



POS: HCFA 1500 Claim Submission

This section provides step-by-step procedures for submitting *HCFA 1500* claims online with the Point of Service (POS) device. *HCFA 1500* claims submitted through the devices are not adjudicated online. All accepted HCFA 1500 claim transactions are entered in the California Medicaid Management Information System (CA-MMIS) for nightly batch processing and claim adjudication.

Overview

You will receive a Claim Control Number (CCN) for each accepted HCFA 1500 claim transaction. The assignment of a CCN does not represent the adjudication of your claim, as further editing will be performed by the CA-MMIS system.

An Eligibility Inquiry will be performed for each accepted HCFA 1500 claim transaction using the Date of Service from the first claim detail line. If the month and/or year of service for lines two through six are different from line one and the Eligibility Information for these lines is desired, perform a separate eligibility inquiry using the Eligibility Verification option. Providers should perform Eligibility Verification Inquiries prior to rendering services to a recipient. Refer to the *POS: Eligibility Transaction Procedures* section in this user guide.

If any Electronic Claims Capture (ECC) errors are detected on the HCFA 1500 claim transaction, you will be notified with a "CLAIM REJECTED" response, and you must re-edit the claim to correct these errors before re-submitting. These ECC errors (and other POS error codes) are listed at the end of this section.

The HCFA 1500 online claim format does include a 60-character remarks field. Claims requiring additional documentation must be billed "hard copy" or through a Computer Media Claim (CMC).

EDS POS/Internet Help Desk

If you have questions about using the POS device, call the EDS POS/Internet Help Desk at 1-800-427-1295. If you have questions regarding billing Medi-Cal claims or Medi-Cal policy, call the Provider Support Center (PSC) at 1-800-541-5555.

**HCFA 1500
Claim Submittal**

This is the Welcome Screen displayed before any functions are started on the device.

**WELCOME TO MEDI-CAL
SWIPE CARD**

**Begin Transaction
With a BIC**

If you swipe a Benefits Identification Card (BIC) through the device, the recipient's information contained within the magnetic strip will appear in the appropriate fields. To accept this information, press <ENTER>.

After swiping the BIC, the following screen will be displayed. Press the <HCFA> key to initiate a HCFA 1500 transaction, then press "1" (HCFA 1500) to begin entering a HCFA 1500 claim submittal transaction.

**PRESS FUNCTION KEY
TO START TRANSACTION**

Begin Transaction
Without a BIC

If you do not swipe the BIC, you must enter the requested information at each prompt and press <ENTER>.

To begin a HCFA 1500 transaction without a BIC, press the <HCFA> key from the "WELCOME TO MEDI-CAL" screen. Press "1" (HCFA) to begin the claim submittal transaction.

Note: If you inadvertently began a HCFA 1500 claim transaction, press the CANCEL <F4> key to exit and return to the "WELCOME TO MEDI-CAL" screen.

1:HCFA 1500
2:CANCEL

Provider Number

Enter your nine-digit provider number and press <ENTER> or select the shortcut key and press <ENTER> twice. Short cut keys are explained in the *POS: Software Maintenance Functions* section.

PROVIDER NUMBER:
HSC999999

Provider Identification
Number

Enter your Provider Identification Number (PIN) in this field and press <ENTER>. For security purposes, the device will display asterisks instead of your PIN number.

PIN:
* * * * *

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Submitter ID

Enter your Submitter ID number and press <ENTER>.

SUBMITTER ID:

999

Recipient ID Number

Enter the recipient ID number and press <ENTER>.

RECIPIENT ID:

999999999

Birth Year and Month

Enter the recipient's date of birth (CCYY-MM-DD) as listed on the BIC and press <ENTER>.

DATE OF BIRTH:

CCYY-MM-DD

Newborn Infant Using
Mother's ID
at

If you are billing for services to a newborn infant using the mother's ID number, you must enter the mother's birth year, month and day

this prompt, not the infant's.

DATE OF BIRTH:

CCYY-MM-DD

Date of Issue

This information is captured when the BIC card is swiped and will appear automatically. Verify that the date captured is the same date listed on the BIC (YY-MM-DD) and press <ENTER>.

Note: If a recipient presents two cards, advise the recipient to destroy the card with the oldest issue date.

DATE OF ISSUE:

YY-MM-DD

Recipient Gender

Enter the recipient's gender, "M" for male or "F" for female, and press <ENTER>.

RECIPIENT GENDER:

F

Patient Account Number

You may enter up to 10 digits or characters for the patient's account number and press <ENTER> or press <SK> to skip this field. The Patient's Account Number allows providers to track the claim for internal purposes.

