (HAP) card through the card reader, or press any key.

If you swipe a BIC or a HAP card, the subscriber information coded on the magnetic strip automatically displays in certain screens as you advance through the transaction. To accept the information, press <ENTER> when you reach the screen.

If you do not swipe a BIC or HAP card, you must type the requested information in each screen and press <ENTER>.

Note: You need to obtain the issue date from the BIC or HAP card to successfully submit an 837 professional claim transaction.



2. After swiping a BIC or HAP card or pressing any key, this screen (or a similar screen) will display. Press the function <F> key corresponding to "HEALTHCARE CLM." In this example, press <F4>. If the "HEALTHCARE CLM" option is not displayed and you see the (↓) character on the screen, press <NEXT> until the "HEALTHCARE CLM" option displays, then press its corresponding <F> key.

Submitting an 837 Professional Claim

This section contains instructions for submitting 837 professional claim transactions using the POS device.

1. Health Care Claim Menu

The Health Care Claim menu displays. Select "PROFESSIONAL" by pressing the corresponding function <F> key. In this example, press <F2>.

2. Shortcut Key

The POS device will prompt you to enter your shortcut key. If you have activated this feature, type your shortcut key and press <ENTER>. If the shortcut key entered is associated with a National Provider ID (NPI), the next screen displayed will be the NPI screen. If the shortcut key entered is associated with a Medicaid Provider ID, the next screen displayed will be the Medicaid Provider ID screen. Otherwise, press <ENTER> to bypass this screen and the NPI entry screen will be displayed.

For more information about the shortcut key, refer to the *Device System Transactions* section of the *POS Device User Guide* for the VeriFone Omni 3300 device.

3. Billing National Provider ID

If you entered a shortcut key associated with an NPI in the previous step, this screen will automatically display your Billing National Provider ID. Press <ENTER> to accept the displayed value, or you may type in another NPI value and press <ENTER>. Otherwise with the NPI field blank press <ENTER> to display the Medicaid Provider ID screen

3.1 If you entered a shortcut key associated with a Medicaid Provider ID in the Shortcut Key screen, this screen will automatically display your Medicaid Provider ID. Press <ENTER> to accept the displayed value, or you may type in another Medicaid Provider ID and press <ENTER>.

If the Billing National Provider ID screen had an empty entry, this screen must have a value before proceeding. If you would like to enter an NPI value press the <PREV> key to go to the Billing National Provider ID screen.

If this screen was validated and you would rather use an NPI value, leave the value in this screen as is. Press the <PREV> key to go to the NPI entry screen. After you validate an NPI entry by pressing <ENTER>, the value in this screen will be purged.

3.2 Billing Provider Address Line 1

The POS device will prompt you to enter your billing provider address line 1. Type the first line of your billing provider address and press <ENTER>, or press <ENTER> to bypass this screen.

3.3 Billing Provider Address Line 2

The POS device will prompt you to enter your billing provider address line 2. Type the second line of your billing provider address and press <ENTER>, or press <ENTER> to bypass this screen.

3.4 Billing Provider City

The POS device will prompt you to enter your billing provider city. Type your billing provider city and press <ENTER>, or press <ENTER> to bypass this screen.

3.5 Billing Provider State

The POS device will prompt you to enter your billing provider state. Type your billing provider state and press <ENTER>, or press <ENTER> to bypass this screen.

3.6 Billing Provider ZIP Code

The POS device will prompt you to enter your billing provider ZIP code. Type your billing provider ZIP code and press <ENTER>, or press <ENTER> to bypass this screen.

PROFESSIONAL CLAIM

BILLING PROVIDER TAXONOMY CODE:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

4. Billing Provider Taxonomy Code

The POS device will prompt you to enter your billing provider taxonomy code. Type your billing provider taxonomy code and press <ENTER>, or press <ENTER> to bypass this screen.

PROFESSIONAL CLAIM

PASSWORD:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

5. Password

The POS device will prompt you to enter your password. Type your password and press <ENTER>. For security purposes, the POS device displays asterisks instead of your password.

PROFESSIONAL CLAIM

SUBMITTER ID:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

6. Submitter ID

The POS device will prompt you to enter your submitter ID number. Type your three-digit submitter ID and press <ENTER>.

PROFESSIONAL CLAIM

MEDICARE ASSIGNMENT CODE:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

7. Medicare Assignment Code

The POS device will prompt you to enter your Medicare assignment code. Type your Medicare assignment code and press <ENTER>. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

8. Service Facility Location National Provider ID

The POS device will prompt you to enter the service facility location NPI. Type the service facility location NPI and press <ENTER>, or press <ENTER> to bypass this screen.

Note: The service facility location NPI is required if a facility or lab was used.

8.1 Service Facility Location Medicaid Provider ID

If the Service Facility Location National Provider ID screen had an empty entry, this screen must have a value before proceeding. If you would like to enter an NPI value, press the <PREV> key to go to the Service Facility Location National Provider ID screen.

If this screen was validated and you would rather use an NPI value leave the value in this screen as is. Press the <PREV> key to go to the Service Facility Location National Provider ID entry screen. After you validate an NPI entry by pressing <ENTER>, the value in this screen will be purged.

9. Service Facility Location Code

If you entered a service facility location NPI or service facility location Medicaid Provider ID in step 8, the POS device will prompt you to enter the service facility location code. Type the service facility location code and press <ENTER>. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

10. Rendering National Provider ID

The POS device will prompt you to enter the rendering National Provider ID. Type the rendering National Provider ID and press <ENTER>, or press <ENTER> to bypass this screen.

Note: The rendering National Provider ID is required if the provider who rendered services is different from the billing provider.

10.1 Rendering Medicaid Provider ID

If the Rendering National Provider ID screen had an empty entry, this screen must have a value before proceeding. If you would like to enter an NPI value press the <PREV> key to go to the Rendering National Provider ID screen.

If this screen was validated and you would rather use an NPI value, leave the value in this screen as is. Press the <PREV> key to go to the Rendering National Provider ID screen. After you validate an NPI entry by pressing <ENTER>, the value in this screen will be purged.

