AMMIS Reference User Manual (Part II)

Date Modified: 11/28/2018

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6 DOCUMENT CONTROL

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6.1 DOCUMENT INFORMATION PAGE

Required Information	Definition
Document Title	AMMIS Reference User Manual
Version:	11.0
Location:	https://pwb.alxix.slg.eds.com/ALXIX/Subsystem/utils/DocDescription.asp?Folder=../../Business%20Design/UserManuals/Reference_UM
Owner:	DXC/Alabama Medicaid
Author:	Reference Team
Approved by:	Clay Gaddis
Approval Date:	12/12/2011 (HIPAA 5010 #4)

6.2 AMENDMENT History

The following Amendment History log contains a record of changes made to this document:

Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
11/18/2011	1.1		Application of 5010 changes for EIP enhancement	CO 8916 - Increase the length of the ICD procedure code fields from 5 to 7 characters 7.55 - REF-FCA-R – Fund Code Assignment Criteria Report CO 8540 – Increase the Health Care Entity Identifier field from 2 to 3 characters. 6.173 - Codes-Health Care Entity Identifier Panel (6.173.3 and 6.173.4) 6.208 – Other – EOB Panel (6.208.2 and 6.208.3)
			Application of EIP #1 Miscellaneous enhancement changes.	CO 8813 – Add new field 'FIPS County' to panel. 6.155 – Codes – County Panel (6.155.2 and 6.155.3)
12/12/2011	2.0		Agency approved	
04/04/2012	2.1		Application of additional 5010 changes for EIP enhancement	CO 8705 – Update Related Data – Xref Page to include Xref-Benefit Plan/HIPAA Code Xref Panel Added Xref-Benefit Plan/HIPAA Code Xref Panel

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Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
02/19/2013	3.0		Application of production change orders	CO 8793 – Revise layout for 7.33 REF-050A-W - Pharmacy Standard Classification Review Report and 7.33 REF-050B-W - Pharmacy Part D Classification Review Report CO 7804 – update panel layout and field descriptions for 6.214 Other-Fund Code Criteria Panel CO 7925 – Add 6.230 Other – PDL Screening Criteria Panel CO 9002 – Update field edit error message for 6.208 Other – EOB Panel. CO 9443 – Update panel layout and field descriptions for 6.207 Other-Drug Exception Panel. CO 10063 – Add Reimbursement Agreement Rule Edit Panel. CO 10815 – Add REF-0400d-C-Q - Quarterly durable medical equipment NCCI Update Report and REF-0400D-C-Q - Quarterly Durable Medical Equipment NCCI Error Report CO 11126 – Update panel layout and field description in Section 6.207 Other-Drug Exception Panel
10/09/2013	4.0		Application of ICD-10 project change orders	CO 10291 – Add the following new reports to manual: REF-0201-A -- ICD-10 Annual Update - New Procedure Codes Report 7.19 REF-0202-A -- ICD-10 Annual Update - Revised Procedure Codes Report Layout 7.21 REF-0203-A -- ICD-10 Annual Update - Discontinued Procedure Codes Report 7.22 REF-0204-A -- ICD-10 Annual Update - Procedure Error Report 7.23 REF-0205-A -- ICD-10 Annual Update - Procedure Summary Report 7.24

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Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
				REF-0206-A -- ICD-10 Annual Update - Associated Groups For Discontinued Procedure Codes Report 7.25 CO – 10247 : Global replacement of ICD-9-CM to ICD CO 10236 Update 7.63 REF-FCA-R – Fund Code Assignment Criteria Report CO 9802: Added the following new reports: REF 0101-A ICD-10 Annual Update – New Diagnosis Codes, REF-0102-A -- ICD-10 Annual Update - Revised Diagnosis Codes Report, REF-0103-A -- ICD-10 Annual Update - Discontinued Diagnosis Codes Report, REF-0104-A -- ICD-10 Annual Update - Diagnosis Error Report, REF-0105-A -- ICD-10 Annual Update - Diagnosis Summary Report, REF-0106-A -- ICD-10 Annual Update - Diagnosis Benefit Category Groupings Report, REF-0107-A -- ICD-10 Annual Update - New Diagnosis Codes Report CO 10261- Add new panel: Benefit Hierarchy – Benefit Coverage panel. CO 10264 - Add the following new panels: Reimbursement Agreement Edit Panel Other Insurance Coverage Edit Panel Provider Contract Edit Panel Benefit Coverage Edit Panel CO 10277 –section 6.197 Related Data –Other Panel – update layout and field descriptions.

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Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
				CO 10277 section 6.222 Other ICD Procedure Group Type- Procedure Group Panel – update layout, field descriptions and field edit error messages. CO 10283 – 6.204 Other - Diagnosis Group Type panel – update layout, field descriptions and field edit error messages. Remove Other Diagnosis Group Type Diagnosi Group Panel. CO 10262 – Add 6.278 Other Insurance Plan – Benefit Coverage Panel Add 6.276 Provider Contract – Benefit Coverage Panel Add 6.268 Recipient Plan Benefit Coverage Benefit Administration Panel Add 6.263 Recipient Plan – Benefit Administration Panel Edit 6.283 Reimbursement Agreement Panel- update layout, field descripitons, field edit error messages.
10/25/2013	5.0		Application of ACA change orders	CO 11043 Add new section 6.257 Related Data – Eligibility Coverage Panel. Add new section 6.258 – Eligibity Coverage Service Type Panel CO 11046 Add new section 6.259 – Eligibility CVG Service Coverage panel
07/21/2015	6.0		Application of ACA III production change orders	CO 12166 – Related Data Codes Page – modified to add new CARC/RARC panel. CO 12166 – Add new CARC.RARC panel. CO 12167 – Remove Other-EOB-HIPAA Adjustment Reason-EOB Xref Data Panel and Other-EOB-HIPAA Remarks-EOB Xref Data Panel CO 12168 Add Other-EOB-carc/rarc/eob Xref Data

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Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
				Panel and Other-EOB-Busc/carc/rarc Panel CO 12169 – Update Codes-HIPAA Adjustment Reason Panel and Codes – HIPAA Remark panel. CO 12187 Add new REF-0005-O - audit for EOB to BUSC/CARC/RARC/CAGC Cross Reference Complicance Report CO 12560 Add New REF-900-O CARC RARC Combinations Update Audit Report (New)
05/11/2016	7.0		Application of CO 12220	CO 12220 6.228.4 Other –PDL Maintenance Panel Fied Edit Error Messages
07/13/2016	8.0		Application of CO 13578 and 13000	CO 13578 6.193 - Codes – Type of Bill Panel – update panel layout and field description. CO 13000 Reference Related Data Code Page Related Data eligiblity Cvg Panel Reference Related DataRpt Dist Page Related Data Other Page Related Data Groups Page Groups – AFHS Group Type Panel Groups – Aid Code Group Type Panel Groups – Diagnosis Group Type Panel Groups – GCN Sequence Number Group Type Panel Groups – GCN Sequence Number Group Type – GCN Sequence Number Group Panel Groups – Group Type Panel Groups – HCPCS Procedure Group Type Panel

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Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
				Groups – HCPCS Procedure Group Type – HCPCS Procedure Group Panel Groups – HIC Group Type Panel Groups – ICD Procedure Group Type Panel Groups – ICD Procedure Group Type – ICD Procedure Group Panel Groups – Modifier Group Type Panel Groups – Modifier Group Type – Modifier Group panel Groups – NDC Group Type Panel Groups – NDC Group type – NDC Group Panel Groups – Provider Group Type Panel Groups – Prov Type/Prov Speciality Group Type Panel Groups – Prov Type Prov Speciality Group Type Prov Speciality Group Panel Groups – Revenue Group Type Panel Groups – Revenue Group Type – Revenue Group Panel Groups – Therapeutic Group Type Panel Groups – Therapeutic Group Type – Therapeutic Group panel Groups – Type Of Bill Group Type Panel Groups – Type of Bill Group Type – Type of Bill Group Panel
09/27/2016	9.0		Application of RCO COs	CO 13024 Add 6.280 DRG – Rates panel CO 13025 Modify Related Data - Other, Sec 6.197.2 Add link to DRG Peer Group panel Modify Related Data - Other, Sec 6.197.3 Add link to DRG Peer Group panel

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Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
				Add 6.206 DRG Peer Group panel CO 13023 Add section 6.279 DRG – MDC Panel Add section 6.278 DRG – Group Panel CO 13026 Modify Related Data - Other, Sec 6.170.2 Add link to DRG GroupType panel Moidfy Related Data - Other, Sec 6.170.3 Add link to DRG Peer Group panel Add Related Data - Other, Sec 6.205 Add DRG Peer Group Type panel CO 13027 Add section 6.140 Related Data Codes -MDC Panel Modify section 6.140 Related Data Codes Panel - add link to MDC panel Add 6.177 Codes - MDC Panel
09/19/2018	10.0		Application of CO 15069	Reimbursement Agreement Edit Panel, Reimbursement Rules Diagnosis Panel, Reiimbursement Rules Drug Panel, Reimbursement Rules Procedure panel, and Reimbursement Rules Revenue panel. Updated field descriptions
11/01/2018	11.0		Removal of PHI/PII	Section 6.235.2
11/28/2018	10.0		Application of CO 15264	6.217: Other-Fund Code Criteria Panel- panel layout, field descriptions updates
			Application of CO 15077	MME – Voluntary Descripiton and Source Panel MME – Set and Group Link panel MME Range Factor Group panel MME – Drug Concept Panel MME – Drugs with Potential Risk Panel MME – Designated Route Ingredient panel MME – Daily Alerting Panel MME – Concurrent Risk Set Panel

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Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
				MME – Base Ingredient Panel MME – Alerts and Exceptions panels

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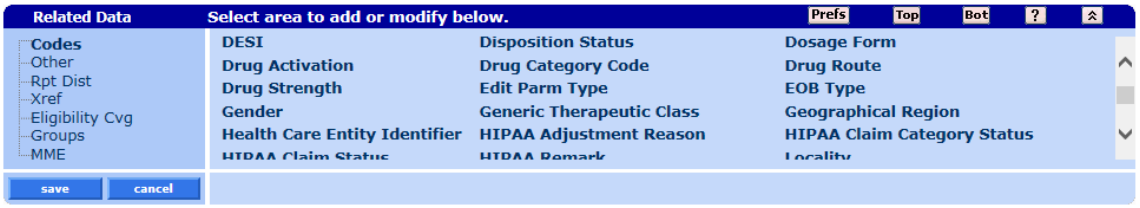
6.143 RELATED DATA CODES PAGE

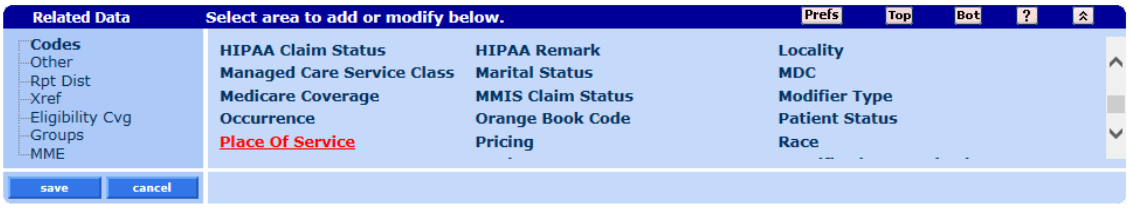
6.143.1 Related Data Codes Page Narrative

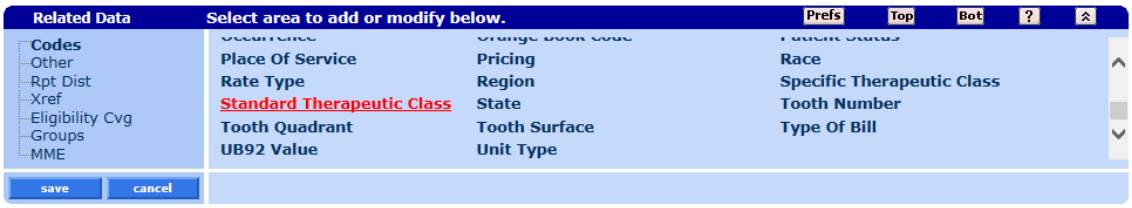
The Reference Related Data Codes page allows the user to access the various code tables maintained within the Reference Data Maintenance subsystem area. This panel is inquiry only.

Navigation: [Reference] – [Related Data] - [Codes]

6.143.2 Reference Related Data Codes Page Layout







6.143.3 Related Data Codes Page Field Descriptions

Field	Description	Field Type	Data Type	Length
Accident Type	Link to Accident Type panel.	Hyperlink	N/A	0
Admit Source	Link to Admit Source panel.	Hyperlink	N/A	0
Admit Type	Link to Admit Type panel.	Hyperlink	N/A	0
AHFS Therapeutic Class	Link to AHFS Therapeutic Class panel.	Hyperlink	N/A	0

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Field	Description	Field Type	Data Type	Length
ASC Payment Group	Link to ASC Payment Group panel.	Hyperlink	N/A	0
Attachment	Link to Attachment panel.	Hyperlink	N/A	0
Benefit Type	Link to Benefit Type panel.	Hyperlink	N/A	0
CARC/RARC	Link to CARC/RARC Panel.	Hyperlink	N/A	0
Cancel	Allows the user to cancel changes on the Related Data-Codes panel.	Button	N/A	0
Claim Location	Link to Claim Location panel.	Hyperlink	N/A	0
Claim Type	Link to Claim Type panel.	Hyperlink	N/A	0
CMS FDA Therapeutic Equivalency	Link to CMS FDA Therapeutic Equivalency panel.	Hyperlink	N/A	0
CMS Type of Service	Link to CMS Type of Service panel.	Hyperlink	N/A	0
Condition	Link to Condition panel.	Hyperlink	N/A	0
County	Link to County panel.	Hyperlink	N/A	0
DEA	Link to DEA panel.	Hyperlink	N/A	0
DESI	Link to DESI panel.	Hyperlink	N/A	0
Disposition Status	Link to Disposition Status panel.	Hyperlink	N/A	0
Dosage Form	Link to Dosage Form panel.	Hyperlink	N/A	0
Drug Activation	Link to Drug Activation panel.	Hyperlink	N/A	0
Drug Category Code	Link to Drug Category Code panel.	Hyperlink	N/A	0
Drug Route	Link to Drug Route panel.	Hyperlink	N/A	0
Drug Strength	Link to Drug Strength panel.	Hyperlink	N/A	0
Edit Parm Type	Link to Edit Parm Type panel.	Hyperlink	N/A	0
EOB Type	Link to EOB Type panel.	Hyperlink	N/A	0
Gender	Link to Gender panel.	Hyperlink	N/A	0
Generic Therapeutic Class	Link to Generic Therapeutic Class panel.	Hyperlink	N/A	0
Geographical Region	Link to Geographical Region panel.	Hyperlink	N/A	0
Health Care Entity Identifier	Link to Health Care Entity Identifier panel.	Hyperlink	N/A	0
HIPAA Adjustment Reason	Link to HIPAA Adjustment Reason panel.	Hyperlink	N/A	0

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Field	Description	Field Type	Data Type	Length
HIPAA Claim Category Status	Link to HIPAA Claim Category Status panel.	Hyperlink	N/A	0
HIPAA Claim Status	Link to HIPAA Claim Status panel.	Hyperlink	N/A	0
HIPAA Remark	Link to HIPAA Remark panel.	Hyperlink	N/A	0
Locality	Link to Locality panel.	Hyperlink	N/A	0
Managed Care Service Class	Link to Managed Care Service Class panel.	Hyperlink	N/A	0
Marital Status	Link to Marital Status panel.	Hyperlink	N/A	0
MDC	Link to MDC panel.	Hyperlink	N/A	0
Medicare Coverage	Link to Medicare Coverage panel.	Hyperlink	N/A	0
MMIS Claim Status	Link to MMIS Claim Status panel.	Hyperlink	N/A	0
Modifier Type	Link to Modifier Type panel.	Hyperlink	N/A	0
Occurrence	Link to Occurrence panel.	Hyperlink	N/A	0
Orange Book Code	Link to Orange Book Code panel.	Hyperlink	N/A	0
Patient Status	Link to Patient Status panel.	Hyperlink	N/A	0
Place of Service	Link to Place of Service panel.	Hyperlink	N/A	0
Pricing	Link to Pricing panel.	Hyperlink	N/A	0
Race	Link to Race panel.	Hyperlink	N/A	0
Rate Type	Link to Rate Type panel.	Hyperlink	N/A	0
Region	Link to Region panel.	Hyperlink	N/A	0
Save	Allows user to save changes on the Related Data-Codes panel.	Button	N/A	0
Specific Therapeutic Class	Link to Specific Therapeutic Class panel.	Hyperlink	N/A	0
Standard Therapeutic Class	Link to Standard Therapeutic Class panel.	Hyperlink	N/A	0
State	Link to State panel.	Hyperlink	N/A	0
Tooth Number	Link to Tooth Number panel.	Hyperlink	N/A	0
Tooth Quadrant	Link to Tooth Quadrant panel.	Hyperlink	N/A	0
Tooth Surface	Link to Tooth Surface panel.	Hyperlink	N/A	0
Type of Bill	Link to Type of Bill panel.	Hyperlink	N/A	0
UB92 Value	Link to UB92 Value panel.	Hyperlink	N/A	0

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Field	Description	Field Type	Data Type	Length
Unit Type	Link to Unit Type panel.	Hyperlink	N/A	0

6.143.4 Related Data Codes Page Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.143.5 Related Data Codes Page Extra Features

Field	Field Type
No extra features found for this panel.	

6.143.6 Related Data Codes Page Accessibility

6.143.6.1 To Access the Related Data Codes Page

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.

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6.144 CODES-ACCIDENT TYPE PANEL

6.144.1 Codes-Accident Type Panel Narrative

The Accident Type panel is used to maintain the HIPAA Related Causes codes pertaining to accident or employment related conditions.

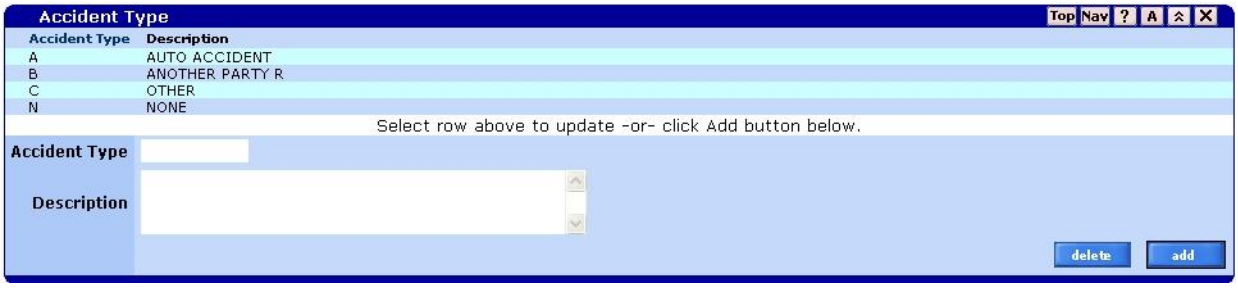
The panel consists of a data list displaying the defined Accident Types and a sub-panel where updates and adds are performed.

Selecting an entry from the data list will populate the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel. .

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference]- [Related Data] - [Codes] - [Accident Type]

6.144.2 Codes-Accident Type Panel Layout



6.144.3 Codes-Accident Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Accident Type	Code identifying an accompanying cause of an accident, injury or illness, for example: Auto Accident.	Field	Character	1
Add	Allows the user to add an Accident Type code.	Button	N/A	0
Delete	Allows the user to delete an Accident Type.	Button	N/A	0
Description	Text description of the Accident Type code.	Field	Character	15

6.144.4 Codes-Accident Type Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Accident Type	Field	1	Accident Type is required.	Enter an Accident type code.
	Field	2	A duplicate record cannot be saved.	Enter a unique Accident Type code.
Description	Field	2	Description is required.	Enter a text description of the Accident Type code.

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6.144.5 Codes-Accident Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.144.6 Codes-Accident Type Panel Accessibility

6.144.6.1 To Access the Codes-Accident Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Accident Type**.	Accident Type panel displays.

6.144.6.2 To Add on the Codes-Accident Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Accident Type**.	
3	Enter **Description**.	
4	Click **Save**.	Accident Type information is saved.

6.144.6.3 To Update on the Codes-Accident Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Accident Type information is saved.

6.144.6.4 To Delete on the Codes-Accident Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.145 CODES-ADMIT SOURCE PANEL

6.145.1 Codes-Admit Source Panel Narrative

The Admit Source panel is used to maintain the NUBC Source of Admission codes.

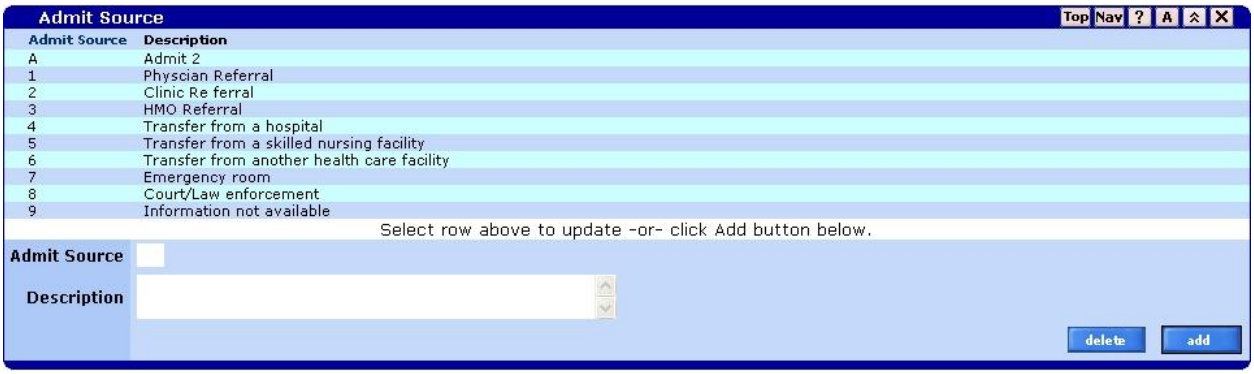
The panel consists of a data list displaying the defined Admit Sources and a sub-panel where updates and adds are performed.

Selecting an entry from the data list will populate the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference]- [Related Data] - [Codes] - [Admit Source]

6.145.2 Codes-Admit Source Panel Layout



6.145.3 Codes-Admit Source Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allow a user to add an Admit Source.	Button	N/A	0
Admit Source	Code identifying the source of admission in block 15 on the UB04 claim record for inpatient and LTC claims.	Field	Character	1
Delete	Allows the user to delete an Admit Source.	Button	N/A	0
Description	Description of the source of admission code found in block 15 on the UB04 claim record for inpatient and LTC claims.	Field	Character	50

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6.145.4 Codes-Admit Source Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Admit Source	Field	1	Admit Source Code is required.	Enter an Admit Source code.
	Field	2	A duplicate record cannot be saved.	Enter a unique Admit Source code.
Description	Field	1	Description is required.	Enter a text description of the admit source code.

6.145.5 Codes-Admit Source Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.145.6 Codes-Admit Source Panel Accessibility

6.145.6.1 To Access the Codes-Admit Source Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Admit Source**.	Admit Source panel displays.

6.145.6.2 To Add on the Codes-Admit Source Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Admit Source**.	
3	Enter **Description**.	
4	Click **Save**.	Admit Source information is saved.

6.145.6.3 To Update on the Codes-Admit Source Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Admit Source information is saved.

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6.145.6.4 To Delete on the Codes-Admit Source Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.146 CODES-ADMIT TYPE PANEL

6.146.1 Codes-Admit Type Panel Narrative

The Admit Type panel is used to maintain the NUBC Type of Admission codes. Admit Type indicates the priority of the admission/visit.

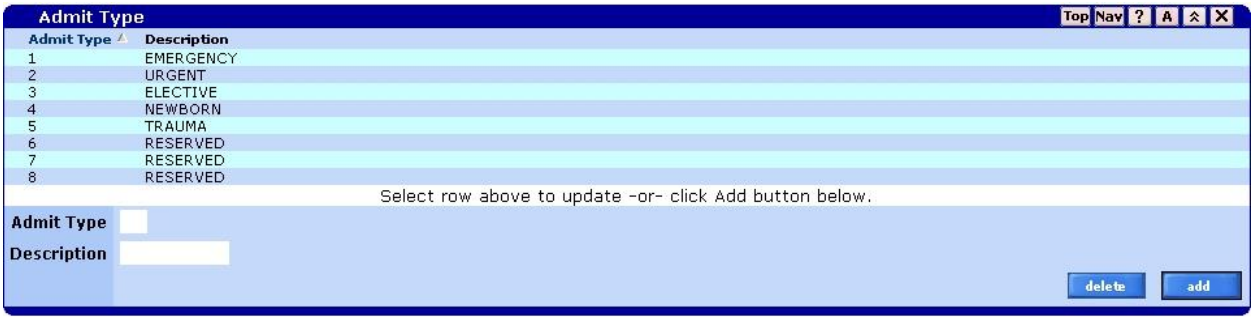
The panel consists of a data list displaying the defined Admit Types and a sub-panel where updates and adds are performed.

Selecting an entry from the data list will populate the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Codes] - [Admit Type]

6.146.2 Codes-Admit Type Panel Layout



6.146.3 Codes-Admit Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add an Admit Type code.	Button	N/A	0
Admit Type	Code which indicates the priority of the admission of a recipient for inpatient services.	Field	Character	1
Delete	Allows the user to delete an Admit Type code.	Button	N/A	0
Description	Description for the priority of the admission of a recipient for inpatient services.	Field	Character	10

6.146.4 Codes-Admit Type Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Admit Type	Field	1	Admit Type is Required.	Enter an Admit Type code.
	Field	2	A duplicate record cannot be saved.	Enter a unique Admit Type code.
Description	Field	3	Description is Required.	Enter a text description of the admit type code.

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6.146.5 Codes-Admit Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.146.6 Codes-Admit Type Panel Accessibility

6.146.6.1 To Access the Codes-Admit Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data panel displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes panel displays.
4	Select **Admit Type**.	Admit Type panel displays.

6.146.6.2 To Add on the Codes-Admit Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Admit Type**.	
3	Enter **Description**.	
4	Click **Save**.	Admit Type information is saved.

6.146.6.3 To Update on the Codes-Admit Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Admit Type information is saved.

6.146.6.4 To Delete on the Codes-Admit Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.147 CODES-AHFS THERAPEUTIC CLASS PANEL

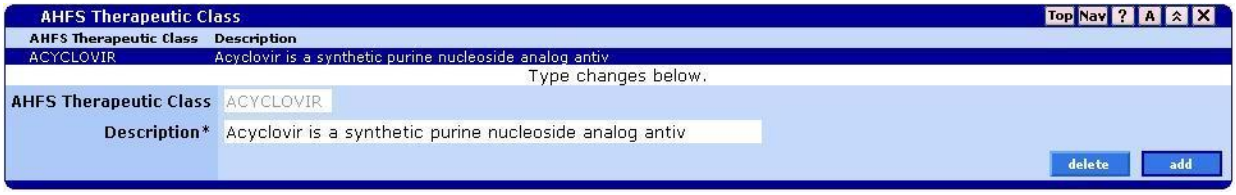
6.147.1 Codes-AHFS Therapeutic Class Panel Narrative

The AHFS Therapeutic Class panel identifies the pharmacologic therapeutic category of the drug product according to the American Hospital Formulary Service (AHFS) classification system.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path - [Reference] - [Related Data] - [Codes] - [AHFS Therapeutic Class]

6.147.2 Codes-AHFS Therapeutic Class Panel Layout



6.147.3 Codes-AHFS Therapeutic Class Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add an AHFS Therapeutic Class record.	Button	N/A	0
AHFS Therapeutic Class	Identifies the pharmacologic therapeutic category of the drug product according to the American Hospital Formulary Service (AHFS) classification system.	Field	Alphanumeric	10
Delete	Delete an AHFS Therapeutic Class record.	Button	N/A	0
Description	Provides the text description for the AHFS Therapeutic Class code.	Field	Alphanumeric	55

6.147.4 Codes-AHFS Therapeutic Class Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
AHFS Therapeutic Class	Field	1	AHFS Therapeutic Class Code is required.	Enter AHFS Therapeutic Class Code.
Description	Field	2	Description is required.	Enter a Description.

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6.147.5 Codes-AHFS Therapeutic Class Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.147.6 Codes-AHFS Therapeutic Class Panel Accessibility

6.147.6.1 To Access the Codes-AHFS Therapeutic Class Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **AHFS Therapeutic Class**.	AHFS Therapeutic Class panel displays.

6.147.6.2 To Add on the Codes-AHFS Therapeutic Class Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **AHFS Therapeutic Class**.	
3	Enter **Description**.	
4	Click **Save**.	AHFS Therapeutic Class information is saved.

6.147.6.3 To Update on the Codes-AHFS Therapeutic Class Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	AHFS Therapeutic Class information is saved.

6.147.6.4 To Delete on the Codes-AHFS Therapeutic Class Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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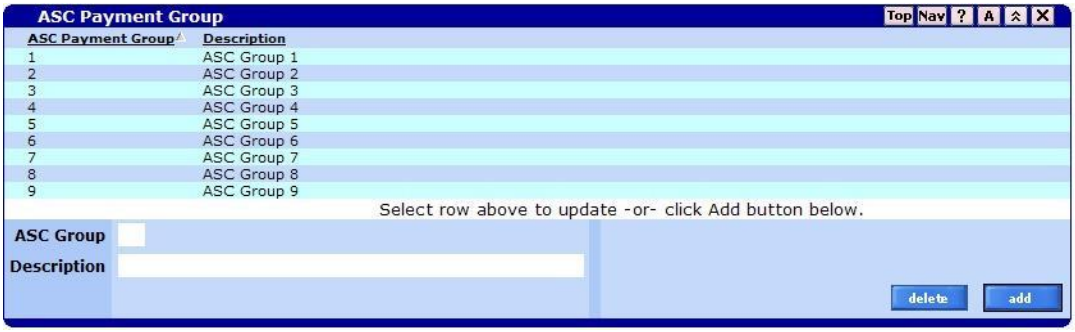
6.148 CODES-ASC PAYMENT GROUP PANEL

6.148.1 Codes-ASC Payment Group Panel Narrative

The ASC Payment Group panel allows a user to maintain the list of ASC Payment Groups and their respective descriptions. Ambulatory Surgical Center (ASC) payment groups classify procedures into different payment groups that are based on surgical procedure complexity. ASC payment groups and rates for the payment groups are established by CMS. An Ambulatory Surgical Center (ASC) is a distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and has an agreement with the Centers for Medicare & Medicaid Services (CMS) to participate in Medicare as an ASC. ASCs must be state licensed and Medicare certified. An ASC may be either independent (i.e., not a part of any other facility) or hospital affiliated. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Related Data] - [Codes] - [ASC Payment Group]

6.148.2 Codes-ASC Payment Group Panel Layout



6.148.3 Codes-ASC Payment Group Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add an ASC Payment Group record.	Button	N/A	0
ASC Payment Group	Ambulatory Surgical Center (ASC) payment group codes classify procedures into different payment groups that are based on surgical procedure complexity. Rates by ASC payment group are established by CMS.	Field	Character	1
Delete	Delete an ASC Payment Group record.	Button	N/A	0
Description	Text describing the Ambulatory Surgical Center pricing group.	Field	Character	50

6.148.4 Codes-ASC Payment Group Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
ASC Payment Group	Field	1	ASC Payment Group is required.	Enter an ASC Payment Group Code.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	2	A duplicate record cannot be saved.	Enter a unique ASC Payment Group.
Description	Field	1	Description is required.	Add Description text.

6.148.5 Codes-ASC Payment Group Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.148.6 Codes-ASC Payment Group Panel Accessibility

6.148.6.1 To Access the Codes-ASC Payment Group Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **ASC Payment Group**.	ASC Payment Group panel displays.

6.148.6.2 To Add on the Codes-ASC Payment Group Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **ASC Payment Group**.	
3	Enter **Description**.	
4	Click **Save**.	ASC Payment Group information is saved.

6.148.6.3 To Update on the Codes-ASC Payment Group Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	ASC Payment Group information is saved.

6.148.6.4 To Delete on the Codes-ASC Payment Group Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.

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Step	Action	Response
2	Click **Delete**.	Line item is deleted.

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6.149 CODES-ATTACHMENT PANEL

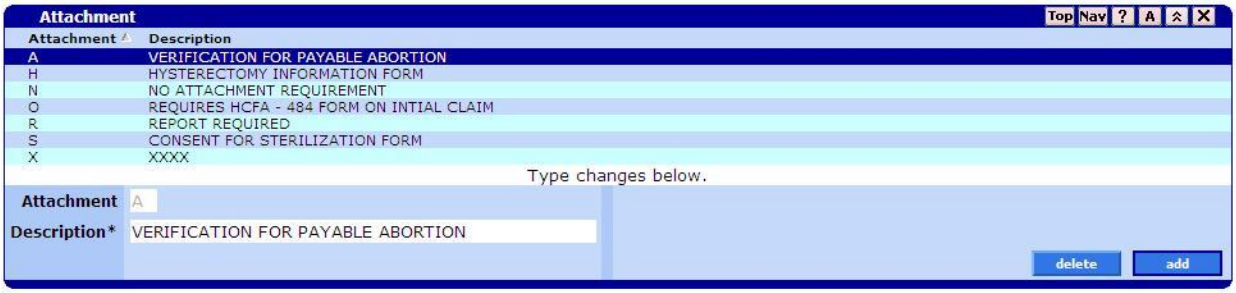
6.149.1 Codes-Attachment Panel Narrative

The Attachment panel is used to maintain the Attachment Code table which identifies and describe claims attachments.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Related Data] - [Codes] - [Attachment]

6.149.2 Codes-Attachment Panel Layout



6.149.3 Codes-Attachment Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add an Attachment code.	Button	N/A	0
Delete	Allows the user to delete an Attachment code.	Button	N/A	0
Attachment	Code used to identify the type of claims attachment.	Field	Character	1
Description	Text description of claims attachment.	Field	Character	50

6.149.4 Codes-Attachment Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Attachment	Field	1	Attachment is required.	Enter a Attachment code.
	Field	2	A duplicate record cannot be saved.	Enter a unique Attachment code.
Description	Field	1	Description is required.	Enter a text description of the attachment code.

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6.149.5 Codes-Attachment Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.149.6 Codes-Attachment Panel Accessibility

6.149.6.1 To Access the Codes-Attachment Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data pagedisplays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Attachment**.	Attachment panel displays.

6.149.6.2 To Add on the Codes-Attachment Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Attachment**.	
3	Enter **Description**.	
4	Click **Save**.	Attachment information is saved.

6.149.6.3 To Update on the Codes-Attachment Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Attachment information is saved.

6.149.6.4 To Delete on the Codes-Attachment Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.150 CODES-BENEFIT TYPE PANEL

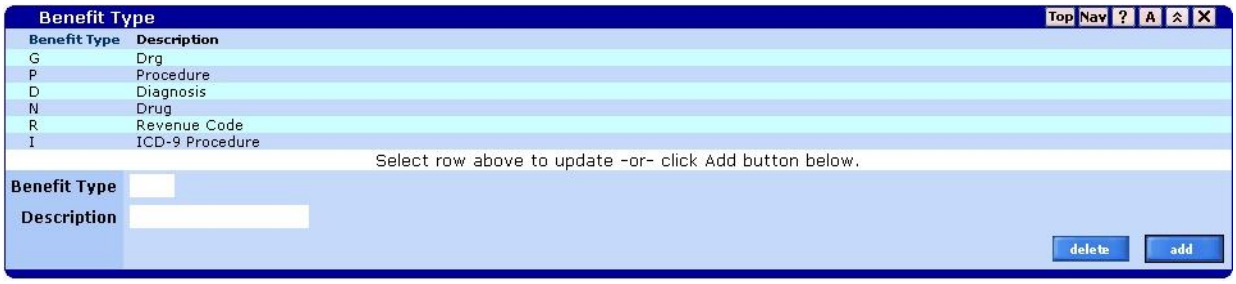
6.150.1 Codes-Benefit Type Panel Narrative

The Benefit Type panel is used to maintain the benefit type's code set.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Codes] - [Benefit Type]

6.150.2 Codes-Benefit Type Panel Layout



6.150.3 Codes-Benefit Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Benefit Type code.	Button	N/A	0
Delete	Allows the user to delete a Benefit Type code.	Button	N/A	0
Benefit Type	Code used to identify the coding scheme for a service. Valid schemes include procedure (HCPCS & CPT-4), ICD procedures, ICD diagnosis, Revenue Code and Drug codes (NDCs).	Field	Character	3
Description	Text description of the benefit type.	Field	Character	18

6.150.4 Codes-Benefit Type Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Benefit Type	Field	1	Benefit Type is required.	Enter a Benefit Type code.
	Field	2	A duplicate record cannot be saved.	Enter a unique Benefit Type code.
Description	Field	1	Description is required.	Enter a text description of the Benefit Type.

