

**UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY
INFORMATION SYSTEMS & TECHNOLOGY – SCHOOL OF MEDICINE**

Instructions for completing the Location/Office/Nursing Home Dictionary Input Sheet

- Select Activity:** *Indicate if Location/Office is being Added, Edited or Removed*
- Heat Ticket#:** *Indicate Heat ticket number*
- Billing Location Name:** *Indicate the Billing Location name as it should appear in Billing Dictionary 100*
- Billing Location Number:** *If information is being edited or removed, indicate the Billing Location number. If new, IS&T will assign this mnemonic.*
- Billing Location Mnemonic:** *If information is being edited or removed, indicate the Billing Location mnemonic. If new, IS&T will assign this mnemonic.*
- Billing Location NPI#:** *Indicate the Billing Location NPI#. This number must be 10-digits in length.*
- Is this a Nursing Home?:** *Indicate Yes or No*
- If yes, please select the type:** *Select the type of nursing home; Skilled Nursing Facility, Assisted Living or Custodial Care*
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- Scheduling Location Name:** *Indicate the Scheduling Location name as it should appear in Scheduling Dictionary 331*
- Scheduling Location Number:** *If information is being edited or removed, indicate the Scheduling Location number. If new, IS&T will assign this mnemonic.*
- Scheduling Location Mnemonic:** *If information is being edited or removed, indicate the Scheduling Location mnemonic. If new, IS&T will assign this mnemonic.*
- Corresponding Billing Location:** *Indicate either the IDX mnemonic or the numeric default billing location code. The code must be a valid code from Billing Dictionary 100.*
- Corresponding Billing Area:** *Indicate either the IDX mnemonic or the numeric default billing location code. The code must be a valid code from Billing Dictionary 202.*

The address section of the form must be completed for all types of changes.

- First Line of Address:** *Indicate 1st line of Billing Area address*
- Second Line of Address:** *Indicate 2nd line of Billing Area address*
- City, State ZIP:** *Indicate the City, State and ZIP Code for the location*
- Telephone:** *Indicate the telephone number for this location*

The Location/Office/Nursing Home Dictionary Input Sheet should be forwarded to the Managed Care Department, the Central Billing Office and IS&T. Please be advised that portions of this form will require the approval of both the CBO and Managed Care before it can be added to the IDX system dictionary(s).