11. Rendering Provider Taxonomy Code

If you entered a rendering National Provider ID in step 10 or rendering Medicaid Provider ID in step 10.1, the POS device will prompt you to enter the rendering provider taxonomy code. Type the rendering provider taxonomy code and press <ENTER>, or press <ENTER> to bypass this screen.

12. Referring Provider Name

The POS device will prompt you to enter the referring provider name. Type the referring provider name and press <ENTER>, or press <ENTER> to bypass this screen. You may enter up to 35 characters in this screen.

Note: The referring provider name is required if the subscriber was referred by another provider.

13. Referring National Provider ID

If you entered a referring provider name in step 12, the POS device will prompt you to enter the referring National Provider ID. Type the referring National Provider ID and press <ENTER>.

PROFESSIONAL CLAIM

**REFERRING MEDICAID
PROVIDER ID:**

F1
F2
F3
F4

PREV NEXT PRINT EXIT

13.1 Referring Medicaid Provider ID

If the referring National Provider ID screen had an empty entry, this screen must have a value before proceeding. If you would like to enter an NPI value press the <PREV> key to go to the Billing National Provider ID screen.

If this screen has been validated and you would rather use an NPI value, leave the value in this screen as is, press the <PREV> key to go to the Referring National Provider ID entry screen. After you validate an NPI entry by pressing <ENTER>, the value in this screen will be purged.

PROFESSIONAL CLAIM

REFERRING PROVIDER
TAXONOMY CODE:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

14. Referring Provider Taxonomy Code

If you entered a referring provider name in step 12, the POS device will prompt you to enter the referring provider taxonomy code. Type the referring provider taxonomy code and press <ENTER>, or press <ENTER> to bypass this screen.

PROFESSIONAL CLAIM

SUBSCRIBER ID:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

15. Subscriber ID

The POS device will prompt you to enter the subscriber ID number. If the screen already displays the subscriber ID number, press <ENTER> to accept the displayed value. Otherwise, type the subscriber ID number and press <ENTER>.

PROFESSIONAL CLAIM

SUBSCRIBER LAST NAME:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

16. Subscriber Last Name

The POS device will prompt you to enter the subscriber's last name. Type the last name and press <ENTER>. You may enter up to 35 characters in this screen.

17. Subscriber First Name

The POS device will prompt you to enter the subscriber's first name. Type the first name and press <ENTER>. You may enter up to 25 characters in this screen.

18. Subscriber Middle Initial

The POS device will prompt you to enter the subscriber's middle initial. Type the middle initial and press <ENTER>, or press <ENTER> to bypass this screen. You may enter only one (1) character in this screen.

19. Subscriber Birth Date

The POS device will prompt you to enter the subscriber's birth date. If the screen already displays the birth date, press <ENTER> to accept the displayed value. Otherwise, type the subscriber's birth date in the format CCYYMMDD and press <ENTER>. For example, if the subscriber's birth date is September 29, 1970, type "19700929".

Note: If you are billing for services to a newborn infant using the mother's ID number, **you must type the mother's birth date at this prompt**, not the infant's.

20. Issue Date

This screen only displays if you entered a Subscriber ID that is not a 14 character BIC in step 15. If this screen displays, enter the issue date shown on the BIC or HAP card. If the screen already displays the issue date, press <ENTER> to accept the displayed value. Otherwise, type the issue date in the format YYMMDD and press <ENTER>. For example, if the issue date is August 26, 1998, type "980826".

Note: If the subscriber presents two BICs, advise the subscriber to destroy the card with the oldest issue date.

PROFESSIONAL CLAIM
MALE (M)
FEMALE (F)
UNKNOWN (U)
GENDER:
PREV NEXT PRINT EXIT
F1 F2 F3 F4

21. Gender

The POS device will prompt you to enter the subscriber's gender. If the screen already displays the gender, press <ENTER> to accept the displayed value. Otherwise, type the gender ("M," "F" or "U") and press <ENTER>. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

Press the <PREV> key to go to the prior field entered. If data present in the Issue Date field, pressing the <PREV> key displays the Issue Date else the Subscriber Birth Date field will be displayed.

PROFESSIONAL CLAIM
PATIENT ACCOUNT NUMBER:
PREV NEXT PRINT EXIT
F1 F2 F3 F4

22. Patient Account Number

The POS device will prompt you to enter the patient account number. Type the patient account number and press <ENTER>. You may enter up to 20 characters in this screen.

Note: This screen allows providers to track the claim for internal purposes.

PROFESSIONAL CLAIM
YES (Y)
NO (N)
PREGNANCY INDICATOR: N
PREV NEXT PRINT EXIT
F1 F2 F3 F4

23. Pregnancy Indicator

If you entered "F" or "U" in step 21 (Gender), the POS device will prompt you for the pregnancy indicator. This screen displays "N" (No) by default. Press <ENTER> to accept the default value or type "Y" (Yes) if the subscriber is pregnant, then press <ENTER>. This screen will not display if you entered "M" in step 21.

PROFESSIONAL CLAIM
RELEASE OF INFORMATION CODE:
PREV NEXT PRINT EXIT
F1 F2 F3 F4

24. Release of Information Code

The POS device will prompt you to enter the release of information code. Type the release of information code and press <ENTER>. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

25. Hospitalization Admission Date

The POS device will prompt you to enter a hospitalization admission date. If there is no admission date, press <ENTER> to bypass this screen. Otherwise, type an admission date in the format CCYYMMDD and press <ENTER>. For example, if the admission date is October 12, 2003, type “20031012”.

Note: A hospitalization admission date is required if the subscriber was admitted to a hospital.

26. Hospitalization Discharge Date

If you entered a hospitalization admission date in step 25, the POS device will prompt you for a hospitalization discharge date. Type the discharge date in the format CCYYMMDD and press <ENTER>. For example, if the discharge date is October 15, 2003, type “20031015”.

Note: A hospitalization discharge date is required if the subscriber was discharged from a hospital.

27. Prior Authorization Number

The POS device will prompt you for a Treatment Authorization Request (TAR) Control Number, known as a TCN. If prior authorization or a referral number was required for services, type the 11-digit TCN and press <ENTER>. If one was not required, press <ENTER> to bypass this screen.

Note: Enter the TCN from the approved TAR. The TCN must originate only from an approved 50-1 TAR form. TCNs from other TAR forms (such as the 18-1 and 20-1) are used only by hospitals and facilities.