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6.150.5 Codes-Benefit Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.150.6 Codes-Benefit Type Panel Accessibility

6.150.6.1 To Access the Codes-Benefit Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Benefit Type**.	Benefit Type panel displays.

6.150.6.2 To Add on the Codes-Benefit Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Benefit Type**.	
3	Enter **Description**.	
4	Click **Save**.	Benefit Type information is saved.

6.150.6.3 To Update on the Codes-Benefit Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Benefit Type information is saved.

6.150.6.4 To Delete on the Codes-Benefit Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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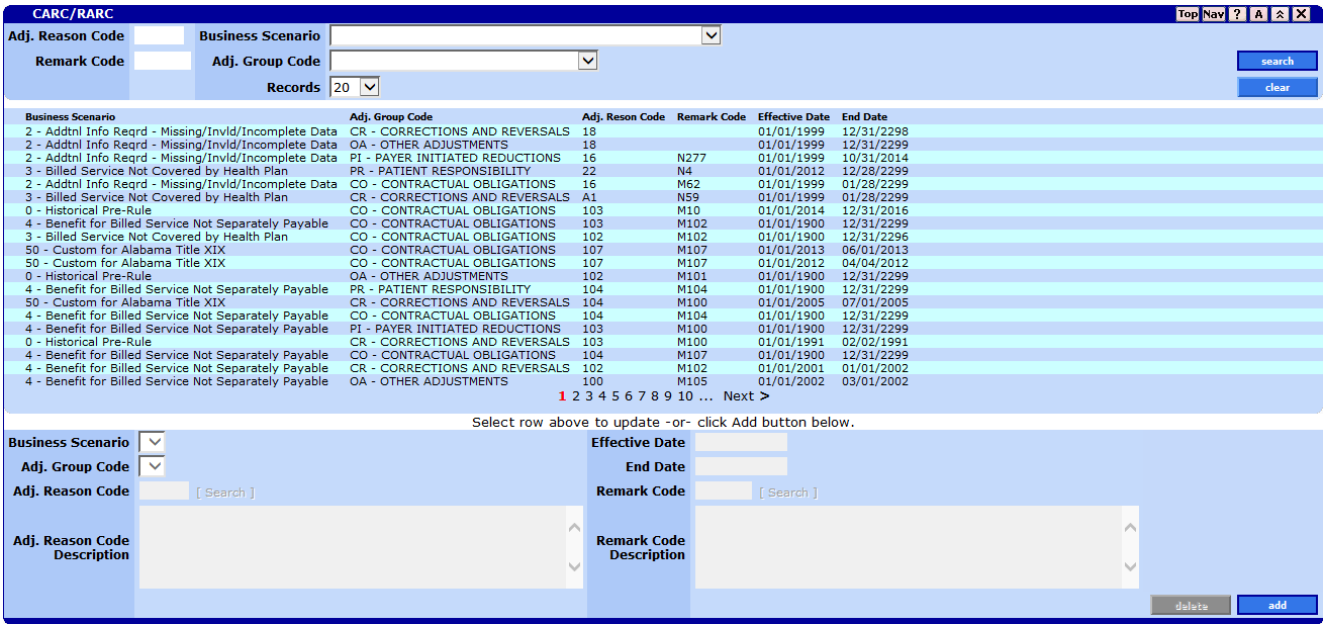
6.151 CODES - CARC/RARC PANEL OVERVIEW

6.151.1 Codes - CARC/RARC Panel Narrative

The CARC/RARC maintenance panel is used to maintain the CAQH CORE defined business scenario groups which establishes the appropriate CARC/RARC and Adjustment group code combinations for a particular business scenario. The information on this panel could potentially be updated several times a year as CAQH CORE releases a new code listing. Effective and End dates will be used to show the timeframe for which a combination is valid per CAQH CORE guidelines. This panel will also allow a Reference systems engineer and/or BA to maintain Alabama specific combinations.

Navigation: [Reference] – [Related Data] - [Codes] – [CARC/RARC]

6.151.2 Codes - CARC/RARC Panel Layout



6.151.3 Codes - CARC/RARC Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Adds a new entry.	Button	N/A	0
Adj. Group Code	Code identifying the general category of the payment adjustment (CAGC = Claim Adjustment Group Code).	Combo Box	Alphanumeric	2
Adj. Reason Code	HIPAA Adjustment Reason code.	Field	Number (Integer)	9

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Adj. Reason Code Description	Description of HIPAA Adjustment Reason code.	Field	Alphanumeric	700
Business Scenario	A code to indicate the Business Scenario for the combination.	Combo Box	Alphanumeric	2
Clear	Clears the search criteria.	Button	N/A	0
Delete	Deletes the entry.	Button	N/A	0
Effective Date	The date the combination becomes valid for use in the system.	Field	Date (CCYYMMDD)	8
End Date	The last date the combination is valid for use in the system.	Field	Date (CCYYMMDD)	8
Remark Code	HIPAA Remark Code.	Field	Number (Integer)	9
Remark Code Description	Description of HIPAA Remark Code.	Field	Alphanumeric	700
Search	Triggers the panel to start a search using the provided criteria.	Button	N/A	0

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6.151.4 Codes - CARC/RARC Panel Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Adj. Group Code	Combo Box	1	A valid Adj. Group Code is required.	Please select valid Adj. Group Code from dropdown.
Business Scenario	Combo Box	1	A valid Business Scenario is required.	Please select valid Business Scenario from dropdown.
		2	A record with Business Scenario 0 is not allowed.	Select a Business Scenario other than 0.
Adj. Reason Code	Field	1	A valid Adj. Reason Code is required.	Please enter valid Adj. Reason Code.
Effective Date	Field	1	Effective Date is required.	Please enter a valid effective date.
	Field	2	Invalid date. Format is mm/dd/ccyy.	Enter a valid Effective Date. Format is MM/DD/CCYY.
	Field	3	Effective Date must be greater than or equal to 1/1/1900.	Please enter Effective Date greater than or equal to 1/1/1900.
	Field	4	Effective Date must be less than or equal to 12/31/2299.	Please enter Effective Date less than or equal to 12/31/2299.
	Field	5	Effective Date must be less than or equal to End Date.	Please enter Effective Date less than or equal to End Date.
End Date	Field	1	End Date is required.	Please enter a valid end date.
	Field	2	Invalid date. Format is mm/dd/ccyy.	Enter a valid End Date. Format is MM/DD/CCYY.
	Field	3	End Date must be greater than or equal to 1/1/1900.	Please enter End Date greater than or equal to 1/1/1900.

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	Field	4	End Date must be less than or equal to 12/31/2299.	Please enter End Date less than or equal to 12/31/2299.

6.151.5 Codes - CARC/RARC Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.151.6 Codes - CARC/RARC Panel Accessibility

6.151.6.1 To Access the Codes - CARC/RARC Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **CARC/RARC**.	CARC/RARC panel displays.

6.151.6.2 To Add on the Codes - CARC/RARC Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Business Scenario** by clicking on the drop down list box.	
3	Enter **Effective Date**.	
4	Select **Adj. Group Code** by clicking on the drop down list box.	
5	Enter **End Date**.	
6	Enter **Adj. Reason Code**.	
7	Click **Save**.	CARC/RARC panel information is saved.

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6.151.6.3 To Update on the Codes - CARC/RARC Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	CARC/RARC panel information is saved.

6.151.6.4 To Delete on the Codes - CARC/RARC Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	CARC/RARC record is deleted.

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6.152 CODES-CLAIM LOCATION PANEL

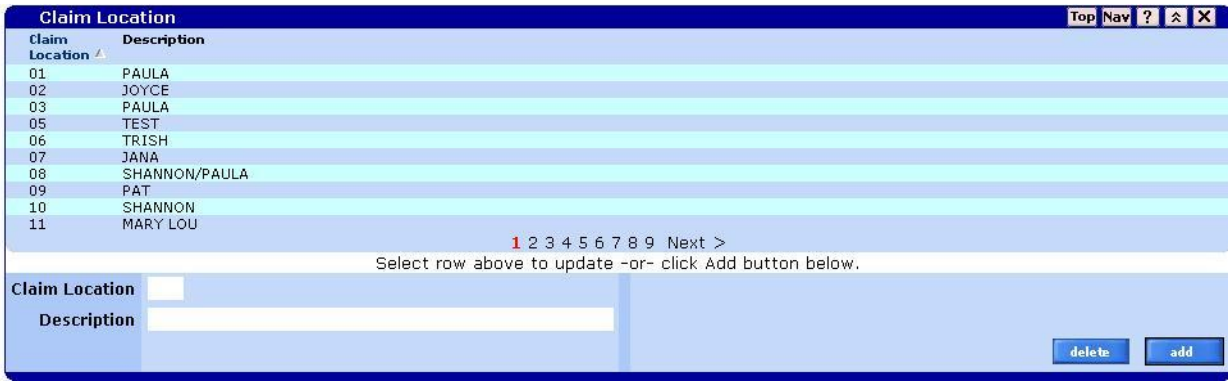
6.152.1 Codes-Claim Location Panel Narrative

The Claim Location panel is used to maintain the claim location codes, the priority for any resolution issues, whether they are sent externally for resolution, and whether they incur interest charges after a certain time period of non-resolution.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Related Data] - [Codes] - [Claim Location]

6.152.2 Codes-Claim Location Panel Layout



6.152.3 Codes-Claim Location Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows a user to add a Claim Location code.	Button	N/A	0
Claim Location	Type of location in which a claim can be placed during processing in the MMIS system.	Field	Character	2
Delete	Allows a user to delete a Claim Location code.	Button	N/A	0
Description	Description of the type of location in which a claim can be placed during claims processing.	Field	Character	50

6.152.4 Codes-Claim Location Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Claim Location	Field	1	A duplicate record cannot be saved.	Enter a unique Claim Location code.
	Field	2	Claim Location must be Alphanumeric.	Enter a Claim Location code that contains only 0-9 and A-Z.
	Field	6	Claim Location is required.	Enter a Claim Location code.
Description	Field	6	Description is required.	Enter a Description.

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6.152.5 Codes-Claim Location Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.152.6 Codes-Claim Location Panel Accessibility

6.152.6.1 To Access the Codes-Claim Location Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Claim Location**.	Dosage Form panel displays.

6.152.6.2 To Add on the Codes-Claim Location Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Claim Location**.	
3	Enter **Description**.	
4	Click **Save**.	Claim Location information is saved.

6.152.6.3 To Update on the Codes-Claim Location Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Claim Location information is saved.

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6.152.6.4 To Delete on the Codes-Claim Location Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.153 CODES-CLAIM TYPE PANEL

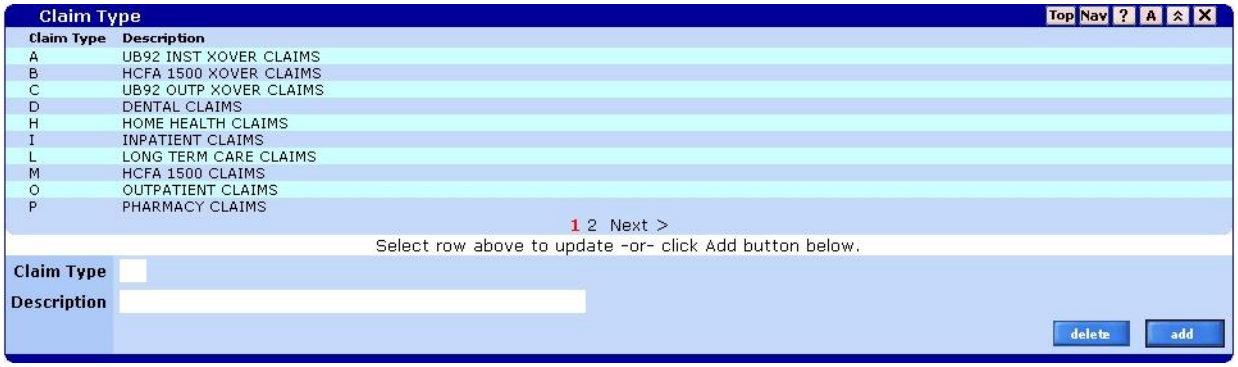
6.153.1 Codes-Claim Type Panel Narrative

The Claim Type panel is used to view and maintain the complete list of valid claim types.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Related Data] - [Codes] - Claim Type]

6.153.2 Codes-Claim Type Panel Layout



6.153.3 Codes-Claim Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Claim Type code.	Button	N/A	0
Claim Type	The code used to identify a claim type. A claim type is a user-defined data element that refers to the kind of service being billed. For example, common claim types are dental, pharmacy, transportation, nursing, EPSDT, physician, inpatient, etc.	Field	Character	1
Delete	Allows the user to delete a Claim Type code.	Button	N/A	0
Description	The description for the Claim Type code.	Field	Character	20

6.153.4 Codes-Claim Type Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Claim Type	Field	1	Claim Type is required.	Enter a Claim Type code.
	Field	2	A duplicate record cannot be saved.	Enter a unique claim type.
	Field	3	Claim Type must be Alphanumeric.	Enter a claim type code that contains only 0-9 or A-Z.
Description	Field	1	Description is required.	Description is required when adding or modifying a claim type.

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6.153.5 Codes-Claim Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.153.6 Codes-Claim Type Panel Accessibility

6.153.6.1 To Access the Codes-Claim Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Claim Type**.	Claim Type panel displays.

6.153.6.2 To Add on the Codes-Claim Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Claim Type**.	
3	Enter **Description**.	
4	Click **Save**.	Claim Type information is saved.

6.153.6.3 To Update on the Codes-Claim Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Claim Type information is saved.

6.153.6.4 To Delete on the Codes-Claim Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.154 CODES-CMS FDA THERAPEUTIC EQUIVALENCY PANEL

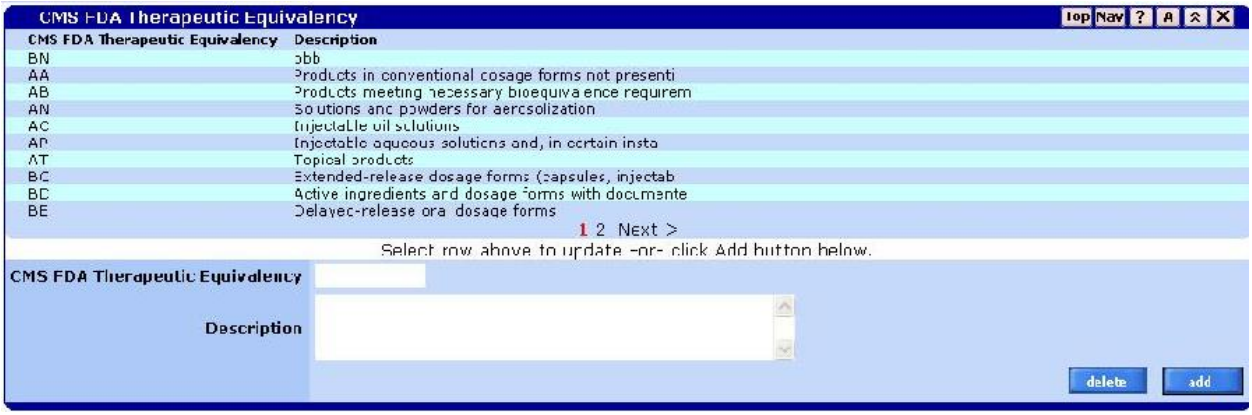
6.154.1 Codes-CMS FDA Therapeutic Equivalency Panel Narrative

The CMS FDA Therapeutic Equivalency Code (CMS_FDA) indicates that although the drugs may have a different therapeutic classification, the FDA considers them therapeutically equivalent. The CMS_FDA is provided on the Health Care Financing Administration's quarterly tape.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Related Data] - [Codes] - [CMS FDA Therapeutic Equivalency]

6.154.2 Codes-CMS FDA Therapeutic Equivalency Panel Layout



6.154.3 Codes-CMS FDA Therapeutic Equivalency Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows a user to add a CMS FDA Therapeutic Equivalency code.	Button	N/A	0
CMS FDA Therapeutic Equivalency	The CMS FDA Therapeutic Equivalency Code (CMS_FDA) indicates that although the drugs may have a different therapeutic classification, the FDA considers them therapeutically equivalent. The CMS FDA is provided on the Health Care Financing Administration's quarterly tape.	Field	Character	100
Delete	Allows a user to delete a CMS FDA Therapeutic Equivalency code.	Button	N/A	0
Description	Text description of the CMS FDA Therapeutic Equivalency Code.	Field	Alphanumeric	100

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6.154.4 Codes-CMS FDA Therapeutic Equivalency Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
CMS FDA Therapeutic Equivalency	Field	1	CMS FDA Therapeutic Equivalency is required.	CMS FDA Therapeutic Equivalency Code required when adding or modifying CMS FDA Therapeutic Equivalency.
	Field	2	A duplicate record cannot be saved.	Enter a unique CMS FDA Therapeutic Equivalency.
Description	Field	1	Description is required.	Description required when adding or modifying CMS FDA Therapeutic Equivalency.

6.154.5 Codes-CMS FDA Therapeutic Equivalency Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.154.6 Codes-CMS FDA Therapeutic Equivalency Panel Accessibility

6.154.6.1 To Access the Codes- CMS FDA Therapeutic Equivalency Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **CMS FDA Therapeutic Equivalency**.	CMS FDA Therapeutic Equivalency panel displays.

6.154.6.2 To Add on the Codes- CMS FDA Therapeutic Equivalency Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Claim Type**.	
3	Enter **Description**.	
4	Click **Save**.	CMS FDA Therapeutic Equivalency information is saved.

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6.154.6.3 To Update on the Codes- CMS FDA Therapeutic Equivalency Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	CMS FDA Therapeutic Equivalency information is saved.

6.154.6.4 To Delete on the Codes- CMS FDA Therapeutic Equivalency Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.155 CODES-CMS TYPE OF SERVICE PANEL

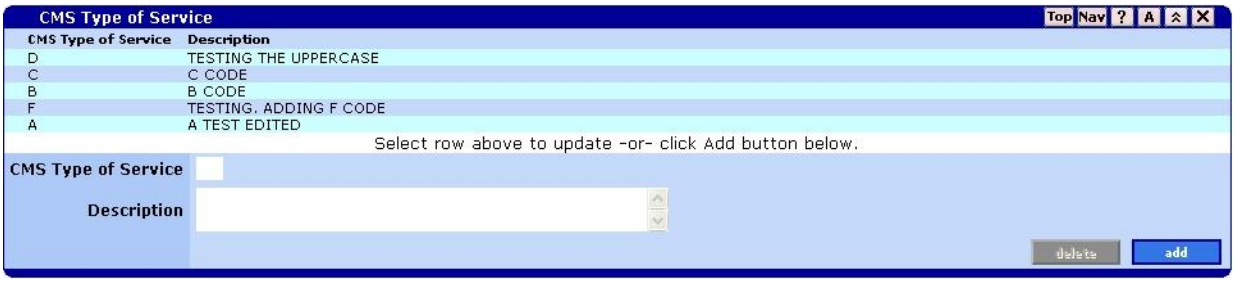
6.155.1 Codes-CMS Type of Service Panel Narrative

This panel is used to maintain CMS Type of Service Codes and Description.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Related Data] - [Codes] - [CMS Type of Service]

6.155.2 Codes-CMS Type of Service Panel Layout



6.155.3 Codes-CMS Type of Service Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows a user to add a CMS Type of Service code.	Button	N/A	0
CMS Type of Service	The carrier assigned CMS Type of Service which describes the particular kind(s) of service represented.	Field	Character	1
Delete	Allows a user to delete a CMS Type of Service code.	Button	N/A	0
Description	Description of the CMS Type of Service code.	Field	Character	100

6.155.4 Codes-CMS Type of Service Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
CMS Type of Service	Field	1	CMS Type of Service is required.	Valid CMS Type of Service is required.
	Field	2	A duplicate record cannot be saved.	Verify keying. The information entered already exists. Enter a unique CMS Type of Service.
Description	Field	1	A Description is required.	Enter a Description of the TOS Code.

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6.155.5 Codes-CMS Type of Service Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.155.6 Codes-CMS Type of Service Panel Accessibility

6.155.6.1 To Access the Codes-CMS Type of Service Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data pagedisplays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **CMS Type of Service**.	CMS Type of Service panel displays.

6.155.6.2 To Add on the Codes-CMS Type of Service Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **CMS Type of Service**.	
3	Enter **Description**.	
4	Click **Save**.	CMS Type of Service information is saved.

6.155.6.3 To Update on the Codes-CMS Type of Service Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	CMS Type of Service information is saved.

6.155.6.4 To Delete on the Codes-CMS Type of Service Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.156 CODES-CONDITION PANEL

6.156.1 Codes-Condition Panel Narrative

The Condition panel is used to maintain the NUBC Condition codes. Condition codes are used to identify conditions relating to an Institutional claim that may affect payer processing.

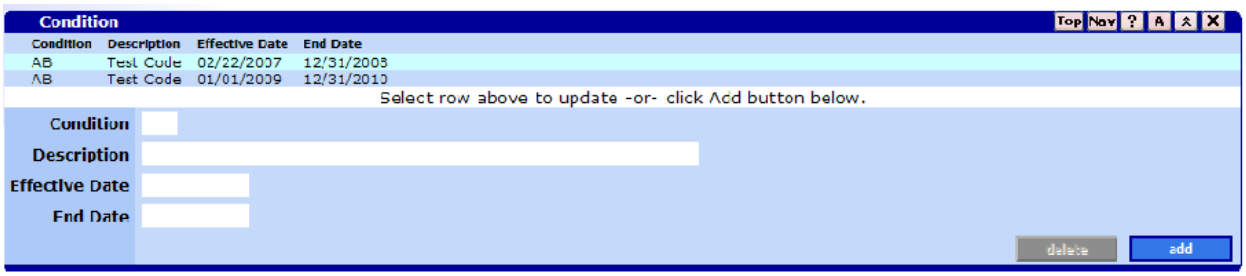
The panel consists of a data list displaying the defined Conditions and a sub-panel where updates and adds are performed.

Selecting an entry from the data list populates the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Related Data] - [Codes] - [Condition]

6.156.2 Codes-Condition Panel Layout



6.156.3 Codes-Condition Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Condition code.	Button	N/A	0
Condition	Code used to identify conditions relating to a UB04 claim that may affect payer processing.	Field	Character	2
Delete	Allows the user to delete a Condition code.	Button	N/A	0
Description	Description of a conditions relating to a UB04 claim that may affect payer processing.	Field	Character	40
Effective Date	The first day this condition code is valid.	Field	Date (MM/DD/CCYY)	8
End Date	The last day this condition code is valid.	Field	Date (MM/DD/CCYY)	8

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6.156.4 Codes-Condition Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Condition	Field	1	Condition is required.	Enter a condition code.
	Field	3	Condition must be 2 character(s) in length.	Enter a unique 2 character condition code.
Description	Field	1	Description is required.	Enter a text description of the condition code.
Effective Date	Field	1	Effective Date is required.	Enter a valid Effective Date.
	Field	2	Invalid date. Format is MM/DD/CCYY.	Enter a valid date in the MM/DD/CCYY format.
	Field	3	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is on or after 01/01/1900.
	Field	4	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is on or before 12/31/2299.
	Field	5	Effective Date[Date] must be less than or equal to End Date[Date].	Enter an Effective Date that is equal or less than the End Date.
	Field	6	Effective Date and End Date range overlap an existing condition code record.	Enter Effective Date and End Date that do not overlap a current condition code.
End Date	Field	1	End Date is required.	Enter a valid End Date.
	Field	2	Invalid date. Format is MM/DD/CCYY.	Enter a valid date in the MM/DD/CCYY format.
	Field	3	End Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is on or after 01/01/1900.
	Field	4	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is before or on the same date of 12/31/2299.

6.156.5 Codes-Condition Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.156.6 Codes-Condition Panel Accessibility

6.156.6.1 To Access the Codes-Condition Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Condition**.	Condition panel displays.

6.156.6.2 To Add on the Codes-Condition Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Condition**.	
3	Enter **Description**.	
4	Enter **Effective Date**.	
5	Enter **End Date**.	
6	Click **Save**.	Condition information is saved.

6.156.6.3 To Update on the Codes-Condition Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Condition information is saved.

6.156.6.4 To Delete on the Codes-Condition Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.157 CODES-COUNTY PANEL

6.157.1 Codes-County Panel Narrative

The County panel is used to maintain state county information.

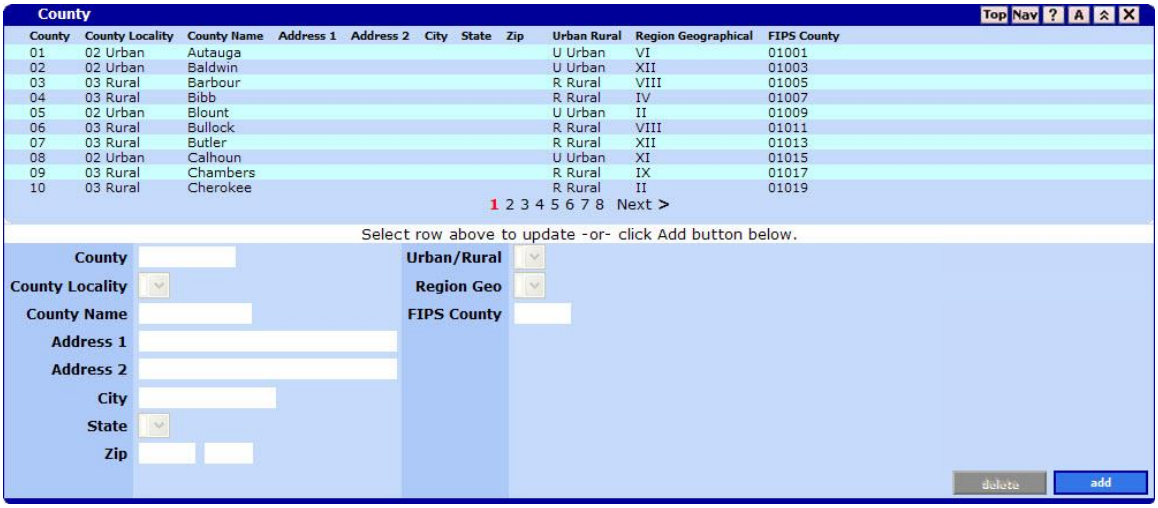
The panel consists of a data list displaying the defined Counties and a sub-panel where updates and adds are performed.

Selecting an entry from the data list will populate the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Related Data] - [Codes] - [County]

6.157.2 Codes-County Panel Layout



6.157.3 Codes-County Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a County.	Button	N/A	0
Address 1	First line of the county mailing address.	Field	Character	30
Address 2	Second line of the county mailing address.	Field	Character	30
City	City of the county mailing address.	Field	Character	15
County	The 10 digit county code used to identify a county in the state.	Field	Character	10
County Locality	A 2 digit locality code used to identify a geographical/political area in the state.	Combo Box	Drop Down List Box	0

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Field	Description	Field Type	Data Type	Length
County Name	Name of the County.	Field	Character	12
Delete	Allows the user to delete a County.	Button	N/A	0
FIPS County	The USPS county number used to identify a geographical/political area in the state.	Field	Character	5
Region Geographical	A user defined code that identifies a geographical region.	Combo Box	Drop Down List Box	0
State	State of the county mailing address.	Combo Box	Drop Down List Box	0
Urban / Rural	Indicates whether the county is urban or rural.	Combo Box	Drop Down List Box	0
Zip	Zip code of the county mailing address.	Field	Number (Integer)	9

6.157.4 Codes-County Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
County	Field	1	County is required.	Enter a 2 character county code.
	Field	2	County must be 2 character(s) in length.	Enter a 2 character county code.
	Field	3	A duplicate record cannot be saved.	Enter a unique 2 character county code.
County Name	Field	2	County Name is required.	Enter a county name.
FIPS County	Field	1	FIPS County must be 5 character(s) in length.	Enter a 5 character FIPS County code.
Region Geo	Field	3	A valid Region Geo is required.	Select a Region Geographical code from the list.

6.157.5 Codes-County Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.157.6 Codes-County Panel Accessibility

6.157.6.1 To Access the Codes-County Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **County**.	County panel displays.

6.157.6.2 To Add on the Codes-County Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **County**.	
3	Select **County Locality** from drop down list box.	
4	Enter **County Name**.	
5	Enter **Address 1**.	
6	Enter **Address 2**.	
7	Enter **City**.	
8	Select **State** from drop down list box.	
9	Enter **Zip Code+4**.	
10	Select **Urban/Rural** from drop down list box.	
11	Select **Region Geo** from drop down list box.	
12	Click **Save**.	County information is saved.

6.157.6.3 To Update on the Codes-County Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	County information is saved.

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6.157.6.4 To Delete on the Codes-County Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.158 CODES-DEA PANEL

6.158.1 Codes-DEA Panel Narrative

The Drug Enforcement Agency (DEA) panel is used to maintain DEA codes and descriptions. DEA codes denote the degree of potential abuse and federal control of a drug. This code is subject to change by federal regulation.

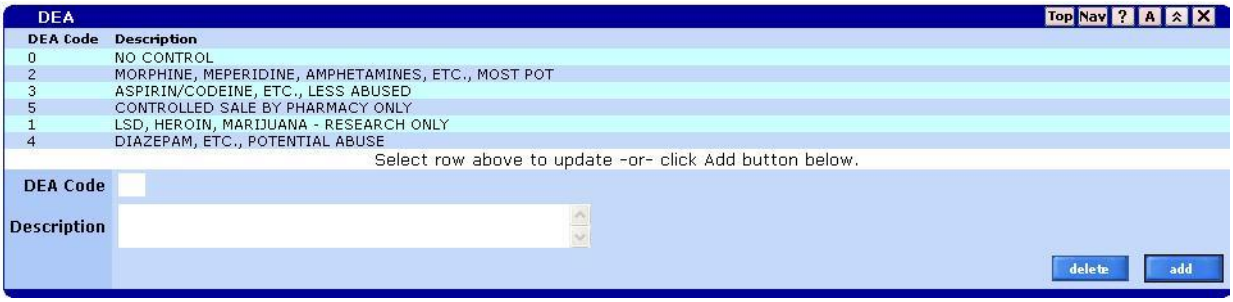
The panel consists of a data list displaying the defined DEA codes and a sub-panel where updates and adds are performed.

Selecting an entry from the data list will populate the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Related Data] - [Codes] - [DEA]

6.158.2 Codes-DEA Panel Layout



6.158.3 Codes-DEA Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Drug Enforcement Administration (DEA) Code.	Button	N/A	0
DEA Code	The Drug Enforcement Administration (DEA) code denotes the degree of potential abuse and Federal control of a drug. This is based on whether they have an accepted medical use; their relative potential for abuse; the degree of dependence that may be caused by abuse of the drug. This code is subject to change by Federal regulation.	Field	Character	1
Delete	Allows the user to delete a Drug Enforcement Administration (DEA) Code.	Button	N/A	0
Description	Text describing the Drug Enforcement Administration (DEA) code.	Field	Character	100

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6.158.4 Codes-DEA Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
DEA Code	Field	1	DEA Code is required.	Enter a Drug Enforcement Administration (DEA) Code.
	Field	6	A duplicate record cannot be saved.	Enter a unique Drug Enforcement Administration (DEA) Code.
Description	Field	1	Description is required.	Enter a text description of the Drug Enforcement Administration (DEA) Code.

6.158.5 Codes-DEA Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.158.6 Codes-DEA Panel Accessibility

6.158.6.1 To Access the Codes-DEA Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **DEA**.	DEA panel displays.

6.158.6.2 To Add on the Codes-DEA Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **DEA Code**.	
3	Enter **Description**.	
4	Click **Save**.	DEA information is saved.

6.158.6.3 To Update on the Codes-DEA Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	

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Step	Action	Response
3	Click **Save**.	DEA information is saved.

6.158.6.4 To Delete on the Codes-DEA Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.159 CODES-DESI PANEL

6.159.1 Codes-DESI Panel Narrative

The DESI panel is used to maintain DESI codes. DESI codes are used to mark a particular drug as declared less than effective by the Food and Drug Administration (FDA) Drug Product Efficacy Study and Implementation program (DESI).

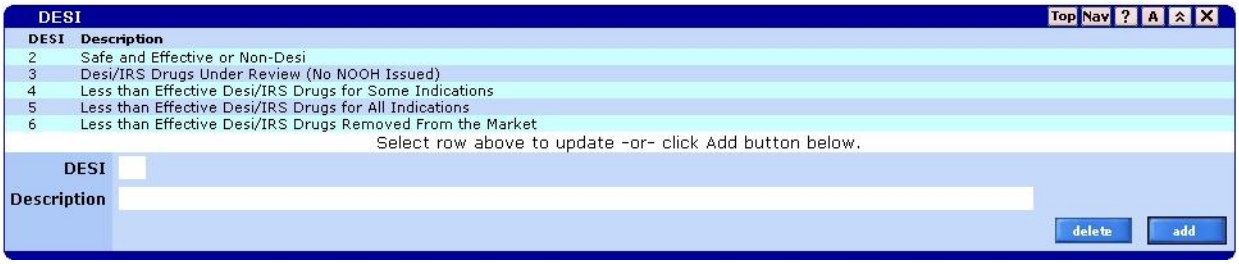
The panel consists of a data list displaying the defined DESI codes and a sub-panel where updates and adds are performed.

Selecting an entry from the data list will populate the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Related Data] - [Codes] - [DESI]

6.159.2 Codes-DESI Panel Layout



6.159.3 Codes-DESI Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows a user to add a Drug Product Efficacy Study and Implementation program (DESI) code.	Button	N/A	0
Delete	Allows a user to delete a Drug Product Efficacy Study and Implementation program (DESI) code.	Button	N/A	0
DESI	The code identifies the DESI status of the NDC drug with current valid values of 0-6. The DESI Drug Indicator (DESI) marks a particular drug as declared less than effective by the Food and Drug Administration. The CMS DESI Code (CMS_DESI) indicates the DESI code as supplied on the CMS's quarterly tape.	Field	Character	1
Description	The description of the Drug Product Efficacy Study and Implementation program (DESI) code value.	Field	Character	100

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6.159.4 Codes-DESI Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
DESI	Field	1	DESI is required.	Enter a DESI code.
	Field	2	Duplicate record cannot be saved.	Enter a unique DESI code.
Description	Field	1	Description is required.	Enter a text Description of the DESI code.

6.159.5 Codes-DESI Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.159.6 Codes-DESI Panel Accessibility

6.159.6.1 To Access the Codes-DESI Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **DESI**.	DESI panel displays.

6.159.6.2 To Add on the Codes-DESI Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **DESI**.	
3	Enter **Description**.	
4	Click **Save**.	DESI information is saved.

6.159.6.3 To Update on the Codes-DESI Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	DESI information is saved.

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6.159.6.4 To Delete on the Codes-DESI Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.160 CODES-DISPOSITION STATUS PANEL

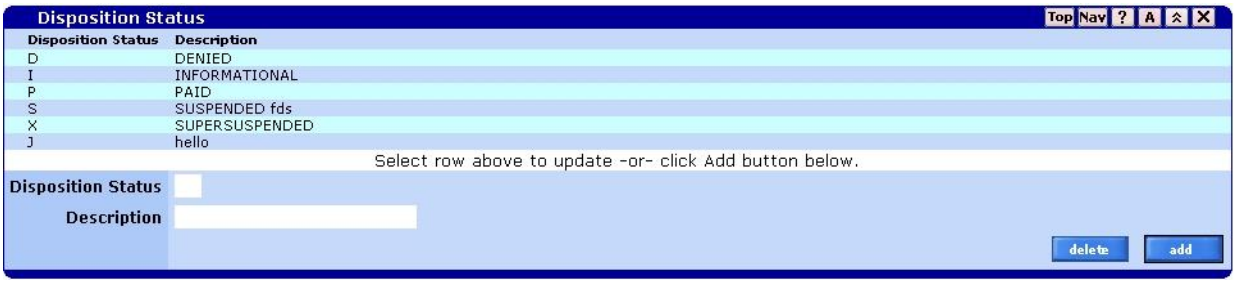
6.160.1 Codes-Disposition Status Panel Narrative

Codes-Disposition Status panel contains all the valid disposition status codes and their descriptions.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Related Data] - [Codes] - [Disposition Status]

6.160.2 Codes-Disposition Status Panel Layout



6.160.3 Codes-Disposition Status Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows a user to add a Disposition Status code.	Button	N/A	0
Delete	Allows a user to delete a Disposition Status code.	Button	N/A	0
Description	Description that represents the action (pay, deny, suspend, super suspend, Pay and List) that should be taken on a claim at dispositioning time.	Field	Character	25
Disposition Status	Code that represents the action (pay, deny, suspend, super suspend, Pay and List) that should be taken on a claim at dispositioning time.	Field	Character	1

6.160.4 Codes-Disposition Status Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a text Description of the disposition status code.
Disposition Status	Field	1	Disposition Status is required.	Enter a Disposition Status code.
	Field	2	A duplicate record cannot be saved.	Enter a unique Disposition Status code.

