

DDD Uniform Billing Document Specifications

Version 4.0 Release Date: ?/?/2017 Customer Contact: Send e-mail to DDD-Claims@azdes.gov

FILE NAMING

All providers must be issued a 4-character PBS provider code (4 digit code) for use in the file name and identification in the database. This is usually a code based on the name of the provider and is unique to the PBS. If a provider does not know their code they should contact the DDD Accounts Payable Manager prior to file submission at 602-542-6874.

Ex: PROV0811.txt – Provider: PROV for November FY 2008 Text file
format Ex: PROV0811.xls – Provider: PROV for November FY 2008
Excel file format

If you are submitting your billing file through the Automated Upload process (dropping your billing file into the CLAIMSIN folder on the SFTP site) you will need to follow the below naming convention as well as dropping a cover sheet named the same way as your billing file.

Ex: PROV1711001.xls – Provider: PROV for November FY 2017 Excel file format
Has cover sheet with it as PROV1711001.pdf

FILE VALIDATION

VALIDATION RULES:

- 1). All column type formatting must be followed according to spec. Example: date, decimal, int (integer) etc.
- 2). Excel format files must have a file extension of ".xls", text file format files must have the extension ".txt".
- 3). Sum of DelUnits, TotalAmtDue in detail file records must match TotalUnits and TotalAmount in Footer.
- 4). The total number of records in the submitted file must match the sum specified in the Footer "TotalRecords".
- 5). All client ids must have leading 0's. (ex: 0000001236)

EXCEL FORMAT SUBMISSIONS:

- 1). Excel file must contain 3 separate tabs properly labeled "HEADER", "DETAILS", "FOOTER".
- 2). All columns must be properly labeled to the above specifications. (Ex: "TplCode1" - Valid "TplCde1" - Error)

TEXT FILE FORMAT SUBMISSIONS:

- 1). Header Line must begin with "HR" and must be the first line in the file with no blank lines above it.
- 2). Footer line must begin with "TR" and must be the last line in the file following all detail records.

COLUMN DEFIN.

Column Name The name of the column on the UB document. *For Excel Formats the column names must match EXACTLY as they are written here and must be the first line in the excel sheet.(Line 1)*

Description Describes the column data and any additional rules or validation for that specific column.

Type The column type for the data element. There are only 4 acceptable formats:

- 1). "char" - Character type which accepts all alphanumeric characters ranging from (A - Z), numbers (0 - 9), or punctuations (' \$ # @ ! * etc).
- 2). "int" - Integer type or numbers only. This only accepts numbers ranging from (0 - 9, example: 1233256)
- 3). "decimal" - Decimal type which accepts only numbers but allows for a maximum of 2 places after a decimal point (if any). (example: 112.32, .56, or 6).
- 4). "date" - Date accepts valid dates only that must be in the following format: "mm/dd/yy". (example: 12/05/08)

Format This is provided to give an example of the format for the column as a reminder when populating the data. It will represent the Max Len (see next item) which may or may not be required.

Max Len "Maximum Length" which defines the total number of characters allowed for the data element. The data provided may not exceed the maximum length specified. For example if column has a Max Len of "8" then the following value will cause an error. "5562332563" because it is "10" characters in length.

Starting Index THIS APPLIES TO TEXT FILE SUBMISSIONS ONLY! This defines the starting index point for the data element.

Fixed Len "Fixed Length" specifies if the data in the column is required to be the length specified in "Max Len". For example if Max Len is set to "5" and Fixed Len is "TRUE" then the data in that column must match 5 characters exactly. Any less or any more and an error is generated. Alternatively if Fixed Len is set to "FALSE" then the data in the column can be equato or less than the Max Len, *however if submitting a text file format all 5 spaces must be accounted for but can be left as empty blanks or " "*.

Required This specifies if a data element is required for submission or not. Columns left blank "" with no data that have required set to "TRUE" will generate an error. NOTE: Decimal or integer columns that are required will accept zero or "0" as a valid data submittal. This conforms to a Required setting of TRUE as well as represents a data value of zero.