Note: The subscriber, quantity and service date on the claim must agree with the information on the TAR.

28. Primary Diagnosis Code

The POS device will prompt you to enter a primary diagnosis code. If there is no diagnosis code, press <ENTER> to bypass this screen. Otherwise, type all characters of the ICD-9-CM diagnosis code, including the fourth and fifth digits, and press <ENTER>. Do not enter the decimal point.

Note: This code may be required for payment on some claims.

PROFESSIONAL CLAIM

SECONDARY DIAGNOSIS CODE:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

29. Secondary Diagnosis Code

If you entered a primary diagnosis code in step 28, the POS device will prompt you to enter a secondary diagnosis code. Type all characters of the ICD-9-CM diagnosis code, including the fourth and fifth digits, and press <ENTER>, or press <ENTER> to bypass this screen.

PROFESSIONAL CLAIM

PLACE OF SERVICE CODE:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

30. Place of Service Code

The POS device will prompt you to enter the Place of Service code. Type the two-digit Place of Service code and press <ENTER>. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

Note: For Place of Service code “99” for subacute facilities, you must include the modifier HA for pediatric subacute care and HB for adult subacute care. These modifiers must be submitted with every procedure code on the claim.

PROFESSIONAL CLAIM

SPECIAL PROGRAM INDICATOR:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

31. Special Program Indicator

The POS device will prompt you to enter a special program indicator. Type a special program indicator and press <ENTER>, or press <ENTER> to bypass this screen. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

Note: If you enter “01” for the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program, the EPSDT Indicator screen (step 73) will be set to “Y” for all claim lines.

PROFESSIONAL CLAIM

DELAY REASON CODE:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

32. Delay Reason Code

The POS device will prompt you to enter a delay reason code. Providers have six months from the month of service to submit an original claim. If the month of service in the claim line(s) is more than six months after the month of service, type the delay reason code and press <ENTER>, or press <ENTER> to bypass this screen. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

33. Onset of Current Illness/Injury Date

The POS device will prompt you to enter an onset of current illness/injury date. If the services were not related to an injury or accident, press <ENTER> to bypass this screen. Otherwise, type the onset of current illness/injury date in the format CCYYMMDD and press <ENTER>. For example, if the onset of current illness/injury date is November 6, 2003, type "20031106".

34. Accident Date

The POS device will prompt you to enter an accident date. If the services were not related to an accident, press <ENTER> to bypass this screen. Otherwise, type the accident date in the format CCYYMMDD and press <ENTER>. For example, if the accident date is November 6, 2003, type "20031106". When an accident date is entered, the Related Causes Code 1 screen is required.

35. Related Causes Code 1

The POS device will prompt you to enter a related causes code. If the services were not accident- or employment-related, press <ENTER> to bypass this screen. Otherwise, type the related causes code and press <ENTER>. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

36. Related Causes Code 2

If you entered an accident date in step 34 and a related causes code in step 35, the POS device will prompt you to enter a second related causes code. Type the second related causes code and press <ENTER>, or press <ENTER> to bypass this screen. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

PROFESSIONAL CLAIM

RELATED CAUSES CODE 3:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

37. Related Causes Code 3

If you entered an accident date in step 34 and a second related causes code in step 36, the POS device will prompt you to enter a third related causes code. Type the third related causes code and press <ENTER>, or press <ENTER> to bypass this screen. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

PROFESSIONAL CLAIM

AUTO ACCIDENT STATE
OR PROVINCE CODE:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

38. Auto Accident State or Province Code

If you entered an accident date in step 34 and a related causes code of "AA" in step 35, 36 or 37, the POS device will prompt you to enter the auto accident state or province code. Type the appropriate two-digit auto accident state or province code and press <ENTER>, or press <ENTER> to bypass this screen.

PROFESSIONAL CLAIM

COUNTRY CODE:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

39. Country Code

If you entered an accident date in step 34; a related causes code of "AA" in step 35, 36 or 37; and an auto accident state or province code outside the United States in step 38, or if you bypassed step 38, the POS device will prompt you to enter the country code. Type the appropriate two- or three-digit country code and press <ENTER>.

PROFESSIONAL CLAIM

NOTE REFERENCE CODE:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

40. Note Reference Code

The POS device will prompt you to enter a note reference code. Type a note reference code and press <ENTER>, or press <ENTER> to bypass this screen. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

Note: If you enter "CER" in this screen, you will be required to enter an emergency certification statement in the Claim Note Text screen (step 41). In addition, the Emergency Indicator screen (step 72) will be set to "Y" for all claim lines.

41. Claim Note Text

If you entered a note reference code in step 40, the POS device will prompt you to enter claim note text. Type supporting note text and press <ENTER>. You may enter up to 80 characters in this screen.

Note: Claims requiring space for additional characters or requiring other documentation **must** be billed using a paper claim form or as a Computer Media Claim (CMC).

42. Legislative Mandates

The POS device will prompt you to indicate whether there are legislative mandates. This screen displays “N” (No) by default. Press <ENTER> to accept the default value or type “Y” (Yes) if legislatively mandated data has been requested by Medi-Cal to complete this claim.

43. File Information

If you entered “Y” in step 42 (Legislative Mandates), the POS device will prompt you to enter file information. Type the file information and press <ENTER>. You may enter up to 80 characters in this screen.

44. Attachment

The POS device will prompt you to indicate whether you will be submitting an attachment for this claim. This screen displays “N” (No) by default. Press <ENTER> to accept the default value or type “Y” (Yes) if you will be submitting an attachment.

If you accept “N,” the POS device skips to the Other Health Coverage (OHC) screen (step 47).

PROFESSIONAL CLAIM

ATTACHMENT TRANSMISSION CODE: BM

F1 F2 F3 F4

PREV NEXT PRINT EXIT

45. Attachment Transmission Code

The POS device will prompt you to enter the attachment transmission code. This screen displays “BM” (By Mail) by default. Press <ENTER> to accept the default value or type another acceptable 2-character code. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

PROFESSIONAL CLAIM

ATTACHMENT CONTROL NUMBER: 12345678901

F1 F2 F3 F4

PREV NEXT PRINT EXIT

46. Attachment Control Number

The POS device will prompt you to enter the Attachment Control Number (ACN). Type the ACN and press <ENTER>. This number is found on the *Attachment Control Form (ACF)* and must be used as a coversheet for the supporting attachments. Providers have a maximum of 40 calendar days after the electronic claim is submitted to send the ACF along with the supporting documentation to Medi-Cal.