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6.160.5 Codes-Disposition Status Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.160.6 Codes-Disposition Status Panel Accessibility

6.160.6.1 To Access the Codes-Disposition Status Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Disposition Status**.	Disposition Status panel displays.

6.160.6.2 To Add on the Codes-Disposition Status Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Disposition Status**.	
3	Enter **Description**.	
4	Click **Save**.	Disposition Status information is saved.

6.160.6.3 To Update on the Codes-Disposition Status Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Disposition Status information is saved.

6.160.6.4 To Delete on the Codes-Disposition Status Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.161 CODES-DOSAGE FORM PANEL

6.161.1 Codes-Dosage Form Panel Narrative

The Dosage Form panel is used to maintain Dosage Form codes as supplied by FDB (First DataBank). Dosage form describes the physical presentation of a drug, such as tablet, capsule, or liquid. It may also incorporate the delivery and release mechanism of the drug.

The Food and Drug Administration does not specify as many unique dosage forms as First DataBank; First DataBank supports all dosage forms identified by the Food and Drug Administration and observes similar naming conventions when possible. First DataBank also supplies additional dosage forms.

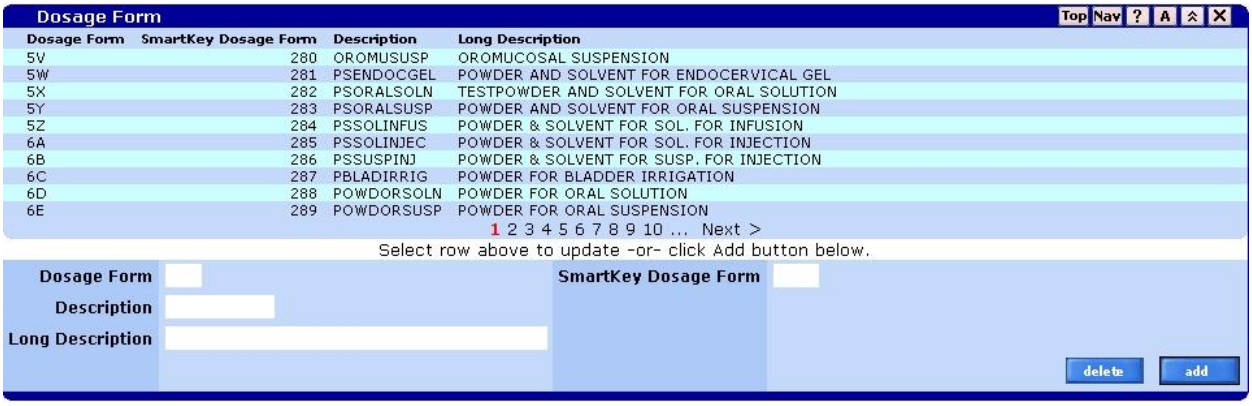
The panel consists of a data list displaying the defined Dosage Forms and a sub-panel where updates and adds are performed.

Selecting an entry from the data list will populate the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference]- [Related Data] - [Codes] - [Dosage Form]

6.161.2 Codes-Dosage Form Panel Layout



6.161.3 Codes-Dosage Form Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Dosage Form code.	Button	N/A	0
Delete	Allows the user to delete a Dosage Form code.	Button	N/A	0
Description	Abbreviated dosage form description. Describes the physical presentation of a drug, such as tablet, capsule, or liquid. It may also incorporate the delivery and release mechanism of the drug. Abbreviations may be used to conform to space requirements.	Field	Character	10

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Field	Description	Field Type	Data Type	Length
Dosage Form	Code representing the dosage form.	Field	Character	2
Long Description	Long text description of the Dosage Form code interpretation.	Field	Character	40
Smartkey Dosage Form	Smart Key Dosage Form Code.	Field	Number (Integer)	3

6.161.4 Codes-Dosage Form Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description of the Dosage Form code.
Dosage Form	Field	1	Dosage Form is required.	Enter a Dosage Form code.
	Field	2	A duplicate record cannot be saved.	Enter a unique Dosage Form code.
	Field	3	Dosage Form must be 2 character(s) in length.	Enter a unique 2 digit Dosage Form code.
Long Description	Field	1	Long Description is required.	Long Description required when adding or modifying Dosage Form.
Smartkey Dosage Form	Field	1	SmartKey Dosage Form must be greater than or equal to 1.	Enter a SmartKey Dosage Form that is be greater than or equal to 1.
	Field	2	Enter a valid value.	Enter a numeric value.
	Field	3	Smartkey Dosage Form is required.	Enter a valid Smartkey Dosage Form.

6.161.5 Codes-Dosage Form Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.161.6 Codes-Dosage Form Panel Accessibility

6.161.6.1 To Access the Codes-Dosage Form Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.

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Step	Action	Response
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Dosage Form**.	Dosage Form panel displays.

6.161.6.2 To Add on the Codes-Dosage Form Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Dosage Form**.	
3	Enter **Description**.	
4	Enter **Long Description**.	
7	Click **Save**.	Dosage Form information is saved.

6.161.6.3 To Update on the Codes-Dosage Form Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Dosage Form information is saved.

6.161.6.4 To Delete on the Codes-Dosage Form Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.162 CODES-DRUG ACTIVATION PANEL

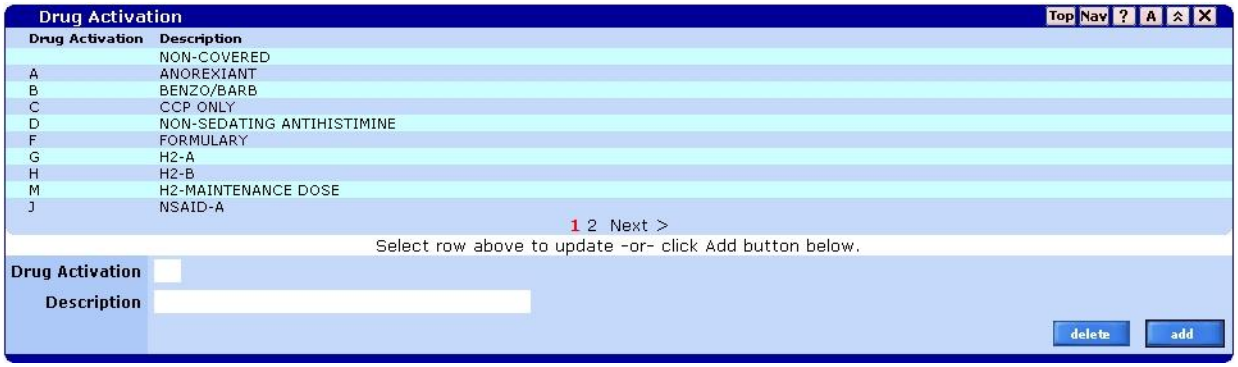
6.162.1 Codes-Drug Activation Panel Narrative

The Drug Activation panel describes the status and program coverage for a specific drug.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference]- [Related Data] - [Codes] - Drug Activation]

6.162.2 Codes-Drug Activation Panel Layout



6.162.3 Codes-Drug Activation Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Drug Activation code.	Button	N/A	0
Delete	Allows the user to delete a Drug Activation code.	Button	N/A	0
Description	Text description of activation indicator.	Field	Character	40
Drug Activation	Activation indicator used to indicate what status and program coverage the drug will have. It is also used in claims editing. This attribute is determined by FDB and is part of the FDB Drug update process.	Field	Character	1

6.162.4 Codes-Drug Activation Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a text Description of the drug activation code.
Drug Activation	Field	1	Drug Activation is required.	Enter a Drug Activation code.
	Field	2	A duplicate record cannot be saved.	Enter a unique Drug Activation code.

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6.162.5 Codes-Drug Activation Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.162.6 Codes-Drug Activation Panel Accessibility

6.162.6.1 To Access the Codes-Drug Activation Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Drug Activation**.	Drug Activation panel displays.

6.162.6.2 To Add on the Codes-Drug Activation Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Drug Activation**.	
3	Enter **Description**.	
4	Click **Save**.	Drug Activation information is saved.

6.162.6.3 To Update on the Codes-Drug Activation Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Drug Activation information is saved.

6.162.6.4 To Delete on the Codes-Drug Activation Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.163 CODES-DRUG CATEGORY CODE PANEL

6.163.1 Codes-Drug Category Code Panel Narrative

The Drug Category Code panel is used to maintain Drug Category Codes as supplied by FDB (First DataBank). Drug Category Codes are used to indicate that a drug product belongs to a category that is commonly treated as an exception in third party plans, for example: Insulins.

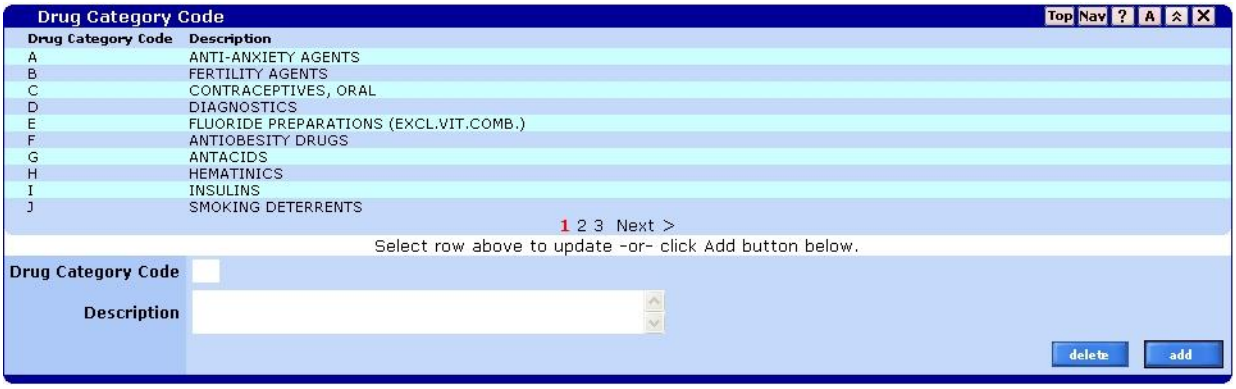
The panel consists of a data list displaying the defined Drug Categories and a sub-panel where updates and adds are performed.

Selecting an entry from the data list populates the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Related Data] - [Codes] - Drug Category Code]

6.163.2 Codes-Drug Category Code Panel Layout



6.163.3 Codes-Drug Category Code Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Drug Category Code.	Button	N/A	0
Delete	Allows the user to delete a Drug Category Code.	Button	N/A	0
Description	Text description of Drug Category Code.	Field	Character	100
Drug Category Code	Code representing a drug category that is commonly treated as an exception for payment by some third party plans.	Field	Character	1

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6.163.4 Codes-Drug Category Code Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Description field required when adding or modifying Drug Category Code.
Drug Category Code	Field	1	Drug Category Code is required.	Drug Category Code required when adding or modifying drug category code.
	Field	2	A duplicate record cannot be saved.	Enter a unique Drug Category Code.

6.163.5 Codes-Drug Category Code Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.163.6 Codes-Drug Category Code Panel Accessibility

6.163.6.1 To Access the Codes-Drug Category Code Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data pagedisplays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Drug Category Code**.	Drug Category Code panel displays.

6.163.6.2 To Add on the Codes-Drug Category Code Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Drug Category Code**.	
3	Enter **Description**.	
4	Click **Save**.	Drug Category Code information is saved.

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6.163.6.3 To Update on the Codes-Drug Category Code Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Drug Category Code information is saved.

6.163.6.4 To Delete on the Codes-Drug Category Code Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.164 CODES-DRUG ROUTE PANEL

6.164.1 Codes-Drug Route Panel Narrative

The Drug Route panel is used to maintain the Route of Administration code set as supplied by FDB (First DataBank). Route of Administration represents the normal site or method by which a drug is administered in the body, such as oral, injection, or topical.

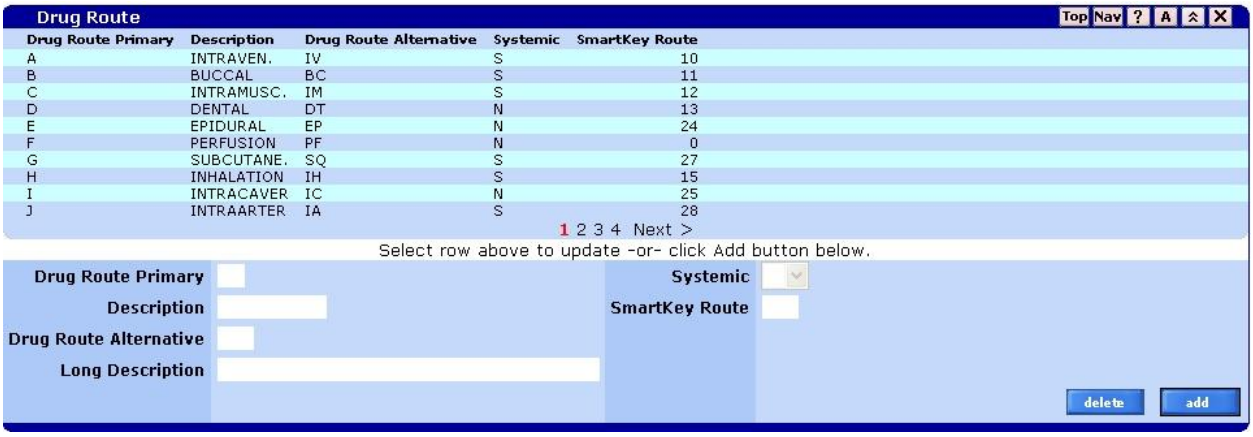
The panel consists of a data list displaying the defined Routes of Administration and a sub-panel where updates and adds are performed.

Selecting an entry from the data list populates the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Related Data] - [Codes] - [Drug Route]

6.164.2 Codes-Drug Route Panel Layout



6.164.3 Codes-Drug Route Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Drug Route code.	Button	N/A	0
Delete	Allows the user to delete a Drug Route code.	Button	N/A	0
Description	Brief/Abbreviated text description associated with a Route of Administration Code.	Field	Character	10

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Field	Description	Field Type	Data Type	Length
Drug Route Alternative	Two-character code representing the normal site or method by which a drug is administered in the body, such as oral, injection, or topical. This two character code is an abbreviation recognizable to a user such as IV, IM, SC. FDB also provides a one-character route code for applications where the description is transparent to the user. A Route of Administration Code (GCRT) is associated to each GCN_SEQNO to identify that component of the generic drug formulation.	Field	Character	2
Drug Route Primary	One-character code representing the normal site or method by which a drug is administered, such as oral, injection, or topical. This one character code is provided for applications where the description is transparent to the user.	Field	Character	1
Long Description	Extended text description for a Route of Administration. This long description is the same description for the corresponding Primary and Alternative Drug Route Codes.	Field	Character	40
SmartKey Route	Sixth component of the Smart Key is the Smart Key - Route Code (SKEY-RT), a two-digit number. An SKEY-RT code value is interpreted the same across all like NDCs.	Field	Number (Integer)	2
Systemic	Indicates if the route of administration is systemic. Valid values include: S = Systemic N = Non-systemic O = Other	Combo Box	Drop Down List Box	0

6.164.4 Codes-Drug Route Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description for the Drug Route code.
Drug Route Alternative	Field	1	Drug Route Alternative is required.	Drug Route Alternative required when adding drug route.
Drug Route Primary	Field	1	Drug Route Primary is required.	Enter a Drug Route Primary code.
	Field	2	A duplicate record cannot be saved.	Enter a unique Drug Route Primary.

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Field	Field Type	Error Code	Error Message	To Correct
Long Description	Field	1	Long Description is required.	Enter a Long Description of the Drug Route code.
SmartKey Route	Field	1	SmartKey Route is required.	Enter a Smartkey Route number for the drug route code.
Systemic	Field	1	Systemic is required.	Select Systemic, non-systemic or other from the list.

6.164.5 Codes-Drug Route Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.164.6 Codes-Drug Route Panel Accessibility

6.164.6.1 To Access the Codes-Drug Route Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Drug Route**.	Drug Route panel displays.

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6.164.6.2 To Add on the Codes-Drug Route Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Drug Route Primary**.	
3	Enter **Description**.	
4	Enter **Long Route Alternative**.	
5	Enter **Long Description**.	
6	Select **Systemic** from drop down list box.	
7	Select **SmartKey** from drop down list box.	
8	Click **Save**.	Drug Route information is saved.

6.164.6.3 To Update on the Codes-Drug Route Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Drug Route information is saved.

6.164.6.4 To Delete on the Codes-Drug Route Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.165 CODES-DRUG STRENGTH PANEL

6.165.1 Codes-Drug Strength Panel Narrative

The Drug Strength panel is used to maintain Drug Strength information as supplied by FDB (First DataBank). The strength of a drug formulation refers to the potency of the drug.

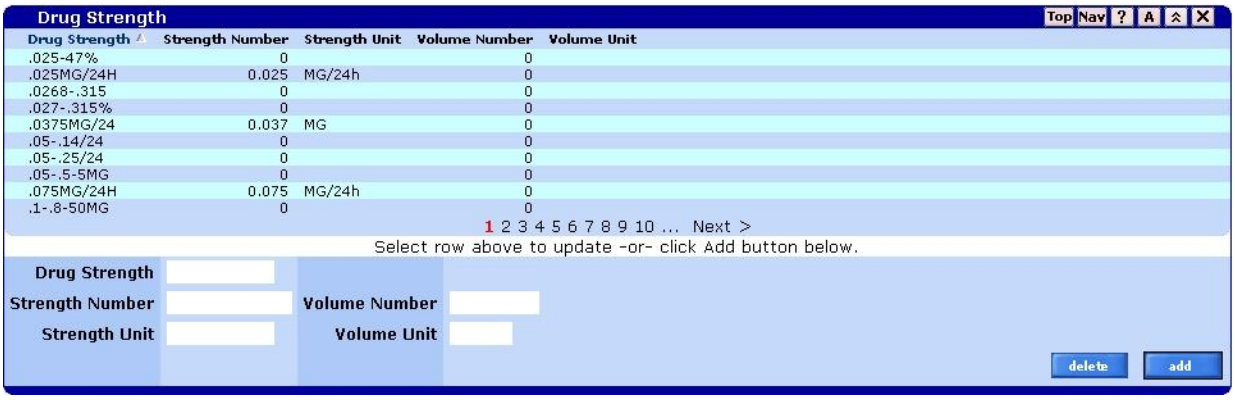
The panel consists of a data list displaying Drug Strength information and a sub-panel where updates and adds are performed.

Selecting an entry from the data list populates the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Related Data] - [Codes] - [Drug Strength]

6.165.2 Codes-Drug Strength Panel Layout



6.165.3 Codes-Drug Strength Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Drug Strength record.	Button	N/A	0
Delete	Allows the user to delete a Drug Strength record.	Button	N/A	0
Drug Strength	Drug Strength Number (STRNUM) must be used in conjunction with the Drug Strength Unit (STRUN), the Drug Strength Volume Number (VOLNUM), and the Drug Strength Volume Units (VOLUN) to obtain a conventional strength expression for the drug product. The strength of a drug product is usually expressed in the metric system and is not available or necessary for all drug formulations.	Field	Character	10

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Field	Description	Field Type	Data Type	Length
Strength Number	Drug Strength Number (STRNUM) must be used in conjunction with the Drug Strength Unit (STRUN), the Drug Strength Volume Number (VOLNUM), and the Drug Strength Volume Units (VOLUN) to obtain a conventional strength expression for the drug product. The strength of a drug product is usually expressed in the metric system and is not available or necessary for all drug formulations.	Field	Number (Decimal)	11
Strength Unit	Drug Strength Units (STRUN) must be used in conjunction with the Drug Strength Number (STRNUM), the Drug Strength Volume Number (VOLNUM), and the Drug Strength Volume Units (VOLUN) to obtain a conventional strength expression of the drug product. The strength of a drug product is usually expressed in the metric system and is not available or necessary for all drug formulations.	Field	Character	10
Volume Number	Drug Strength Volume Number (VOLNUM) indicates the volume or weight of the drug product which contains the indicated amounts of active ingredients. This field must be used in conjunction with the Drug Strength Number (STRNUM), the Drug Strength Units (STRUN), and the Drug Strength Volume Units (VOLUN) to obtain a conventional strength expression of the drug product. The strength of a drug product is usually expressed in the metric system and is not available or necessary for all drug formulations.	Field	Number (Integer)	7
Volume Unit	Drug Strength Volume Units (VOLUN) must be used in conjunction with the Drug Strength Number (STRNUM), the Drug Strength Units (STRUN), and the Drug Volume Number (VOLUN) to obtain a conventional strength expression of the drug product. The strength of a drug product is usually expressed in the metric system and is not available or necessary for all drug formulations.	Field	Character	5

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6.165.4 Codes-Drug Strength Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Drug Strength	Field	1	Drug Strength is required.	Enter a valid Drug Strength.
Strength Number	Field	1	Strength Number is required.	Enter a valid Strength Number.
	Field	2	Strength Number must be less than or equal to 99999999.999.	Enter a Strength Number that is less than or equal to 99999999.999.
Strength Unit	Field	1	Strength Unit is required.	Enter a valid Strength Unit when adding or modifying Drug Strength.
Volume Number	Field	1	Enter a valid value.	Enter a numeric value.
	Field	2	Volume Number must be less than or equal to 9999.999.	Enter a valid value.
	Field	3	Volume Number is required.	Must enter a value in Volume Number.
Volume Unit	Field	1	Volume Unit is required.	Enter a valid Volume Unit when adding or modifying Drug Strength.

6.165.5 Codes-Drug Strength Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.165.6 Codes-Drug Strength Panel Accessibility

6.165.6.1 To Access the Codes-Drug Strength Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Drug Strength**.	Drug Strength panel displays.

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6.165.6.2 To Add on the Codes-Drug Strength Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Drug Strength**.	
3	Enter **Strength Number**.	
4	Enter **Strength Unit**.	
5	Enter **Volume Number**.	
6	Enter **Volume Unit**.	
7	Click **Save**.	Drug Strength information is saved.

6.165.6.3 To Update on the Codes-Drug Strength Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Drug Strength information is saved.

6.165.6.4 To Delete on the Codes-Drug Strength Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.166 CODES-EDIT PARM TYPE PANEL

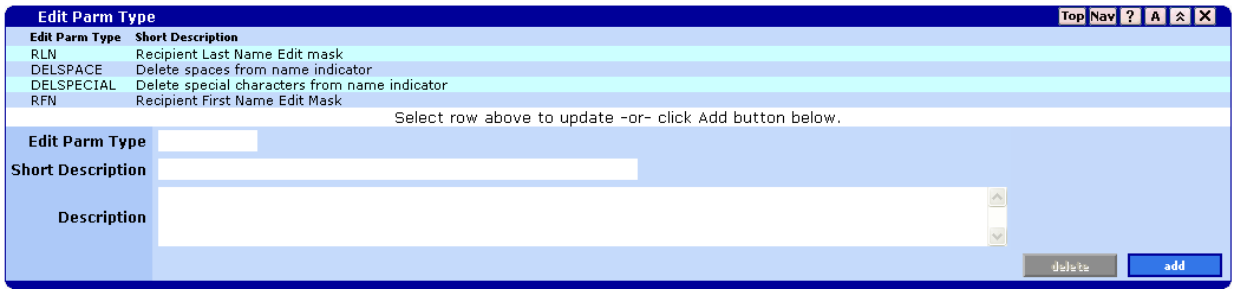
6.166.1 Codes-Edit Parm Type Panel Narrative

The Edit Parm Type contains the description of the edit parameter type.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Related Data] - [Codes] - [Edit Parm Type]

6.166.2 Codes-Edit Parm Type Panel Layout



6.166.3 Codes-Edit Parm Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add an Edit Parameter Type.	Button	N/A	0
Delete	Allows the user to delete an Edit Parameter Type.	Button	N/A	0
Description	Description of the parameter type, for example, "Recipient First Name edit mask".	Field	Character	4000
Edit Parm Type	The parameter type, for example, "RFN" (recipient first name).	Field	Character	10
Short Description	Short Description of the Edit Parameter Type type.	Field	Character	50

6.166.4 Codes-Edit Parm Type Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	The Description can not be spaces; key something in the description field.
	Field	4	You have exceeded the maximum characters allowed for this field. Your text has been truncated to the maximum 4000 characters.	Limit your text to 4000 characters or less.

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Field	Field Type	Error Code	Error Message	To Correct
Edit Parm Type	Field	1	Edit Parm Type - delete was unsuccessful. Record in use by Edit Parameter.	The Edit Parameter Type is contained on at least 1 edit parameter record. Delete the edit parm type from all edit parameters it is contained on and then delete the edit parm type.
	Field	2	A duplicate record cannot be saved.	Change the Edit Parm Type to a value that does not already exist.
	Field	3	Edit Parm Type is required.	Enter a Edit Parm Type.
Short Description	Field	0	Short Description is required.	Enter the short Description.

6.166.5 Codes-Edit Parm Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.166.6 Codes-Edit Parm Type Panel Accessibility

6.166.6.1 To Access the Codes-Edit Parm Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Edit Parm Type**.	Edit Parm Type panel displays.

6.166.6.2 To Add on the Codes-Edit Parm Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Edit Parm Type**.	
3	Enter **Short Description**.	
4	Enter **Description**.	
7	Click **Save**.	Edit Parm Type information is saved.

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6.166.6.3 To Update on the Codes-Edit Parm Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Edit Parm Type information is saved.

6.166.6.4 To Delete on the Codes-Edit Parm Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.167 CODES-EOB TYPE PANEL

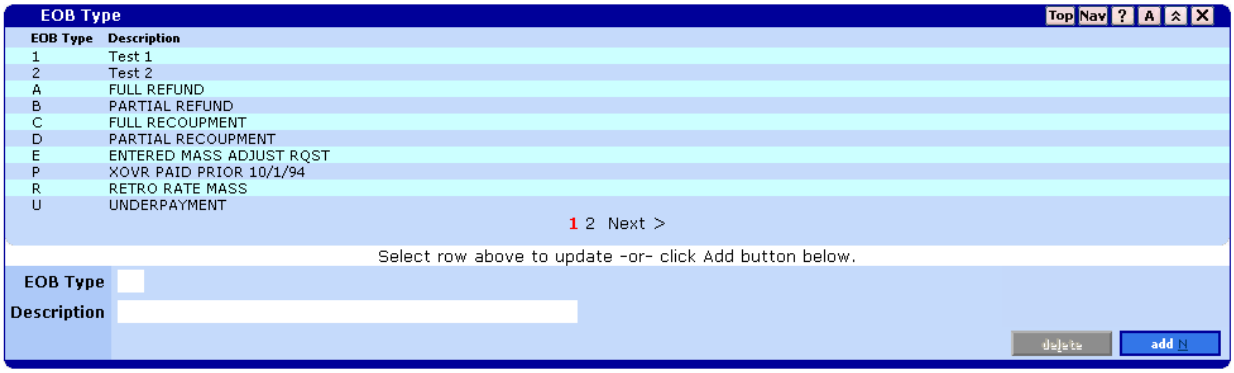
6.167.1 Codes-EOB Type Panel Narrative

The EOB Type panel is used to maintain the list of EOB types available for adjustments. The "adjustment" EOB's are used in conjunction with the error code EOB's to explain on the provider's RA why the claim hit a particular edit/audit during the adjustment process.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Related Data] - [Codes] - [EOB Type]

6.167.2 Codes-EOB Type Panel Layout



6.167.3 Codes-EOB Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add an Explanation of Benefit (EOB) type.	Button	N/A	0
Delete	Allows the user to delete an Explanation of Benefit (EOB) Type.	Button	N/A	0
Description	Description of the Explanation of Benefit (EOB) Type.	Field	Character	50
EOB Type	One character code used to identify the type of processing that should occur when an EOB is assigned. For example, A-full refund, U-underpayment, E-enter mass adjustment.	Field	Character	1

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6.167.4 Codes-EOB Type Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a text description of the EOB Type.
EOB Type	Field	1	EOB Type is required.	Enter an EOB Type code.
	Field	2	A duplicate record cannot be saved.	Enter a unique EOB Type Code.

6.167.5 Codes-EOB Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.167.6 Codes-EOB Type Panel Accessibility

6.167.6.1 To Access the Codes-EOB Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **EOB Type**.	EOB Type panel displays.

6.167.6.2 To Add on the Codes-EOB Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **EOB Type**.	
3	Enter **Description**.	
4	Click **Save**.	EOB Type information is saved.

6.167.6.3 To Update on the Codes-EOB Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	EOB Type information is saved.

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6.167.6.4 To Delete on the Codes-EOB Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.168 CODES-GENDER PANEL

6.168.1 Codes-Gender Panel Narrative

The Gender panel is used to maintain gender code and description.

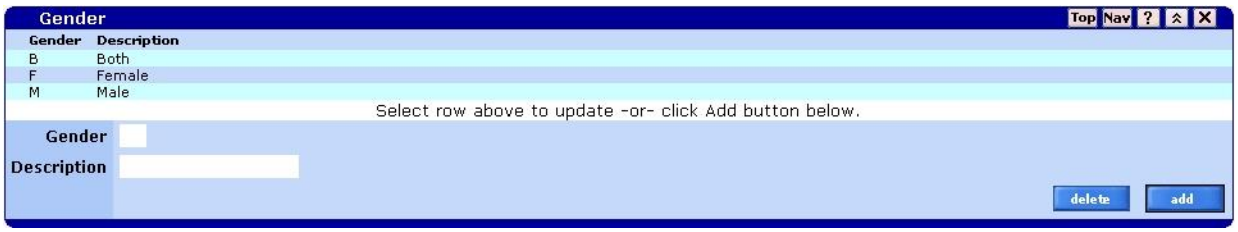
The panel consists of a data list displaying the defined Gender values and a sub-panel where updates and adds are performed.

Selecting an entry from the data list populates the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Related Data] - [Codes] - [Gender]

6.168.2 Codes-Gender Panel Layout



6.168.3 Codes-Gender Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Gender code.	Button	N/A	0
Delete	Allows the user to delete a Gender code.	Button	N/A	0
Description	Text describing the gender of an individual.	Field	Character	18
Gender	Code describing the gender of an individual.	Field	Character	1

6.168.4 Codes-Gender Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a text Description of the gender code.
Gender	Field	1	Gender is required.	Enter a Gender code.
	Field	2	A duplicate record cannot be saved.	Enter a unique Gender code.

6.168.5 Codes-Gender Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.168.6 Codes-Gender Panel Accessibility

6.168.6.1 To Access the Codes-Gender Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Gender**.	Gender panel displays.

6.168.6.2 To Add on the Codes-Gender Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Gender**.	
3	Enter **Description**.	
4	Click **Save**.	Gender information is saved.

6.168.6.3 To Update on the Codes-Gender Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Gender information is saved.

6.168.6.4 To Delete on the Codes-Gender Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.169 CODES-GENERIC THERAPEUTIC CLASS PANEL

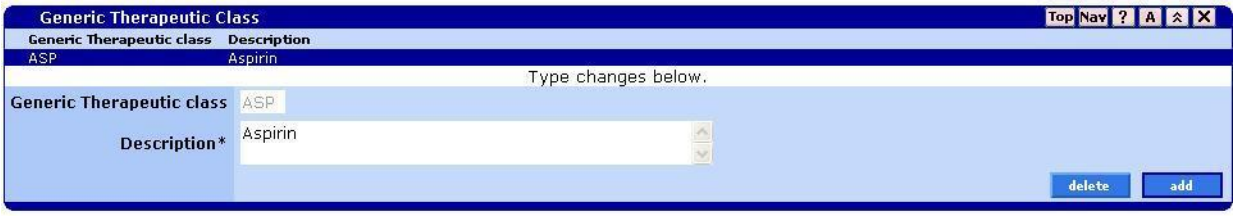
6.169.1 Codes-Generic Therapeutic Class Panel Narrative

The Generic Therapeutic Class code classifies drugs according to the most general therapeutic groupings.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation: [Reference] - [Related Data] - [Codes] - [Generic Therapeutic Class]

6.169.2 Codes-Generic Therapeutic Class Panel Layout



6.169.3 Codes-Generic Therapeutic Class Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Generic Therapeutic class.	Button	N/A	0
Delete	Allows the user to delete a Generic Therapeutic class.	Button	N/A	0
Description	Provides the text description for a Generic Therapeutic Class code.	Field	Alphanumeric	100
Generic Therapeutic Class	The Generic Therapeutic Class code classifies drugs according to the most general therapeutic groupings.	Field	Character	3

6.169.4 Codes-Generic Therapeutic Class Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	2	Description is required.	Enter Description.
Generic Therapeutic Class	Field	1	Generic Therapeutic Class Code is required.	Enter Generic Therapeutic Class Code.

6.169.5 Codes-Generic Therapeutic Class Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.169.6 Codes-Generic Therapeutic Class Panel Accessibility

6.169.6.1 To Access the Codes-Generic Therapeutic Class Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Generic Therapeutic Class**.	Generic Therapeutic Class panel displays.

6.169.6.2 To Add on the Codes-Generic Therapeutic Class Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Generic Therapeutic Class**.	
3	Enter **Description**.	
4	Click **Save**.	Generic Therapeutic Class information is saved.

6.169.6.3 To Update on the Codes-Generic Therapeutic Class Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Generic Therapeutic Class information is saved.

6.169.6.4 To Delete on the Codes-Generic Therapeutic Class Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.170 CODES-GEOGRAPHICAL REGION PANEL

6.170.1 Codes-Geographical Region Panel Narrative

The Geographical Region panel is used to maintain the Geographical Region codes for the current state implementation.

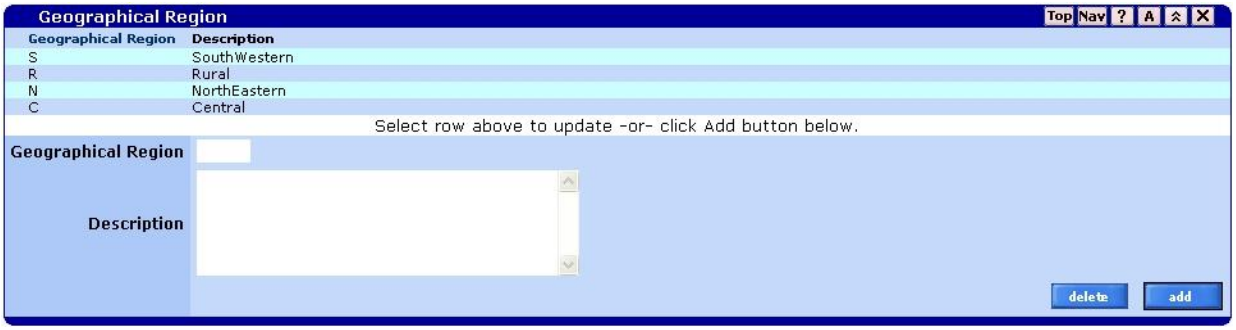
The panel consists of a data list displaying the defined Geographical Regions and a sub-panel where updates and adds are performed.

Selecting an entry from the data list populates the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Related Data] - [Codes] - [Geographical Region]

6.170.2 Codes-Geographical Region Panel Layout



6.170.3 Codes-Geographical Region Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Geographical Region code.	Button	N/A	0
Delete	Allows the user to delete a Geographical Region code.	Button	N/A	0
Description	Text describing the geographical region.	Field	Character	4000
Geographical Region	A user defined code that identifies a geographical region.	Field	Character	4

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6.170.4 Codes-Geographical Region Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is Required.	Enter a text Description of the Geographical Region.
Geographical Region	Field	1	Geographical Region is required.	Enter a Geographical Region code.
	Field	2	A duplicate record cannot be saved.	Enter a unique Geographical Region code.

6.170.5 Codes-Geographical Region Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.170.6 Codes-Geographical Region Panel Accessibility

6.170.6.1 To Access the Codes-Geographical Region Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Geographical Region**.	Geographical Region panel displays.

6.170.6.2 To Add on the Codes-Geographical Region Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Geographical Region**.	
3	Enter **Description**.	
4	Click **Save**.	Geographical Region information is saved.

6.170.6.3 To Update on the Codes-Geographical Region Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Geographical Region information is saved.

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6.170.6.4 To Delete on the Codes-Geographical Region Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.171 CODES-HEALTH CARE ENTITY IDENTIFIER PANEL

6.171.1 Codes-Health Care Entity Identifier Panel Narrative

The Health Care Entity Identifier panel is used to maintain the Health Care Entity Identifier codes used in the Health Care Claim Status Notification/Response (277) transaction.

Entity Identifier codes are used to further modify the Health Care Status code if additional detail applicable to claim status is needed to clarify the status. The Claim Status transaction is not used as a financial transaction. Please refer to the 276/277 Transaction Set Implementation Guide for further details regarding the use of these codes.