PATIENT ACCT NUM:

9999999999

Accident/Injury Date

If the services were rendered due to an accident or work-related injury, enter the Accident/Injury date (YY-MM-DD) and press <ENTER>. The Employment Related prompt will then be displayed.

If the services were not rendered due to an accident or work related injury, press <SK> to skip this field. The Date Of Onset field will then be displayed.

The "INVALID FIELD ENTRY" prompt will be displayed if you attempt to enter an accident/injury date when the date of onset has already been entered.

To avoid this error message, leave the accident injury date blank and advance to the "DATE OF ONSET" prompt. Delete the date entered and press <ENTER>.

Press the CTL and <↑> keys together to return to the Accident/Injury Date prompt and enter an accident/injury date.

<p>ACCIDENT/INJ DATE: YY-MM-DD</p>
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Employment Related

If you have entered information in the Accident/Injury Date field, you must enter a "Y" if the accident or injury was work related or "N" if the accident or injury was not work related and press <ENTER>.

This prompt is only displayed when an accident or injury date has been entered.

<p>EMPLOYMENT RELATED: Y</p>
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Date of Onset

If you skipped the Accident/Injury Date prompt, enter the Date of Onset (YY-MM-DD) and press <ENTER>, or select <SK> to skip this field.

The "INVALID FIELD ENTRY" prompt will be displayed if you attempt to enter a date of onset when an accident/injury date has already been entered.

To avoid this error message, leave the date of onset blank and use the CTL and <↑> keys together to return to the "ACCIDENT/INJ DATE" prompt. Delete the date entered and advance to the Date of Onset prompt.

DATE OF ONSET:

YY-MM-DD

Referring Provider Name

Enter the Referring Provider Name, up to 35 characters and press <ENTER> or select <SK> to skip this field.

REFER PROV NAME:

DR. JONES

Referring Provider Number

Enter the referring provider number and press <ENTER> or press <SK> to skip this field

REFER PROV ID:

OOG999999

Primary Diagnosis Code

Enter the primary diagnosis code and press <ENTER>.

The user may press <SK> to skip this field and the Emergency Certification prompt will be displayed.

PRIM DIAGNOSIS:

99999

Secondary Diagnosis Code

If you entered a primary diagnosis code, the POS device will prompt you to enter the secondary diagnosis code here. Enter the secondary diagnosis code and press <ENTER>, or press <SK> to skip this field.

SECND DIAGNOSIS:

99999

Note: Family PACT transactions always require a secondary diagnosis.

Emergency Certification Indicator

If there is an Emergency Certification, enter "Y" for yes and press <ENTER>. If not, press <ENTER>. "N" will appear automatically in this field. You may press <SK> to skip this field.

Note: If you enter a "Y" in the emergency certification field, you will be required to enter supporting remarks in the *Remarks* field.

For more information on emergency certification, refer to your provider manual.

EMERG CERT IND:

Y

Hospital From Date

Enter the Hospital From Date (YY-MM-DD) and press <ENTER>, or press <SK> to skip this field. If you enter a Hospital From Date, the Hosp To Date prompt will be displayed.

HOSP FROM DATE:
YY-MM-DD

Hospital To Date

If you entered a Hospital From Date, the POS device will prompt you to enter the Hospital To Date.

Enter the Hospital To Date (YY-MM-DD) and press <ENTER>. You may choose to press <SK> to skip this field.

HOSP TO DATE:
YY-MM-DD

Outside Lab Indicator

If outside lab services were used, enter "Y" for Yes and press <ENTER>. If outside lab services were not used press <SK> to skip this field.

OUTSIDE LAB:
Y

TAR Control Number

If a *Treatment Authorization Request* (TAR) is required for the services rendered, enter the 11-digit TAR control number and press <ENTER> or press <SK> to skip this field.

PRIOR AUTH NO:
12345678901

Facility Provider Number

Enter the nine-digit facility provider number and press <ENTER> or press <SK> to skip this field. Refer to your provider manual for a list of the Place of Service codes that require a facility provider number.

FACILITY PROV ID:
HSC999999

Billing Limit Exception Code

Enter the one-digit billing limit exception code and press <ENTER> or press <SK> to skip this field. For more information on billing limit exception codes, please refer to your provider manual.

BILLING LIMIT EXCPT:
1

Total Charges

Enter the total charges for the services rendered (up to \$99999.99) and press <ENTER>.

TOTAL CHARGES:
\$0.00

If you are entering a whole dollar amount (for example, \$25.00), you must enter zeros in the cents area or the POS device will register 25 cents instead of \$25.00.

Patient Share Of
Cost Amount

If the recipient has a Share of Cost, enter the SOC amount (up to 99999.99) and press <ENTER>, or press <SK> to skip this field.