PROFESSIONAL CLAIM

YES (Y)
NO (N)

OTHER HEALTH COVERAGE (OHC): N

F1 F2 F3 F4

PREV NEXT PRINT EXIT

47. Other Health Coverage (OHC)

The POS device will prompt you to indicate whether the subscriber has Other Health Coverage (OHC). The screen displays “N” (No) by default. Press <ENTER> to accept the default value or type “Y” (Yes) and press <ENTER>.

If you type “Y,” the POS device will display 12 additional OHC-related screens (steps 48 – 58 and step 61).

If you accept “N,” the POS device skips to the Total Claim Charge screen (step 59).

PROFESSIONAL CLAIM

OHC INSURED LAST NAME:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

48. OHC Insured Last Name

The POS device will prompt you to enter the OHC insured last name. Type the last name of the OHC insured and press <ENTER>. You may enter up to 35 characters in this screen.

PROFESSIONAL CLAIM

OHC INSURED FIRST NAME:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

49. OHC Insured First Name

The POS device will prompt you to enter the OHC insured first name. Type the first name of the OHC insured and press <ENTER>. You may enter up to 25 characters in this screen.

PROFESSIONAL CLAIM

OHC INSURED MIDDLE INITIAL:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

50. OHC Insured Middle Initial

The POS device will prompt you to enter the OHC insured middle initial. Type the middle initial of the OHC insured and press <ENTER>, or press <ENTER> to bypass this screen. You may enter only one (1) character in this screen.

PROFESSIONAL CLAIM

OHC INSURED ID:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

51. OHC Insured ID

The POS device will prompt you to enter the OHC insured ID. Type the OHC insured's ID and press <ENTER>. You may enter up to 15 characters in this screen.

PROFESSIONAL CLAIM

OHC RELATIONSHIP CODE:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

52. OHC Relationship Code

The POS device will prompt you to enter the OHC insured relationship code. Type the relationship code and press <ENTER>. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

PROFESSIONAL CLAIM

OHC INSURANCE TYPE CODE:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

53. OHC Insurance Type Code

The POS device will prompt you to enter the OHC insurance type code. Type the insurance type code and press <ENTER>. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

PROFESSIONAL CLAIM

OHC RELEASE OF INFORMATION CODE:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

54. OHC Release of Information Code

The POS device will prompt you to enter the OHC release of information code. Type the release of information code and press <ENTER>. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

PROFESSIONAL CLAIM

OHC PAYER NAME:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

55. OHC Payer Name

The POS device will prompt you to enter the OHC payer name. Type the OHC payer name and press <ENTER>. You may enter up to 35 characters in this screen.

56. OHC Payer ID

The POS device will prompt you to enter the OHC payer ID. Type the OHC payer ID and press <ENTER>. You may enter up to 15 characters in this screen.

57. OHC Payer Responsibility Code

The POS device will prompt you to enter the OHC payer responsibility code. Type the payer responsibility code and press <ENTER>. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

58. OHC Benefits Assignment Certification Indicator

The POS device will prompt you to enter the OHC benefits assignment certification indicator. The screen displays "N" (No) by default. Press <ENTER> to accept the default value or type "Y" (Yes) and press <ENTER>.

59. Total Claim Charge

The POS device will prompt you to enter the total claim charge. Type the total charges for the services rendered and press <ENTER>. You may enter up to \$99999.99 in this screen.

Note: The total claim charge must equal the sum of the line item charges.

PROFESSIONAL CLAIM

PATIENT PAID AMOUNT:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

60. Patient Paid Amount

The POS device will prompt you to enter a patient paid amount, also referred to as a Share of Cost (SOC) or Spend Down amount. Type a patient paid amount and press <ENTER>, or press <ENTER> to bypass this screen. You may enter up to \$99999.99 in this screen.

The patient paid amount must be cleared before submitting the transaction. For information about SOC transactions, refer to the *Eligibility Transaction Procedures* section of the *POS Device User Guide* for the VeriFone Omni 3300 device.

PROFESSIONAL CLAIM

OHC PAYER PAID AMOUNT:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

61. OHC Payer Paid Amount

If you entered “Y” in step 47 (Other Health Coverage), the POS device will prompt you to enter the OHC payer paid amount. Type the OHC payer paid amount and press <ENTER>. You may enter up to \$9999.99 in this screen.

If you entered “N” in step 47, this screen does not display.

PROFESSIONAL CLAIM

NET BILLED AMOUNT:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

62. Net Billed Amount

The POS device will calculate and display the net billed amount. Press <ENTER> to proceed with the transaction (this screen does not require user input).

The net billed amount is the difference between the total charges and the sum of the subscriber’s SOC and any reimbursements received from the subscriber’s OHC plans.

The net billed amount is determined by this formula:

$$\text{Net Billed Amount} = \text{Total Charges} - (\text{SOC} + \text{OHC reimbursements})$$

PROFESSIONAL CLAIM

OF CLAIM LINES:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

63. Number of Claim Lines

The POS device will prompt you to enter the number of claim lines. Type the number of claim lines you will be submitting in this transaction and press <ENTER>. You may submit up to six claim lines per transaction.

PROFESSIONAL CLAIM

CLAIM LINE 01:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

64. Claim Line 01

Data entry for each claim line begins with a screen identifying the claim line number. Because this is the first claim line, the screen displays "CLAIM LINE 01."

Press <ENTER> to begin entering information for the claim line.

PROFESSIONAL CLAIM

PROVIDER LINE ITEM CONTROL NUMBER:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

65. Provider Line Item Control Number

The POS device will prompt you to enter a provider line item control number. Type a provider line item control number and press <ENTER>, or press <ENTER> to bypass this screen. You may enter up to 30 characters in this screen.

Note: This screen allows providers to track the claim line for internal purposes.

