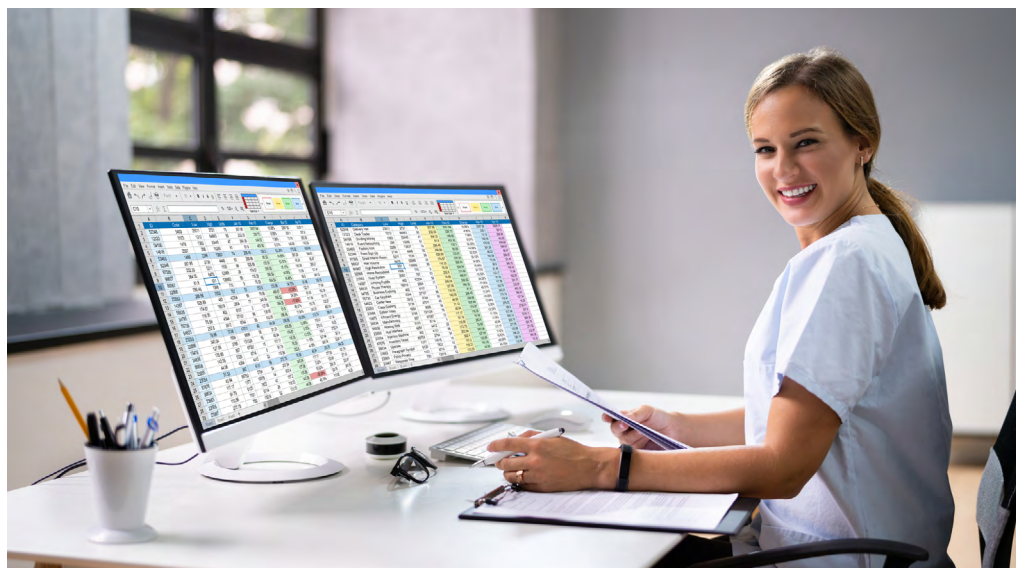




Direct Data Entry: 10-Digit Screen Expansion



The monetary amount fields in the direct data entry (DDE) screens in the Fiscal Intermediary Shared System (FISS) now allow up to 10 digits (\$99,999,999.99). CMS discussed these requirements in [CR 13138](#) and [CR 13223](#). Make sure your billing staff knows about these requirements.

Why We Made These Changes

We expanded the FISS monetary amount display screens to accept and process up to 10 digits (\$99,999,999.99) to meet the procedures and treatments exceeding the \$999,999.99 limitation. The DDE claim record screens now include the necessary 10-digit monetary amount fields to effectively process and pay all claims with monetary amounts up to and including 10 digits. This allows Part A Medicare Administrative Contractors (MACs) to display monetary amounts up to and including 10 digits for institutional claims.

Provider Impact

Take these actions to see the system changes:

- Update your Customer Information Control System (CICS) screen dimension size to 43 X 80

- Notify screen scraping services that these releases implement:
 - **October 2023:**
 - Change MAP1712 – Claim Page 02 to expand:
 - Total Units and Covered Units fields to 10 positions
 - Total charges and Non-covered Charges to allow 11-digit dollar amounts
 - **January 2024:**
 - Change MAP1711 – Claim Page 01 to expand the Value Code fields to 10 positions to allow 10-digit dollar amounts for internal claims processing
 - Change FISS to keep the monetary amount fields on outbound HIPAA 5010 837 at 10 digits

Screen Changes

MAP1712

We changed the Total Units and Covered Units fields to **10 positions** in MAP1712 – Claim Page 02 to allow:

- A 9-digit whole number value (for example, 123456789)
- A 9-digit value containing a decimal with Revenue Code (for example, 12345678.9)

MAP1712		PAGE 02		INST CLAIM INQUIRY										ACHFAB41 09/18/23	
SC												A20234BF 10:53:42			
MID	UTN	TOB	131	S/LOC	P	B0007	PROVIDER	REV	CD	PAGE	02				
CL	REV	HCPC	MODIF3	PROG	RATE	TOT UNITS	COV UNITS	TOT CHARGE	NCOV	CHARG	RED	IND	TYPE	DATE	
15	0710					000000000001	000000000001	217.00					111820		
16	0001							10721.11							

Note: If you enter a 10-digit whole number, the system will remove the first digit.