The SOC entered here must have been cleared prior to transmitting this HCFA 1500 claim transaction. See the *POS: Eligibility Transaction Procedures* section for information about how to submit SOC transactions. If you are entering a whole dollar amount (for example, \$25.00), you must enter zeros in the cents area or the POS device will register 25 cents instead of \$25.00.

PATIENT SOC AMOUNT:

\$0.00

Other Coverage Indicator

If the recipient has Other Health Coverage (OHC), select "Y" for yes and press <ENTER>. If "Y" was entered, the Other Coverage Amount prompt will be displayed.

If the recipient does not have any OHC, select "N" for no and press <ENTER>, or select <SK> to skip this field. The Net Billed Amount prompt will be displayed.

OTHER COVERAGE IND:

Y

Other Coverage Amount

If a "Y" was entered in the Other Coverage Indicator, enter the OHC amount paid (up to \$9999.99) and press <ENTER>, or press <SK> to skip this field.

OTHER COVERAGE AMT:

\$0.00

If you are entering a whole dollar amount (for example, \$25.00), you must enter zeros in the cents area or the POS device will register 25 cents instead of \$25.00.

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Net Billed Amount

The POS device will then prompt you to enter the net billed amount (up to \$99999.99) and press <ENTER>. This information must be entered, you may not skip this prompt.

Calculating the Net Billed Amount

To calculate the net billed amount, subtract the recipient's Share of Cost and any reimbursements received from the recipient's OHC plans (if applicable) from the total amount entered in the "TOTAL CHARGES" prompt. The amount remaining is the net billed amount.

If you are entering a whole dollar amount (for example, \$25.00), you must enter zeros in the cents area or the POS device will register 25 cents instead of \$25.00.

NET BILLED AMT:

\$25.00

Remarks

You may enter up to 60 characters in the *Remarks* prompt.

If you entered a "Y" in the emergency certification field, you must enter the necessary information in the remarks field. The "INVALID FIELD ENTRY" prompt will be displayed if you attempt to skip this field.

REMARKS:

**Entering Claim
Detail Lines**

You will then see a screen telling you on which detail line number (1, 2, 3, 4, 5 or 6) you are going to enter information. Press <ENTER> to begin entering claim detail information. For a detail line to be considered complete, you must view all the fields on the detail line.

Note: If a detail line is partially entered and <CANCEL> is pressed, the information entered on that detail line is erased.

You may enter up to six detail claim lines.

LINE 01:

From Date Of Service

Enter the From Date of Service (YY-MM-DD) and press <ENTER>. You may not skip this prompt.

**FROM DATE OF SERV:
YY-MM-DD**

To Date Of Service

Enter the To Date of Service and press <ENTER>, or press <SK> if your claim does not require "from-thru" billing. Please refer to your provider manual for more information about "from-thru" billing.

**TO DATE OF SERV:
YY-MM-DD**

Place Of Service

Enter the two-digit Place of Service code and press <ENTER>. You may not skip this prompt. Refer to your provider manual for a list of the Place of Service codes.

PLACE OF SERV:

99

Procedure Code

Enter the Procedure Code and press <ENTER>. You may not skip this prompt.

PROCEDURE CODE:

99999

Procedure Modifier

Enter the two-digit Procedure Modifier and press <ENTER> or select <SK> to skip this field.

PROCEDURE MODIFIER:

99

Service Charge

Enter the Service Charge for the services rendered (up to \$99999.99) and press <ENTER>. You must enter this information, this prompt may not be skipped.

SERVICE CHARGE:

\$0.00

If you are entering a whole dollar amount (for example, \$25.00), you must enter zeros in the cents area or the POS device will register 25 cents instead of \$25.00.

Quantity

Enter the quantity (days or units), up to 999, and press <ENTER>. You may not skip this prompt.

QUANTITY:

999

Family Planning Indicator/
EPSDT (CHDP)

If the recipient participates in a Family Plan enter "2" or, if the recipient participates in Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) enter "3", and press <ENTER>.

2: FAM PLN / 3: EPSDT

2

The user may select <SK> to skip this field.

Family Planning

If Family Planning (2) is chosen, the following will be displayed:

CONTRACEPTIVE METHOD

B

Valid methods of contraception are A – M, P and Q. Please refer to your Medi-Cal provider manual for a description of these contraceptive codes. Medical services providers must complete this field if family planning is indicated in the previous entry.

Rendering Provider

Enter the rendering provider number and press <ENTER> or press <SK> to skip this field. Do not enter the state license number.

RENDERING PROV ID:

OOA999999

Detail Line 02 through 06

All of the specific fields necessary for entering a claim detail line have now been entered. Repeat this process for each of the remaining claim detail lines needed. You may enter up to six detail lines per claim. At this point, you may press <ENTER> to enter more detail lines or <CANCEL> to go to the "SEND" menu and press option "1" to send the claim.