PROFESSIONAL CLAIM

FROM SERVICE DATE:
CCYYMMDD

F1
F2
F3
F4

PREV NEXT PRINT EXIT

66. From Service Date

The POS device will prompt you to enter the from service date. Type the "From" service date in the format CCYYMMDD and press <ENTER>. For example, if the from service date is December 2, 2003, type "20031202".

PROFESSIONAL CLAIM

TO SERVICE DATE:
CCYYMMDD

F1
F2
F3
F4

PREV NEXT PRINT EXIT

67. To Service Date

The POS device will prompt you to enter a to service date. If your claim does not require a to service date, press <ENTER> to bypass this screen.

Otherwise, enter a service date in the format CCYYMMDD and press <ENTER>. For example, if the to service date is December 8, 2003, type "20031208".

For information about from-through billing, refer to the *HCFA 1500: Special Billing Instructions* section of the appropriate Part 2 manual.

PROFESSIONAL CLAIM

PROCEDURE CODE:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

68. Procedure Code

The POS device will prompt you to enter the procedure code. Type the five-character HCPCS or CPT-4 code and press <ENTER>.

PROFESSIONAL CLAIM

PROCEDURE MODIFIER 1:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

69. Procedure Modifier 1

The POS device will prompt you to enter a procedure modifier. Because this is the first procedure modifier, the screen displays "Procedure Modifier 1."

Press <ENTER> to bypass this screen or type an appropriate two-digit procedure modifier and press <ENTER>.

You may enter up to four procedure modifiers. If you enter procedure modifier 1, the POS device will display an additional procedure modifier screen (up to four screens), if needed. Press <ENTER> to bypass the additional modifier screen.

PROFESSIONAL CLAIM

LINE ITEM CHARGE AMOUNT:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

70. Line Item Charge Amount

The POS device will prompt you to enter the line item charge amount. Type the line item charge amount and press <ENTER>. You may enter up to \$99999.99 in this screen.

PROFESSIONAL CLAIM

QUANTITY:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

71. Quantity

The POS device will prompt you to enter the quantity. Type the quantity (in days or units) and press <ENTER>. You may enter up to 999 in this screen.

PROFESSIONAL CLAIM

YES (Y)
NO (N)

EMERGENCY:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

72. Emergency Indicator

The POS device will prompt you to indicate whether the services rendered were emergency-related. The device displays a response in this screen depending on the value you entered in the Note Reference Code screen (step 40). If you entered "CER" in the Note Reference Code screen (step 40), the POS device displays a "Y" (Yes) in this screen. Otherwise, the POS device displays an "N" (No) in this screen.

Press <ENTER> to accept the displayed value.

For information about emergency certification, refer to the *HCFA 1500 Completion* section of the appropriate Part 2 manual.

PROFESSIONAL CLAIM

YES (Y)
NO (N)

EPSDT:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

73. EPSDT Indicator

The POS device will prompt you to indicate whether the patient participates in the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. If you entered "01" in step 31 (Special Program Indicator), the POS device displays "Y" (Yes) in this screen. Otherwise, the POS device displays "N" (No) in this screen.

Press <ENTER> to accept the displayed value.

PROFESSIONAL CLAIM

YES (Y)
NO (N)

FAMILY PLANNING: N

F1
F2
F3
F4

PREV NEXT PRINT EXIT

74. Family Planning Indicator

The POS device will prompt you to indicate whether the patient participates in the Family Planning Program. The screen displays “N” (No) by default.

Press <ENTER> to accept the default value or type “Y” (Yes) and press <ENTER>.

PROFESSIONAL CLAIM

LINE NOTE REFERENCE CODE:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

75. Line Note Reference Code

The POS device will prompt you to enter a line note reference code. Type a line note reference code and press <ENTER>, or press <ENTER> to bypass this screen. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

PROFESSIONAL CLAIM

LINE NOTE TEXT:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

76. Line Note Text

If you entered a line note reference code in step 75, the POS device will prompt you to enter line note text. Type your note text and press <ENTER>. You may enter up to 80 characters in this screen.

Note: You **must** enter line note text if you entered a line note reference code in step 75.

PROFESSIONAL CLAIM

LINE LEGISLATIVE MANDATES: N

F1
F2
F3
F4

PREV NEXT PRINT EXIT

77. Line Legislative Mandates

The POS device will prompt you to indicate whether there are line legislative mandates. This screen displays “N” (No) by default. Press <ENTER> to accept the default value or type “Y” (Yes) if line legislatively mandated data has been requested by Medi-Cal to complete this claim.

78. Line File Information

If you entered “Y” on the Line Legislative Mandates screen (step 77), the POS device will prompt you to enter line file information. Type the line file information and press <ENTER>. You may enter up to 80 characters in this screen.

79. Place of Service Code

The POS device will prompt you a second time for the Place of Service code. The screen displays the Place of Service code you entered in step 30. Press <ENTER> to accept the default value. Otherwise, for this claim line only you may override this code by typing a new two-digit Place of Service code and pressing <ENTER>. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

80. Override Header Information for Claim Line 01

You have entered all the information necessary to complete Claim Line 01, and the POS device will prompt you to indicate whether you wish to override the header information for the claim line. Only certain header information can be changed for each claim line.

Press <ENTER> to accept the default value of “N” (No) or type “Y” (Yes) and press <ENTER>.

If you enter “Y,” you can press the <NEXT> or <PREV> keys to scroll through the override header screens and change the entries. To change an entry, type in a new entry and press <ENTER>. The new entry replaces the previous entry for this claim line only. To change characters in an entry, press <BACKSPACE> until you delete the incorrect character. Re-type the entry from that character forward.

If you accept “N,” the POS device will display one of two screens, according to the following:

- If you indicated more than one claim line in step 63 (Number of Claim Lines), the device will display the first screen for claim line 02. Repeat steps 64 – 79 for claim line 02 and for each additional claim line.
- If you indicated only one claim line in step 63 or have completed all claim lines, the device will display the Send/Re-Edit screen. Continue the transaction at step 81.

PROFESSIONAL CLAIM

SERVICE FACILITY LOCATION NATIONAL PROVIDER ID:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

81. Service Facility Location NPI

The POS device will prompt you to enter the service facility location National Provider ID. Type the service facility location National Provider ID and press <ENTER>, or press <ENTER> to bypass this screen.