HEADER							
Column Name	Description	Type	Format	Max Len	Starting Index (.txt)	Fixed Len	Required
Header Indicator	Indicates the header line (Only for text file)	char	Should be "HR"	2	1	TRUE	TRUE
ProvId	The Provider Id	char	AAAAAAAAA	9	3	TRUE	TRUE
BillMonth	The billing month for the submitted bill.	char	AAA ("JAN" thru "DEC")	3	12	TRUE	TRUE
BillYear	The billing year for the submitted bill	char	AA (example: "08")	2	15	TRUE	TRUE
ClaimType	Claim Type for claim, see DES Billing dept. for details.	char	AA	2	17	TRUE	TRUE
ProvNPI	The NPI for the Provider, Required for Nursing and Therapists.	char	AAAAAAAAA	10	19	TRUE	FALSE
ProvAhcccsId	The AHCCCS Id for the Provider. Required for Nursing and Therapists.	char	AAAAAA	6	29	TRUE	FALSE
FOOTER							
Column Name	Description	Type	Format	Max Len	Starting Index (.txt)	Fixed Len	Required
Footer Indicator	Indicates Footer line (Only for text file)	char	Should be "TR'	2	1	TRUE	TRUE
TotalRecords	The calculated total of actual claims in the Details tab.	int	NNNNNNNNNN	12	3	FALSE	TRUE
TotalUnits	The calculated total amount of units in the Details tab.	decimal	NNNNNNNNN.NN	13	15	FALSE	TRUE
TotalAmount	The calculated total amount in the Details tab.	decimal	NNNNNNNNN.NN	13	28	FALSE	TRUE
DETAILS							
Column Name	Description	Type	Format	Max Len	Starting Index (.txt)	Fixed Len	Required
ProvSvcLocation	The 2 character identifier of the provider location.	char	AA	2	1	TRUE	TRUE
ContractNum	Provider's Contract Number	char	AAAAAAAAA	10	3	TRUE	TRUE
ClientId	The client's Identification number	char	AAAAAAAAA	10	13	TRUE	TRUE
SvcStartDate	The start date of the provided services.	date	MM/DD/YY	8	23	TRUE	TRUE
SvcEndDate	The end date of provided services.	date	MM/DD/YY	8	31	TRUE	TRUE
SvcCode	A valid DDD service code identifying the provided service. Ex: HAB	char	AAAAA	3	39	TRUE	TRUE
NursingHcpcsCode	Hcpcs Code for Nursing only.	char	AAAAA	5	42	TRUE	FALSE
DelUnits	The amount of units delivered for the service period. If no units delivered then should be zero "0"	decimal	NNNNNNN.NN	10	47	FALSE	TRUE
AbsUnits	Used for therapy no shows only. The amount of absent units delivered for the service period. If no units delivered then should be zero "0".	decimal	NNNNNNN.NN	10	57	FALSE	TRUE
Rate	The rate at which the service is provided.	decimal	NNNNNNN.NN	10	67	FALSE	TRUE
TplCode1	Third Party Liability code (Master Carrier Id)	char	AAAAAAAAA	10	121	FALSE	FALSE
TplAmt1	Third Party Liability Amount	decimal	NNNNNNN.NN	10	131	FALSE	FALSE
TplReCode1	Third Party Liability Reason code - Use only when payment is applied to deductible.	char	AA	2	141	TRUE	FALSE