MAP171A

We changed MAP171A – Claim Page 02 to expand the:

- Total Units and Covered Units fields to **10 positions**
- Total Charge, Patient Paid, Labor amount, Non-Labor amount, and Covered Charge fields to allow 11-digit dollar amounts
- Service Rate field to allow 13-digit amounts (13138.3, 13138.3, Sprint 2)

```

MAP171A PAGE 02 ACHFA041 00/18/23
SC A20234BF 11:21:18
INST CLAIM INQUIRY
DCN STATUS P LOCATION B9997 MID TRAN DT 081923 RECEIPT DATE 121820 TOB 131
1 REP PAYEE SERV SERV RATE UTM TOT-UNT COV-UNT TOT-CHRG
REV HCPC MODIFIERS DATE 111820 4 4 84.15
0250 111820 COV-CHRG 84.15
ANES CF ANES BY FQHCADD PC/TC IND
HCPC TYPE BLOOD CASH COINSURANCE ESRO-RED/ VALCD-05/
PAT-> PATIENT PAID LABOR NON-LABOR
MSP-> ANSI -> PAY/RCPD
MSP-> OUTLIER -> APC CD 00000
MSP-> PAYER-1 PAYER-2 OTAF DENIAL GCE FLAGS 1 2 3 4 5 6 7 8 9 10
ID-> IND N 0 1 0 1 0 0 0 0 0 0
REINB RESP PAID
LABOR NON-LABOR
PRICER PAY ASC
ANT RTG METHOD IDE/HDC/UPC GRP %
CONTR. ADJUSTMENT ANSI 84.15 CO 97 42 9
37192 <== REASON CODES
PRESS PF2-1712 PF3-EXIT PF5-UP PF6-DOWN PF7-PREV PF8-NEXT PF10-LEFT PF11-RIGHT
    
```

Note: We expanded MAP171A – Claim Page 02 to 25 lines instead of 24.

MAP171D

We changed MAP171D – Claim Page 02 to expand the:

- Covered Units, Non-covered Units, and Total Non-covered Units fields to **10 positions**
- Covered Charges, Non-covered Charges, and Total Non-Covered Charges fields to allow 11-digit dollar amounts

```

MAP171D PAGE 02 ACHFA041 09/18/23
SC A20234BF 12:07:52
INST CLAIM INQUIRY
DCN STATUS P LOCATION B9997 MID TRAN DT 081923 RECEIPT DATE 121820 TOB 131
PROVIDER ID BENE NAME STMT COV DT 111820 TO 111820
NONPAY CD GENER HARDCPY 2 MR INCLD IN COMP CL MR IND Y
TPE TO-TPE USER ACT CODE E HAIV IND MR REV URC DEMAND
REJ CD MR HOSP RED RCN IND MR HOSP-RO ORIG UAC E
MED REV RSNS
OCE MED REV RSNS
1 HCPC/MOD IN SERV COV-UNT COV-CHRG ADR
REV HCPC MODIFIERS DATE 111820 4 84.15 FHR
0250 111820 REASON-CODES
ORIG REV HHV ODC
OCE OVR 0 CME OVR NCD OVR NCD DOC NCD RESP NCD# OLUAC
LUAC NON NON DENL OVER ST/LC MED ANSI
COV-UNT COV-CHRG REAS CODE OVER TEC ADJ GRP REMARKS
TOTAL LINE ITEM REAS CODES
37192 <== REASON CODES
PRESS PF2-1712 PF3-EXIT PF5-UP PF6-DOWN PF7-PREV PF8-NEXT PF10-LEFT
    
```

Note: The Total Units and Covered Units fields will allow a 9-digit whole number value (for example, 123456789) and a 9-digit value including a decimal with Revenue Code (for example, 12345678.9).