Note: The service facility location NPI is required if a facility or lab was used.

PROFESSIONAL CLAIM

SERVICE FACILITY LOCATION MEDICAID PROVIDER ID:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

82. Service Facility Location Medicaid Provider ID

If the Service Facility Location National Provider ID screen had an empty entry, this screen must have a value before proceeding. If you would like to enter an NPI value press the <PREV> key to go to the Service Facility Location National Provider ID screen.

If this screen was validated and you would rather use an NPI value, leave the value in this screen as is, press the <PREV> key to go to the Service Facility Location National Provider ID entry screen. After you validate an NPI entry by pressing <ENTER>, the value in this screen will be purged.

PROFESSIONAL CLAIM

SERVICE FACILITY LOCATION CODE:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

83. Service Facility Location Code

If you entered a service facility location National Provider ID or service facility location Medicaid Provider ID in step 82, the POS device will prompt you to enter the service facility location code. Type the service facility location code and press <ENTER>. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

PROFESSIONAL CLAIM

RENDERING NATIONAL PROVIDER ID:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

84. Rendering National Provider ID

The POS device will prompt you to enter the rendering National Provider ID. Type the rendering National Provider ID and press <ENTER>, or press <ENTER> to bypass this screen.

Note: The rendering National Provider ID is required if the provider who rendered services is different from the billing provider.

85 Rendering Medicaid Provider ID

If the Rendering National Provider ID screen had an empty entry, this screen must have a value before proceeding. If you would like to enter an NPI value press the <PREV> key to go to Rendering National Provider ID screen.

If this screen was validated and you would rather use an NPI value, leave the value in this screen as is. Press the <PREV> key to go to the Rendering National Provider ID screen. After you validate an NPI entry by pressing <ENTER>, the value in this screen will be purged.

86. Rendering Provider Taxonomy Code

If you entered a rendering National Provider ID in step 84 or rendering Medicaid Provider ID in step 85, the POS device will prompt you to enter the rendering provider taxonomy code. Type the rendering provider taxonomy code and press <ENTER>, or press <ENTER> to bypass this screen.

87. Referring Provider Name

The POS device will prompt you to enter the referring provider name. Type the referring provider name and press <ENTER>, or press <ENTER> to bypass this screen. You may enter up to 35 characters in this screen.

Note: The referring provider name is required if the subscriber was referred by another provider.

88. Referring National Provider ID

If you entered a referring National Provider ID in step 87, the POS device will prompt you to enter the referring National Provider ID. Type the referring National Provider ID and press <ENTER>.

PROFESSIONAL CLAIM

**REFERRING MEDICAID
PROVIDER ID:**

F1
F2
F3
F4

PREV NEXT PRINT EXIT

89. Referring Medicaid Provider ID

If the Referring National Provider ID screen had an empty entry, this screen must have a value before proceeding. If you would like to enter an NPI value, press the <PREV> key to go to Billing National Provider ID screen.

If this screen has been validated and you would rather use an NPI value, leave the value in this screen as is, press the <PREV> key to go to the Referring National Provider ID entry screen. After you validate an NPI entry by pressing <ENTER>, the value in this screen will be purged.

PROFESSIONAL CLAIM

REFERRING PROVIDER
TAXONOMY CODE:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

90. Referring Provider Taxonomy Code

If you entered a referring provider name in step 12, the POS device will prompt you to enter the referring provider taxonomy code. Type the referring provider taxonomy code and press <ENTER>, or press <ENTER> to bypass this screen.

PROFESSIONAL CLAIM

PRIOR AUTHORIZATION
NUMBER:

F1
F2
F3
F4

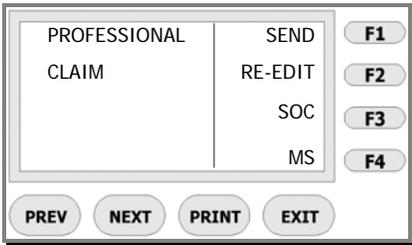
PREV NEXT PRINT EXIT

91. Prior Authorization Number

The POS device will prompt you for a Treatment Authorization Request (TAR) Control Number, known as a TAR Control Number (TCN). If prior authorization or a referral number was required for services, type the 11-digit TCN and press <ENTER>. If one was not required, press <ENTER> to bypass this screen.

Note: Enter the TCN from the approved TAR. The TCN must originate only from an approved 50-1 TAR form. TCNs from other TAR forms (such as the 18-1 and 20-1) are used only by hospitals and facilities.

Note: The subscriber, quantity and service date on the claim must agree with the information on the TAR.

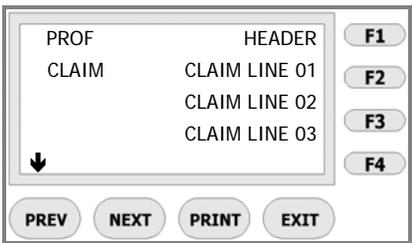


92. Send/Re-Edit Screen

If you accepted “N” in step 80 (Override Header Information) and have no more claim lines to enter, the Send/Re-Edit screen displays. Options are as follows:

- Press <F1> (SEND) to submit your 837 professional claim transaction to the Medi-Cal claims processing system. Continue at step 83.
- Press <F2> (RE-EDIT) to edit your entries. Continue at step 82.
- Press <F3> (SOC) to perform a Share of Cost transaction.
- Press <F4> (MS) to make a Medi-Services reservation.

For information about SOC or MS transactions, refer to the *Eligibility Transaction Procedures* section of the *POS Device User Guide* for the VeriFone Omni 3300 device.



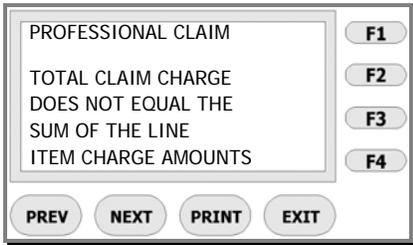
93. If you pressed <F2> (RE-EDIT) in step 92, the POS device will display a menu screen that lists the sections of your claim alongside corresponding function <F> key.

The upper half of the menu screen allows you to select from the header or the first three claim line sections. Press <NEXT> to display the second half of the menu screen, which allows you to select from the last three claim line sections.