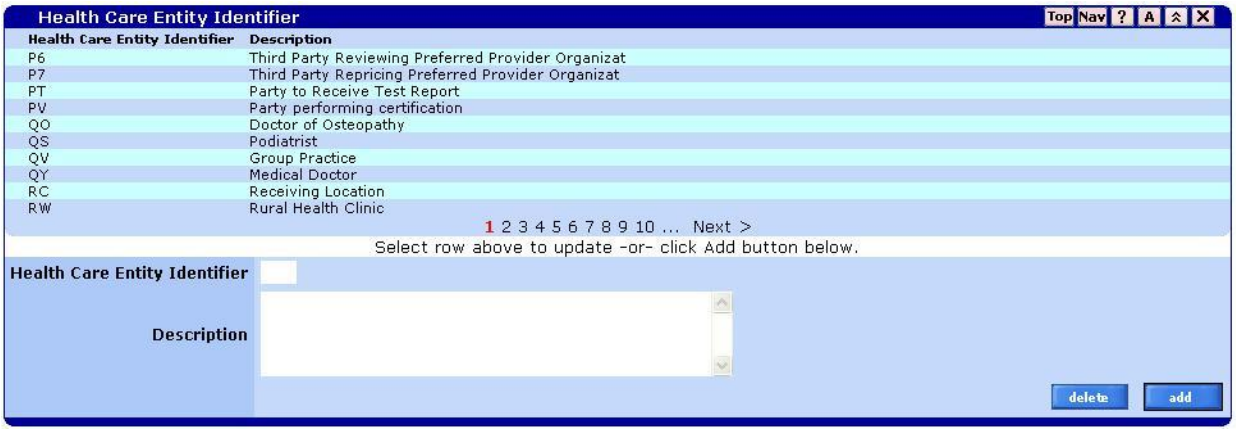
The panel consists of a data list displaying the defined Health Care Entity Identifier codes and a sub-panel where updates and adds are performed.

Selecting an entry from the data list populates the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Related Data] - [Codes] - [Health Care Entity Identifier]

6.171.2 Codes-Health Care Entity Identifier Panel Layout



6.171.3 Codes-Health Care Entity Identifier Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add a Health Care Entity Identifier code.	Button	N/A	0
Delete	Delete a Health Care Entity Identifier code.	Button	N/A	0
Description	Description of Health Care Claim Status Entity Identifier code.	Field	Character	200
Health Care Entity Identifier	The HIPAA Health Care claim status entity identifier code.	Field	Character	3

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6.171.4 Codes-Health Care Entity Identifier Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Description required when adding or modifying Health care entity identifier.
Health Care Entity Identifier	Field	1	Health Care Entity Identifier is required.	Health Care Entity Identifier code required when adding or modifying Health care entity identifier.
	Field	2	A duplicate record cannot be saved.	Enter a unique Health Care Entity Identifier.
	Field	3	Required input must be between 2 and 3 characters in length.	Required input must be between 2 and 3 characters in length.

6.171.5 Codes-Health Care Entity Identifier Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.171.6 Codes-Health Care Entity Identifier Panel Accessibility

6.171.6.1 To Access the Codes-Health Care Entity Identifier Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Health Care Entity Identifier**.	Health Care Entity Identifier panel displays.

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6.171.6.2 To Add on the Codes-Health Care Entity Identifier Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Health Care Entity Identifier**.	
3	Enter **Description**.	
4	Click **Save**.	Codes- Health Care Entity Identifier information is saved.

6.171.6.3 To Update on the Codes-Health Care Entity Identifier Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Codes- Health Care Entity Identifier information is saved.

6.171.6.4 To Delete on the Codes-Health Care Entity Identifier Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.172 CODES-HIPAA ADJUSTMENT REASON PANEL

6.172.1 Codes-HIPAA Adjustment Reason Panel Narrative

The HIPAA Adjustment Reason panel is used to maintain the Claim Adjustment Reason code set.

Two HIPAA standard code sets--the reason and remark code sets--are used to report payment adjustments in remittance advice transactions (835).

Claim Adjustment Reason Codes detail the reason why an adjustment was made to a health care claim payment by the payer, while Remittance Remark Codes represent non-financial information critical to understanding the adjudication of a health insurance claim.

The HIPAA Claim Adjustment Reason Codes provide similar functionality to the current AMMIS EOB codes but lack detail. Their main purpose is to itemize the differences between the claim charges (billed amount) and the claim paid amount.

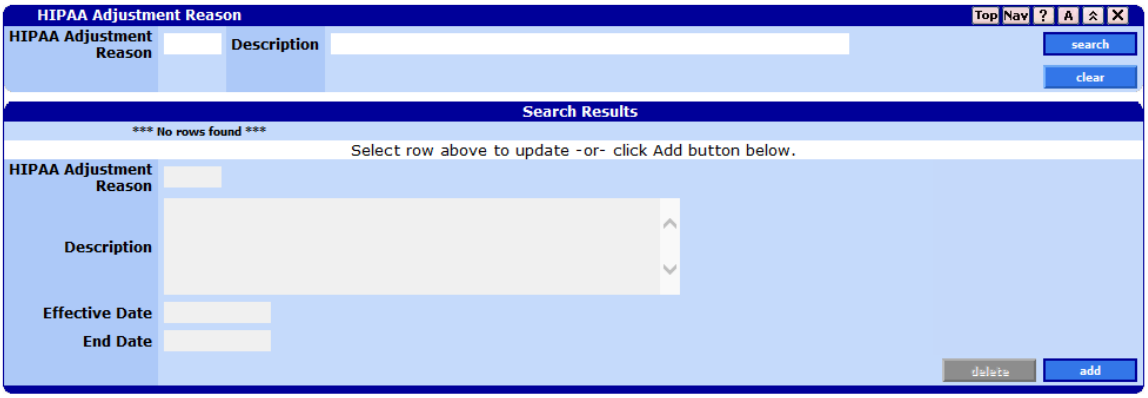
The panel consists of a data list displaying the defined Adjustment Reason codes and a sub-panel where updates and adds are performed.

Selecting an entry from the data list populates the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Related Data] - [codes] - [HIPAA Adjustment Reason] - (click on [search])

6.172.2 Codes-HIPAA Adjustment Reason Panel Layout



6.172.3 Codes-HIPAA Adjustment Reason Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add a HIPAA Adjustment Reason code.	Button	N/A	0
Clear	Clear the selection criteria entered.	Button	N/A	0
Delete	Delete a HIPAA Adjustment Reason code.	Button	N/A	0
Description	Text description of HIPAA Adjustment Reason code.	Field	Character	700

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Field	Description	Field Type	Data Type	Length
Effective Date	Date the HIPAA Adjustment Reason code becomes valid for use in the system.	Field	Date (MM/DD/CCYY)	8
End Date	Last date the HIPAA Adjustment Reason code is valid for use in the system.	Field	Date (MM/DD/CCYY)	8
HIPAA Adjustment Reason	HIPAA requires that every "adjustment" to the allowed price of a claim that causes it to differ from the amount originally billed on the claim should be accounted for. As a result, all cutbacks/denials of units and dollars need to be captured and mapped to HIPAA specific adjustment reason codes and remarks codes.	Field	Character	4
Search	Search for reason code using the selection criteria specified.	Button	N/A	0

6.172.4 Codes-HIPAA Adjustment Reason Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a text Description for the HIPAA Adjustment Reason.
	Field	2	You have exceeded the maximum characters allowed for this field.	The text will be truncated to the maximum 700 characters.
Effective Date	Field	1	Effective Date is required.	Enter a valid date.
	Field	2	Effective Date must be less than or equal to End Date.	Enter an Effective Date that is less than or equal to End Date.
	Field	3	Invalid date.	Enter an Effective date in MM/DD/CCYY format.
	Field	4	HIPAA Adjustment Reason Date range segments cannot overlap.	Enter HIPAA Adjustment Reason, Effective Date, and End Date that do not overlap with existing line item.
	Field	5	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater or equal to 01/1/01900.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	6	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	2	Invalid date.	Enter an End date in MM/DD/CCYY format.
	Field	3	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is greater than or equal to 01/01/1900.
	Field	4	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.
HIPAA Adjustment Reason	Field	1	HIPAA Adjustment Reason is required.	Enter a HIPAA Adjustment Reason code.
	Field	2	HIPAA Adjustment Reason must be Alphanumeric.	Adjustment Reason may only contain letters A-Z and numbers 0-9.

6.172.5 Codes-HIPAA Adjustment Reason Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.172.6 Codes-HIPAA Adjustment Reason Panel Accessibility

6.172.6.1 To Access the Codes-HIPAA Adjustment Reason Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **HIPAA Adjustment Reason**.	HIPAA Adjustment Reason panel displays.

6.172.6.2 To Add on the Codes-HIPAA Adjustment Reason Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **HIPAA Adjustment Reason**.	
3	Enter **Description**.	

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Step	Action	Response
4	Enter **Effective Date** in MM/DD/CCYY format.	
5	Enter **End Date** in MM/DD/CCYY format.	
6	Click **Save**.	HIPAA Adjustment Reason information is saved.

6.172.6.3 To Update on the Codes-HIPAA Adjustment Reason Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	HIPAA Adjustment Reason information is saved.

6.172.6.4 To Delete on the Codes-HIPAA Adjustment Reason Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.173 CODES-HIPAA CLAIM CATEGORY STATUS PANEL

6.173.1 Codes-HIPAA Claim Category Status Panel Narrative

The HIPAA Claim Category Status panel is used to maintain the Health Care Claim Status Category codes used in the Health Care Claim Status Notification/Response (277) transaction.

Claim Category Status codes indicate the general category of the status (accepted, rejected, additional information requested, etc.) which is then further detailed by the Health Care Claim Status codes. The Claim Status transaction is not used as a financial transaction. Please refer to the 276/277 Transaction Set Implementation Guide for further details regarding the use of these codes.

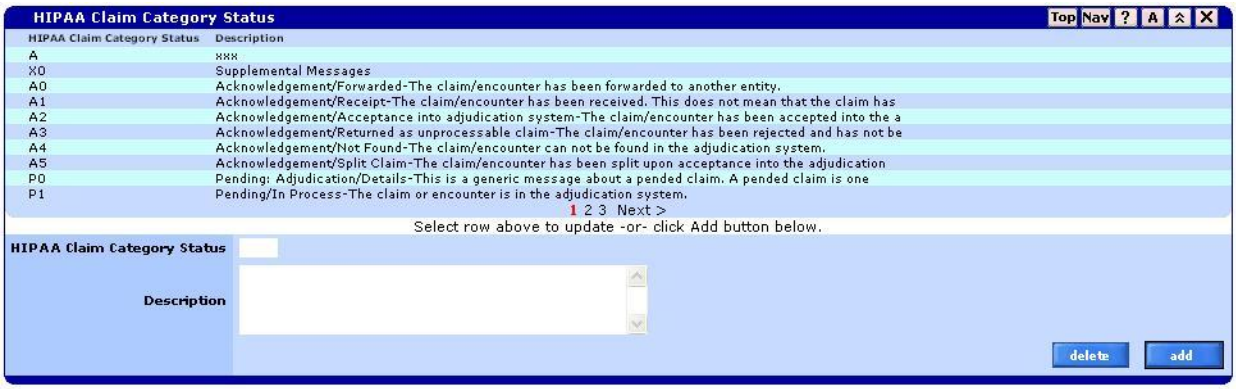
The panel consists of a data list displaying the defined Health Care Claim Category Status codes and a sub-panel where updates and adds are performed.

Selecting an entry from the data list populates the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Related Data] - [Codes] - [HIPAA Claim Category Status]

6.173.2 Codes-HIPAA Claim Category Status Panel Layout



6.173.3 Codes-HIPAA Claim Category Status Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a HIPAA Claim Category Status Code.	Button	N/A	0
Delete	Allows the user to delete a HIPAA Claim Category Status Code.	Button	N/A	0
Description	Description of HIPAA Claim Category Status Codes.	Field	Character	200
HIPAA Claim Category Status	HIPAA Claim Category Status Code.	Field	Character	2

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6.173.4 Codes-HIPAA Claim Category Status Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a text Description of the HIPAA Claim Category Status.
HIPAA Claim Category Status	Field	1	HIPAA Claim Category Status is required.	Enter a HIPAA Claim Category Status code.
	Field	2	A duplicate record cannot be saved.	Enter a unique HIPAA Claim Category Status Code.

6.173.5 Codes-HIPAA Claim Category Status Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.173.6 Codes-HIPAA Claim Category Status Panel Accessibility

6.173.6.1 To Access the Codes-HIPAA Claim Category Status Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **HIPAA Claim Category Status**.	HIPAA Claim Category Status panel displays.

6.173.6.2 To Add on the Codes-HIPAA Claim Category Status Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **HIPAA Claim Category Status**.	
3	Enter **Description**.	
4	Click **Save**.	HIPAA Claim Category Status information is saved.

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6.173.6.3 To Update on the Codes-HIPAA Claim Category Status Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	HIPAA Claim Category Status information is saved.

6.173.6.4 To Delete on the Codes-HIPAA Claim Category Status Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.174 CODES-HIPAA CLAIM STATUS PANEL

6.174.1 Codes-HIPAA Claim Status Panel Narrative

The HIPAA Claim Status panel is used to maintain the Claim Status codes used in the Health Care Claim Status Notification/Response (277) transaction.

Claim Status codes communicate information about the status of a claim-- e.g. whether it's been received, pended, or paid. The Claim Status transaction is not used as a financial transaction. Please refer to the 276/277 Transaction Set Implementation Guide for further details regarding the use of these codes.

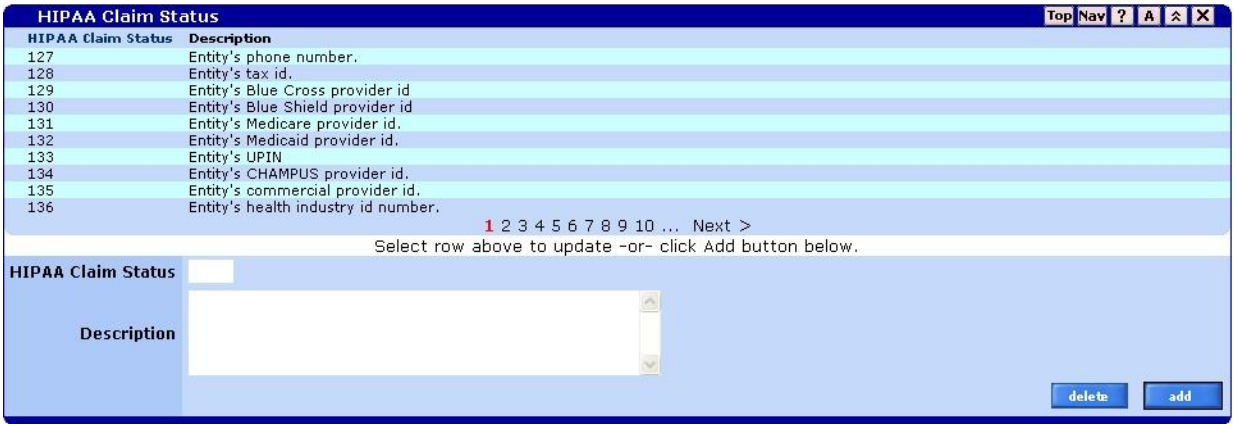
The panel consists of a data list displaying the defined Health Care Claim Status Codes and a sub-panel where updates and adds are performed.

Selecting an entry from the data list populates the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Related Data] - [Codes] - [HIPAA Claim Status]

6.174.2 Codes-HIPAA Claim Status Panel Layout



6.174.3 Codes-HIPAA Claim Status Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows a user to add a HIPAA Claim Status Codes.	Button	N/A	0
Delete	Allows a user to delete a HIPAA Claim Status Codes.	Button	N/A	0
Description	Description of the Health Care Claim Status Code.	Field	Character	200
HIPAA Claim Status	The HIPAA Health Care Claim Status Codes. Claim status codes communicate information about the status of a claim, i.e., whether it's been received, pended, or paid.	Field	Character	3

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6.174.4 Codes-HIPAA Claim Status Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a text Description of the HIPAA Claim Status.
HIPAA Claim Status	Field	1	HIPAA Claim Status is required.	Enter a HIPAA Claim Status code.
	Field	2	A duplicate record cannot be saved.	Enter a unique HIPAA Claim Status code.

6.174.5 Codes-HIPAA Claim Status Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.174.6 Codes-HIPAA Claim Status Panel Accessibility

6.174.6.1 To Access the Codes-HIPAA Claim Status Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **HIPAA Claim Status**.	HIPAA Claim Status panel displays.

6.174.6.2 To Add on the Codes-HIPAA Claim Status Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **HIPAA Claim Status**.	
3	Enter **Description**.	
4	Click **Save**.	HIPAA Claim Status information is saved.

6.174.6.3 To Update on the Codes-HIPAA Claim Status Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	HIPAA Claim Status information is saved.

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6.174.6.4 To Delete on the Codes-HIPAA Claim Status Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.175 CODES-HIPAA REMARK PANEL

6.175.1 Codes-HIPAA Remark Panel Narrative

The HIPAA Remark panel is used to maintain the Remittance Remark code set.

Two HIPAA standard code sets--the reason and remark code sets--are used to report payment adjustments in remittance advice transactions (835).

Remittance Advice Remark Codes are used within the 835 to convey information about remittance processing or to provide additional explanation for an adjustment already covered by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message.

For example, denied claims on HIPAA compliant 835 remittance advice returned with adjustment reason codes to characterize the overall reason for denial may also include remittance remark codes that provide a specific reason for the denial of a claim.

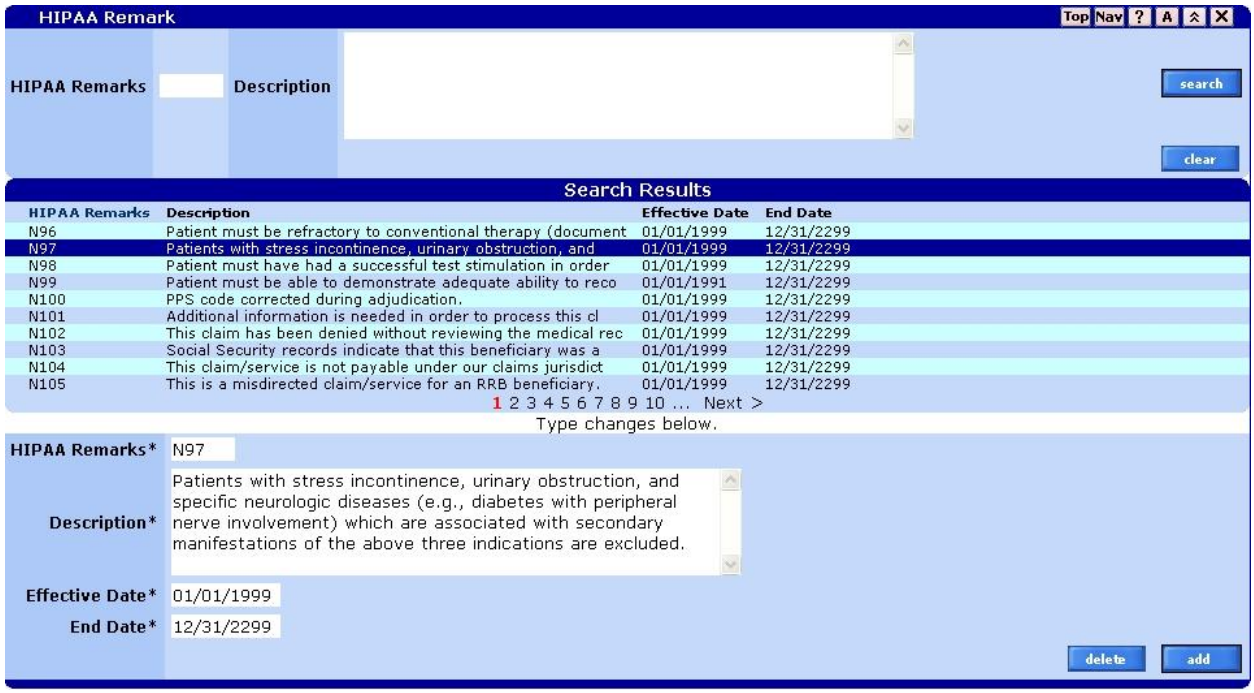
The panel consists of a data list displaying the defined Remittance Remark codes and a sub-panel where updates and adds are performed.

Selecting an entry from the data list populates the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data

Navigation Path: [Reference] – [Related Data] - [Codes] - [HIPAA Remark] - (Click on Search)

6.175.2 Codes-HIPAA Remark Panel Layout



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6.175.3 Codes-HIPAA Remark Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a remarks code.	Button	N/A	0
Clear	Clears the search criteria fields so user may enter new criteria.	Button	N/A	0
Delete	Allows the user to delete a remarks code.	Button	N/A	0
Description	Text describing the remittance remark.	Field	Character	700
Effective Date	First date the remittance remark is valid for use in the system.	Field	Date (MM/DD/CCYY)	8
End Date	Last date the remittance remark is valid for use in the system.	Field	Date (MM/DD/CCYY)	8
HIPAA Remarks	Code representing non-financial information critical to understanding the adjudication of a health insurance claim. For example: Reason for denial.	Field	Character	5
Search	Initiates search for remittance remarks matching the criteria entered.	Button	N/A	0

6.175.4 Codes-HIPAA Remark Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a text Description of the HIPAA Remark code.
	Field	2	You have exceeded the maximum characters allowed for this field.	The text will be truncated to the maximum 700 characters.
Effective Date	Field	1	Effective Date must be less than or equal to End Date.	Enter an Effective Date that is less than or equal to the End Date.
	Field	2	Invalid date.	Enter a Effective Date in MM/DD/CCYY format.
	Field	3	Effective Date is required.	Enter a Effective Date.
	Field	4	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is equal to or after 01/01/1900.
	Field	5	Effective Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.
End Date	Field	1	Invalid date.	Enter a date in MM/DD/CCYY format.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	2	End Date is required.	Must enter a value in End Date.
	Field	3	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is greater than or equal to 01/01/1900.
	Field	4	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.
HIPAA Remarks	Field	1	HIPAA Remarks contains duplicates.	Enter a unique remark code.
	Field	2	HIPAA Remarks must be Alphanumeric.	Enter a HIPAA Remarks that contains only alpha or numeric characters.
	Field	3	HIPAA Remarks is required.	Enter a HIPAA Remarks code.

6.175.5 Codes-HIPAA Remark Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.175.6 Codes-HIPAA Remark Panel Accessibility

6.175.6.1 To Access the Codes-HIPAA Remark Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data pagel displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **HIPAA Remark**.	HIPAA Remark panel displays.

6.175.6.2 To Add on the Codes-HIPAA Remark Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **HIPAA Remark**.	
3	Enter **Description**.	
4	Enter **Effective Date** in MM/DD/CCYY format.	

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Step	Action	Response
5	Enter **End Date** in MM/DD/CCYY format.	
6	Click **Save**.	HIPAA Remark information is saved.

6.175.6.3 To Update on the Codes-HIPAA Remark Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	HIPAA Remark information is saved.

6.175.6.4 To Delete on the Codes-HIPAA Remark Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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CODES-LOCALITY PANEL

6.176.1 Codes-Locality Panel Narrative

The Locality panel is used to maintain Provider Locality codes. Locality codes are used to indicate whether a provider is located in an urban, rural, metropolitan, or out-of-state area.

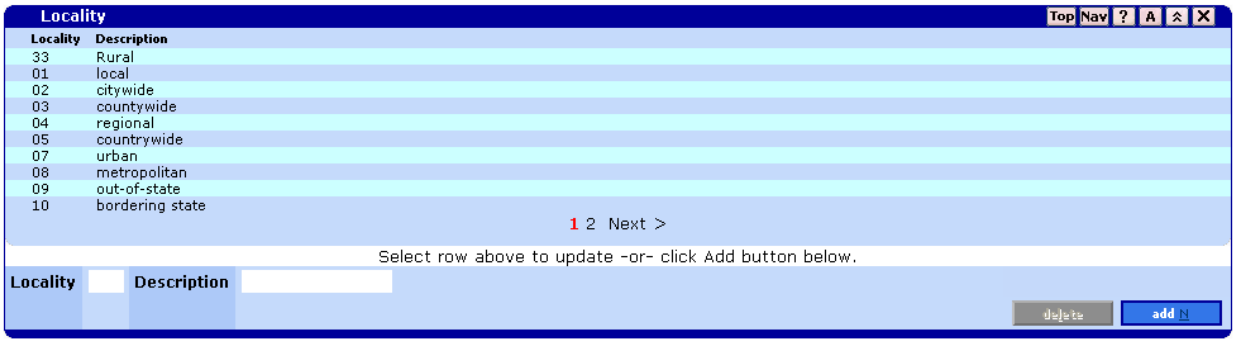
The panel consists of a data list displaying the defined Localities and a sub-panel where updates and adds are performed.

Selecting an entry from the data list populates the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Codes] - [Locality]

6.176.2 Codes-Locality Panel Layout



6.176.3 Codes-Locality Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows a user to add a locality.	Button	N/A	0
Delete	Allows the user to delete a locality.	Button	N/A	0
Description	Text describing the provider locality.	Field	Character	15
Locality	Code used to indicate geographical area of practice for a provider.	Field	Character	2

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6.176.4 Codes-Locality Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a text Description of the Locality code.
Locality	Field	1	Locality is required.	Enter a Locality code.
	Field	2	A duplicate record cannot be saved.	Enter a unique Locality code.
	Field	3	Locality must be 2 character(s) in length.	Enter a 2 character Locality code.

6.176.5 Codes-Locality Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.176.6 Codes-Locality Panel Accessibility

6.176.6.1 To Access the Codes-Locality Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Locality**.	Locality panel displays.

6.176.6.2 To Add on the Codes-Locality Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Locality**.	
3	Enter **Description**.	
4	Click **Save**.	Locality information is saved.

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6.176.6.3 To Update on the Codes-Locality Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Locality information is saved.

6.176.6.4 To Delete on the Codes-Locality Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.177 CODES-MANAGED CARE SERVICE CLASS PANEL

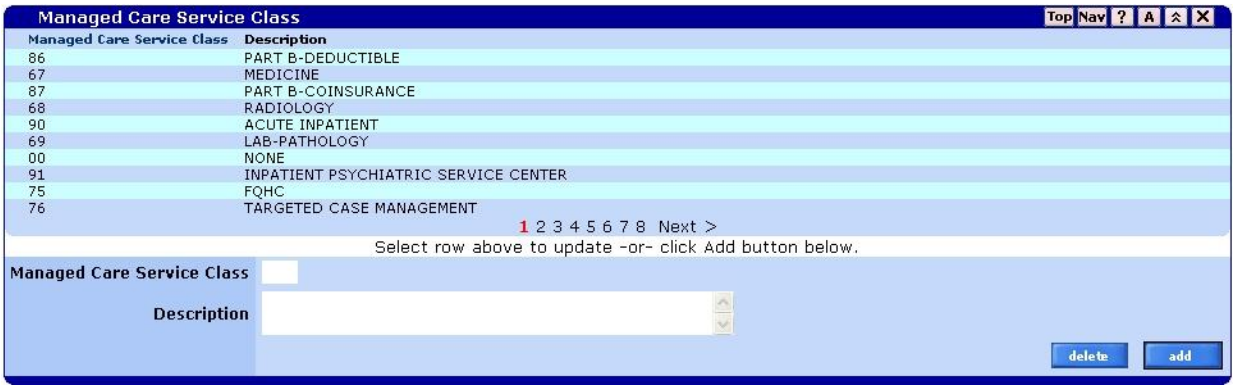
6.177.1 Codes-Managed Care Service Class Panel Narrative

The Managed Care Service class describes the type of services provided.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data]- [Codes] - [Managed Care Service Class]

6.177.2 Codes-Managed Care Service Class Panel Layout



6.177.3 Codes-Managed Care Service Class Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add a Service Class.	Button	N/A	0
Delete	Delete a Service Class.	Button	N/A	0
Description	Text description of the type of services provided.	Field	Character	100
Managed Care Service Class	The service class indicates the type of services provided.	Field	Character	2

6.177.4 Codes-Managed Care Service Class Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a text description of the Managed Care Service Class.
Managed Care Service Class	Field	1	Managed Care Service Class is required.	Enter a Managed Care Service Class code.
	Field	2	A duplicate record cannot be saved.	Enter a unique Managed Care Service Class code.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	3	Managed Care Service Class must be 2 character(s) in length.	Enter a 2 character value.

6.177.5 Codes-Managed Care Service Class Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.177.6 Codes-Managed Care Service Class Panel Accessibility

6.177.6.1 To Access the Codes-Managed Care Service Class Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Managed Care Service Class**.	Managed Care Service Class panel displays.

6.177.6.2 To Add on the Codes-Managed Care Service Class Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Managed Care Service Class**.	
3	Enter **Description**.	
4	Click **Save**.	Managed Care Service Class information is saved.

6.177.6.3 To Update on the Codes-Managed Care Service Class Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Managed Care Service Class information is saved.

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6.177.6.4 To Delete on the Codes-Managed Care Service Class Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.178 CODES-MARITAL STATUS PANEL

6.178.1 Codes-Marital Status Panel Narrative

The Marital Status panel is used to maintain valid marital statuses.

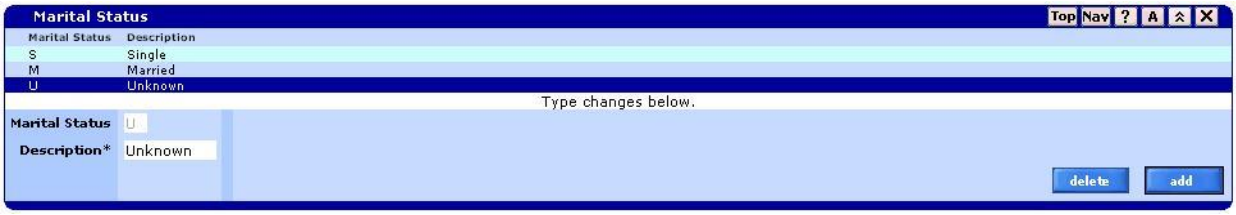
The panel consists of a data list displaying the defined Marital Statuses and a sub-panel where updates and adds are performed.

Selecting an entry from the data list populates the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Codes] - [Marital Status]

6.178.2 Codes-Marital Status Panel Layout



6.178.3 Codes-Marital Status Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Marital Status code.	Button	N/A	0
Delete	Allows the user to delete a Marital Status code.	Button	N/A	0
Description	Text describing the marital status.	Field	Character	10
Marital Status	Code identifying/representing a marital status.	Field	Character	1

6.178.4 Codes-Marital Status Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a text Description of the Marital Status.
Marital Status	Field	1	Marital Status is required.	Enter a Marital Status code.
	Field	2	A duplicate record cannot be saved.	Enter a unique Marital Status code.

6.178.5 Codes-Marital Status Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.178.6 Codes-Marital Status Panel Accessibility

6.178.6.1 To Access the Codes-Marital Status Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Marital Status**.	Marital Status panel displays.

6.178.6.2 To Add on the Codes-Marital Status Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Marital Status**.	
3	Enter **Description**.	
4	Click **Save**.	Marital Status information is saved.

6.178.6.3 To Update on the Codes-Marital Status Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Marital Status information is saved.

6.178.6.4 To Delete on the Codes-Marital Status Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.179 CODES-MEDICARE COVERAGE PANEL

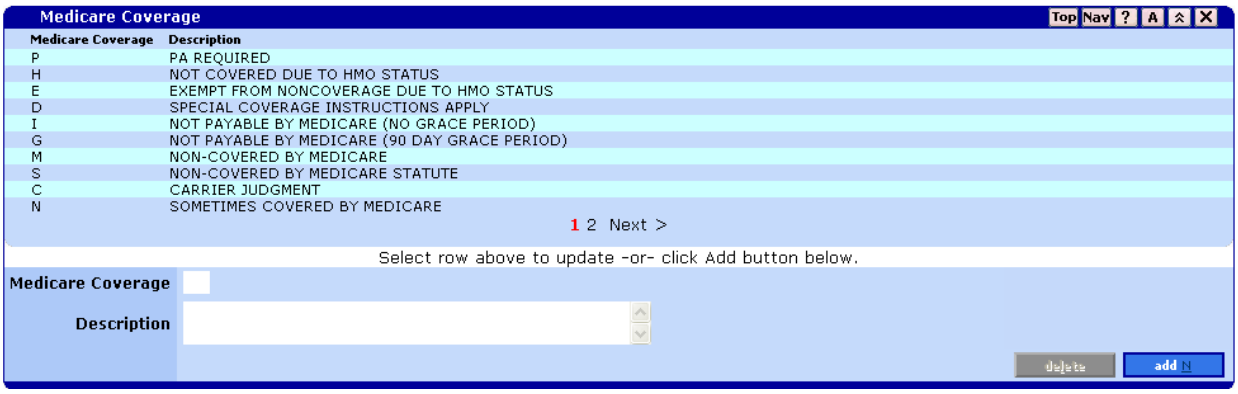
6.179.1 Codes-Medicare Coverage Panel Narrative

The Medicare Coverage panel is used to maintain Medicare Coverage Codes and Descriptions.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Codes] - [Medicare Coverage]

6.179.2 Codes-Medicare Coverage Panel Layout



6.179.3 Codes-Medicare Coverage Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Medicare Coverage information.	Button	N/A	0
Delete	Allows the user to delete a Medicare Coverage information.	Button	N/A	0
Description	Description of the Medicare Coverage Code.	Field	Character	100
Medicare Coverage	Code denoting Medicare coverage status listed on the CMS HCPCS file.	Field	Alphanumeric	1

6.179.4 Codes-Medicare Coverage Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description.
Medicare Coverage	Field	1	Code is required.	Enter a Medicare code.

6.179.5 Codes-Medicare Coverage Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.179.6 Codes-Medicare Coverage Panel Accessibility

6.179.6.1 To Access the Codes-Medicare Coverage Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Medicare Coverage**.	Medicare Coverage panel displays.

6.179.6.2 To Add on the Codes-Medicare Coverage Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Medicare Coverage**.	
3	Enter **Description**.	
4	Click **Save**.	Medicare Coverage information is saved.

6.179.6.3 To Update on the Codes-Medicare Coverage Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Medicare Coverage information is saved.

6.179.6.4 To Delete on the Codes-Medicare Coverage Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.180 CODES-MDC PANEL

6.180.1 Codes-MDC Panel Narrative

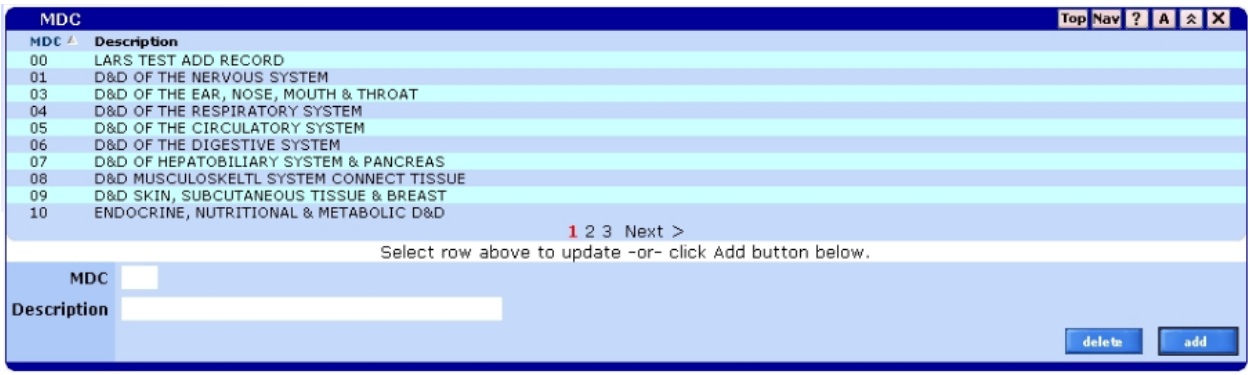
The MDC panel is used to maintain the Major Diagnostic Category (MDC) code set. Diagnostic Related Groups (DRGs) are arranged by Major Diagnostic Category (MDC).

The panel consists of a data list displaying the defined MDCs and a sub-panel where updates and adds are performed.

Selecting an entry from the data list will populate the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Related Data] - [Codes] - MDC]

6.180.2 Codes-MDC Panel Layout



6.180.3 Codes-MDC Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a MDC code.	Button	N/A	0
Delete	Allows the user to delete a MDC code.	Button	N/A	0
Description	The description for the MDC code.	Field	Character	20
MDC	The code used to identify a MDC. A MDC is a user-defined data element that refers to the kind of service being billed. For example, common MDCs are dental, pharmacy, transportation, nursing, EPSDT, physician, inpatient, etc.	Field	Character	1

6.180.4 Codes-MDC Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
MDC	Field	1	MDC is required.	Enter a MDC code.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	100	MDC must be unique.	Enter a unique MDC.
Description	Field	1	Description is required.	Description is required when adding or modifying a MDC.

6.180.5 Codes-MDC Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.180.6 Codes-MDC Panel Accessibility

6.180.6.1 To Access the Codes-MDC Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **MDC**.	MDC panel displays.

6.180.6.2 To Add on the Codes-MDC Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **MDC**.	
3	Enter **Description**.	
4	Click **Save**.	MDC information is saved.

