**Field 19 Edits**

Field 19 on the CMS-1500 form is reserved for local use. MDOL has created formats for its Print Image and Link1500 customers to use in Field 19 to report information that does not have a field available on the CMS 1500 form.

Enter the information into Field 19 exactly as it is shown inside the quotation marks. Format requirements are also noted.

Indicators are case and space sensitive. It is important that the information be placed in the order it appears below (i.e., X-ray, Initial TX date, Date last seen by referring MD, Nature of Condition, etc.). If you do not need any piece of information on any given claim, simply skip it. Please contact the MDOL Customer Service Department at (888) 499-5465, ext. 3503 with any additional questions.

**PLEASE NOTE:** First time additions of any format to field 19 should be reviewed by MDOL to determine if scanner adjustments are necessary. Make any additions, submit your claims, and then immediately contact MDOL Customer Support at (888) 499-5465, ext. 3503 for assistance.

1. **X-Ray Date**
   EXAMPLE: “XRAY 01-30-2006” or “XRAY 01-30-06”
   FORMAT: (XRAY MM-DD-CCYY or XRAY MM-DD-YY)

2. **Initial Treatment Date**
   EXAMPLE: “INIT 01-30-2006” or “INIT 01-30-06”
   FORMAT: (INIT MM-DD-CCYY or INIT MM-DD-YY)

3. **Date last seen by Referring Doctor**
   EXAMPLE: “DATE LAST 01-30-2006” or “DATE LAST 01-30-06”
   FORMAT: (DATE LAST MM-DD-CCYY or DATE LAST MM-DD-YY)

4. **Nature of Condition Codes**
   A – Acute Condition
   C – Chronic Condition
   D – Non-Acute
   E – Non-Life Threatening
   G – Symptomatic
   M – Acute Manifestation of a Chronic Condition

   EXAMPLE: “COND C”

   *When using Code A or M, you must include the date the symptom(s) were first presented.
   EXAMPLE: “COND A 01-30-2006” or, “COND A 01-30-06”
   FORMAT: (COND A MM-DD-CCYY or COND A MM-DD-YY)

5. **Supervising Provider**
   EXAMPLE: “SUPER: NPI, FIRST NAME, LAST NAME” or
   EXAMPLE: “SUPER: SAME” (Note: This will copy the data in CMS-1500 fields 17/17b to the Supervising Provider fields)
6. **Ordering Provider**
   EXAMPLE: “ORDP: NPI, LAST NAME, FIRST NAME”

7. **Purchased Service Provider**
   EXAMPLE: “ORDP: NPI, LAST NAME, FIRST NAME PHONE NUMBER”

8. **Remarks (Maximum 80 Characters) – Used to report short notes required on the claim. Note: If the note is specific to only 1 line item, it should be reported in the line item notes, not in field 19.**
   EXAMPLE: “REMARKS” OR “RMKS” then the text.

9. **RX Date – Hearing and Vision Prescription Date**
   EXAMPLE: “RX 01-30-2006” or “RX 01-30-06”
   FORMAT: (RX MM-DD-CCYY or RX MM-DD-Y)

10. **Service Authorization Exception Code**
    EXAMPLE: “EXC 7”
    1 – Immediate/Urgent Care
    2 – Services Rendered in a Retroactive Period
    3 – Emergency Care
    4 – Client has Temporary Medicaid
    5 – Request from County for Second Opinion
    6 – Request for Override Pending
    7 – Special Handling

11. **Delay Reason Code – Used to report why a claim is submitted beyond the payer’s filing limit.**
    Example: “DRC 8”
    Delay Codes:
    1 – Proof of Eligibility Unknown or Unavailable
    2 – Litigation
    3 – Authorization Delays
    4 – Delay in Certifying Provider
    5 – Delay in Supplying Billing Forms
    6 – Delay in Delivery of Custom Made Appliances
    7 – Third Party Processing Delay
    8 – Delay in Eligibility Determination
    9 – Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules Process
    10 – Administration Delay in the Prior Approval
    11 – Other
    15 – Natural Disaster