Select the section you wish to edit by pressing its corresponding F-key. The POS device will allow you to scroll through that section by pressing the <NEXT> and <PREV> keys.

To replace an entry, type in a new entry and press <ENTER>. The new entry replaces the previous entry. To change characters in an entry, press <BACKSPACE> until you delete the incorrect character. Re-type the entry from that character forward.

Once all entries have been verified and are correct, you can return to the Send/Re-Edit screen by pressing <EXIT> or by continuing to press <NEXT> or <ENTER> until the Send/Re-Edit screen again displays. Press <F1> (SEND) to submit the transaction to the Medi-Cal claims processing system.



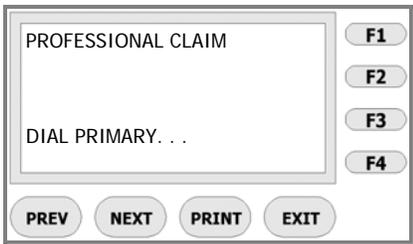
94. After you press <F1> (SEND) but before the transaction is submitted to the Medi-Cal claims processing system, the device calculates the sum of the line item charges.

If the sum of the line item charges does not equal the total claim charge, the POS device will display a message indicating the discrepancy and will not send your transaction to the Medi-Cal claims processing system.

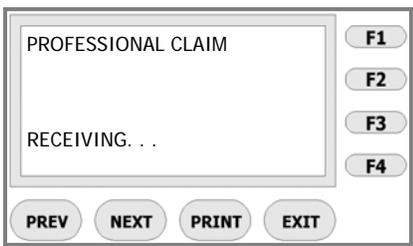
If you receive this message, press <ENTER> to return to the Send/Re-Edit screen, then press <F2> (RE-EDIT) to display the header and claim line selection screen. Select the section you must edit by pressing its corresponding <F> key. Scroll through the section by pressing the <NEXT> or <PREV> keys to correct the error.

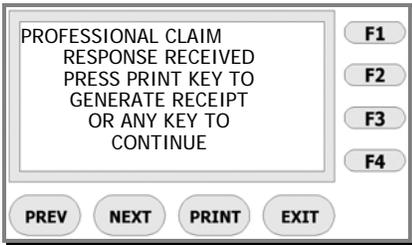
Once the error is corrected, press <EXIT> or continue to press <NEXT> or <ENTER> to return to the Send/Re-Edit screen.

If the sum of the line item charges equals the total claim charge, the POS device submits the transaction to the Medi-Cal claims processing system.



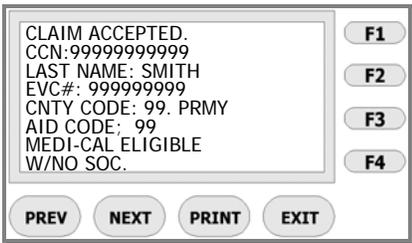
95. Several screens display, including the screens at left, while the transaction is processing.





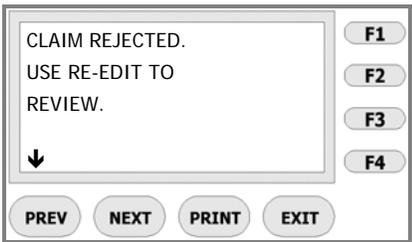
96. Shortly after submitting the transaction, the POS device will display a message indicating that it has received a response from the Medi-Cal claims processing system.

When the POS device indicates it has received a response, you can press any key to view the response. You can print the response by pressing <PRINT> on the keypad or <F7> or <PrtSc> on the keyboard.

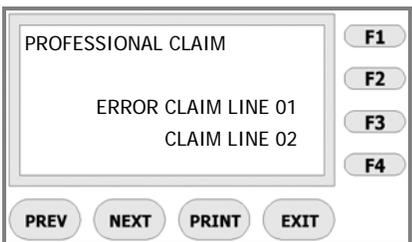


97. If the claim is accepted, the POS device will display an eligibility response message that includes a Claim Control Number (CCN). Press <ENTER> to scroll through the provider mail until you reach the end of the message. When you have finished reviewing your provider mail, press <CANCEL> once to return to the Health Care Claim Menu and perform another 837 professional claim transaction. Otherwise, press <CANCEL> two times to return to the Main Menu.

Note: You will receive a Claim Control Number (CCN) for each accepted 837 professional claim transaction. **The assignment of a CCN does not represent the adjudication of your claim.** Further editing must be performed by the Medi-Cal claims processing system before the claim can be adjudicated.



98. If the claim is rejected due to an ECC error, a Claim Rejected screen will display. Press <ENTER> to scroll through the provider mail and return to the Send/Re-Edit screen.



99. At the Send/Re-Edit screen, press <F2> (RE-EDIT). The POS device will display a menu that lists the claim lines alongside corresponding function <F> key. The word "ERROR" will appear next to the claim line that contains the ECC error.

Select the claim line containing the error by pressing its corresponding <F> key, or press <ENTER> to display the claim header data. If you entered more than three claim lines, press <ENTER> twice to display the header data.

PROFESSIONAL CLAIM

CLAIM LINE 01:
ERROR

F1
F2
F3
F4

PREV NEXT PRINT EXIT

100. The claim line header screen displays. This screen also displays the word "ERROR."

Press <NEXT> or <ENTER> until you reach a screen containing an error code in parentheses.

PROFESSIONAL CLAIM

(454)
PROCEDURE CODE:
99999

F1
F2
F3
F4

PREV NEXT PRINT EXIT

101. When you reach a screen containing an error code in parentheses, you must modify the entry. You may replace the entry by typing in a new entry and pressing <ENTER>. The new entry replaces the previous entry. To change characters in the entry, press <BACKSPACE> until you delete the incorrect character and re-type the entry from that character forward.

PROFESSIONAL CLAIM

SEND
RE-EDIT
SOC
MS

F1
F2
F3
F4

PREV NEXT PRINT EXIT

102. Once all entries have been verified and are correct, press <EXIT> or continue to press <NEXT> or <ENTER> to return to the Send/Re-Edit screen. Press <F1> (SEND) to submit the transaction.

CLAIM REJECTED.
SUBMITTER NOT FOUND.