6.180.6.3 To Update on the Codes-MDC Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	MDC information is saved.

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6.180.6.4 To Delete on the Codes-MDC Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.181 CODES-MMIS CLAIM STATUS PANEL

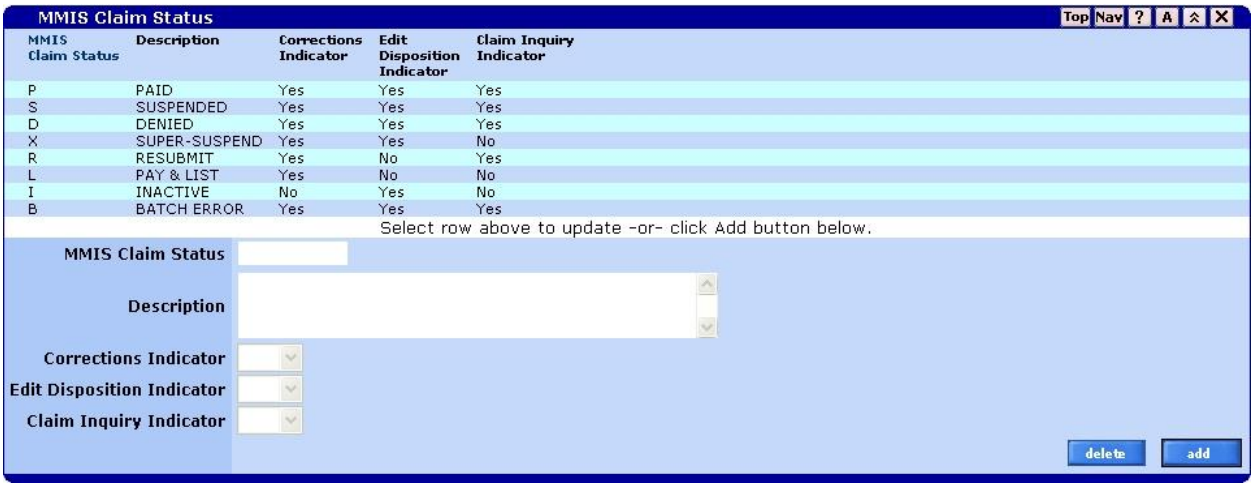
6.181.1 Codes-MMIS Claim Status Panel Narrative

The MMIS Claim Status panel is used to view claim status as defined in the MMIS.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data]- [Codes] - [MMIS Claim Status]

6.181.2 Codes-MMIS Claim Status Panel Layout



6.181.3 Codes-MMIS Claim Status Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a MMIS Claim Status.	Button	N/A	0
Claim Inquiry Indicator	Yes/No value used to identify Claim Status codes that are valid for use in the Claims Inquiry process.	Combo Box	Drop Down List Box	0
Corrections Indicator	Yes/No value used to identify Claim Status codes that are valid for use in the Claims Data Corrections process.	Combo Box	Drop Down List Box	0
Delete	Allows the user to delete a MMIS Claim Status.	Button	N/A	0
Description	Description of Claim Status.	Field	Character	20
Edit Disposition Indicator	Yes/No value used to identify Claim Status codes that are valid for use in the Claims Dispositioning process.	Combo Box	Drop Down List Box	0

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Field	Description	Field Type	Data Type	Length
MMIS Claim Status	The MMIS Claim Status Code that identifies the status of a claim after processing through the claims engine.	Field	Character	1

6.181.4 Codes-MMIS Claim Status Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Claim Inquiry Indicator	Field	1	Claim Inquiry Indicator is required.	Select a Claim Inquiry indicator from the list.
Corrections Indicator	Field	1	Corrections Indicator is required.	Select a Corrections indicator from the list.
Description	Field	1	Description is required.	Enter a text Description of the MMIS Claim Status code.
Edit Disposition Indicator	Field	1	Edit Disposition Indicator is required.	Select an Edit Disposition Indicator from the list.
MMIS Claim Status	Field	1	MMIS Claim Status is required.	Enter an MMIS Claim Status code.
	Field	2	A duplicate record cannot be saved.	Enter a unique MMIS Claim Status code.

6.181.5 Codes-MMIS Claim Status Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.181.6 Codes-MMIS Claim Status Panel Accessibility

6.181.6.1 To Access the Codes-MMIS Claim Status Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **MMIS Claim Status**.	MMIS Claim Status panel displays.

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6.181.6.2 To Add on the Codes-MMIS Claim Status Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **MMIS Claim Status**.	
3	Enter **Description**.	
4	Select **Corrections Indicator** from drop down list box.	
5	Select **Edit Disposition Indicator** from drop down list box.	
6	Select **Claim Inquiry Indicator** from drop down list box.	
7	Click **Save**.	MMIS Claim Status information is saved.

6.181.6.3 To Update on the Codes-MMIS Claim Status Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	MMIS Claim Status information is saved.

6.181.6.4 To Delete on the Codes-MMIS Claim Status Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.182 CODES-MODIFIER TYPE PANEL

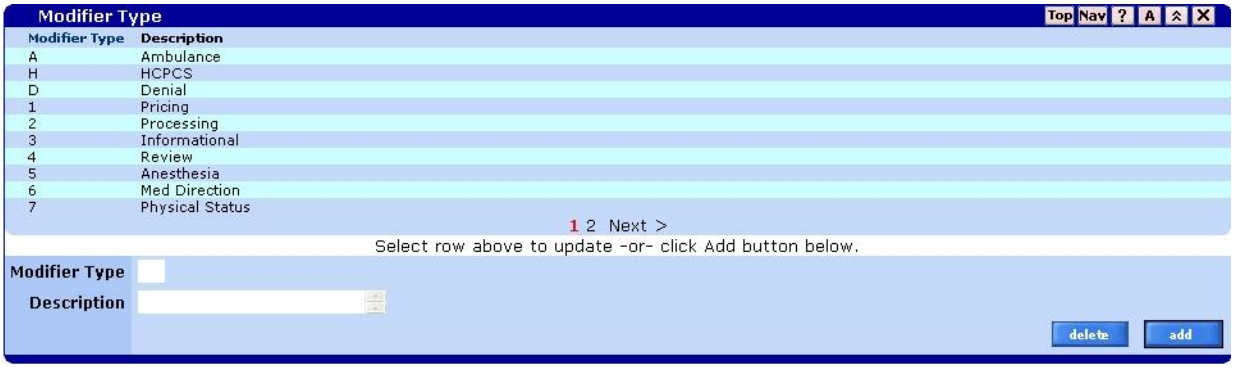
6.182.1 Codes-Modifier Type Panel Narrative

The Modifier Type panel is used for maintenance of the Modifier Type codes.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Codes] - Modifier Type]

6.182.2 Codes-Modifier Type Panel Layout



6.182.3 Codes-Modifier Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add a Modifier Type.	Button	N/A	0
Delete	Delete a Modifier Type.	Button	N/A	0
Description	Text Description for a Modifier Type.	Field	Character	25
Modifier Type	Code used to identify the type and/or usage of a modifier.	Field	Character	1

6.182.4 Codes-Modifier Type Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Description required when adding or modifying a Modifier Type.
Modifier Type	Field	1	Modifier Type must be Alphanumeric.	Enter a Modifier Type that contains only 0-9 and A-Z.
	Field	2	Modifier Type is required.	Enter a Modifier Type code.
	Field	3	A duplicate record cannot be saved.	Enter a unique Modifier Type Code.

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6.182.5 Codes-Modifier Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.182.6 Codes-Modifier Type Panel Accessibility

6.182.6.1 To Access the Codes-Modifier Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Occurrence**.	Modifier Type panel displays.

6.182.6.2 To Add on the Codes-Modifier Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Modifier Type**.	
3	Enter **Description**.	
4	Click **Save**.	Modifier Type information is saved.

6.182.6.3 To Update on the Codes-Modifier Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Modifier Type information is saved.

6.182.6.4 To Delete on the Codes-Modifier Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.183 CODES-OCCURRENCE PANEL

6.183.1 Codes-Occurrence Panel Narrative

The Occurrence panel is used to maintain the National Uniform Billing Committee (NUBC) Occurrence codes. Occurrence codes are used on Institutional claims to define a significant event relating to a claim/bill that may affect payer processing, such as an auto accident date.

Occurrence and Occurrence Span Codes are mutually exclusive. Occurrence Codes have values from 01-69 and A0-L9. Occurrence Span Codes have values from 70 through 99 and M0-Z9.

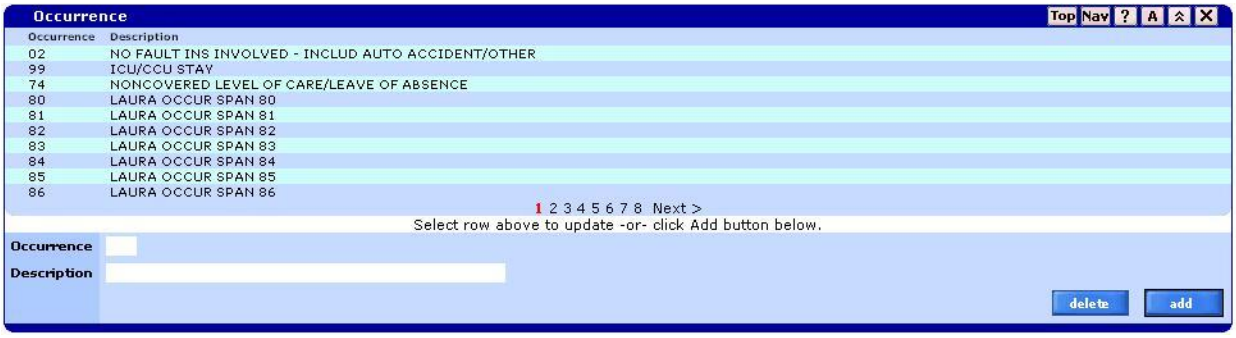
The panel consists of a data list displaying the defined Occurrence Codes and a sub-panel where updates and adds are performed.

Selecting an entry from the data list populates the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Codes] - [Occurrence]

6.183.2 Codes-Occurrence Panel Layout



6.183.3 Codes-Occurrence Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add an Occurrence code.	Button	N/A	0
Delete	Allows the user to delete an Occurrence code.	Button	N/A	0
Description	The description of the occurrence code.	Field	Character	50
Occurrence	Code which defines a significant event relating to a particular UB04 claim that may affect payer processing.	Field	Character	2

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6.183.4 Codes-Occurrence Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a text Description of the occurrence code.
Occurrence	Field	1	A duplicate record cannot be saved.	Enter a unique Occurrence Code.
	Field	2	Occurrence must be 2 character(s) in length.	Enter a 2 character code.
	Field	3	Occurrence is required.	Enter an Occurrence Code.

6.183.5 Codes-Occurrence Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.183.6 Codes-Occurrence Panel Accessibility

6.183.6.1 To Access the Codes-Occurrence Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Occurrence**.	Occurrence panel displays.

6.183.6.2 To Add on the Codes-Occurrence Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Occurrence**.	
3	Enter **Description**.	
4	Click **Save**.	Occurrence information is saved.

6.183.6.3 To Update on the Codes-Occurrence Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	

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Step	Action	Response
3	Click **Save**.	Occurrence information is saved.

6.183.6.4 To Delete on the Codes-Occurrence Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.184 CODES-ORANGE BOOK CODE PANEL

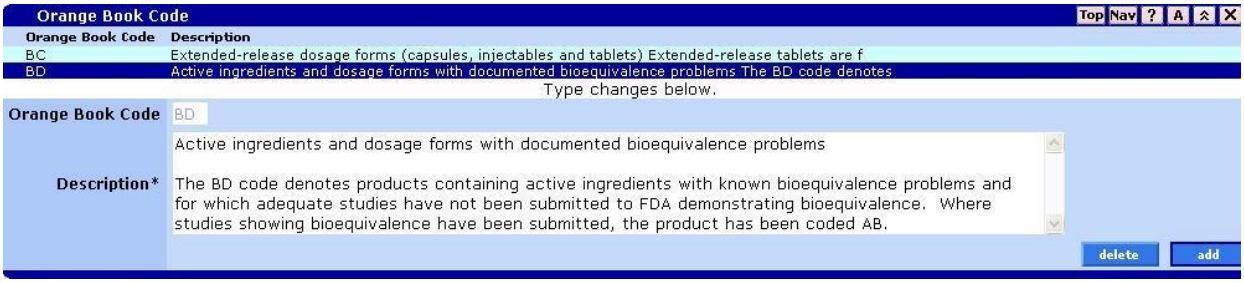
6.184.1 Codes-Orange Book Code Panel Narrative

The Orange Book Code panel identifies the equivalency ratings assigned to an approved prescription product according to the FDA's Approved Drug Products with Therapeutic Equivalence Evaluations (Orange Book).

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation: [Reference]- [Related Data] - [Codes] - [Orange Book Code]

6.184.2 Codes-Orange Book Code Panel Layout



6.184.3 Codes-Orange Book Code Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add an Orange Book code.	Button	N/A	0
Delete	Allows the user to delete an Orange Book code.	Button	N/A	0
Description	Provides the text description for the Orange Book Code.	Field	Alphanumeric	500
Orange Book Code	Identifies the equivalency ratings assigned to an approved prescription product according to the FDA's Approved Drug Products with Therapeutic Equivalence Evaluations (Orange Book).	Field	Character	2

6.184.4 Codes-Orange Book Code Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	2	Description is required.	Enter description.
Orange Book Code	Field	1	Orange Book Code is required.	Enter Orange Book Code.

6.184.5 Codes-Orange Book Code Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.184.6 Codes-Orange Book Code Panel Accessibility

6.184.6.1 To Access the Codes-Orange Book Code Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data pag displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Orange Book Code**.	Orange Book Code panel displays.

6.184.6.2 To Add on the Codes-Orange Book Code Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Orange Book Code**.	
3	Enter **Description**.	
4	Click **Save**.	Orange Book Code information is saved.

6.184.6.3 To Update on the Codes-Orange Book Code Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Orange Book Code information is saved.

6.184.6.4 To Delete on the Codes-Orange Book Code Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.185 CODES-PATIENT STATUS PANEL

6.185.1 Codes-Patient Status Panel Narrative

The Patient Status panel is used to maintain the NUBC Patient Status codes. These codes are used to indicate the patient status as of the ending service date on an Institutional claim/bill.

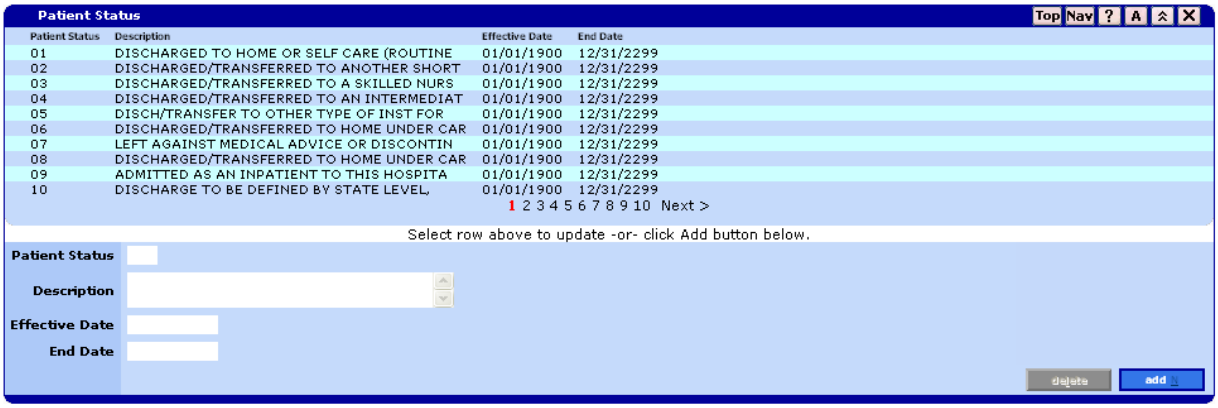
The panel consists of a data list displaying the defined Patient Statuses and a sub-panel where updates and adds are performed.

Selecting an entry from the data list populates the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Codes] - [Patient Status]

6.185.2 Codes-Patient Status Panel Layout



6.185.3 Codes-Patient Status Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows a user to add a Patient Status code.	Button	N/A	0
Delete	Allows a user to delete a Patient Status code.	Button	N/A	0
Description	Description of the status of the recipient as of the ending service date of the period covered on a UB04 claim.	Field	Character	80
Effective Date	The effective date of the patient status code.	Field	Date (MM/DD/CCYY)	8
End Date	The end date of the patient status code.	Field	Date (MM/DD/CCYY)	8
Patient Status	Indicates the status of the recipient as of the ending service date of the period covered on a UB04 claim.	Field	Character	2

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6.185.4 Codes-Patient Status Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a text Description of the Patient Status code.
Effective Date	Field	1	Effective date should be less than or equal to End date.	EffectiveDate should be less than or equal to End date.
	Field	3	Effective Date is required.	Enter a valid Effective Date.
	Field	4	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater or equal to 01/01/1900.
	Field	5	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
	Field	6	Invalid date. Format is MM/DD/CCYY.	Enter a valid Effective Date.
End Date	Field	1	End date should be greater than or equal to Effective Date.	End date should be greater than or equal to Effective Date.
	Field	2	End Date is required.	Enter a valid End Date.
	Field	3	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is greater than or equal to 01/01/1900.
	Field	4	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.
	Field	5	Invalid date. Format is MM/DD/CCYY.	Enter a valid End Date.
Patient Status	Field	1	Patient Status is required.	Enter a Patient Status code.

6.185.5 Codes-Patient Status Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.185.6 Codes-Patient Status Panel Accessibility

6.185.6.1 To Access the Codes-Patient Status Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.

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Step	Action	Response
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Patient Status**.	Patient Status panel displays.

6.185.6.2 To Add on the Codes-Patient Status Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Patient Status**.	
3	Enter **Description**.	
4	Enter **Effective Date** in MM/DD/CCYY format.	
5	Enter **End Date** in MM/DD/CCYY format.	
6	Click **Save**.	Patient Status information is saved.

6.185.6.3 To Update on the Codes-Patient Status Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Patient Status information is saved.

6.185.6.4 To Delete on the Codes-Patient Status Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.186 CODES-PLACE OF SERVICE PANEL

6.186.1 Codes-Place of Service Panel Narrative

The Place of Service panel is used to maintain the National Place of Service code set.

Place of Service Codes are two-character codes placed on health care professional claims to indicate the setting in which a service was provided. The Centers for Medicare & Medicaid Services (CMS) maintain POS codes used throughout the health care industry.

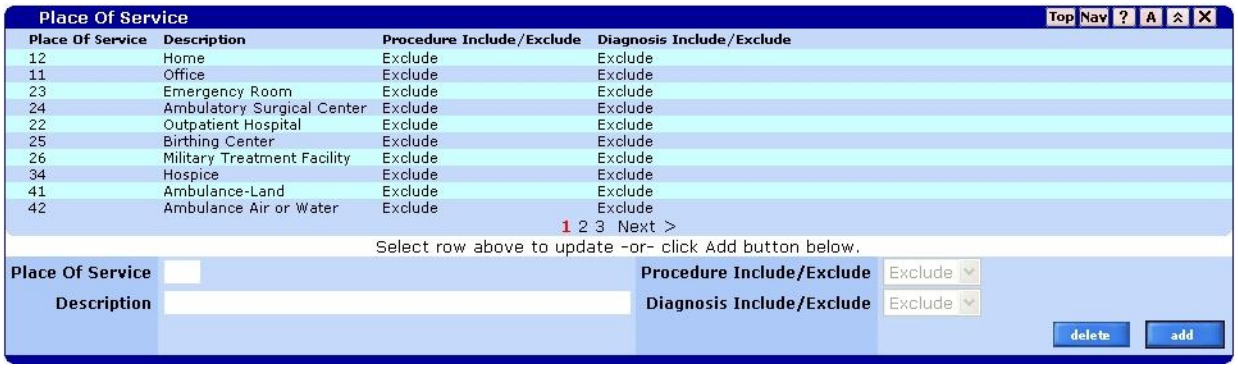
The panel consists of a data list displaying the defined Place of Service codes and a sub-panel where updates and adds are performed.

Selecting an entry from the data list populates the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Codes] - [Place of Service]

6.186.2 Codes-Place of Service Panel Layout



6.186.3 Codes-Place of Service Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allow the user to add a place of service.	Button	N/A	0
Delete	Allow the user to delete a place of service.	Button	N/A	0
Description	Abbreviated description (name) of the place of service.	Field	Character	50
Diagnosis Include / Exclude	Indicates whether the associated list of diagnosis codes is valid or invalid for the place of service.	Combo Box	Drop Down List Box	0
Place of Service	Code indicating the entity where services were provided/rendered.	Field	Character	2

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Field	Description	Field Type	Data Type	Length
Procedure Include / Exclude	Indicates whether the associated list of Procedure Codes is valid or invalid for the place of service.	Combo Box	Drop Down List Box	0

6.186.4 Codes-Place of Service Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description (name) of Place of Service.
Diagnosis Include / Exclude	Field	1	Diagnosis Include/Exclude is required.	Select Include or Exclude from the list.
Place of Service	Field	1	Place of Service is required.	Enter a Place of Service code.
	Field	2	A duplicate record cannot be saved.	Enter a unique Place of Service code.
Procedure Include / Exclude	Field	1	Procedure Include/Exclude is required.	Select Include or Exclude from the list.

6.186.5 Codes-Place of Service Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.186.6 Codes-Place of Service Panel Accessibility

6.186.6.1 To Access the Codes-Place of Service Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Place of Service**.	Place of Service panel displays.

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6.186.6.2 To Add on the Codes-Place of Service Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Place of Service**.	
3	Enter **Description**.	
4	Select **Procedure Include/Exclude** from drop down list box.	
5	Select **Diagnosis Include/Exclude** from drop down list box.	
6	Click **Save**.	Place of Service information is saved.

6.186.6.3 To Update on the Codes-Place of Service Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Place of Service information is saved.

6.186.6.4 To Delete on the Codes-Place of Service Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.187 CODES-PRICING PANEL

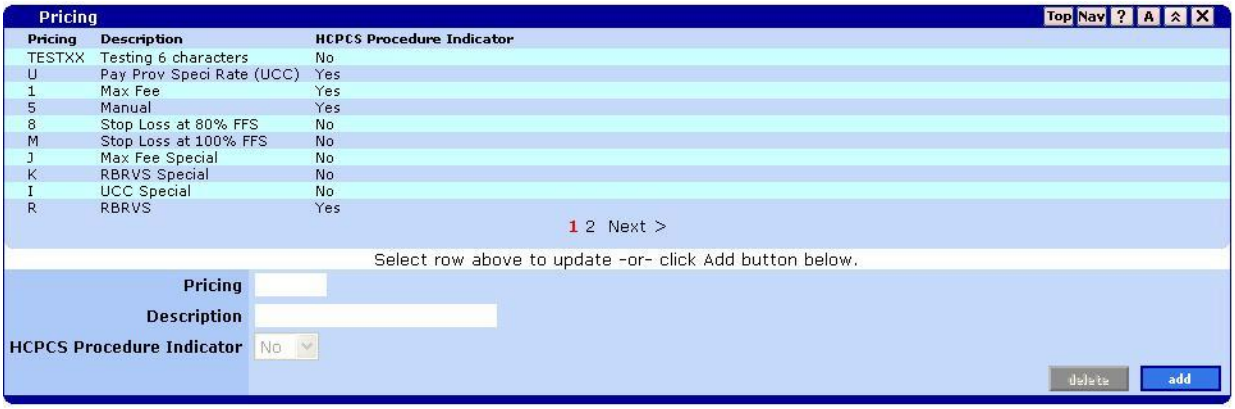
6.187.1 Codes-Pricing Panel Narrative

Pricing indicator specifies the payment methodology that should be applied or was applied when determining the payment to be made to a provider for providing a service (procedure).

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data]- [Codes] - [Pricing]

6.187.2 Codes-Pricing Panel Layout



6.187.3 Codes-Pricing Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a pricing indicator.	Button	N/A	0
Delete	Allows the user to delete a pricing indicator.	Button	N/A	0
Description	Text description of the pricing indicator.	Field	Character	25
HCPCS Procedure Indicator	Indicates if the pricing indicator value is applicable for HCPCS procedures. A value of "Y" signifies the indicator is valid for HCPCS procedures and "N" says it is not.	Combo Box	Drop Down List Box	0
Pricing	Pricing indicator which dictates the method by which a procedure must be priced or indicates how a claim detail was priced.	Field	Character	6

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6.187.4 Codes-Pricing Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a text description of the Pricing code.
Pricing	Field	1	Pricing is required.	Enter a Pricing code.
	Field	2	A duplicate record cannot be saved.	Enter a unique Pricing code.

6.187.5 Codes-Pricing Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.187.6 Codes-Pricing Panel Accessibility

6.187.6.1 To Access the Codes-Pricing Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Pricing**.	Pricing panel displays.

6.187.6.2 To Add on the Codes-Pricing Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Price**.	
3	Enter **Description**.	
4	Select **HCPCS Procedure Indicator** from the drop down list box.	
5	Click **Save**.	Pricing information is saved.

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6.187.6.3 To Update on the Codes-Pricing Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Pricing information is saved.

6.187.6.4 To Delete on the Codes-Pricing Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.188 CODES-RACE PANEL

6.188.1 Codes-Race Panel Narrative

The Race panel is used to maintain race codes and descriptions.

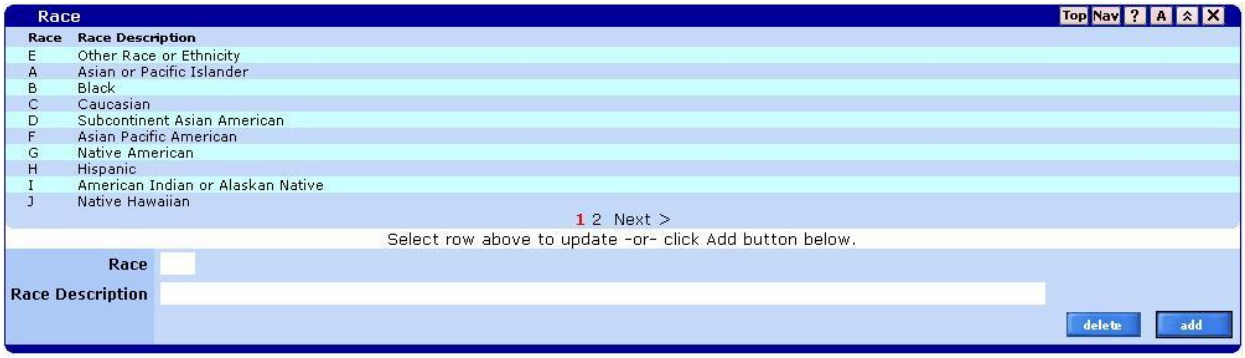
The panel consists of a data list displaying the defined Races and a sub-panel where updates and adds are performed.

Selecting an entry from the data list will populate the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data]- [Codes] - [Race]

6.188.2 Codes-Race Panel Layout



6.188.3 Codes-Race Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Race code.	Button	N/A	0
Delete	Allows the user to delete a Race code.	Button	N/A	0
Race	Code representing ethnic origin or race.	Field	Character	2
Race Description	Text describing the race code.	Field	Character	100

6.188.4 Codes-Race Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Race	Field	1	Race is required.	Enter a Race code.
	Field	2	A duplicate record cannot be saved.	Enter a unique Race code.
Race Description	Field	1	Race Description is required.	Enter a text description Race code.

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6.188.5 Codes-Race Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.188.6 Codes-Race Panel Accessibility

6.188.6.1 To Access the Codes-Race Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Race**.	Race panel displays.

6.188.6.2 To Add on the Codes-Race Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Race**.	
3	Enter **Description**.	
4	Click **Save**.	Race information is saved.

6.188.6.3 To Update on the Codes-Race Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Race information is saved.

6.188.6.4 To Delete on the Codes-Race Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.189 CODES-RATE TYPE PANEL

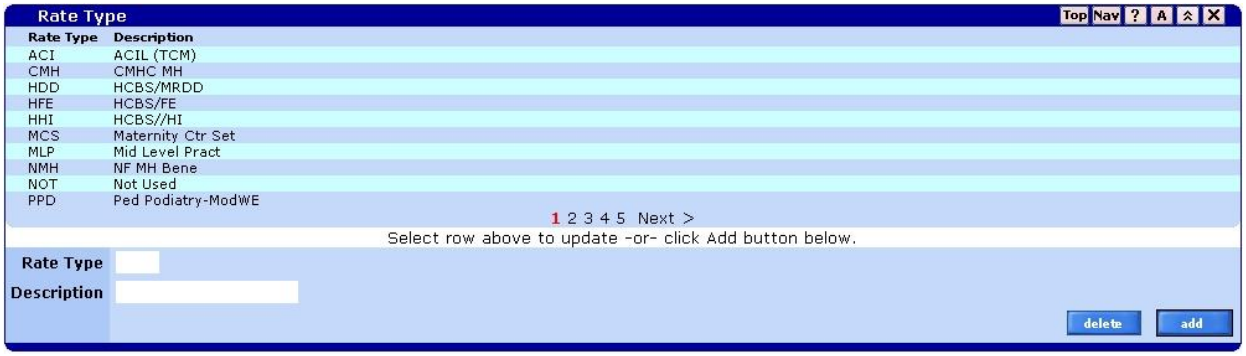
6.189.1 Codes-Rate Type Panel Narrative

The Rate Type panel is used to maintain the list of valid rate type codes used in Claims Pricing. The rate type allows different rates to be applied for various member plans.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Codes] - [Rate Type]

6.189.2 Codes-Rate Type Panel Layout



6.189.3 Codes-Rate Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Rate Type code.	Button	N/A	0
Delete	Allows the user to delete a Rate Type code.	Button	N/A	0
Description	Text describing the rate type.	Field	Character	18
Rate Type	Code used to identify the rate type to use in determining provider reimbursement.	Field	Character	3

6.189.4 Codes-Rate Type Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a text description of the Rate Type code.
Rate Type	Field	1	Rate Type is required.	Enter a Rate Type code.
	Field	2	Rate Type must be at least 2 characters in length.	Enter a 2 character Rate Type code.
	Field	3	Rate Type contains duplicates.	Enter a unique Rate Type code.

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6.189.5 Codes-Rate Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.189.6 Codes-Rate Type Panel Accessibility

6.189.6.1 To Access the Codes-Rate Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Rate Type**.	Rate Type panel displays.

6.189.6.2 To Add on the Codes-Rate Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Rate Type**.	
3	Enter **Description**.	
4	Click **Save**.	Rate Type information is saved.

6.189.6.3 To Update on the Codes-Rate Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Rate Type information is saved.

6.189.6.4 To Delete on the Codes-Rate Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.190 CODES-REGION PANEL

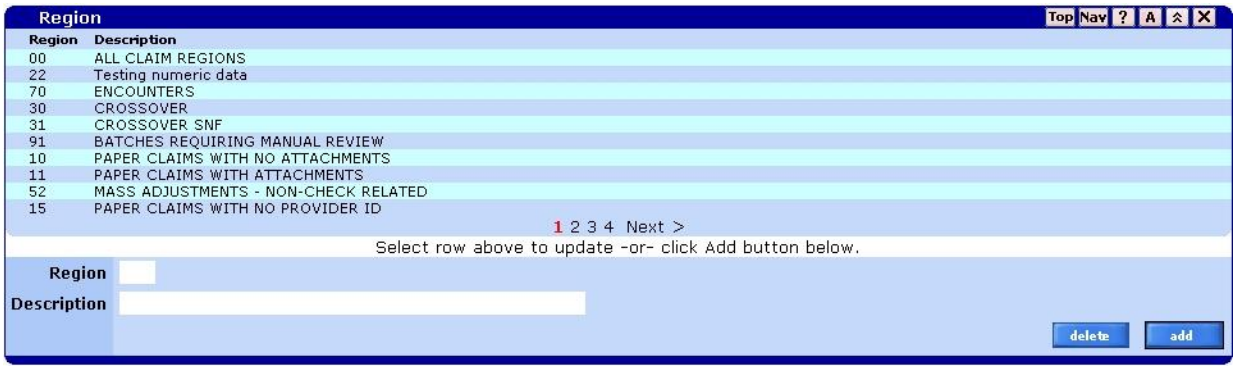
6.190.1 Codes-Region Panel Narrative

The Region panel maintains the codes and descriptions that indicate the media format of the submitted claim.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Codes] - [Region]

6.190.2 Codes-Region Panel Layout



6.190.3 Codes-Region Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows a user to add a Region code.	Button	N/A	0
Delete	Allows a user to delete a Region code.	Button	N/A	0
Description	Description of the region code.	Field	Character	50
Region	Classification of the media on which a claim is submitted into the MMIS system or the type of transaction performed on a claim that already exists in the MMIS system.	Field	Character	2

6.190.4 Codes-Region Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a text description of the Region.
Region	Field	1	Region is required.	Enter a Region code.
	Field	2	A duplicate record cannot be saved.	Enter a unique Region code.
	Field	3	Region must be Numeric.	Enter a value that contains only 0-9 for Region.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	4	Region must be 2 character(s) in length.	Enter a 2 digit Region code.

6.190.5 Codes-Region Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.190.6 Codes-Region Panel Accessibility

6.190.6.1 To Access the Codes-Region Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Region**.	Region panel displays.

6.190.6.2 To Add on the Codes-Region Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Region**.	
3	Enter **Description**.	
4	Click **Save**.	Region information is saved.

6.190.6.3 To Update on the Codes-Region Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Region information is saved.

6.190.6.4 To Delete on the Codes-Region Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.

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Step	Action	Response
2	Click **Delete**.	Line item is deleted.

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6.191 CODES- SPECIFIC THERAPEUTIC CLASS PANEL

6.191.1 Codes- Specific Therapeutic Class Panel Narrative

The Specific Therapeutic Class panel is used to maintain Hierarchical Specific Therapeutic Class codes as supplied by FDB (First DataBank). Hierarchical Specific Therapeutic Class Codes (Alias HIC3) are used to identify a specific therapeutic class in which an active ingredient (for a drug) is classified.

The panel consists of a data list displaying the defined Specific Therapeutic Class codes and a sub-panel where updates and adds are performed.

Selecting an entry from the data list populates the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Related Data] - [Codes] - [Specific Therapeutic Class]

6.191.2 Codes-Specific Therapeutic Class Panel Layout

6.191.3 Codes- Specific Therapeutic Class Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Specific Therapeutic Class.	Button	N/A	0
Delete	Allows the user to delete a Specific Therapeutic Class.	Button	N/A	0
Description	A description, up to 50 characters long, of the Therapeutic Class Code.	Field	Character	50

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Field	Description	Field Type	Data Type	Length
Specific Therapeutic Class	Known also as FDB's Specific Therapeutic Class, the GC3 or the HIC3. It is a three-character alphanumeric field that identifies the specific therapeutic class in which the active ingredient is classified. It is the third position of the Hierarchical Ingredient Code (HIC).	Field	Character	3
Stage	This is the value representing the 'stage' of the entry.1= new; 2 = change; 3 = re-add; 4 = delete.	Combo Box	Drop Down List Box	0

6.191.4 Codes- Specific Therapeutic Class Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a text description for the Specific Therapeutic Class.
Specific Therapeutic Class	Field	1	Specific Therapeutic Class is required.	Enter a Specific Therapeutic Class code.
	Field	2	Specific Therapeutic Class is a duplicate.	Enter a unique Specific Therapeutic Class code.
	Field	3	Specific Drug Therapeutic Class Must be 3 character(s) in length.	Enter 3 characters in this field.
Stage	Field	1	Stage is required.	Enter a valid Stage when adding or modifying Specific Therapeutic Class.

6.191.5 Codes- Specific Therapeutic Class Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.191.6 Codes- Specific Therapeutic Class Panel Accessibility

6.191.6.1 To Access the Codes- Specific Therapeutic Class Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Specific Therapeutic Class**.	Specific Therapeutic Class panel displays.

6.191.6.2 To Add on the Codes-Specific Therapeutic Class Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Drug Therapeutic Class**.	
3	Enter **Description**.	
4	Select **Stage** from drop down list box.	
5	Click **Save**.	Specific Therapeutic Class information is saved.

6.191.6.3 To Update on the Codes-Specific Therapeutic Class Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Specific Therapeutic Class information is saved.

6.191.6.4 To Delete on the Codes-Specific Therapeutic Class Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.192 CODES-STANDARD THERAPEUTIC CLASS PANEL

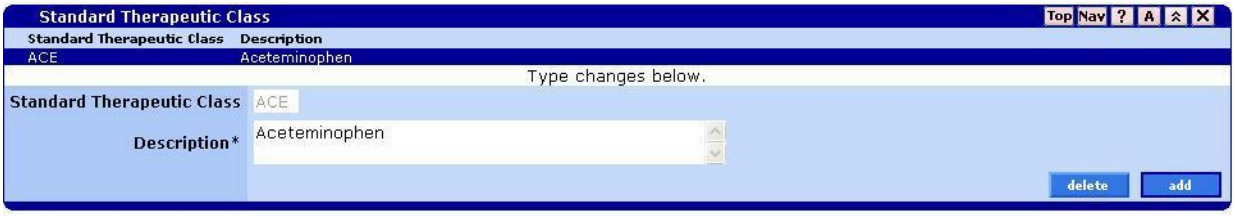
6.192.1 Codes-Standard Therapeutic Class Panel Narrative

The Standard Therapeutic Class panel classifies drugs according to the most common intended use. This therapeutic classification is intended to service those users who need a definitive but not comprehensive therapeutic classification system.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation: [Reference] - [Related Data] - [Codes] - [Standard Therapeutic Class].