LINE 02:

Separate Claims
By Same Provider

To send a new (separate) claim, even if it is for the same provider or PIN, you must clear out of POS to the Welcome Screen. Otherwise, POS may reject the claim as a duplicate. When you get back to the Welcome Screen, you enter the new claim.

Sending Options

You have five options available from this menu:

1: SEND 2: RE-EDIT
3: SOC 4: M/S 5: CANCEL

- Option 1 The SEND option instructs the POS T7 device to transmit the HCFA 1500 transaction to the Host for processing.

- Option 2 The RE-EDIT option allows you to re-edit the HCFA 1500 transaction before sending it to the Host or to correct errors detected by the Host. Do not use the RE-EDIT option to submit a new claim.

- Option 3 The SOC option provides you the opportunity to perform SOC functions. Refer to the *POS: Eligibility Transaction Procedures* section in this user guide.

- Option 4 The Medi-Services (M/S) option provides you the opportunity to perform Medi-Service functions. Refer to the *POS: Eligibility Transaction Procedures* section in this user guide.

- Option 5 The CANCEL option returns you to the HCFA 1500 main menu. If you have made changes to the claim information, the following prompt will be displayed:

FIELDS MODIFIED:
CONTINUE (Y/N)?

Modified Fields

Select "Y" for yes to continue, the modifications will be saved and you will return to the Send or HCFA 1500 menu. To return to the field being modified, press "N".

Invalid Field Entry

If the user attempts to enter invalid data in a field, the following message will be displayed. Press <ENTER> to correct the data entered.

INVALID FIELD ENTRY
PRESS ENTER KEY

Successful Transactions

When a HCFA 1500 claim transaction is accepted, the POS device will display a Claim Control Number (CCN) and an eligibility response message as <ENTER> is pressed. You may also press the (↑) arrow to scroll backwards.

CLAIM ACCEPTED.
CCN:9999999999....

LAST NAME: JONES EVC
#:C999999999 CNTY

CODE: 02 PRIMARY AID
CODE: 30 MEDI-CAL

ELIG.

PRESS THE ENTER KEY
TO CONTINUE

Claim Control Number

This prompt will only be displayed when pressing the re-edit option "2" for an accepted claim.

CCN:
9999999999

Rejected Transactions

If the HCFA 1500 claim is rejected for any Electronic Claims Capture (ECC) error, the POS device will display the following message. Refer to "ECC Errors Codes and Descriptions" on a following page for a list of these error codes.

**CLAIM REJECTED. USE
RE-EDIT TO REVIEW**

The following response will be displayed for a HCFA 1500 transaction that is rejected for an Invalid Provider ID, Invalid Submitter ID or PIN. Press <ENTER> after each display.

**CLAIM REJECTED.
PRESS ENTER...**

**INVALID TRANSACTION
- VERIFY PROVIDER**

**NUMBER OR CONTACT
HELP DESK**

KEY=9999999999999999

**PRESS THE ENTER KEY
TO CONTINUE**

**Electronic Claims Capture
(ECC) Error Codes**

The following prompts are shown with an ECC error code when an ECC error has been detected by the Host.

Detail Line with ECC error

Any detail lines with ECC errors will be displayed as follows:

**LINE 01:
ERROR**

For information about editing ECC errors, select the detail line with the error, then press <Help> for instructions.

From Date of Service

Prompt with an associated ECC Error code. An ECC error on this prompt indicates an invalid From Date of Service and/or invalid To Date of Service.

The display size of the POS T7 device (20 characters) does not allow for a full display of this prompt when an ECC error code is received. The prompt will appear fragmented.

**(R351)FROM DATE OF S:
94-08-01**

Place of Service

Prompt with associated ECC Error code.

**(R352)PLACE OF SERV:
99**

Procedure Code

Prompt with associated ECC Error code.

(R356)PROCEDURE CODE
99999

Quantity

Prompt with associated ECC Error code.

(R3511) QUANTITY:
999

POS Errors

The following tables lists POS error codes and corresponding descriptions.

Select the detail line with the error, then press <Help> for more information.

ECC Error Codes and Descriptions

Error Code	Description
R311	Invalid From Date of Service and/or To Date of Service.
R352	Invalid Place of Service.
R356	Service not covered by Medi-Cal. Provide the procedure code for services rendered.
R3511	Invalid number of services. Enter the days or units for the specified procedure code.

Other Error Codes and Descriptions

Error Code	Description
26	Invalid customer number (Invalid PIN).
41	Authorization/access restriction.
42	Unable to respond at current time.
43	Invalid/missing provider identification.
51	Provider not on file.
A20	Claim/encounter has been accepted for processing.
A30	Claim/encounter has been rejected for missing or invalid information.