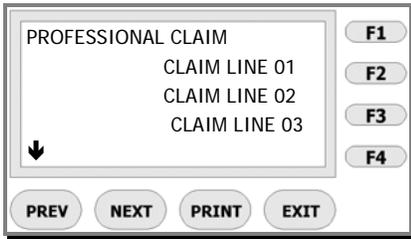
↓

F1
F2
F3
F4

PREV NEXT PRINT EXIT

103. If the claim is rejected for an error that pertains to the provider information (such as provider ID, submitter ID or password), a screen will display indicating the error.

Press <ENTER> to scroll through the provider mail and to return to the Send/Re-Edit screen, then press <F2> (RE-EDIT).



104. The POS device will display a menu listing the claim lines. Press <ENTER> to display the header data. If you entered more than three claim lines, press <ENTER> twice to display the header data.

Press <NEXT> or <ENTER> to scroll through your entries until you reach a screen containing an error code in parentheses. Correct the error, then press <EXIT> or continue pressing <NEXT> or <ENTER> until the Send/Re-Edit screen again displays. Press <F1> "SEND" to submit the transaction.

ECC Error Codes

The following table lists POS ECC error codes and their corresponding descriptions.

<u>Error Code</u>	<u>Description</u>
187	Invalid From Service Date and/or To Service Date.
249	Procedure Code Invalid for Place Of Service.
454	Service not covered by Medi-Cal. Provide the procedure code for services rendered.
476	Invalid number of services. Enter the days or units for the specified procedure code.

**Appendix:
Transaction Code Values**

This Appendix lists the codes (and their definitions) accepted by Medi-Cal that must be entered in certain screens of the 837 professional claim transaction. You can also reference these codes by pressing <F1> (HELP) in the indicated step.

Attachment Transmission Codes (Step 45)

BM By Mail
EL Electronically Only
FX By Fax

Delay Reason Codes (Step 32)

1 Proof of eligibility unknown or unavailable
3 Authorization delays
4 Delay in certifying provider
5 Delay in supplying billing forms
6 Delay in delivery of custom made appliances
10 Administration delay in the prior approval process
11 Other

Gender Codes (Step 21)

F Female
M Male

Line Note Reference Codes (Step 75)

ADD Additional information
DCP Goals, rehabilitation potential or discharge plans
PMT Payment
TPO Third party organization notes

Medicare Assignment Codes (Step 7)

A Assigned
B Assignment accepted on clinical lab services only
C Not assigned
P Patient refuses to assign benefits

Note Reference Codes (Step 40)

ADD	Additional information
CER	Certification narrative
DCP	Goals, rehabilitation potential or discharge plans
DGN	Diagnosis description
PMT	Payment

OHC Payer Responsibility Codes (also known as Payer Responsibility Sequence Number Codes) (Step 57)

P	Primary
S	Secondary
T	Tertiary

OHC Relationship Codes (also known as Individual Relationship Codes, Step 52)

G8	Other relationship
01	Spouse
04	Grandfather or grandmother
05	Grandson or granddaughter
07	Nephew or niece
09	Adopted child
10	Foster child
15	Ward
17	Stepson or stepdaughter
18	Self
19	Child
20	Employee
21	Unknown
22	Handicapped dependent
23	Sponsored dependent
24	Dependent of a minor dependent
29	Significant other
32	Mother
33	Father
36	Emancipated minor
39	Organ donor
40	Cadaver donor
41	Injured plaintiff
43	Child where insured has no financial responsibility
53	Life partner

OHC Release of Information Codes (Step 54)

- A Appropriate release of information on file at health care service provider or at utilization review organization.
- I Informed consent to release medical information for conditions or diagnoses regulated by federal statutes.
- M The provider has limited or restricted ability to release data related to a claim.
- N No, provider is not allowed to release data.
- O On file at payor or at plan sponsor.
- Y Yes, provider has a signed statement permitting release of medical billing data related to a claim.

Place of Service Codes (Steps 30 and 79)

- 01 Pharmacy**
- 03 School**
- 04 Homeless Shelter**
- 06 Indian Health Service Free-standing Facility**
- 07 Indian Health Service Provider-based Facility**
- 08 Tribal 638 Free-standing Facility**
- 11 Office
- 12 Home
- 13 Assisted Living Facility**
- 14 Group Home**
- 15 Mobile Unit**
- 16 Temporary Lodging**
- 20 Urgent Care Facility**
- 21 Inpatient hospital
- 22 Outpatient hospital
- 23 Emergency room hospital
- 24 Ambulatory surgical center
- 25 Birthing center
- 26 Military Treatment Facility**
- 31 Skilled nursing facility
- 32 Nursing facility
- 33 Custodial Care Facility**
- 34 Hospice**
- 41 Ambulance land
- 42 Ambulance air or water
- 49 Independent Clinic**
- 50 Federally Qualified Health Center**
- 51 Inpatient Psychiatric Facility**
- 52 Psychiatric Facility – Partial Hospitalization**
- 53 Community mental health center
- 54 Intermediate care facility/mentally retarded
- 55 Residential substance abuse treatment facility

- 56 **Psychiatric Residential Treatment Center**
- 57 **Non-residential Substance Abuse Treatment Facility**
- 60 **Mass Immunization Center**
- 61 **Comprehensive Inpatient Rehabilitation Facility**
- 62 Comprehensive outpatient rehabilitation facility
- 65 End stage renal disease treatment facility
- 71 State or local public health clinic
- 72 Rural health clinic
- 81 Independent laboratory
- 99 Other Unlisted facility

Related Causes Codes (Steps 35, 36 and 37)

- AA Auto accident
- AP Another party responsible
- EM Employment
- OA Other accident

Release of Information Codes (Step 24)

- A Appropriate release of information on file at health care service provider or at utilization review organization.
- I Informed consent to release medical information for conditions or diagnoses regulated by federal statutes.
- M The provider has limited or restricted ability to release data related to a claim.
- N No, provider is not allowed to release data.
- O On file at payor or at plan sponsor.
- Y Yes, provider has a signed statement permitting release of medical billing data related to a claim.

Service Facility Location Codes (also known as Entity Identifier Codes, Step 9)

- FA Facility
- LI Independent lab

Special Program Indicator (Step 31)

- 01 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) or Child Health Assessment Program (CHAP)
- 02 Physically Handicapped Children's Program