6.192.2 Codes-Standard Therapeutic Class Panel Layout



6.192.3 Codes-Standard Therapeutic Class Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows a user to add a Standard Therapeutic Class code.	Button	N/A	0
Delete	Allows a user to delete a Standard Therapeutic Class code.	Button	N/A	0
Description	Provides the text description for a Standard Therapeutic Class code.	Field	Alphanumeric	100
Standard Therapeutic Class	The Standard Therapeutic Class code classifies drugs according to the most common intended use. This therapeutic classification is intended to service those users who need a definitive but not comprehensive therapeutic classification system.	Field	Character	3

6.192.4 Codes-Standard Therapeutic Class Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	2	Description is required.	Enter Description.
Standard Therapeutic Class	Field	1	Standard Therapeutic Class Code is required.	Enter Standard Therapeutic Class Code.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	2	A duplicate record cannot be saved.	Enter a unique Standard Therapeutic Class code.

6.192.5 Codes-Standard Therapeutic Class Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.192.6 Codes-Standard Therapeutic Class Panel Accessibility

6.192.6.1 To Access the Codes-Standard Therapeutic Class Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Standard Therapeutic Class**.	Standard Therapeutic Class panel displays.

6.192.6.2 To Add on the Codes-Standard Therapeutic Class Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Standard Therapeutic Class**.	
3	Enter **Description**.	
4	Click **Save**.	Standard Therapeutic Class information is saved.

6.192.6.3 To Update on the Codes-Standard Therapeutic Class Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Standard Therapeutic Class information is saved.

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6.192.6.4 To Delete on the Codes-Standard Therapeutic Class Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.193 CODES-STATE PANEL

6.193.1 Codes-State Panel Narrative

The State panel is used to maintain the standard U.S. Postal Service abbreviations for States and outlying areas of the U.S.

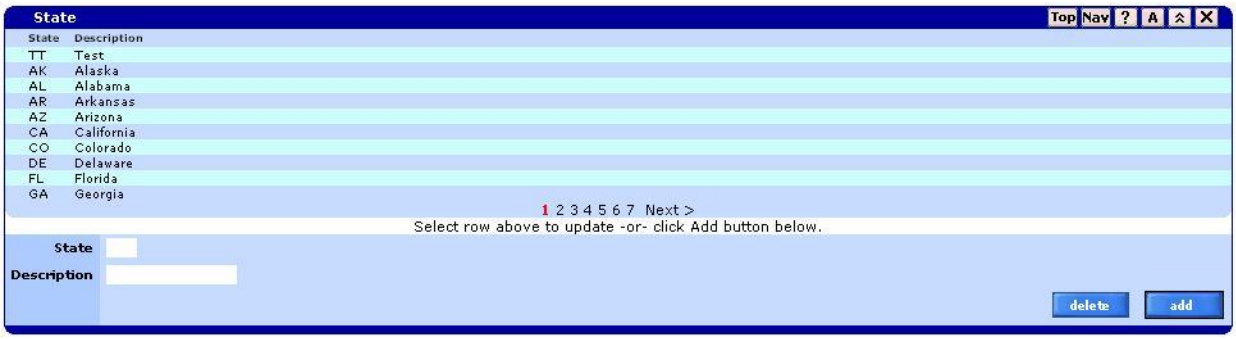
The panel consists of a data list displaying the defined States (for example) and a sub-panel where updates and adds are performed.

Selecting an entry from the data list populates the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Codes] - [State]

6.193.2 Codes-State Panel Layout



6.193.3 Codes-State Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a state code.	Button	N/A	0
Delete	Allows the user to delete a state code.	Button	N/A	0
Description	Name of state or outlying area.	Field	Character	15
State	Two character state/area abbreviation.	Field	Character	2

6.193.4 Codes-State Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter the Description (name) of the state or outlying area.
State	Field	1	State is required.	Enter a State code.
	Field	2	A duplicate record cannot be saved.	Enter a unique State code.
	Field	3	State must be 2 character(s) in length.	Enter a unique 2 character code.

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6.193.5 Codes-State Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.193.6 Codes-State Panel Accessibility

6.193.6.1 To Access the Codes-State Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **State**.	State panel displays.

6.193.6.2 To Add on the Codes-State Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **State**.	
3	Enter **Description**.	
4	Click **Save**.	State information is saved.

6.193.6.3 To Update on the Codes-State Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	State information is saved.

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6.193.6.4 To Delete on the Codes-State Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.194 CODES-TOOTH NUMBER PANEL

6.194.1 Codes-Tooth Number Panel Narrative

The Tooth Number panel is used to maintain the Tooth Number code set.

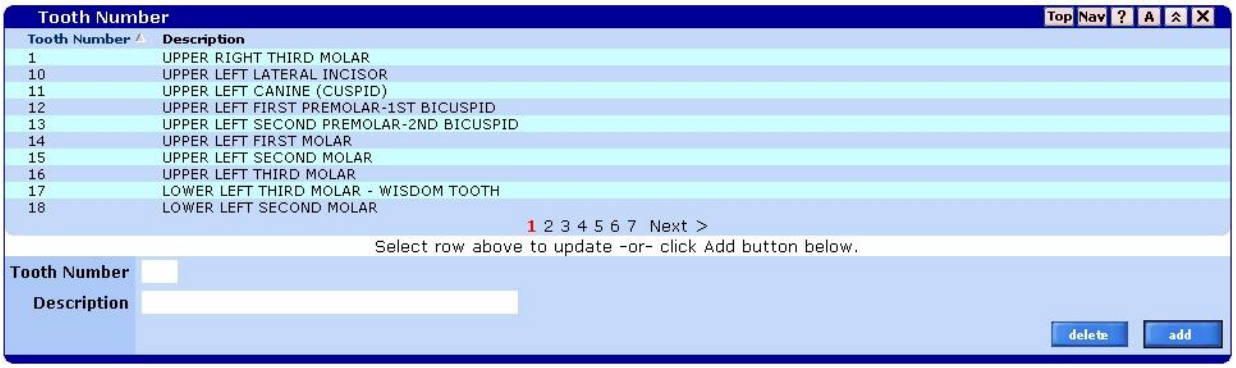
The panel consists of a data list displaying the defined Tooth Numbers and a sub-panel where updates and adds are performed.

Selecting an entry from the data list populates the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Codes] - [Tooth Number]

6.194.2 Codes-Tooth Number Panel Layout



6.194.3 Codes-Tooth Number Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a tooth number.	Button	N/A	0
Delete	Allows the user to delete a tooth number.	Button	N/A	0
Description	Text description of the tooth.	Field	Character	40
Tooth Number	Code used to identify a tooth.	Field	Character	2

6.194.4 Codes-Tooth Number Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a text Description of the tooth.
Tooth Number	Field	1	Tooth number is required.	Enter a Tooth Number.
	Field	2	A duplicate record cannot be saved.	Enter a unique Tooth Number.

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6.194.5 Codes-Tooth Number Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.194.6 Codes-Tooth Number Panel Accessibility

6.194.6.1 To Access the Codes-Tooth Number Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Tooth Number**.	Tooth Number panel displays.

6.194.6.2 To Add on the Codes-Tooth Number Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Tooth Number**.	
3	Enter **Description**.	
4	Click **Save**.	Tooth Number information is saved.

6.194.6.3 To Update on the Codes-Tooth Number Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Tooth Number information is saved.

6.194.6.4 To Delete on the Codes-Tooth Number Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.195 CODES-TOOTH QUADRANT PANEL

6.195.1 Codes-Tooth Quadrant Panel Narrative

The Tooth Quadrant panel is used to maintain the Tooth Quadrant code set.

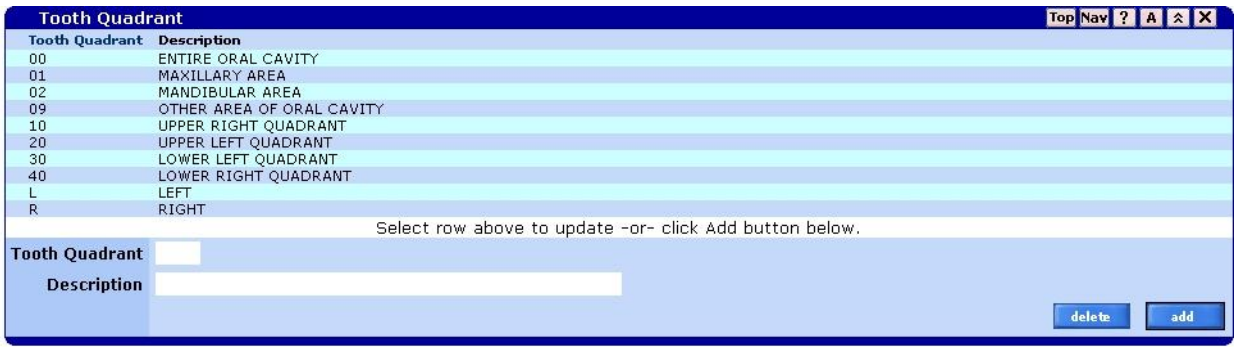
The panel consists of a data list displaying the defined Tooth Quadrants and a sub-panel where updates and adds are performed.

Selecting an entry from the data list will populate the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Codes] - [Tooth Quadrant]

6.195.2 Codes-Tooth Quadrant Panel Layout



6.195.3 Codes-Tooth Quadrant Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add a tooth quadrant code.	Button	N/A	0
Delete	Delete a tooth quadrant code.	Button	N/A	0
Description	Description of tooth quadrant.	Field	Character	50
Tooth Quadrant	Code identifying the tooth quadrant.	Field	Character	3

6.195.4 Codes-Tooth Quadrant Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description of the Tooth Quadrant.
Tooth Quadrant	Field	1	Tooth Quadrant is required.	Enter a Tooth Quadrant.
	Field	2	A duplicate record cannot be saved.	Enter a unique Tooth Quadrant.

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6.195.5 Codes-Tooth Quadrant Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.195.6 Codes-Tooth Quadrant Panel Accessibility

6.195.6.1 To Access the Codes-Tooth Quadrant Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Tooth Surface**.	Tooth Quadrant panel displays.

6.195.6.2 To Add on the Codes-Tooth Quadrant Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Tooth Quadrant**.	
3	Enter **Description**.	
4	Click **Save**.	Tooth Quadrant information is saved.

6.195.6.3 To Update on the Codes-Tooth Quadrant Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Tooth Quadrant information is saved.

6.195.6.4 To Delete on the Codes-Tooth Quadrant Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.196 CODES-TOOTH SURFACE PANEL

6.196.1 Codes-Tooth Surface Panel Narrative

The Tooth Surface panel is used to maintain the Tooth Surface code set.

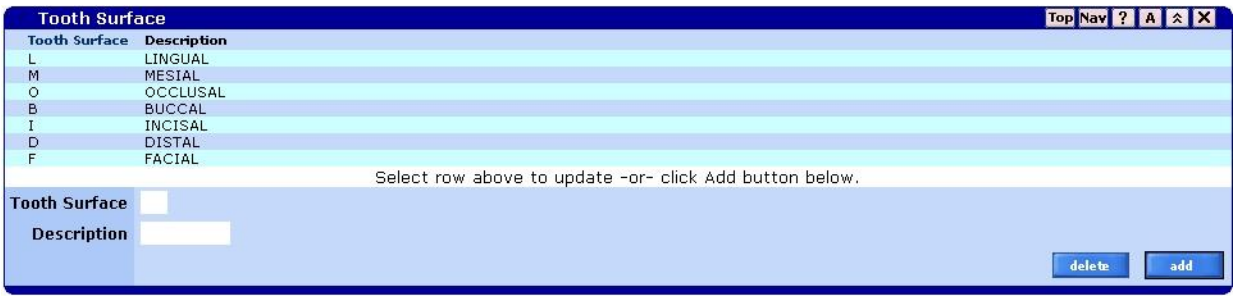
The panel consists of a data list displaying the defined Tooth Surfaces and a sub-panel where updates and adds are performed.

Selecting an entry from the data list populates the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Codes] - [Tooth Surface]

6.196.2 Codes-Tooth Surface Panel Layout



6.196.3 Codes-Tooth Surface Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a tooth surface code.	Button	N/A	0
Delete	Allows the user to delete a tooth surface code.	Button	N/A	0
Description	Description of the tooth surface.	Field	Character	8
Tooth Surface	Code used to identify a surface of a tooth.	Field	Character	1

6.196.4 Codes-Tooth Surface Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description of the Tooth Surface.
Tooth Surface	Field	1	Tooth Surface is required.	Enter a Tooth Surface code.
	Field	2	A duplicate record cannot be saved.	Enter a unique Tooth Surface code

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6.196.5 Codes-Tooth Surface Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.196.6 Codes-Tooth Surface Panel Accessibility

6.196.6.1 To Access the Codes-Tooth Surface Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Tooth Surface**.	Tooth Surface panel displays.

6.196.6.2 To Add on the Codes-Tooth Surface Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Tooth Surface**.	
3	Enter **Description**.	
4	Click **Save**.	Tooth Surface information is saved.

6.196.6.3 To Update on the Codes-Tooth Surface Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Tooth Surface information is saved.

6.196.6.4 To Delete on the Codes-Tooth Surface Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.197 CODES-TYPE OF BILL PANEL

6.197.1 Codes-Type of Bill Panel Narrative

The Type of Bill panel is used to maintain National Uniform Billing Committee (NUBC) Type of Bill (TOB). TOB is comprised of Facility Type (first character), Bill Classification (second character), and Frequency (third character).

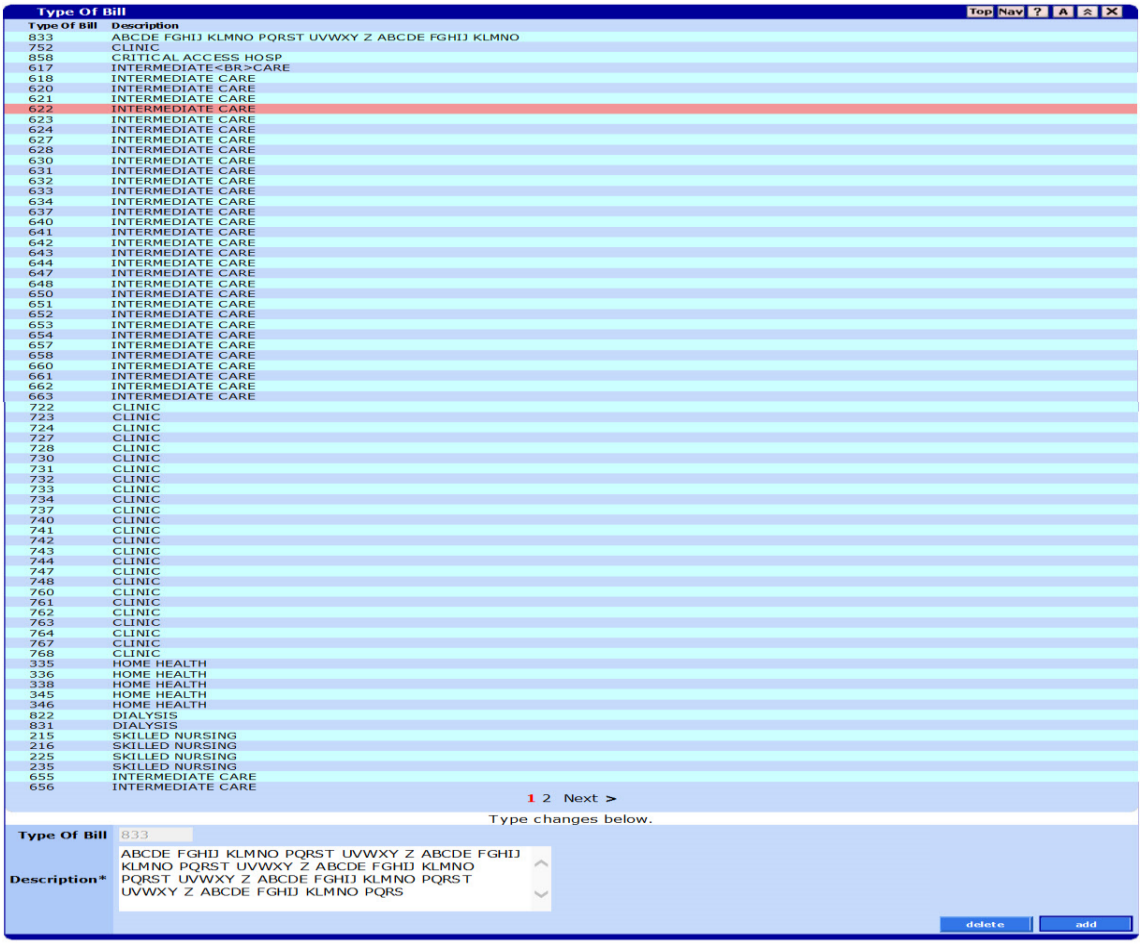
The panel consists of a data list displaying the defined Type of Bills and a sub-panel where updates and adds are performed.

Selecting an entry from the data list populates the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Codes] - [Type of Bill]

6.197.2 Codes-Type of Bill Panel Layout



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6.197.3 Codes-Type of Bill Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a type of bill.	Button	N/A	0
Delete	Allows the user to delete a type of bill.	Button	N/A	0
Description	Describes the specific Type of Bill (TOB).	Field	Character	150
Type of Bill	Code which identifies the Type of Bill (TOB). TOB is comprised of Facility Type (first character), Bill Classification (second character), and Frequency (third character).	Field	Character	3

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6.197.4 Codes-Type of Bill Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description of the Type of Bill.
Type of Bill	Field	1	Type of bill is required.	Enter a Type of Bill code.
	Field	2	A duplicate record cannot be saved.	Enter a unique Type of Bill code.
	Field	3	Type of Bill must be 3 character(s) in length.	Enter a 3 character Type of Bill code.

6.197.5 Codes-Type of Bill Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.197.6 Codes-Type of Bill Panel Accessibility

6.197.6.1 To Access the Codes-Type of Bill Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Type of Bill**.	Type of Bill panel displays.

6.197.6.2 To Add on the Codes-Type of Bill Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Type of Bill**.	
3	Enter **Description**.	
4	Click **Save**.	Type of Bill information is saved.

6.197.6.3 To Update on the Codes-Type of Bill Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	

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Step	Action	Response
3	Click **Save**.	Type of Bill information is saved.

6.197.6.4 To Delete on the Codes-Type of Bill Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.198 CODES-UB92 VALUE PANEL

6.198.1 Codes-UB92 Value Panel Narrative

The UB92 Value panel is used to maintain the National Uniform Billing Committee (NUBC) Value codes. Value codes are used to relate amounts or values to identify data elements necessary to process an Institutional claim, such as accident hour.

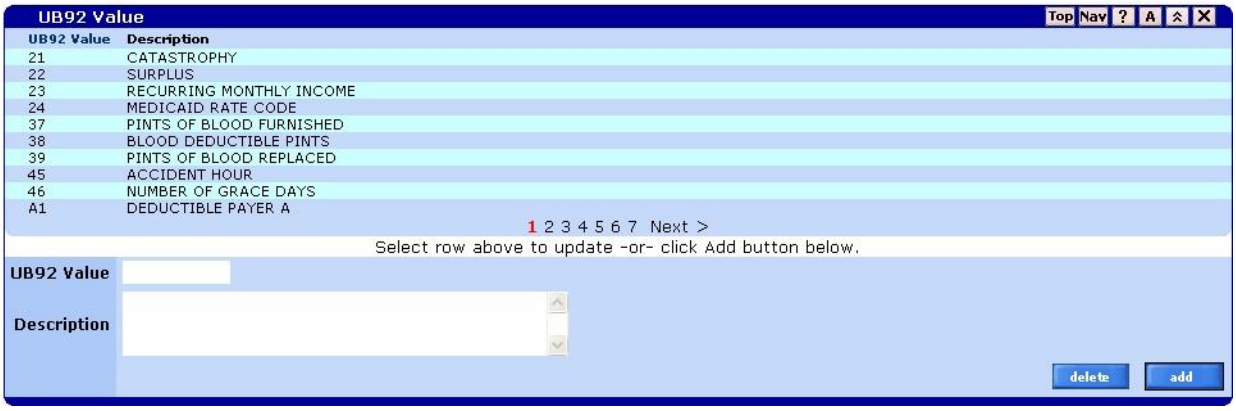
The panel consists of a data list displaying the defined Value Codes and a sub-panel where updates and adds are performed.

Selecting an entry from the data list populates the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Codes] - [UB92 Value]

6.198.2 Codes-UB92 Value Panel Layout



6.198.3 Codes-UB92 Value Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows a user to add a UB92 Value code.	Button	N/A	0
Delete	Allows a user to delete a UB92 Value code.	Button	N/A	0
Description	Description of the code used to relate values to identified data elements necessary to process a UB92 claim.	Field	Character	40
UB92 Value	Code used to relate values to identified data elements necessary to process a UB92 claim.	Field	Character	2

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6.198.4 Codes-UB92 Value Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description of the UB92 Value.
UB92 Value	Field	1	UB92 Value is required.	Enter a UB92 Value code.
	Field	2	A duplicate record cannot be saved.	Enter a unique UB92 Value code.
	Field	3	UB92 Value must be 2 character(s) in length.	Enter a 2 character UB92 Value code.

6.198.5 Codes-UB92 Value Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.198.6 Codes-UB92 Value Panel Accessibility

6.198.6.1 To Access the Codes-UB92 Value Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **UB92 Value**.	UB92 Value panel displays.

6.198.6.2 To Add on the Codes-UB92 Value Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **UB92 Value**.	
3	Enter **Description**.	
4	Click **Save**.	UB92 Value information is saved.

6.198.6.3 To Update on the Codes-UB92 Value Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	

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Step	Action	Response
3	Click **Save**.	UB92 Value information is saved.

6.198.6.4 To Delete on the Codes-UB92 Value Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.199 CODES-UNIT TYPE PANEL

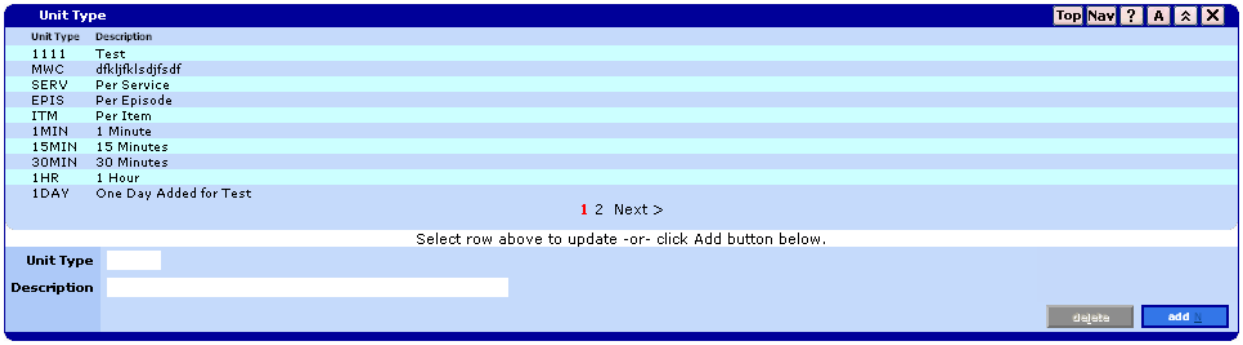
6.199.1 Codes-Unit Type Panel Narrative

The Unit Type panel allows inserts/updates/deletes to the code set Unit Type.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data]-[Codes]-[Unit Type].

6.199.2 Codes-Unit Type Panel Layout



6.199.3 Codes-Unit Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	This button updates the code set with the values entered in the Unit Type and description fields.	Button	N/A	0
Delete	This button removes the selected values from the code set.	Button	N/A	0
Description	Detailed description of what one unit represents.	Field	Character	100
Unit Type	Code that identifies what one unit represents for the procedure code.	Field	Character	5

6.199.4 Codes-Unit Type Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description of the Unit Type Value.
Unit Type	Field	1	Unit Type is required.	Enter a Unit Type Value code.
	Field	2	A duplicate record cannot be saved.	Enter a unique Unit Type Value code.

6.199.5 Codes-Unit Type Panel Extra Features

Use the Unit Type panel to insert/update/delete the records in the code set UNIT TYPE

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6.199.6 Codes-Unit Type Panel Accessibility

6.199.6.1 To Access the Codes-Unit Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	Related Data-Codes page displays.
4	Select **Unit Type**.	Unit Type panel displays.

6.199.6.2 To Add on the Codes-Unit Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Unit Type**.	
3	Enter **Description**.	
4	Click **Save**.	Unit Type information is saved.

6.199.6.3 To Update on the Codes-Unit Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Unit Type information is saved.

6.199.6.4 To Delete on the Codes-Unit Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.200 RELATED DATA OTHER PAGE

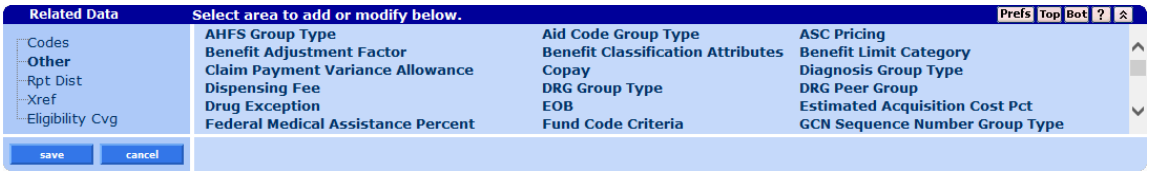
6.200.1 Related Data Other Page Narrative

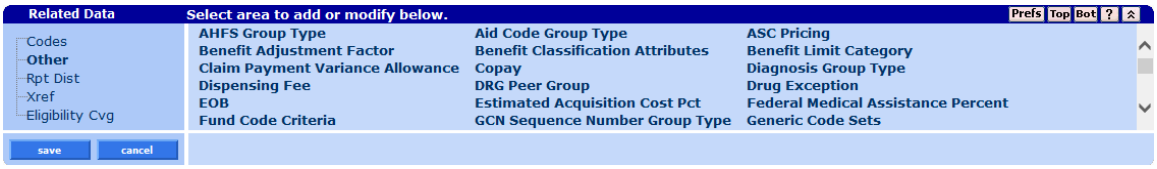
The Reference Related Data Other panel allows the user to access the various group tables maintained within the Reference Data Maintenance subsystem area.

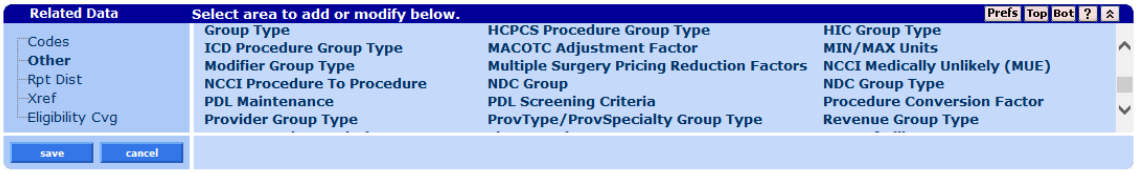
Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Other]

6.200.2 Related Data Other Page Layout







6.200.3 Related Data Other Page Field Descriptions

Field	Description	Field Type	Data Type	Length
ASC Pricing	Link to the ASC Pricing panel.	Hyperlink	N/A	0
Benefit Adjustment Factor	Link to the Benefit Adjustment factor panel.	Hyperlink	N/A	0
Benefit Classification Attributes	Link to the Benefit Classification Attributes panel.	Hyperlink	N/A	0

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Field	Description	Field Type	Data Type	Length
Benefit Limit Category	Link to the Benefit Limit Category	Hyperlink	N/A	0
Cancel	Allows the user to cancel the current action.	Button	N/A	0
Claim Payment Variance Allowance	Link to the Claim Payment Variance Allowance panel.	Hyperlink	N/A	0
Copay	Link to the Copay panel.	Hyperlink	N/A	0
Dispensing Fee	Link to the Dispensing Fee panel.	Hyperlink	N/A	0
DRG Group Type	Link to the DRG Group Type.	Hyperlink	N/A	0
Drug Exception	Link to the Drug Exception panel.	Hyperlink	N/A	0
EOB	Link to the EOB panel.	Hyperlink	N/A	0
Estimated Acquisition Cost Pct	Link to the Estimated Acquisition Cost Percent panel.	Hyperlink	N/A	0
Federal Medical Assistance Percent	Link to the Federal Medical Assistance Percent panel.	Hyperlink	N/A	0
Fund Code Criteria	Link to the Fund Code Criteria panel.	Hyperlink	N/A	0
Generic Code Sets	Link to the Generic Code Sets panel.	Hyperlink	N/A	0
Geographic Practice Cost Idx	Link to the Geographic Practice Cost Index panel.	Hyperlink	N/A	0

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Field	Description	Field Type	Data Type	Length
MACOTC Adjustment Factor	Link to the MACOTC Adjustment Factor panel.	Hyperlink	N/A	0
Min/Max Units	Link to the Min/Max Units panel.	Hyperlink	N/A	0
Multiple Surgery Pricing Reduction Factor	Link to the Surgery Pricing Reduction Factor panel.	Hyperlink	N/A	0
NCCI Medically Unlikely (MUE)	Link to the NCCI Medically Unlikely (MUE) panel.	Hyperlink	N/A	0
NCCI Procedure to Procedure	Link to the NCCI Procedure to Procedure panel.	Hyperlink	N/A	0
PDL Maintenance	Link to the PDL Maintenance panel	Hyperlink	N/A	0
PDL Screening Criteria	Link to the PDL Screening Criteria panel.	Hyperlink	N/A	0
Procedure Conversion Factor	Link to the Procedure Conversion Factor panel.	Hyperlink	N/A	0
Save	Allows the user to save a record.	Button	N/A	0
System Code Resolution	Link to the System Code Resolution panel.	Hyperlink	N/A	0
Yearly Medicare Rates	Link to the Yearly Medicare Rates panel.	Hyperlink	N/A	0

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6.200.4 Related Data Other Page Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this page.				

6.200.5 Related Data Other Page Extra Features

Field	Field Type
No extra features found for this page.	

6.200.6 Related Data Other Panel Accessibility

6.200.6.1 To Access the Related Data Other Page

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-Other page displays.

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6.202 OTHER-ASC PRICING PANEL

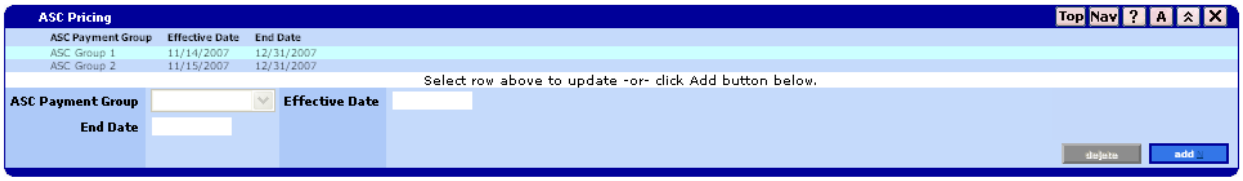
6.202.1 Other-ASC Pricing Panel Narrative

The ASC panel allows users to maintain the reimbursement rates paid to providers for a Ambulatory Surgical Center (ASC) procedure. An Ambulatory Surgical Center (ASC) is a distinct entity that operates exclusively for the purpose to providing surgical services to patients not requiring hospitalization and has an agreement with the Centers for Medicare & Medicaid Services (CMS) to participate in Medicare as an ASC. ASCs must be state licensed and Medicare certified. An ASC may be either independent (i.e., not a part of any other facility) or hospital affiliated. Ambulatory Surgical Center (ASC) facility services are reimbursed based on prospectively determined rates. The rates are based upon the classifications of procedures into different payment groups that are based on surgical procedure complexity. Rates by payment group are established by CMS.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Other] - [ASC Pricing]

6.202.2 Other-ASC Pricing Panel Layout



6.202.3 Other-ASC Pricing Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add an ASC Pricing segment.	Button	N/A	0
ASC Payment Group	Ambulatory Surgical Center (ASC) payment group codes classify procedures into different payment groups that are based on surgical procedure complexity. Rates by ASC payment group are established by CMS.	Combo Box	Drop Down List Box	0
Delete	Delete an ASC Pricing segment.	Button	N/A	0
Effective Date	The date an Ambulatory Surgical Center rate becomes effective for claims processing.	Field	Date (MM/DD/CCYY)	8
End Date	The date an Ambulatory Surgical Center rate is no longer in effect for claims processing.	Field	Date (MM/DD/CCYY)	8

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6.202.4 Other-ASC Pricing Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
ASC Payment Group	Field	1	ASC Payment Group is required.	Select an ASC Payment Group.
Effective Date	Field	1	Invalid date.	Enter an Effective Date in MM/DD/CCYY format.
	Field	2	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater than or equal to 01/01/1900.
	Field	3	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
	Field	4	Effective Date is required.	Enter a valid effective date.
End Date	Field	1	End date must be greater than or equal to effective date.	Enter a End Date that is greater than or equal to the Effective Date.
	Field	2	Invalid date.	Enter an End Date in MM/DD/CCYY format.
	Field	2	Invalid date. Format is MM/DD/CCYY.	Verify keying. The date must be in MM/DD/CCYY format.
	Field	3	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is post 01/01/1900.
	Field	4	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.

6.202.5 Other-ASC Pricing Panel Extra Features

Panel does not allow overlaps for the same ASC Group, Rate Type, and effective/end dates. The same ASC Group can have overlapping date segments as long as the Rate Type is different.

6.202.6 Other-ASC Pricing Panel Accessibility

6.202.6.1 To Access the Other-ASC Pricing Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-Other page displays.
4	Select **ASC Pricing**.	ASC Pricing panel displays.

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6.202.6.2 To Add on the Other-ASC Pricing Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **ASC Payment Group** from the drop down list box.	
3	Enter **Effective Date** in MM/DD/CCYY format.	
4	Enter **End Date** in MM/DD/CCYY format.	
5	Click **Save**.	ASC Pricing information is saved.

6.202.6.3 To Update on the Other-ASC Pricing Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	ASC Pricing information is saved.

6.202.6.4 To Delete on the Other-ASC Pricing Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.203 OTHER-BENEFIT ADJUSTMENT FACTOR PANEL

6.203.1 Other-Benefit Adjustment Factor Panel Narrative

The Benefit Adjustment Factor (BAF) panel is used to maintain valid types of AMMIS Benefit Adjustment Factors.

BAFs provide the ability to alter a service/product rate by a fixed dollar amount, percentage and/or a series of percentages to increase or decrease the allowed amount. This type of adjustment works in conjunction with a pricing methodology and allows the flexibility to alter a rate utilizing different criteria without having to create new rates.

The panel consists of a data list displaying the defined Benefit Adjustment Factor types and a sub-panel where updates and adds are performed.

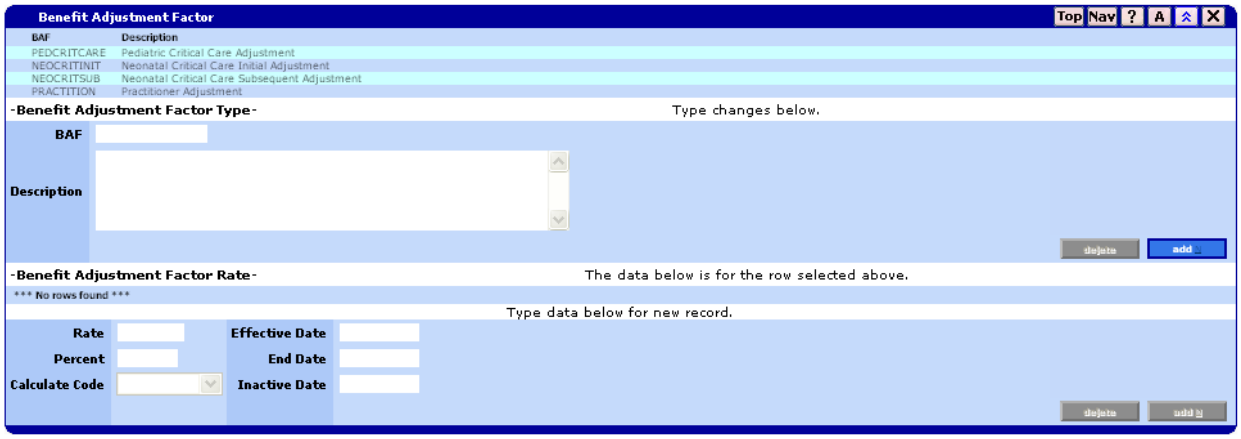
Selecting an entry from the data list will populate the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Benefit Adjustment Factor rates are associated to a type via the Benefit Adjustment Factor Rate child panel shown in the image below. Refer to the panel documentation for 'Benefit Adjustment Factor-Benefit Adjustment Factor Rate' for further details.