12. **Demo 45**
    Example: “RMKS DEMO 45” or “RMKS DEMO45”

13. **EPSDT Referral**
    Example: “EPSDT Y AV” or “EPSDT N NU”
    Yes/No Condition or Response Code (Condition Indicator – enter Y if a referral was given, N if not.)
    Y = Yes
    N = No
    AV - Available – Patient Refused Referral.
    NU - Not Used *NU must be used if EPSDT N is used.
    S2 - Under Treatment
    ST - New Services Requested
14. **NDC: NDC Codes must be 11 digits:**
   A 10-digit NDC code is padded with a 'place-holder' (zero or *) by the drug supplier to make it a HIPAA compliant 11-digit NDC code. If your code is 10 digits, please contact your supplier for the valid 11-digit code. If your code contains an asterisk (*), please replace that with a zero (0). Visit the FDA website for more information and a link to search the National Drug Code Directory:
   http://www.fda.gov/cder/ndc/database/docs/queryndclbl.htm
   **NOTE:** If an NDC number is used, then the Drug Dosage must also be present

   **Units of Measurement** may be:
   F2 International Unit
   GR Gram
   ME Milligram
   ML Milliliter
   UN Unit

   Example (Field 19): “NDC 12345678910 NDP 20 ME”
   (Links to any line item charge whose code begins with a J)
   Example (Field 24): “NDC 12345678910 NDP 20 ME”
   (Links only to the line item the comment is on)

15. **DATE LAST WORKED**
   Example: “DLW 01-30-2006” or “DLW 01-30-06”
   FORMAT: (DLW MM-DD-CCYY or DLW MM-DD-YY)

16. **NPI: BILLING, RENDERING, REFERRING & FACILITY**
   Example: “NRF 1234567890 NFC 0987654321”
   NBL # (Billing NPI)
   NRD # (Rendering NPI)
   NRF # (Referring NPI)
   NFC # (Facility NPI)
17. CLAIM SUPPLEMENTAL INFORMATION (Paperwork) – Used to report when additional information is available in support of a specific claim
Example: "PWK P5 EM 12345678911" or "PWK DG EL 78945612378"

**Paperwork Codes:**
- 03 – Report Justifying Treatment Utilization
- 04 – Drugs Administered Guidelines
- 05 – Treatment Diagnosis
- 06 – Initial Assessment
- 07 – Functional Goals
- 08 – Plan of Treatment
- 09 – Progress Reports
- 10 – Continued Treatment
- 11 – Chemical Analysis
- 13 – Certified Test Report
- 15 – Justification for Admission
- 21 – Recovery Plan
- A3 – Allergies/Sensitivities Document
- A4 – Autopsy Report
- AM – Ambulance Certification
- AS – Admission Summary
- B2 – Prescription
- B3 – Physician Order
- B4 – Referral Form
- BR – Benchmark Testing Results
- BS – Baseline
- BT – Blanket Test Results
- CB – Chiropractic Justification
- CK – Consent Form(s)
- CT – Certification
- D2 – Drug Profile Document
- DA – Dental Models DB
- – Durable Medical
- Equipment Prescription
- DG – Diagnostic Report
- DJ – Discharge Monitoring
- Report
- DS – Discharge Summary
- EB – Explanation of Benefits
- HC – Health Certificate
- HR – Health Clinic Records
- I5 – Immunization Record
- IR – State School Immunization Records
- LA – Laboratory Results
- M1 – Medical Record
- Attachment
- MT – Models
- NN – Nursing Notes
- OB – Operative Note
- OC – Oxygen Content Averaging
- Report
- OD – Orders and Treatments
- Document
- OE – Objective Physical Examination (including Vital Signs) Document
- OX – Oxygen Therapy Certification
- OZ – Support Data for Claim
- P4 – Pathology Report
- P5 – Patient Medical History Document
- PE – Parenteral or Enteral Certification
- PN – Physical Therapy Notes
- PO – Prosthetics or Orthotic Certification
- PY – Physician’s Report
- PZ – Physical Therapy Certification
- RB – Radiology Films
- RR – Radiology Reports
- RX – Renewable Oxygen
- Content Averaging Report
- SG – Symptoms Document
- V5 – Death Notification
- XP – Photographs