Column Name	Description	Type	Format	Max Len	Starting Index (.txt)	Fixed Len	Required
TplCode2	Third Party Liability code	char	AAAAAAAAAA	10	143	FALSE	FALSE
TplAmt2	Third Party Liability Amount	decimal	NNNNNNN.NN	10	153	FALSE	FALSE
TplReCode2	Third Party Liability Reason code - Use only when payment is applied to deductible.	char	AA	2	163	TRUE	FALSE
TplCode3	Third Party Liability code	char	AAAAAAAAAA	10	165	FALSE	FALSE
TplAmt3	Third Party Liability Amount	decimal	NNNNNNN.NN	10	175	FALSE	FALSE
TplReCode3	Third Party Liability Reason code - Use only when payment is applied to deductible.	char	AA	2	185	TRUE	FALSE
TotalAmtDue	The amount due for services provided.	decimal	NNNNNNN.NN	10	77	FALSE	TRUE
ProvControlNum	The control number for the provider.	char	AAAAAAAAAA	10	87	FALSE	FALSE
ProvOfSvcAhcccsld	The AHCCCS Identification number of the provider of services. Required for Nursing and Therapists.	char	AAAAAA	6	97	TRUE	FALSE
ProvOfSvcNPI	The NPI of the provider of services. Required for Nursing and Therapists.	char	AAAAAAAAAA	10	103	TRUE	FALSE
PlaceOfSvc	The two digit code identifying the location of provided services.	char	AA	2	113	TRUE	TRUE
ProcMod1	Procedure Modifier 1. Please see Training Packet Appendix A & B for more info.	char	AA	2	115	TRUE	FALSE
ProcMod2	Procedure Modifier 2. Please see Training Packet Appendix A & B for more info.	char	AA	2	117	TRUE	FALSE
ProcMod3	Procedure Modifier 3. Please see Training Packet Appendix A & B for more info.	char	AA	2	119	TRUE	FALSE
TplCode4	Third Party Liability code	char	AAAAAAAAAA	10	187	FALSE	FALSE
TplAmt4	Third Party Liability Amount	decimal	NNNNNNN.NN	10	197	FALSE	FALSE
TplReCode4	Third Party Liability Reason code - Use only when payment is applied to deductible.	char	AA	2	207	TRUE	FALSE
TplCode5	Third Party Liability code	char	AAAAAAAAAA	10	209	FALSE	FALSE
TplAmt5	Third Party Liability Amount	decimal	NNNNNNN.NN	10	219	FALSE	FALSE
TplReCode5	Third Party Liability Reason code - Use only when payment is applied to deductible.	char	AA	2	229	TRUE	FALSE
TplCode6	Third Party Liability code	char	AAAAAAAAAA	10	231	FALSE	FALSE
TplAmt6	Third Party Liability Amount	decimal	NNNNNNN.NN	10	241	FALSE	FALSE
TplReCode6	Third Party Liability Reason code - Use only when payment is applied to deductible.	char	AA	2	251	TRUE	FALSE
TplCode7	Third Party Liability code	char	AAAAAAAAAA	10	253	FALSE	FALSE
TplAmt7	Third Party Liability Amount	decimal	NNNNNNN.NN	10	263	FALSE	FALSE
TplReCode7	Third Party Liability Reason code - Use only when payment is applied to deductible.	char	AA	2	273	TRUE	FALSE
TplCode8	Third Party Liability code	char	AAAAAAAAAA	10	275	FALSE	FALSE
TplAmt8	Third Party Liability Amount	decimal	NNNNNNN.NN	10	285	FALSE	FALSE
TplReCode8	Third Party Liability Reason code - Use only when payment is applied to deductible.	char	AA	2	295	TRUE	FALSE
TplCode9	Third Party Liability code	char	AAAAAAAAAA	10	297	FALSE	FALSE
TplAmt9	Third Party Liability Amount	decimal	NNNNNNN.NN	10	307	FALSE	FALSE
TplReCode9	Third Party Liability Reason code - Use only when payment is applied to deductible.	char	AA	2	317	TRUE	FALSE
ProcMod4	Procedure Modifier 4. Please see Training Packet Appendix A & B for more info.	char	AA	2	319	TRUE	FALSE
ProcMod5	Procedure Modifier 5. Please see Training Packet Appendix A & B for more info.	char	AA	2	321	TRUE	FALSE
ProcMod6	Procedure Modifier 6. Please see Training Packet Appendix A & B for more info.	char	AA	2	323	TRUE	FALSE

Column Name	Description	Type	Format	Max Len	Starting Index (.txt)	Fixed Len	Required
ClientDiagnosisCode1	Client Diagnosis Code	char	AAAAAA	6	325	FALSE	FALSE
ClientDiagnosisCode2	Client Diagnosis Code	char	AAAAAA	6	331	FALSE	FALSE
ClientDiagnosisCode3	Client Diagnosis Code	char	AAAAAA	6	337	FALSE	FALSE
ClientDiagnosisCode4	Client Diagnosis Code	char	AAAAAA	6	343	FALSE	FALSE
ClientDiagnosisCode5	Client Diagnosis Code	char	AAAAAA	6	349	FALSE	FALSE
ClientDiagnosisCode6	Client Diagnosis Code	char	AAAAAA	6	355	FALSE	FALSE
ClientDiagnosisCode7	Client Diagnosis Code	char	AAAAAA	6	361	FALSE	FALSE
ClientDiagnosisCode8	Client Diagnosis Code	char	AAAAAA	6	367	FALSE	FALSE
ClientDiagnosisCode9	Client Diagnosis Code	char	AAAAAA	6	373	FALSE	FALSE
ClientDiagnosisCode10	Client Diagnosis Code	char	AAAAAA	6	379	FALSE	FALSE
ClientDiagnosisCode11	Client Diagnosis Code	char	AAAAAA	6	385	FALSE	FALSE
ClientDiagnosisCode12	Client Diagnosis Code	char	AAAAAA	6	391	FALSE	FALSE
OriginalClaimLineId	Original Claim Line ID	int	NNNNNNNNNN	10	397	FALSE	FALSE
ReplacementReason	Reason for Replacement	char	AAAAAA	50	407	FALSE	FALSE