MAP1713

We changed MAP1713 – Claim Page 03 to expand the:

- Estimate Amount Due and Due From Patient fields to allow 11-digit dollar amounts

```

MAP1713 PAGE 03 ACNFA841 09/10/23
SC INST CLAIM INQUIRY A20234BF 12:10:20
MID TOB 131 S/LOC P 80007 PROVIDER
NDC CD PAYER ADJ MBI
CD ID OSCAR RI AB EST AMT DUE
A Z MEDICARE Y Y 0.00
B 0.00
C 0.00
DUE FROM PATIENT 0.00 0.00 SERV FAC NPI 0000000000
MEDICAL RECORD NBR COST RPT DAYS NON COST RPT DAYS
DIAG CODES 01 02 03 04 05
06 07 08 09 END OF POA IND
ADMITTING DIAGNOSIS E CODE 00 HOSPICE TERM ILL IND
IDE GAF 0.0000 PRV
PROCEDURE CODES AND DATES 01 02
03 04 05 06
ESRD HRS 00 ADJ REAS CD REJ CD NONPAY CD ATT TAXO
ATT PHYS NPI L F M SC
OPR PHYS NPI L F M SC
OTH OPR NPI L F M SC
REN PHYS NPI L F M SC
REF PHYS NPI L F M SC
37102 <== REASON CODES
PRESS PF3-EXIT PF5-BKWD PF6-FWD PF7-PREV PF8-NEXT PF11-RIGHT
  
```

MAP1716

We changed MAP1716 – Claim Page 06 to expand the:

- Coinsurance field to allow 9-digit dollar amounts
- Paid by Patient, GRH Original Reimbursement and Tech Provider Charges fields to allow 11-digit dollar amounts

```

MAP1716 PAGE 06 ACNFA841 09/18/23
SC INST CLAIM INQUIRY A20234BF 12:16:45
MID TOB 131 S/LOC P 80007 PROVIDER
MSP ADDITIONAL INSURER INFORMATION
1ST INSURERS ADDRESS 1
1ST INSURERS ADDRESS 2
CITY ST ZIP
2ND INSURERS ADDRESS 1
2ND INSURERS ADDRESS 2
CITY ST ZIP
PAYMENT DATA --- DEDUCTIBLE COIN 821.19 CROSSOVER IND
PARTNER ID
PAID DATE 031821 PROVIDER PAYMENT 3284.76 PAID BY PATIENT
REIMB RATE .30 RECEIPT DATE 121820 PROVIDER INCL CODE
CHECK/EFT NO 0000000000 CHECK/EFT ISSUE DATE 000000 PAYMENT CODE NON
PIP PAY AS CASH PRICER DATA HOSPICE PRIOR DYS
DRG OUTLIER AMT TTL BLENDED PAYMT FED SPEC
INIT DRG GRH ORIG REIMB AMT 0.00 NET INL
TECH PROV DAYS TECH PROV CHARGES IOCE OPSS FLAG
OTHER INS ID CLINIC CODE IOCE CLM PR FL 0
37102 <== REASON CODES
PRESS PF3-EXIT PF7-PREV PAGE
  
```

MAP1741

We changed MAP1741 – Claim Summary Screen to expand the:

- Total Charge field to allow 11-digit dollar amounts

```

MAP1741          SC          CLAIM SUMMARY INQUIRY          ACNFAB41 09/18/23
                   NPI          A20234BF 10:24:37
HID              PROVIDER      S/LOG          TOB
OPERATOR ID     FROM DATE    TO DATE          DDE SORT
MEDICAL REVIEW SELECT      DCN
HID              PROV/HRN     S/LOG          TOB ADH DT FRN DT THRU DT REC DT
SEL LAST NAME  FIRST INIT  TDT CHG        PROV REIMB PD DT  CAN DT REAS NPC #DAYS

PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
PRESS PF3-EXIT  PF5-SCROLL BKMD  PF6-SCROLL FWD
  
```

We changed FISS to:

- Make sure the monetary amount fields on outbound HIPAA 5010 837 remain 10 digits
- Create new Line Level Reason Code 19964 to assign when Total Charges, Covered Charges, or Non-covered Charges are greater than 99,999,999.99 on claim lines without Revenue Code 0001

Resources

- [Find your MAC's website](#)

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