**Report Transmission Code:**
- AA = Available on Request at Provider site
- BM = By Mail
- EM = Email
- FX = by fax
- EL = electronically only

**Identification Code:**
Use attachment control number
18. AMBULANCE CERTIFICATION

Example: “AMB R C 12345 Y 05 RTR Brief reason for round trip (if needed) STR Brief reason for stretcher (if needed)”
Example: “AMB <Transport Code> <Transport Reason Code> <Transport Distance> <Condition or Response Code> <Condition Indicator(s)> <Round Trip Purpose Description> <Stretcher Purpose Description>”

**Ambulance Transport Code** (Indicates type of transport)

I - Initial Trip
R - Return Trip
T - Transfer Trip
X - Round Trip * Must include Round Trip Purpose Description if X *

**Ambulance Transport Reason Code**
A - Patient was transported to nearest facility for care of symptoms, complaints or both. Can be used to indicate that patient was transported to a residential facility.
B - Patient was transported for the benefit of a preferred physician
C - Patient was transported for the nearness of family members
D - Patient was transported for the care of a specialist or for availability of specialized equipment.
E - Patient transferred to Rehabilitation Facility

**Quantity (Transport Distance in Miles)**

**Yes/No Condition or Response Code** (Condition Indicator – enter Y if the Condition Indicator applies, N if it does not apply)
Y - Yes
N - No

**Condition Indicator(s) REQUIRED** - if more than one; enter all with no spaces (ex: 010509)
01 - Patient was admitted to hospital
04 - Patient was moved by stretcher
05 - Patient was unconscious or in shock
06 - Patient was transported in an emergency situation
07 - Patient had to be physically restrained
08 - Patient has visible hemorrhaging
09 - Ambulance service was medically necessary
12 - Patient was confined to a bed or a chair

Round Trip Purpose Description (Free-form text – Required if Ambulance Transport Code = X)

Stretcher Purpose Description (Free-form text – Required if Condition Indicator = 04)

Pick Up and Drop Off Locations. Require the use of the “Extra Screens” (see item 29)

19. CORRECTED/VOID CLAIM SUBMITTAL *** do not use for Medicare – claims will be rejected ***

Example Corrected: “CRTD 123456789”
Example Void: “VOID 123456789”

In examples above, 123456789 is the original claim number as assigned by the carrier (not the MD On-Line claim ID number).
20. CARE PLAN OVERSIGHT SERVICES
Example: “HHA 19-7260”
In field 23 on the CMS-1500 form, input “HHA” followed by the Care Plan Oversight Authorization Number. If also entering a CLIA number in field 23, place the CLIA information first, followed by the Care Plan Oversight information.

21. MEASUREMENT/TEST RESULT
Example: “TR R2 33.8”
Example (multiple measurements): “TR R1 9.1 TR R2 27.4”
Format: <MeasurementIdentifier> <MeasurementQualifier> <MeasurementValue>
NOTE: This data will attach to all ‘J’ codes on the claim. See below for valid Identifiers & Qualifiers.