Only authorized users with update privileges have the capability to add new information or modify existing data.

[Reference] – [Related Data] - [Other] - [Benefit Adjustment Factor]

6.203.2 Other-Benefit Adjustment Factor Panel Layout



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6.203.3 Other-Benefit Adjustment Factor Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Benefit Adjustment Factor type.	Button	N/A	0
BAF	Code that uniquely identifies the Benefit Adjustment Factor (BAF) type.	Field	Character	11
Calculate Code	Code identifying whether the BAF is applied before or after the pricing comparison step of billed vs. allowed amount. I.E. If the flag is set to After, the BAF is applied after the allowed amount is set to the lesser of the billed or allowed. Does not apply for reimbursement rules that permit payment greater than billed.	Combo Box	Drop Down List Box	0
delete	Allows the user to delete a Benefit Adjustment Factor type.	Button	N/A	0
Description	Text describing the purpose/use of the Benefit Adjustment Factor type.	Field	Character	250
Effective Date	First date of service the benefit adjustment factor is valid.	Field	Date (MM/DD/CCYY)	8
End Date	Last date of service the benefit adjustment factor is valid.	Field	Date (MM/DD/CCYY)	8
Inactive Date	Date/Time the BAF can no longer be used regardless of dates of service on the claim. Time is not displayed but time will be defaulted to 00:00 when selecting a date for processing. Future inactive date restrictions prevent inactivating a segment while claims are processing.	Field	Date (MM/DD/CCYY)	8
Percent	Percentage to adjust an allowed amount using the pricing methodologies that apply to the claim/detail. Stored format is 99.999.	Field	Number (Decimal)	5
Rate	Dollar amount to adjust an allowed amount using the pricing methodology that apply to the claim/detail. Stored format is 9999.99.	Field	Number (Decimal)	6

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6.203.4 Other-Benefit Adjustment Factor Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
BAF	Field	1	BAF is required.	Enter a Benefit Adjustment Factor code.
Description	Field	1	Description is required.	Enter a text description of the Benefit Adjustment Factor code.

6.203.5 Other-Benefit Adjustment Factor Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.203.6 Other-Benefit Adjustment Factor Panel Accessibility

6.203.6.1 To Access the Other- Benefit Adjustment Factor Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-Other page displays.
4	Select **Benefit Adjustment Factor**.	Benefit Adjustment Factor panel displays.

6.203.6.2 To Add on the Other- Benefit Adjustment Factor Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **BAF**.	
3	Enter **Description**.	
4	Click **Save**.	Benefit Adjustment Factor information is saved.

6.203.6.3 To Update on the Other- Benefit Adjustment Factor Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Benefit Adjustment Factor information is saved.

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6.203.6.4 To Delete on the Other- Benefit Adjustment Factor Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

6.203.6.5 To Add on the Other- Benefit Adjustment Factor Rate Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Rate**.	
3	Enter **Percent**.	
4	Select **Calculate Code** from drop down list box.	
5	Enter **Effective Date**.	
6	Enter **End Date**.	
7	Enter **Inactive Date**.	
8	Click **Save**.	Benefit Adjustment Factor Rate information is saved.

6.203.6.6 To Update on the Other- Benefit Adjustment Factor Rate Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Benefit Adjustment Factor Rate information is saved.

6.203.6.7 To Delete on the Other- Benefit Adjustment Factor Rate Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.204 OTHER-BENEFIT CLASSIFICATION ATTRIBUTES PANEL

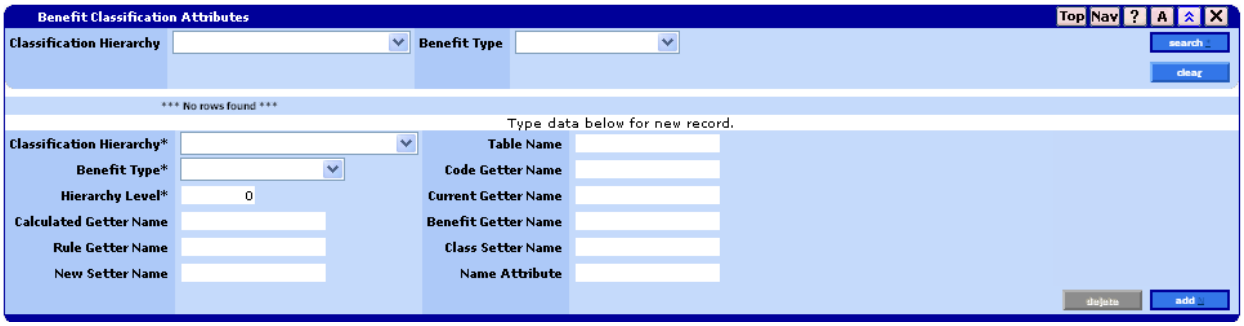
6.204.1 Other- Benefit Classification Attributes Panel Narrative

The Benefit Classification Attributes panel is needed to maintain table used by the drug classification engine. It is required for automatic classification of drugs.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path:[Reference[- [Related Data] - [Other] - [Benefit Classification] - [Attributes]

6.204.2 Other- Benefit Classification Attributes Panel Layout



6.204.3 Other- Benefit Classification Attributes Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows user to add a Benefit Classification Attribute.	Button	N/A	0
Benefit Getter Name	Name of routine which determines if a detail (benefit or service) exists for the parent code being classified.	Field	Character	15
Benefit Type	The benefit type code is used to identify the coding scheme for a service. Valid schemes include procedure (HCPCS & CPT-4), ICD procedures, ICD diagnosis, Revenue Code and Drug codes (NDCs).	Combo Box	Drop Down List Box	0
Calculated Getter Name	Name of routine which retrieves the calculated or expected parent for the applicable node code.	Field	Character	15
Class Setter Name	Name of routine which updates the code descriptions.	Field	Character	15
Classification Hierarchy	It's a Unique row identifier for this table. It defines the classification Hierarchy.	Field	Number (Decimal)	9

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Field	Description	Field Type	Data Type	Length
Clear	It clears the criteria fields so user may enter new criteria.	Button	N/A	0
Code Getter Name	Name of routine which retrieves the codes from the node being processed.	Field	Character	15
Current Getter Name	Name of routine which retrieves the current parent for the applicable node code.	Field	Character	15
Delete	Allows user to delete a Benefit Classification Attribute.	Button	N/A	0
Hierarchy Level	Level of the node within the Classification hierarchy.	Field	Number (Decimal)	9
Name Attribute	Name of the node level.	Field	Character	15
New Setter Name	Name of routine which inserts a new row into the Classification tables.	Field	Character	15
Rule Getter Name	Name of routine which determines if a rule exists for codes belonging to the same parent as the code being classified.	Field	Character	15
Search	Initiates search on the database table for rows matching the criteria entered.	Button	N/A	0
Table Name	Source table for the node.	Field	Character	35

6.204.4 Other- Benefit Classification Attributes Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Benefit Type	Field	1	A valid Benefit Type Hierarchy is required.	Select a value from the drop down list.
	Field	2	A valid Classification Hierarchy is required.	Select a value from the drop down list.
	Field	3	A valid Hierarchy Level Hierarchy is required.	Select a value from the drop down list.

6.204.5 Other- Benefit Classification Attributes Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.204.6 Other- Benefit Classification Attributes Panel Accessibility

6.204.6.1 To Access the Other- Benefit Classification Attributes Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-Other page displays.
4	Select **Benefit Classification Attributes**.	Benefit Classification Attributes panel displays.

6.204.6.2 To Add on the Other- Benefit Classification Attributes Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Classification Hierarchy** from drop down list box.	
3	Select **Benefit Type** from drop down list box.	
4	Enter **Calculated Getter Name**.	
5	Enter **Rule Getter Name**.	
6	Enter **New Setter Name**.	
7	Enter **Table Name**.	
8	Enter **Code Getter Name**.	
9	Enter **Current Getter Name**.	
10	Enter **Benefit Getter Name.**	
11	Enter **Class Setter Name**.	
12	Enter **Name Attribute**.	
13	Click **Save**.	Benefit Classification Attributes information is saved.

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6.204.6.3 To Update on the Other- Benefit Classification Attributes Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Benefit Classification Attributes information is saved.

6.204.6.4 To Delete on the Other- Benefit Classification Attributes Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.204.7 Other - Benefit Limit Category

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6.205 OTHER-CLAIM PAYMENT VARIANCE ALLOWANCE PANEL

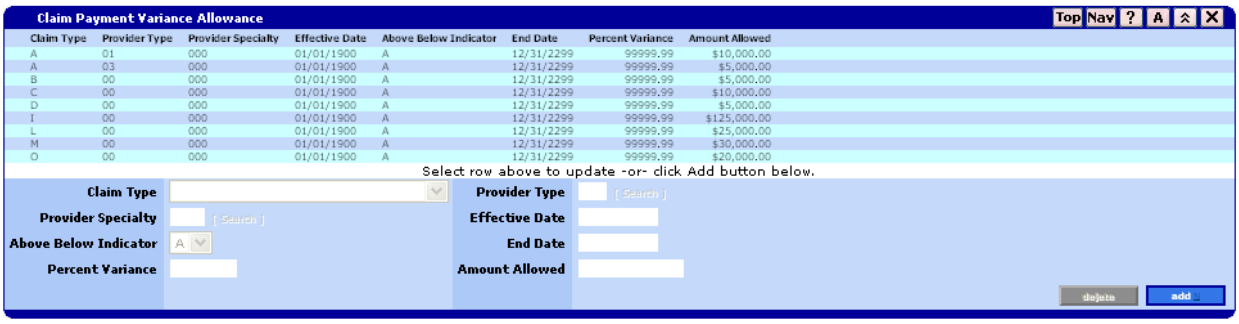
6.205.1 Other-Claim Payment Variance Allowance Panel Narrative

Provides the capability to determine if the difference between the submitted charge on the claim and the computed payment for the claim is greater than system set percentages. This panel contains the maximum values for header paid amount for each claim type/provider type/specialty. Values are used for all claim types except pharmacy.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference - Related Data] - [Other] - [Claim Payment Variance Allowance

6.205.2 Other-Claim Payment Variance Allowance Panel Layout



6.205.3 Other-Claim Payment Variance Allowance Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows user to add Claim Payment Variance Allowance.	Button	N/A	0
Above Below Indicator	Ratio indicator to specify if the percentage variance is for 'Billed to Allowed' ratio or 'Allowed to Billed' ratio. Valid values are A - Allowed to Billed rate ratio and B - Billed to Allowed rate.	Combo Box	Drop Down List Box	0
Amount Allowed	This is the Maximum or Minimum allowed amount (depending on the IND_ABOVE_BELOW) that is to be compared against the non-PH Claims Paid Amount.	Field	Number	9
Claim Type	Value for the type of claim that can be processed in the MMIS system.	Combo Box	Drop Down List Box	0
Delete	Allows user to delete Claim Payment Variance Allowance.	Button	N/A	0
Effective Date	Effective Date of percent variance record.	Field	Date (MM/DD/CCYY)	8

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Field	Description	Field Type	Data Type	Length
End Date	End date of percent variance record.	Field	Date (MM/DD/CCYY)	8
Percent Variance	Percentage variance used in comparing if billed amount differs excessively from allowed amount.	Field	Number (Decimal)	7
Provider Specialty	A code representing the specialized area of practice for a provider.	Field	Character	3
Provider Type	Type that a provider is licensed for.	Field	Character	2

6.205.4 Other-Claim Payment Variance Allowance Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Claim Type	Field	1	A valid Claim Type is required.	Select a Claim Type from the list.
Effective Date	Field	1	Effective Date is required.	Effective Date field required when adding or modifying Claim payment variance allowance.
	Field	2	Effective Date[Date] must be less than or equal to End Date[Date].	Effective Date must be less than or Equal to End Date.
	Field	3	Invalid date. Format is MM/DD/CCYY.	Enter date in MM/DD/CCYY format.
	Field	4	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater or equal to 01/01/1900.
	Field	5	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
End Date	Field	1	End Date is required.	End Date field required when adding or modifying Claim payment variance allowance.
	Field	2	Effective Date[Date] must be less than or equal to End Date[Date].	Effective Date must be less than or Equal to End Date
	Field	3	Invalid date. Format is MM/DD/CCYY.	Enter date in MM/DD/CCYY format.
	Field	4	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater or equal to 01/01/1900.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	5	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
Provider Specialty	Field	1	A valid Provider Specialty is required.	Enter valid Provider Specialty.
Provider Type	Field	1	A valid Provider Type is required.	Enter valid Provider Type.

6.205.5 Other-Claim Payment Variance Allowance Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.205.6 Other-Claim Payment Variance Allowance Panel Accessibility

6.205.6.1 To Access the Other-Claim Payment Variance Allowance Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-Other page displays.
4	Select **Claim Payment Variance Allowance**.	Claim Payment Variance Allowance panel displays.

6.205.6.2 To Add on the Other-Claim Payment Variance Allowance Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Claim Type** from drop down list box.	
3	Enter **Provider Specialty**.	
4	Select **Above Below Indicator** from drop down list box.	
5	Enter **Percent Variance**.	
6	Enter **Provider Type**.	
7	Enter **Effective Date**.	
8	Enter **End Date.**	

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Step	Action	Response
9	Click **Save**.	Claim Payment Variance Allowance information is saved.

6.205.6.3 To Update on the Other Claim Payment Variance Allowance Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Claim Payment Variance Allowance information is saved.

6.205.6.4 To Delete on the Other-Claim Payment Variance Allowance Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.206 OTHER-COPAY PANEL

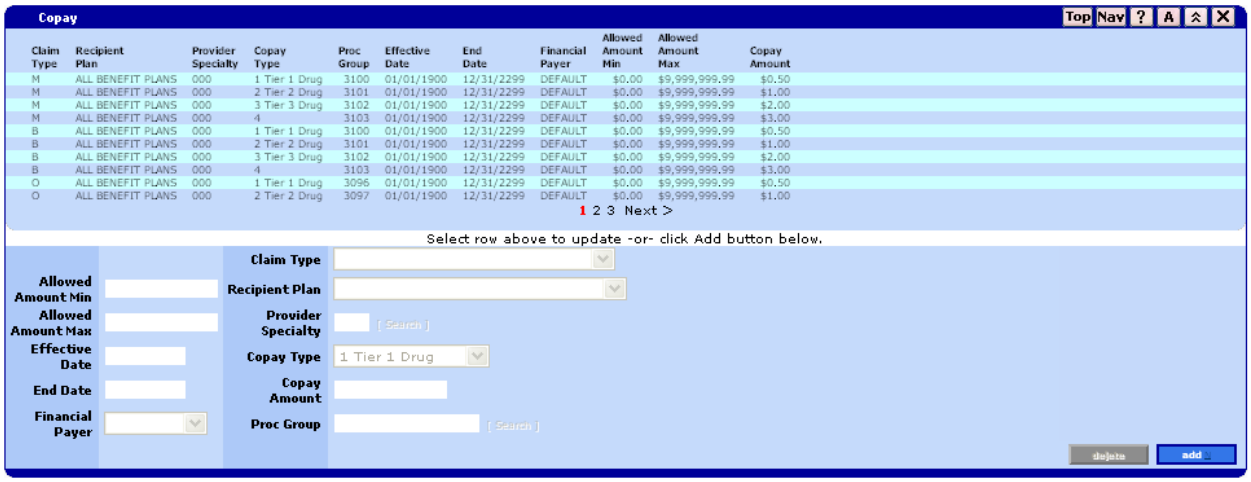
6.206.1 Other-Copay Panel Narrative

The Copay panel displays the data used to subtract the copay amount from the allowed amount for some claim types. Transportation, outpatient, and pharmacy claims will use the minimum and maximum allowed fields.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data]- [Other] - [Copay]

6.206.2 Other-Copay Panel Layout



6.206.3 Other-Copay Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows a user to add a Copay.	Button	N/A	0
Allowed Amount Max	This field represents the maximum allowed amount for a copay segment. It is used in transportation pricing.	Field	Number (Decimal)	11
Allowed Amount Min	This field is the minimum allowed amount. It is compared against the pricing allowed amount. If the pricing allowed amount is greater than the minimum and less than the maximum, then the copay amount is used.	Field	Number (Decimal)	11

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Field	Description	Field Type	Data Type	Length
Claim Type	Value for the type of claim that can be processed in the MMIS system.	Combo Box	Drop Down List Box	0
Copay Amount	This is the amount of copay that will be subtracted from the allowed amount. Format is 999.99.	Field	Number (Decimal)	7
Copay Type	Code identifying the type of copay. The copay type is used along with the claim type to identify the copay amount to pay on a claim.	Combo Box	Drop Down List Box	0
Delete	Allows a user to delete a Copay.	Button	N/A	0
Effective Date	This is the begin date for the copay segment.	Field	Date (MM/DD/CCYY)	8
End Date	This is the End Date for the copay segment.	Field	Date (MM/DD/CCYY)	8
Financial Payer	The code that identifies a unique payer within AMMIS.	Combo Box	Drop Down List Box	0
Proc Group [Search]	Unique system assigned key for the Procedure Group that represents a collection of Procedures. This must be a valid Procedure Group number that already exists in the database.	Hyperlink	N//A	0
Provider Specialty [Search]	A code representing the specialized area of practice for a provider.	Hyperlink	N/A	0
Recipient Plan	Identifies the medical assistance program that is supported in the system.	Combo Box	Drop Down List Box	0

6.206.4 Other-Copay Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Allowed Amount Max	Field	1	Allowed Amount Max must be greater than or equal to 1.	Enter a Max Allowed Amount that is greater than or equal to 1.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	3	Allowed Amount Max must be less than or equal to 9999999.99.	Enter a valid amount.
	Field	4	Allowed Amount Max is Required.	Enter an Allowed Amount Max that has a value.
Allowed Amount Min	Field	1	Allowed Amount Min must be less than or equal to Allowed Amount Max.	Enter an Allowed Amount Min that is less than or equal to Allowed Amount Max .
	Field	2	Allowed Amount Min is required.	Enter a valid number.
	Field	4	Allowed Amount Min must be less than or equal to 9999999.99.	Enter a value that is less than or equal to 9999999.99.
	Field	5	Allowed Amount Min must be greater than or equal to 0.	Enter an Allowed Amount Min that is greater than or equal to 0.
Claim Type	Field	1	A valid Claim Type is required.	Select a valid clam type from the claim type drop down listing.
	Field	2	A duplicate record cannot be saved.	Enter at least one field must be unique.
Copay Amount	Field	1	Enter a valid value.	Enter a valid number.
	Field	2	Copay amount cannot be greater than 999.99.	Enter a number that is less than or equal to 999.99.
	Field	3	Copay Amount must be greater than or equal to 0.	Enter a Copay Amount that is greater than or equal to 0.
	Field	4	If COPAY was updated, please evaluate the Service Coverage Panel for possible updates.	If COPAY was updated, please evaluate the Service Coverage Panel for possible updates.
Copay Type	Field	1	Copay Type is required.	Select a valid Copay type from the copay type drop down listing.
Effective Date	Field	1	Effective Date is required.	Enter an Effective Date field when adding or modifying Copay Type.
	Field	2	Effective date must be on or before end date.	Enter an Effective Date that is less than or Equal to End Date.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	3	Invalid date.	Enter an Effective Date in MM/DD/CCYY format.
	Field	4	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater or equal to 01/01/1900.
	Field	5	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
End Date	Field	1	End Date is required	Enter an End Date when adding or modifying Copay Type.
	Field	3	Invalid date.	Enter an End Date in MM/DD/CCYY format.
	Field	4	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is greater or equal to 01/01/1900.
	Field	5	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.
Financial Payer	Field	1	A valid Financial Payer is required.	Select a valid financial payer from the financial payer drop down listing.
Proc Group	Hyperlink	1	Must enter a valid, existing procedure group number.	Select a valid procedure group number.
Recipient Plan	Field	1	A valid Recipient Plan is required.	Select a valid Recipient Plan from the drop down listing.
Provider Specialty	Hyperlink	1	A valid Provider Specialty is required.	Select a provider specialty.

6.206.5 Other-Copay Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.206.6 Other-Copay Panel Accessibility

6.206.6.1 To Access the Other-Copay Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.

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Step	Action	Response
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-page displays.
4	Select **Copay**.	Copay panel displays.

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6.206.6.2 To Add on the Other-Copay Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Allowed Amount Min**.	
3	Enter **Allowed Amount Max**.	
4	Enter **Effective Date** in MM/DD/CCYY format.	
5	Enter **End Date** in MM/DD/CCYY format.	
6	Select **Financial Payer** from drop down list box.	
7	Select **Claim Type** from drop down list box.	
8	Select **Recipient Plan** from drop down list box.	
9	Enter **Provider Specialty**. Click [Search] if unknown.	
10	Select **Copay Type** from drop down list box.	
11	Enter **Copay Amount**.	
12	Enter **Proc Group**. Click [Search] if unknown.	
13	Click **Save**.	Copay information is saved.

6.206.6.3 To Update on the Other-Copay Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Copay information is saved.

6.206.6.4 To Delete on the Other-Copay Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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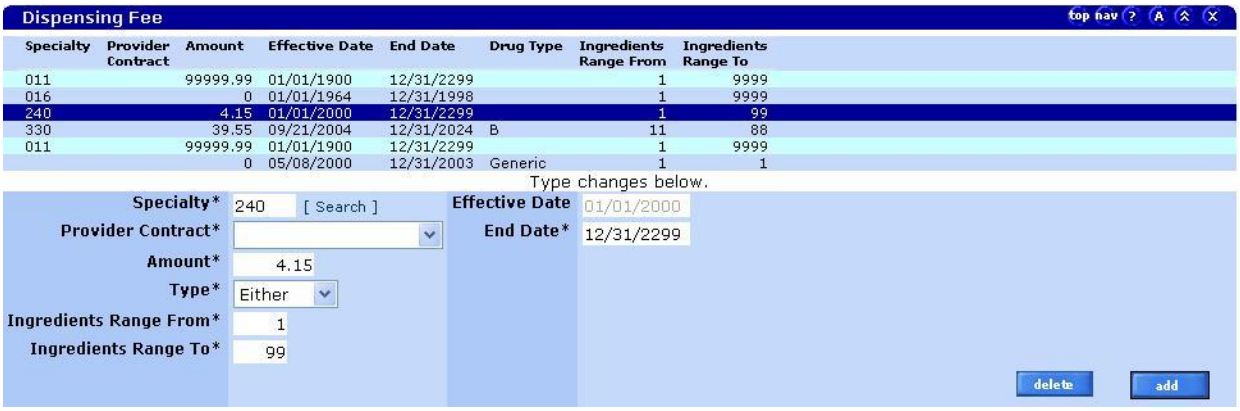
6.207 OTHER-DISPENSING FEE PANEL

6.207.1 Other-Dispensing Fee Panel Narrative

The Dispensing Fee panel is used to maintain the fee that the provider receives for dispensing a prescription legend drug when the provider has the given specialty and is certified under the given contract. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Related Data (Panel) - [Other] - [Dispensing Fee]

6.207.2 Other-Dispensing Fee Panel Layout



6.207.3 Other-Dispensing Fee Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Dispensing Fee.	Button	N/A	0
Amount	Amount that the provider receives for dispensing a prescription drug. Format is 99999.99.	Field	Number (Decimal)	7
Delete	Allows the user to delete a Dispensing Fee.	Button	N/A	0
Effective Date	Date that the Dispensing Fee for the provider specialty is in effect.	Field	Date (MM/DD/CCYY)	8
End Date	Date that the Dispensing Fee for the provider specialty is no longer in effect.	Field	Date (MM/DD/CCYY)	8
Ingredients Range From	Number of ingredients from range (1-9999) to allow for compounds to pay varying amounts based on the number of unique ingredients in the compound.	Field	Number (Integer)	4

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Field	Description	Field Type	Data Type	Length
Ingredients Range To	Number of ingredients from range (1-9999) to allow for compounds to pay varying amounts based on the number of unique ingredients in the compound.	Field	Number (Integer)	4
Provider Contract	Description of the program the provider is enrolled in.	Combo Box	Drop Down List Box	0
Specialty	Specialty Code of the provider.	Field	Character	3
Type	Indicates Generic/Brand/Either for a provider.	Combo Box	Drop Down List Box	0

6.207.4 Other-Dispensing Fee Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Amount	Field	1	Enter a valid value.	Enter a numeric value.
	Field	2	Amount is required.	Enter a value for Amount.
Effective Date	Field	0	Effective Date must be less than or equal to End Date.	Enter an Effective Date that is less than or equal to End Date.
	Field	1	Invalid date.	Enter a valid date in MM/DD/CCYY format.
	Field	2	Effective Date is required.	Enter a value for Effective Date.
End Date	Field	1	Invalid date.	Enter a valid date.
Ingredients Range From	Field	0	Ingredients Range From must be less than Ingredients Range To.	Enter an Ingredients Range From that is less than Ingredients Range To.
	Field	1	Ingredient Range From must be greater than or equal to 1.	Enter an Ingredients Range From field when adding or modifying Dispensing Fee.
	Field	2	Enter a valid value.	Enter a numeric value.
	Field	3	Ingredient Range From is required.	Enter an Ingredient Range From value.
Ingredients Range To	Field	1	Ingredient Range To must be greater than or equal to 1.	Enter an Ingredients Range To that is greater than or equal to 1.
	Field	2	Enter a valid value.	Enter a numeric value.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	3	Ingredient Range To is required.	Enter an Ingredient Range To.
Provider Contract	Field	1	A valid Provider Contract is required.	Enter a Provider Contract field required when adding or modifying Dispensing Fee.
Specialty	Field	1	A valid Specialty is required.	Select a Specialty.

6.207.5 Other-Dispensing Fee Panel Extra Features

Field	Field Type
No extra features found for this page/panel.	

6.207.6 Other-Dispensing Fee Panel Accessibility

6.207.6.1 To Access the Other-Dispensing Fee Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data panel displays.
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-Other panel displays.
4	Select **Dispensing Fee**.	Dispensing Fee panel displays.

6.207.6.2 To Add on the Other-Dispensing Fee Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Specialty** by clicking [Search] button.	
3	Enter search criteria. User may also select a row from the list of search results.	Specialty information is populated on panel.
4	Select **Provider Contract** from drop down list box.	
5	Enter **Amount**.	
6	Select **Type** from drop down list box.	
7	Enter **Ingredients Range From**.	

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Step	Action	Response
8	Enter **Ingredients Range To**.	
9	Enter **Effective Date** in MM/DD/CCYY format.	
10	Enter **End Date** in MM/DD/CCYY format.	
11	Click **Save**.	Dispensing Fee information is saved.

6.207.6.3 To Update on the Other-Dispensing Fee Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Dispensing Fee information is saved.

6.207.6.4 To Delete on the Other-Dispensing Fee Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.208 OTHER-DRG GROUP TYPE PANEL

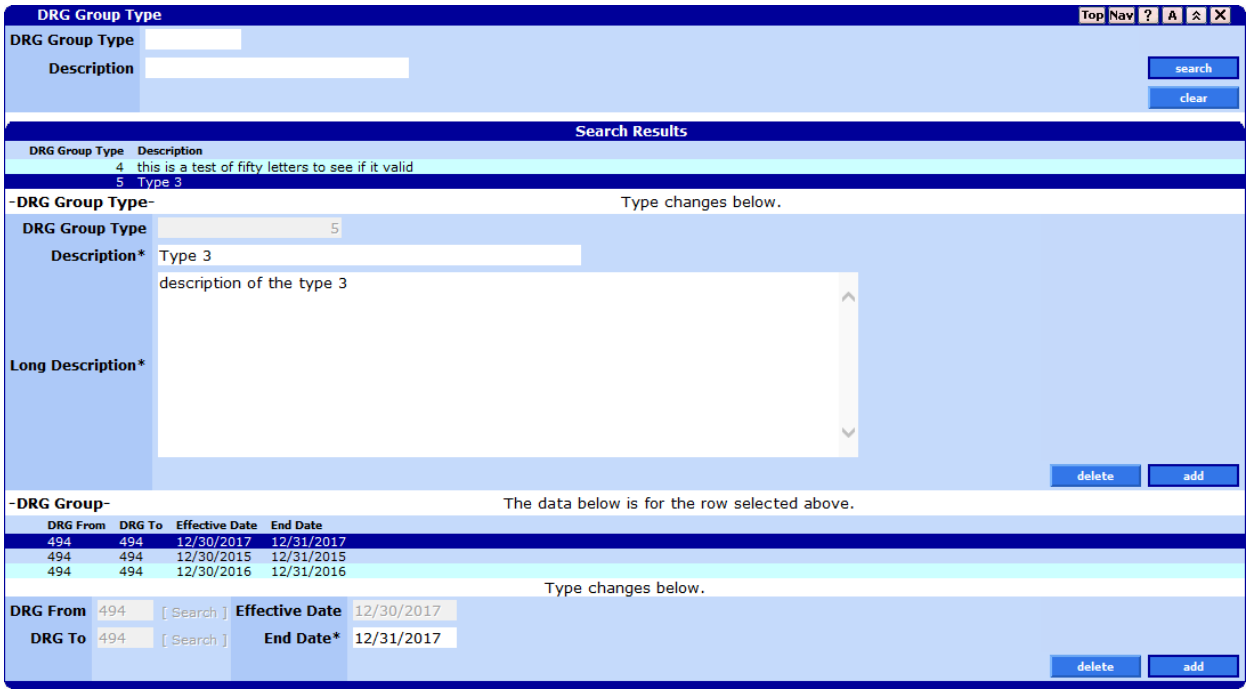
6.208.1 Other-DRG Group Type Panel Narrative

A DRG type is associated with a group of DRG codes. Used to identify DRG codes for use in certain processing methodologies.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data - Other] - [DRG Group Type]

6.208.2 Other-DRG Group Type Panel Layout



6.208.3 Other-DRG Group Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a DRG Group Type.	Button	N/A	0
DRG From	System assigned key for a unique DRG.	Field	Number (Integer)	9
DRG To	System assigned key for a unique DRG.	Field	Number (Integer)	9
DRG Group Type	System assigned key for a unique DRG group that represents a single or collection of DRG Group.	Field	Number (Integer)	9
Delete	Allows the user to delete a DRG Group Type.	Button	N/A	0
Description	Abbreviated definition describing DRG Group Type definition.	Field	Character	50

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Field	Description	Field Type	Data Type	Length
Description Definition	Definition of where and/or how this DRG Group Type is used.	Field	Character	4000
Effective Date	Date of service on which the DRG Group becomes valid for the DRG Group Type.	Field	Character	8
End Date	Date of service on which the DRG Group is no longer valid for the DRG Group Type.	Field	Character	8
Long Description	Group purpose. Definition of where and/or how this DRG Group is used.	Field	Character	0
Search	Search button. When clicked searches all records that matches the criteria. If no criteria entered, it will bring all available records.	Button	N/A	0

6.208.4 Other-DRG Type Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
DRG From	Field	1	A valid DRG Code Range From is required.	A valid DRG Code Range From is required.
DRG To	Field	1	A valid DRG Code Range To is required.	A valid DRG Code Range To is required.
	Field	2	DRG Code Range From cannot be greater than DRG Code Range To.	DRG Code Range From cannot be greater than DRG Code Range To.
Description	Field	1	Description is required.	Description is required.
Effective Date	Field	1	Invalid date. Format is mm/dd/yyyy.	Invalid date. Format is mm/dd/yyyy.
	Field	2	Effective Date must be greater than or equal to 1/1/1900.	Effective Date must be greater than or equal to 1/1/1900.
	Field	3	Effective Date must be less than or equal to 12/31/2299.	Effective Date must be less than or equal to 12/31/2299.
	Field	4	Effective Date is required.	Effective Date is required.
Date	Field	1	Effective date must be less than or equal to End Date.	Effective date must be less than or equal to End Date.
	Field	2	Invalid date. Format is mm/dd/ccyy.	Verify keying. The date must be in MM/DD/CCYY format.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	3	End Date must be greater than or equal to 1/1/1900.	Enter an End Date that is post 1/1/1900.
	Field	4	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.
	Field	5	End Date is required.	End Date is required.
Long Description	Field	1	Long Description is required.	Long Description is required.

6.208.5 Other-DRG Group Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.208.6 Other-DRG Group Type Panel Accessibility

6.208.6.1 To Access the Other-DRG Group Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-Other page displays.
4	Select **DRG Group Type**.	DRG Group Type panel displays.

6.208.6.2 To Add on the Other-DRG Group Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Description**.	
3	Enter **Description Definition**.	
4	Click **Save**.	DRG Group Type information is saved.

6.208.6.3 To Update on the Other- DRG Group Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	

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Step	Action	Response
3	Click **Save**.	DRG Group Type information is saved.

6.208.6.4 To Delete on the Other-DRG Group Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

6.208.6.5 To Add on the Other-DRG Group Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **DRG From** or Click [Search] link to locate by DRG Code or DRG Description.	
3	Enter **DRG To** or Click [Search] link to locate by DRG Code or DRG Description.	
4	Enter **Effective Date** in MM/DD/CCYY format. Note: Defaults to current date.	
5	Enter **End Date** in MM/DD/CCYY format. Note: Defaults to 12/31/2299.	
6	Click **Save**.	DRG Group information is saved.

6.208.6.6 To Update on the Other-DRG Group Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	DRG Group information is saved.

6.208.6.7 To Delete on the Other-DRG Group Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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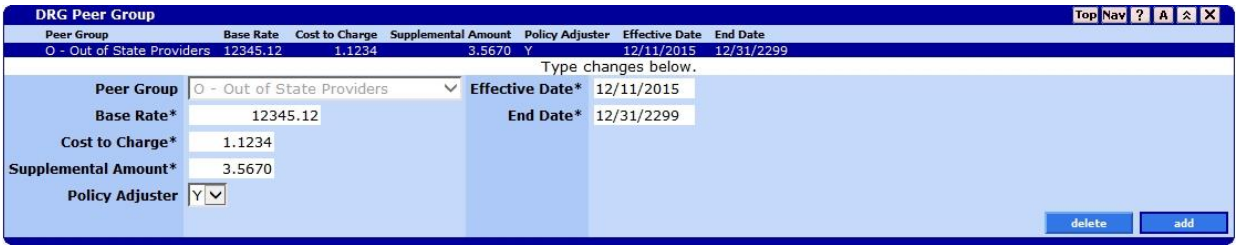
6.209 OTHER- DRG PEER GROUP PANEL

6.209.1 Other- DRG Peer Group Panel Narrative

This panel is used to update, delete and add rates for the DRG Peer Groups. .

Navigation Path: [Reference] – [Related Data] – [Other] – [DRG Peer Group]

6.209.2 Other- DRG Peer Group Panel Layout



6.209.3 Other- DRG Peer Group Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	This button allows a user to add an entry to the DRG -Peer Group panel.	Button	N/A	0
Base Rate	This is a date sensitive pricing factor expressed in dollars terms, and is one of the primary components for the DRG calculation. This base rate is used for the peer group specific calculation.	Field	Number (Decimal)	10
Cost to Charge	This is a date sensitive pricing factor represents a percentage, and is one of the primary components for the DRG calculation. This cost to charge is used for the peer group specific calculation.	Field	Number (Decimal)	5
Delete	This button allows a user to delete an entry from the DRG -Peer Group panel.	Button	N/A	0
Effective Date	The date the Peer Group DRG Rate took effect.	Field	Date (MM/DD/CCYY)	8
End Date	The date the Peer Group DRG Rate is no longer in effect.	Field	Date (MM/DD/CCYY)	8
Peer Group	This is a one byte key field used to identify a peer group for DRG pricing. The peer group code and description are determined by the State.	Combo Box	Drop Down List Box	1
Policy Adjuster	This one byte field represents that the current Peer group is either Vaild (Y)	Combo Box	Drop Down List Box	1

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Field	Description	Field Type	Data Type	Length
	or Invalid (N) for DRG Policy Adjusters.			
Supplemental Amount	Percentage amount of what Alabama Medicaid would pay for a supplemental payment to out of state provider.	Field	Number (Decimal)	5

6.209.4 Other- DRG Peer Group Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Base Rate	Field	1	Base Rate is required.	Enter a Base Rate.
	Field	2	Base Rate must be less than or equal to 99999999.99.	Enter a valid Base Rate.
Cost to Charge	Field	1	Cost to Charge is required.	Enter a Cost to Charge.
	Field	2	Cost to Charge must be less than or equal to 9.9999.	Enter a valid Cost to Charge.
Effective Date	Field	1	Invalid date. Format is mm/dd/yyyy.	Verify keying. The date must be in MM/DD/CCYY format
		2	Effective Date must be greater than or equal to 1/1/1900.	Enter an Effective Date that is greater than or equal to 1/1/1900.
		3	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
		4	Effective Date is required.	Enter an Effective Date.
End Date	Field	1	Effective date must be less than or equal to End Date.	Enter a date greater than or equal to the Effective Date.
	Field	2	Invalid date. Format is MM/DD/CCYY.	Verify keying. The date must be in MM/DD/CCYY format.
	Field	3	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is after or equal to 01/01/1900.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	4	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is before or equal to 12/31/2299.
	Field	5	End Date is required	Enter a valid end date.
Peer Group	Field	1	A valid Peer Group is required	Enter a Peer Group.
Supplemental Amount	Field	1	Supplemental Amount is required.	Enter a Supplemental Amount.
	Field	2	Supplemental Amount must be less than or equal to 9.9999.	Enter a valid Supplemental Amount.