Measurement Identifier
OG Original; Starting dosage
TR Test Results Measurement
Qualifier
HT Height
R1 Hemoglobin
R2 Hematocrit
R3 Epoetin Starting Dosage
R4 Creatin
Measurement Value (the value of the measurement)

22. P A R T – for Chiropractors billing Medicare - Incomplete Physical Exam Information
Example: “RMKS RT” * At least 2 letters required – one must be A or R *
Use P, A, R, and T
(P) Pain/tenderness evaluated in terms of location, quality, and intensity;
(A) Asymmetry/misalignment identified on a sectional or segmental level;
(R) Range of motion abnormality (changes in active, passive, and accessory joint movements resulting in an increase or decrease of sectional or segmental mobility); and
(T) Tissue, tone changes in the characteristics of continuous or associated soft tissues, including skin, fascia, muscle, and ligament;
At least TWO are required, one must be A or R

23. REFERRAL/AUTHORIZATION NUMBER
Referral Number Example: “REFERRAL: 123456”
Prior Authorization Number Example: “XPA:123456789012345678”
Note: Referral Number in field 19 requires that you also enter the name and NPI of the Referring Provider in fields 17 and 17b.
Prior Authorization numbers can be reported in Field 23 unless they exceed 14 characters in length.

24. Mammography FDA Certification Number
Example: “FDA 123456”
Required when mammography services are rendered by a certified mammography provider.

25. Anesthesia Time
Example: “TIME 40 BEG 1100 END 1140”
Data in Field 19: Links to first charge line
Data in Field 24: Links to charge line the comment is on.
Example: “BTX 261QMO801X”

NOTE: Rendering Provider Taxonomy Code (Loop 2310B PRV01 = PE) is based on specialty code on file:
WebLink - My Account>Manage Providers
Link1500 - Maintenance>Physician/Organization

27. Assumed and Relinquished Care Dates (Medicare global surgery/shared post-op care)
Example/Format: “D090 MMDDYY D091 MMDDYY”
D090 = Start/Assumed Care Date
D091 = End/Relinquished Care Date

28. UNSPECIFIED CPT and HCPCS codes
Procedure and Drug codes that are classified as “Unspecified”, “Miscellaneous”, etc require an additional
description identifying more specifics related to the charge.

Field 19, Claim Specific: “SV description of unclassified code”
Enter “SV” then the description of the unclassified code. The data will be linked to every line item on the claim
that contains a HCPCS code beginning with J.
Example: “SV Injection triamcinolone acetonide, not otherwise specified, 10 mg”

Field 19, Line Specific: “SV# Description”
The # should be replaced with the line item number that the description should be linked to.
Enter “SV”, the line # to which this description applies, then the description of the unclassified code. The data
will be linked to specified line item on the claim.
Example: “SV4 Injection triamcinolone acetonide, not otherwise specified, 10 mg”

Field 24, Line Specific:
Example: “SV Description”
The data will be linked to the line item the comment is attached to.

Note: Descriptions cannot exceed 80 positions (including spaces) in length.

29. EXTRA Data
If your data does not fit in field 19, simply type the word ‘EXTRA’ in field 19. When you transmit your claim, an
extra page will open on the site with options to enter data for that claim.
Example: “EXTRA”

30. Hospice Employee Indicator
Required on Medicare claims involving physician services to Hospice patients (POS 34)
Y – Indicates the provider is an employee of the Hospice
N – Indicates the provider is not an employee of the Hospice
Example: “HEI Y”

31. Last Menstrual Period and Pregnancy Indicator
Example: “LMP 04-18-2013 Y”
Format: LMP MM-DD-CCYY Y
32. **Universal Product Numbers**
   Field 19 Example: “UPN2 UP 185211000015 CTP 10.00 1 ML”, attaches the information to the 2nd line item.
   Field 24 Example: “UPN UP 185211000015 CTP 10.00 1 ML” in the comments section for the line item. Format: UPN UP 185211000015 CTP 10.00 1 ML

33. **EKG Tracings or Lab Specimen Collections by an Independent Lab**
   To report when an Independent Lab is collecting lab specimens or performing EKG tracings on a home bound patient.
   **Note:** 75 is the only reportable option at this time.
   Example: “HB 75”
   Format: HB 75

34. **Clinical Trial Number**
   To Report the National Clinical Trial Number on a claim.
   Field 19 Example: “NCT 999999999” or "NCT CT999999999" Clinical trial numbers must be 8 digits
   Format: NCT 12345678 or NCT CT12345678

08/18/2016