6.209.5 Other- DRG Peer Group Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.209.6 Other- DRG Peer Group Panel Accessibility

6.209.6.1 To Access the Other- DRG Peer Group Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data panel displays.
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-Other panel displays.
4	Select **DRG Peer Group.**	DRG Peer Group panel displays.

6.209.6.2 To Add on the Other DRG Peer Group Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Peer Group** by clicking on the drop down list box.	
3	Enter **Effective Date** in MM/DD/CCYY format.	
4	Enter **End Date** in MM/DD/CCYY format.	

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Step	Action	Response
5	Enter **Base Rate**.	
6	Enter **Cost to Charge**.	
7	Enter **Supplemental Amount**.	
8	Select **Policy Adjuster from drop down list box**.	
12	Click **Save**.	DRG Peer Group information is saved.

6.209.6.3 To Update on the Other- DRG Peer Group Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	DRG –Peer Group information is saved.

6.209.6.4 To Delete on the Other- DRG Peer Group Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.210 OTHER-DRUG EXCEPTION PANEL

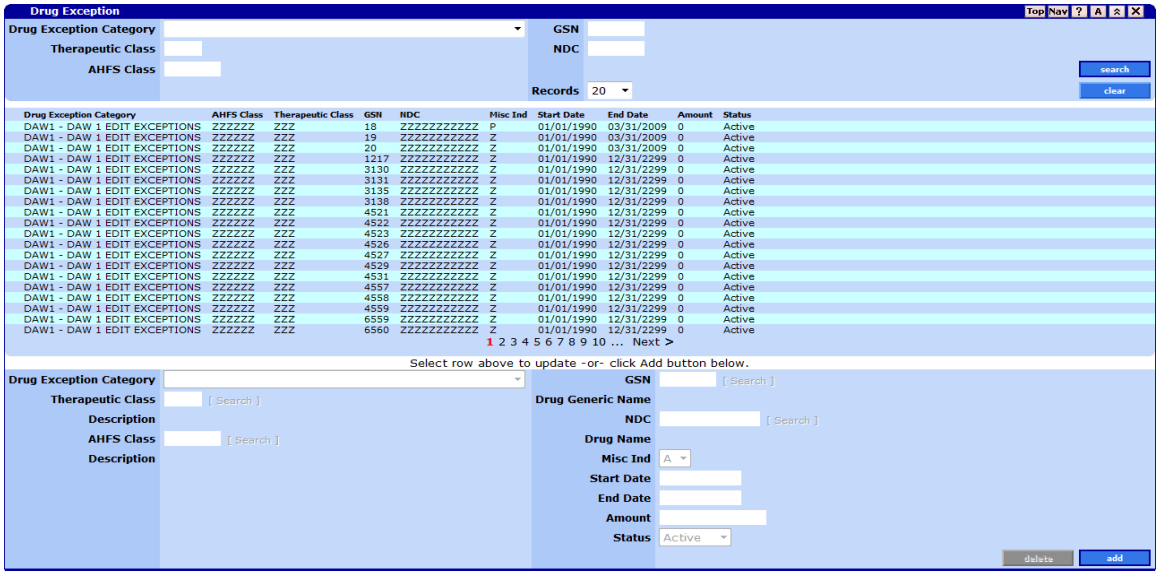
6.210.1 Other-Drug Exception Panel Narrative

The Drug Exception panel allows users to edit those Pharmacy Claims where there is no Emergency PA Number associated to them or it has not yet been determined that a PA is required. The editing required determines if the PH Claims Adjudicated Paid Amount is less than or greater than specified amounts for specific drug categories. Reasons for this panel include the necessity to specify exact combinations of drug categories or default values and not just Claim or Provider Type. If a match is found on this panel for the Pharmacy Claim and its drug categories (or their default values) and the row is ACTIVE editing is performed to compare the PH Claims Adjudicated Paid Amount against the high or low amount. If a match is found and the row is INACTIVE the editing is bypassed.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Related Data] - [Other] - [Drug Exception]

6.210.2 Other-Drug Exception Panel Layout



6.210.3 Other-Drug Exception Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
AHFS Class	First 6 digits of the CDE_THERA_CLS_AHFS or ZZZZZZ if all CDE_THERA_CLS_AHFS codes should be included. Data type change to CHAR to support ZZZZZZ entries.	Field	Character	6
Amount	This is the Maximum or Minimum allowed amount (depending on the	Field	Number (Decimal)	9

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Field	Description	Field Type	Data Type	Length
	CDE_ABOVE_BELOW) that is to be compared against the PH Claims Adjudicated Paid Amount for the specific identifying codes.			
Description (AHFS Class)	Description of the AHFS Therapeutic Class Code.	Label	Character	55
Description (Therapeutic Class)	Therapeutic Class description.	Label	Character	100
Drug Exception Category	Identifies the type of data held in the table – i.e. Is it for editing Pharmacy Claims low / high amounts? Or is it to determine if the claim for an OTC drug is exempt from editing for a long term care recipient? This field can have either of two values: P for pharmacy variance edits and X for exempt from drug edits for LTC recipients.	Combo Box	Drop Down List Box	0
Drug Generic Name	The first field (30 characters) is the generic drug name, the next is the route description (10), the next is the dosage form (10) and the last is the drug strength description (10). These fields are each separated by a space, for a total of 3 spaces.	Label	Character	100
Drug Name	Contains the name that appears on the package label provided by the manufacturer. This column is populated for all products, brand and generic.	Label	Character	35
End Date	End Date of Drug Exception record.	Field	Date (MM/DD/CCYY)	8
GSN	This field is a unique number representing the active ingredient(s), route of administration, drug strength and dosage form. This field holds either the FDB GCN Sequence Number or the	Field	Number (Integer)	6

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Field	Description	Field Type	Data Type	Length
	Micromedex Generic Formulation Code.			
Misc Ind	Indicator to specify if the value in the AMT_MONETARY field is the minimum low value or the maximum high value of the PH Claim Adjudicated Paid Amount. It can also be used to indicate if preferred drug criteria should be considered for maintenance supply drug eligibility if a value of ‘P’ is indicated. Valid Values are 'A' - Above value or maximum amount or 'B' - Below value or minimum amount, ‘Z’- Default value and ‘P’ - Preferred drug criteria.	Combo Box	Drop Down List Box	0
NDC	National Drug Code is comprised of a 5 byte numeric labeler code, 4 byte numeric product code and a 2 byte numeric package code. Used to uniquely identify a drug, its labeler & package size of a product for pricing and service/prior authorization. ZZZZZZZZZZZ to include all codes.	Field	Character	11
Start Date	Start Date of Drug Exception record.	Field	Date (MM/DD/CCYY)	8
Status	The Status of the Drug Exception. If the Status is INACTIVE the Drug does not require low / high value editing. If the Status is ACTIVE the Drug DOES require low / high value editing.	Combo Box	Drop Down List Box	0
Therapeutic Class	The most specific therapeutic class code offered by First DataBank, intended for users who need a very definitive therapeutic classification system. 'ZZZ'	Field	Character	3

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Field	Description	Field Type	Data Type	Length
	includes all Therapeutic class codes.			

6.210.4 Other-Drug Exception Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
AHFS Class	Field	1	AHFS Class must be 6 character(s) in length.	Enter a valid AHFS Class (the first 6 digits).
	Field	2	AHFS Class is not valid. Please verify.	Enter a valid AHFS Class (the first 6 digits).
	Field	3	AHFS Class is required	Enter a valid AHFS Class (the first 6 digits).
	Field	4	A non default value for Therapeutic Class, AHFS Class, GSN, or NDC is required.	Enter a non default valid value for at least one of the fields – Therapeutic Class, AHFS Class, GSN or NDC.
Amount	Field	1	Amount must be greater than or equal to 0.00.	Enter an amount that is greater than or equal to $0.00.
	Field	2	Amount must be less than or equal to 9999999.99.	Enter an amount that is less than or equal to 9999999.99.
Drug Exception Category	Field	1	Drug Exception Category is required.	Select a Drug Exception Category from the drop down list.
End Date	Field	1	End Date is required.	Enter a valid date. Format MM/DD/CCYY.
	Field	2	Invalid date. Format is MM/DD/CCYY.	Enter a valid date.
	Field	3	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is after or equal to 01/01/1900.
	Field	4	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is before or equal to 12/31/2299.

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Field	Field Type	Error Code	Error Message	To Correct
GSN	Field	1	GSN is not valid. Please verify.	A valid GSN is needed.
	Field	2	GSN is required.	Enter a valid GSN.
	Field	3	A non default value for Therapeutic Class, AHFS Class, GSN, or NDC is required.	Enter a non default valid value for at least one of the fields – Therapeutic Class, AHFS Class, GSN or NDC.
NDC	Field	1	National Drug Code is not valid. Please verify.	Enter a valid National Drug Code.
	Field	2	A valid NDC is required.	Enter a valid NDC.
	Field	3	A non default value for Therapeutic Class, AHFS Class, GSN, or NDC is required.	Enter a non default valid value for at least one of the fields – Therapeutic Class, AHFS Class, GSN or NDC.
Start Date	Field	1	Start Date is required.	Enter a valid End Date. Format MM/DD/CCYY.
	Field	2	Invalid date. Format is MM/DD/CCYY.	Enter a valid End Date. Format MM/DD/CCYY.
	Field	3	Start Date must be greater than or equal to 01/01/1900.	Enter a Start Date that is greater than or equal to 01/01/1900.
	Field	4	Start Date must be less than or equal to 12/31/2299.	Enter a Start Date that is less than or equal to 12/31/2299.
	Field	5	Start Date [Date] must be less than or equal to End Date [Date].	Enter a Start Date that is prior to or equal the End Date.
Therapeutic Class	Field	1	Therapeutic Class Code must be 3 character(s) in length.	Enter a valid Therapeutic Class. Therapeutic Class is 3 characters in length.
	Field	2	Therapeutic Class is not valid. Please verify.	Enter a valid Therapeutic Class. Therapeutic Class is

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Field	Field Type	Error Code	Error Message	To Correct
				3 characters in length.
	Field	3	Therapeutic Class is required.	Enter a valid Therapeutic Class.
	Field	4	A non default value for Therapeutic Class, AHFS Class, GSN, or NDC is required.	Enter a non default valid value for at least one of the fields – Therapeutic Class, AHFS Class, GSN or NDC.

6.210.5 Other-Drug Exception Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.210.6 Other-Drug Exception Panel Accessibility

6.210.6.1 To Access the Other-Drug Exception Fee Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data panel displays.
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-Other panel displays.
4	Select **Drug Exception**.	Drug Exception panel displays.

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6.210.6.2 To Add on the Other-Drug Exception Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Drug Exception Category** by clicking on the drop down list box.	
3	Enter **Therapeutic Class Code**.	
4	Enter **National Drug Code**.	
5	Enter **Start Date**.	
6	Enter **Amount**.	
7	Enter **AHFS First 6 Digits** .	
8	Enter **Formulation Code**.	
9	Select **Above Below Indicator** from drop down list box.	
10	Enter **End Date** in MM/DD/CCYY format.	
11	Select **Status** from drop down list box.	
12	Click **Save**.	Drug Exception information is saved.

6.210.6.3 To Update on the Other-Drug Exception Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Drug Exception information is saved.

6.210.6.4 To Delete on the Other- Drug Exception Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.211 OTHER-EOB PANEL

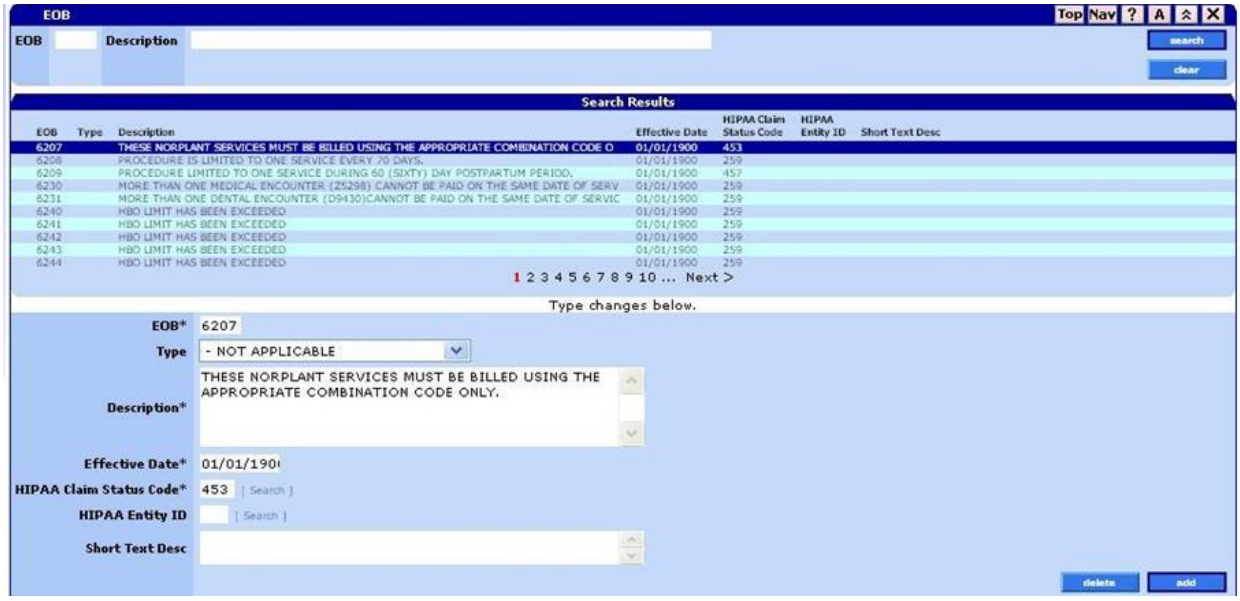
6.211.1 Other-EOB Panel Narrative

The EOB panel is used to maintain EOB Code information. The user can search for an EOB code by either entering in the specific EOB code or by typing in an EOB narrative as a search parameter. A list of all EOB codes meeting the search criteria will be displayed in the search results.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Other] - EOB]

6.211.2 Other-EOB Panel Layout



6.211.3 Other-EOB Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add an EOB Code.	Button	N/A	0
Clear	Clears the criteria fields so user may enter new criteria.	Button	N/A	0
Delete	Allows the user to delete an EOB Code.	Button	N/A	0
Description	First line of the nomenclature for an Explanation of Benefits that is printed on the remittance advice.	Field	Character	395
Effective Date	Date of service that the Explanation of Benefits code became effective.	Field	Date (MM/DD/CCYY)	8

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Field	Description	Field Type	Data Type	Length
EOB	Code which represents a policy for Medicaid claim adjudication.	Field	Number (Integer)	4
HIPAA Claim Status Code [Search]	HIPAA Health Care Claim Status Codes communicate information about the status of a claim, i.e., whether it's been received, pended, or paid.	Hyperlink	N/A	0
HIPAA Entity ID [Search]	HIPAA Health Care Claim Status Entity Identifier Code.	Hyperlink	N/A	3
HIPAA Xref	Displays the HIPAA Adj Reason/EOB Xref Data and the HIPAA Remarks/EOB Xref Data panels.	Button	N/A	0
Search	Initiates search on the database table for rows matching the criteria entered.	Button	N/A	0
Short Text Desc	HIPAA Short Text Description representing non-financial information critical to understanding the adjudication of a health insurance claim. E.G. Reason for denial.	Field	Character	50
Type	Indication of what type of processing should be performed. This is used for processing of adjustments based on the EOB assigned as the adjustment reason.	Combo Box	Drop Down List Box	0

6.211.4 Other-EOB Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter an EOB description.
EOB	Field	1	EOB is required.	Enter a EOB when adding or modifying EOB.
	Field	2	EOB must be 4 character(s) in length.	Enter a EOB of 4 characters.
Effective Date	Field	1	Effective Date is required.	Enter an Effective Date.
	Field	2	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater than or equal to 01/01/1900.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	3	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
	Field	4	Invalid Date.	Enter an Effective Date in MM/DD/CCYY format.
HIPAA Claim Status Code	Hyperlink	1	A valid HIPAA Claim Status Code is required.	Select a valid HIPAA Claim Status Code.
HIPAA Entity ID	Hyperlink	1	A valid HIPAA Entity ID is required.	Select a valid HIPAA Entity ID.

6.211.5 Other-EOB Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.211.6 Other-EOB Panel Accessibility

6.211.6.1 To Access the Other-EOB Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-Other page displays.
4	Select **EOB**.	EOB panel displays.

6.211.6.2 To Add on the Other-EOB Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **EOB**.	
3	Select **Type** from drop down list box.	
4	Enter **Description**.	
5	Enter **Amount**.	
6	Enter **Effective Date** in MM/DD/CCYY format.	
7	Select **HIPAA Claim Status Code** by clicking [Search] button.	

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Step	Action	Response
8	Enter search criteria. User may also select a row from the list of search results.	HIPAA Claim Status information is populated on panel.
9	Select **HIPAA Entity ID** by clicking [Search] button.	
10	Enter search criteria. User may also select a row from the list of search results.	HIPAA Entity ID information is populated on panel.
11	Enter **Short Text Desc**.	
11	Click **Save**.	EOB information is saved.

6.211.6.3 To Update on the Other-EOB Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	EOB information is saved.

6.211.6.4 To Delete on the Other-EOB Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.212 OTHER-EOB-RELATED ESCS PANEL

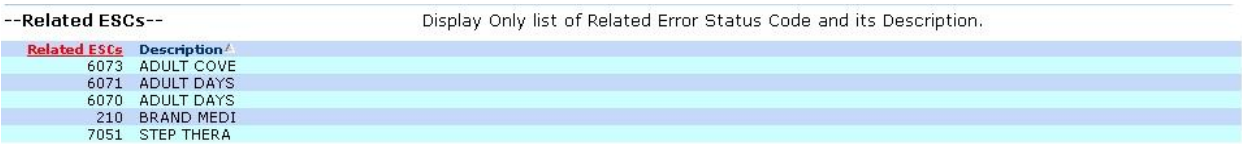
6.212.1 Other-EOB-Related ESCs Panel Narrative

The EOB Related ESCs panel is used to display Errors related to this EOB.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Other] – [EOB] -[select an EOB] - [Related ESCs]

6.212.2 Other-EOB-Related ESCs Panel Layout



6.212.3 Other-EOB-Related ESCs Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Description	Text description of the Error Status Code.	Field	Character	50
Related ESCs	Error Status Code related to the EOB.	Field	Number (Integer)	4

6.212.4 Other-EOB-Related ESCs Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.212.5 Other-EOB-Related ESCs Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.212.6 Other-EOB-Related ESCs Panel Accessibility

6.212.6.1 To Access the Other-EOB Related ESCs Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-Other pagedisplays.
4	Select **EOB**.	Other- EOB panel displays.
5	Select a row.	EOB Related ESCs information is displayed.

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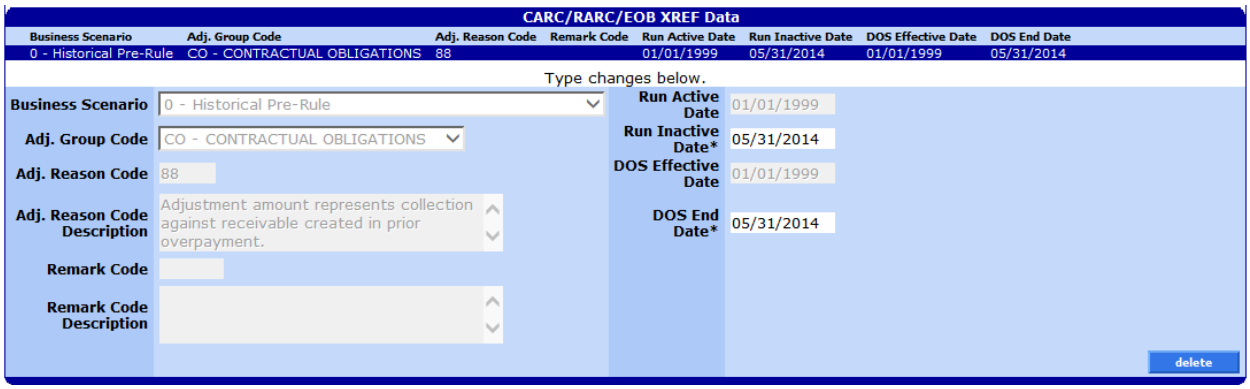
6.213 OTHER-EOB-CARC/RARC/EOB XREF DATA PANEL

6.213.1 Other-EOB-CARC/RARC/EOB Xref Data Panel Narrative

The CARC/RARC/EOB Xref panel is the third of three panels that make up the EOB system of panels. It is the cross reference panel for HIPAA Adjustment, HIPAA Remarks, CAGC and Business Scenario that are associated with an EOB code. When a row is selected from the EOB Panel, this panel will display the Business Scenario and valid CARC/RARC/CAGC combinations that were saved with an EOB. The authorized users can delete rows using the delete button or add rows using the BuSc/CARC/RARC panel above it.

Navigation Path: [Reference] - [Related Data] - [Other] - [EOB] - [Click on Search and select an EOB].

6.213.2 Other-EOB-CARC/RARC/EOB Xref Data Panel Layout



6.213.3 Other-EOB-CARC/RARC/EOB Xref Data Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Adj. Group Code [Detail]	The group code and description identifying the general category of the payment adjustment (CAGC = Claim Adjustment Group Code).	Combo Box	Alphanumeric	50
Adj. Reason Code	The Claims Adjustment Reason Code (CARC) communicates why a claim or service line was paid differently than it was billed.	Field	Alphanumeric	4
Adj. Reason Code Description	Text description of HIPAA Adjustment Reason code.	Field	Character	700
Business Scenario	The CAQH defined business scenario code and description (1-49) or the Alabama Medicaid specific business scenario code and description (50-99). 0 indicates historically converted records.	Combo box	Alphanumeric	2

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Field	Description	Field Type	Data Type	Length
Delete	Allows the user to delete a row on the panel.	Button	N/A	0
DOS Effective Date	The date the relationship between MMIS EOB codes and the combination becomes valid for use in processing, applicable by date of service of the claim.	Field	Date (MM/DD/CCYY)	8
DOS End Date	The last date the relationship between MMIS EOB codes and the combination is valid for use in processing, applicable by date of service of the claim.	Field	Date (MM/DD/CCYY)	8
Remark Code	HIPAA Remittance Advice Remark Code (RARC) used to provide an additional explanation for an adjustment already described by a CARC or to convey information about remittance processing.	Field	Alphanumeric	5
Remark Code Description	Text description of HIPAA Remittance Advice Remark Code.	Field	Character	700
Run Active Date	The date the relationship between MMIS EOB codes and the combination becomes valid for use in processing, applicable by Financial run date.	Field	Date (MM/DD/CCYY)	8
Run Inactive Date	The last date the relationship between MMIS EOB codes and the combination is valid for use in processing, applicable by Financial run date.	Field	Date (MM/DD/CCYY)	8

6.213.4 Other-EOB-CARC/RARC/EOB Xref Data Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
DOS Effective Date	Field	1	DOS Effective Date is required.	Enter a DOS Effective date between 01/01/1900 and 12/31/2299.
	Field	2	Invalid date. Format is mm/dd/ccyy.	Enter a valid date between 01/01/1900 and 12/31/2299 in the mm/dd/ccyy format.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	3	DOS Effective Date is not valid.	Enter a valid date between 01/01/1900 and 12/31/2299 in the mm/dd/ccyy format.
	Field	4	DOS Effective Date must be greater than or equal to 1/1/1900.	Enter a valid date that is not less than 01/01/1900.
	Field	5	DOS Effective Date must be less than or equal to 12/31/2299.	Enter a valid date that is not greater than 12/31/2299.
	Field	6	DOS Effective Date [mm/dd/ccyy hr:mm:sec AM/PM] must be less than or equal to DOS End Date [mm/dd/ccyy hr:mm:sec AM/PM].	Enter a valid DOS Effective Date that is less than or equal to the DOS End Date.
	Field	7	Overlapping Run dates [mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy] cannot have overlapping DOS dates [mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy].	For new entry, modify the DOS dates if necessary to prevent overlapping of both Run and DOS dates between rows. This cannot be done for existing rows as DOS Effective dates are non-editable for existing rows.
	Field	8	Overlapping Run dates [mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy] cannot have non-contiguous DOS dates [mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy].	For new entry, modify the DOS Effective Date if necessary to prevent rows with overlapping Run dates from having non-contiguous DOS dates. This cannot be done for existing rows as DOS Effective dates are non-editable for existing rows.
	Field	9	Overlapping DOS dates [mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy] should not have non-contiguous Run dates [mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy].	For new entry, modify the Run dates if necessary to prevent rows with overlapping DOS dates from having non-contiguous Run dates. This cannot be done for existing rows as DOS Effective dates are non-editable for existing rows.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	10	Overlapping DOS dates [mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy] cannot have overlapping Run dates [[mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy].	For new entry, modify the Run dates if necessary to prevent overlapping of both Run and DOS dates between rows. This cannot be done for existing rows as DOS Effective dates are non-editable for existing rows.
	Field	11	Please enter valid dates in row being added or modified before selecting or adding another row.	Enter a valid date between 1/1/1900 and 12/31/2299 as appropriate in date fields that do not have such dates.
DOS End Date	Field	1	DOS End Date is required.	Enter a DOS End date between 01/01/1900 and 12/31/2299.
	Field	2	Invalid date. Format is mm/dd/ccyy.	Enter a valid date between 01/01/1900 and 12/31/2299 in the mm/dd/ccyy format.
	Field	3	DOS End Date must be greater than or equal to 1/1/1900.	Enter a valid date that is not less than 01/01/1900.
	Field	4	DOS End Date is not valid.	Enter a valid date between 01/01/1900 and 12/31/2299 in the mm/dd/ccyy format.
	Field	5	DOS End Date must be less than or equal to 12/31/2299.	Enter a valid date that is not greater than 12/31/2299.
	Field	6	DOS End Date [mm/dd/ccyy hr:mm:sec AM/PM] must be greater than or equal to Run Active Date [mm/dd/ccyy hr:mm:sec AM/PM].	Enter a valid DOS End Date that is greater than or equal to the Run Active Date.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	7	Overlapping Run dates [mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy] cannot have overlapping DOS dates [mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy].	Modify the DOS dates if necessary to prevent overlapping of both Run and DOS dates between rows.
	Field	8	Overlapping Run dates [mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy] cannot have non-contiguous DOS dates [[mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy].	Modify the DOS Effective Date if necessary to prevent rows with overlapping Run dates from having non-contiguous DOS dates.
	Field	9	Overlapping DOS dates [mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy] cannot have non-contiguous Run dates [[mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy].	Modify the Run Active Date if necessary to prevent rows with overlapping DOS dates from having non-contiguous Run dates.
	Field	10	Overlapping DOS dates [mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy] cannot have overlapping Run dates [mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy].	Modify the Run dates if necessary to prevent overlapping of both Run and DOS dates between rows.
	Field	11	Please enter valid dates in row being added or modified before selecting or adding another row.	Enter a valid date between 1/1/1900 and 12/31/2299 as appropriate in date fields that do not have such dates.
Run Active Date	Field	1	Run Active Date is required.	Enter a Run Active date between 01/01/1900 and 12/31/2299.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	2	Invalid date. Format is mm/dd/ccyy.	Enter a valid date between 01/01/1900 and 12/31/2299 in the mm/dd/ccyy format.
	Field	3	Run Active Date is not valid.	Enter a valid date between 01/01/1900 and 12/31/2299 in the mm/dd/ccyy format.
	Field	4	Run Active Date must be greater than or equal to 1/1/1900.	Enter a valid date that is not less than 01/01/1900.
	Field	5	Run Active Date must be less than or equal to 12/31/2299.	Enter a valid date that is not greater than 12/31/2299.
	Field	6	Run Active Date [mm/dd/ccyy hr:mm:sec AM/PM] must be less than or equal to Run Inactive Date [mm/dd/ccyy hr:mm:sec AM/PM].	Enter a valid Run Active Date that is less than or equal to the Run Inactive Date.
	Field	7	Overlapping Run dates [mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy] cannot have overlapping DOS dates [mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy].	For new entry, modify the DOS dates if necessary to prevent overlapping of both Run and DOS dates between rows. This cannot be done for existing rows as Run Active dates are non-editable for existing rows.
	Field	8	Overlapping Run dates [mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy] cannot have non-contiguous DOS dates [[mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy].	For new entry, modify the DOS Effective Date if necessary to prevent rows with overlapping Run dates from having non-contiguous DOS dates. This cannot be done for existing rows as Run Active dates are non-editable for existing rows.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	9	Overlapping DOS dates [mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy] cannot have non-contiguous Run dates [[mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy].	For new entry, modify the Run Active Date if necessary to prevent rows with overlapping DOS dates from having non-contiguous Run dates. This cannot be done for existing rows as Run Active dates are non-editable for existing rows.
	Field	10	Overlapping DOS dates [mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy] cannot have overlapping Run dates [mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy].	For new entry, modify the Run dates if necessary to prevent overlapping of both Run and DOS dates between rows. This cannot be done for existing rows as Run Active dates are non-editable for existing rows.
	Field	11	Run Active Date [MM/DD/YYY] must be greater than or equal to Effective Date [MM/DD/YYYY] of the CARC/RARC/EOB combination being added.	Enter Run Active Date that is greater than or equal to the Effective Date (and also less than or equal to the End Date) of the CARC/RARC/EOB combination being added.
	Field	12	Please enter valid dates in row being added or modified before selecting or adding another row.	Enter a valid date between 1/1/1900 and 12/31/2299 as appropriate in date fields that do not have such dates.
Run Inactive Date	Field	1	Run Inactive Date is required.	Enter a Run Inactive date between 01/01/1900 and 12/31/2299.
	Field	2	Invalid date. Format is mm/dd/ccyy.	Enter a valid date between 01/01/1900 and 12/31/2299 in the mm/dd/ccyy format.
	Field	3	Run Inactive Date must be greater than or equal to 1/1/1900.	Enter a valid date that is not less than 01/01/1900.
	Field	4	Run Inactive Date is not valid.	Enter a valid date between 01/01/1900 and 12/31/2299 in the mm/dd/ccyy format.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	5	Run Inactive Date must be less than or equal to 12/31/2299.	Enter a valid date that is not greater than 12/31/2299.
	Field	6	Run Inactive Date [mm/dd/ccyy hr:mm:sec AM/PM] must be greater than or equal to Run Active Date [mm/dd/ccyy hr:mm:sec AM/PM].	Enter a valid Run Inactive Date that is greater than or equal to the Run Active Date.
	Field	7	Overlapping Run dates [mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy] cannot have overlapping DOS dates [mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy].	Modify the DOS dates if necessary to prevent overlapping of both Run and DOS dates between rows.
	Field	8	Overlapping Run dates [mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy] cannot have non-contiguous DOS dates [[mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy].	Modify the DOS Effective Date if necessary to prevent rows with overlapping Run dates from having non-contiguous DOS dates.
	Field	9	Overlapping DOS dates [mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy] cannot have non-contiguous Run dates [[mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy].	Modify the Run Inactive Date if necessary to prevent rows with overlapping DOS dates from having non-contiguous Run dates.
	Field	10	Overlapping DOS dates [mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy] cannot have overlapping Run dates [mm/dd/ccyy to mm/dd/ccyy] and [mm/dd/ccyy to mm/dd/ccyy].	Modify the Run dates if necessary to prevent overlapping of both Run and DOS dates between rows.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	11	Run Inactive Date [MM/DD/YYY] must be less than or equal to End Date [MM/DD/YYYY] of the CARC/RARC/EOB combination being added.	Enter Run Inactive Date that is less than or equal to the End Date (and also greater than or equal to the Effective Date) of the CARC/RARC/EOB combination being added.
	Field	12	Please enter valid dates in row being added or modified before selecting or adding another row.	Enter a valid date between 1/1/1900 and 12/31/2299 as appropriate in date fields that do not have such dates.

6.213.5 Other-EOB-CARC/RARC/EOB Xref Data Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.213.6 Other-EOB-CARC/RARC/EOB Xref Data Panel Accessibility

6.213.6.1 To Access the Other-CARC/RARC/EOB Xref Data Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-Other page displays.
4	Select **EOB**.	EOB panel displays.
5	Select a row on the EOB panel.	CARC/RARC/EOB/Xref panel displays.

6.213.6.2 To Add on the Other-CARC/RARC/EOB Xref Data Panel

Step	Action	Response
1	Select a row from the **BuSc/CARC/RARC** panel.	The selected row will be added to CARC/RARC/EOB Xref Datalist and Data panel. The date fields will be ready be editable.
2	Enter **Run Active Date** in MM/DD/CCYY format.	
3	Enter **Run Inactive** in MM/DD/CCYY format.	
4	Enter **DOS Effective Date** in MM/DD/CCYY format.	

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Step	Action	Response
5	Enter **DOS End Date** in MM/DD/CCYY format.	
6	Click **Save**.	CARC/RARC/EOB Xref Data information is saved.

6.213.6.3 To Update on the Other-CARC/RARC/EOB Xref Data Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update. Note: Run Inactive and DOS End dates are the only field that can be updated on this panel.	
3	Click **Save**.	CARC/RARC/EOB Xref Data information is saved.

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6.213.6.4 To Delete on the Other-CARC/RARC/EOB Xref Data Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	CARC/RARC/EOB Xref Data information is deleted from the Datalist and Data panel.

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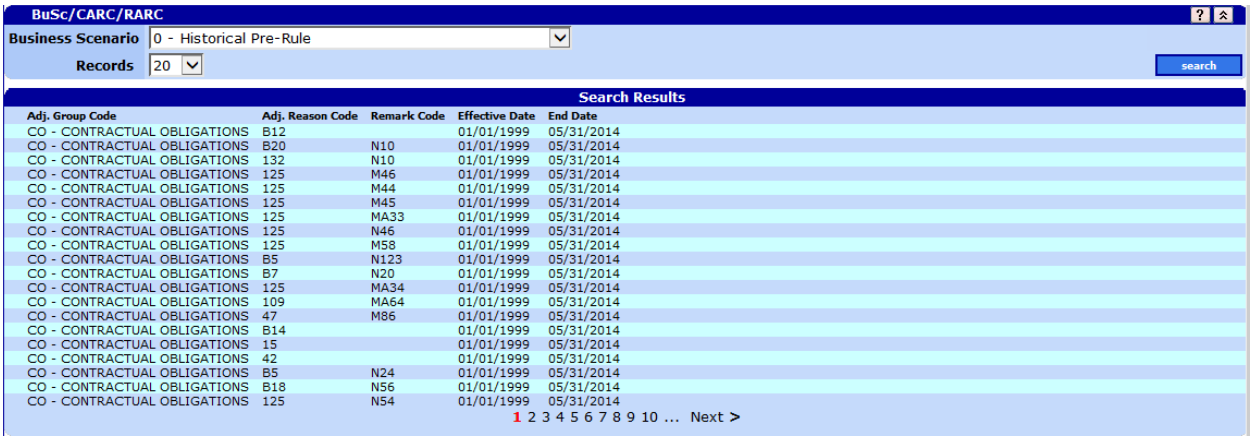
6.214 OTHER-EOB- BUSC/CARC/RARC PANEL

6.214.1 Other-EOB-BuSc/CARC/RARC Panel Narrative

The EOB-BuSc/CARC/RARC panel is the second of three panels that make up the EOB system of panels. It is used to display the valid CARC/RARC/CAGC combination for a selected Business Scenario. The user will select a Business Scenario and click on the search button to get the valid combination. When a row on the datalist is selected, that row will be added to the panel below it – the CARC/RARC/EOB Xref Data panel.

Navigation Path: [Reference] - [Related Data] - [Other] - [EOB] - (click on Search and select an EOB).

6.214.2 Other-EOB-BuSc/CARC/RARC Panel Layout



Adj. Group Code	Adj. Reason Code	Remark Code	Effective Date	End Date
CO - CONTRACTUAL OBLIGATIONS	B12		01/01/1999	05/31/2014
CO - CONTRACTUAL OBLIGATIONS	B20	N10	01/01/1999	05/31/2014
CO - CONTRACTUAL OBLIGATIONS	132	N10	01/01/1999	05/31/2014
CO - CONTRACTUAL OBLIGATIONS	125	M46	01/01/1999	05/31/2014
CO - CONTRACTUAL OBLIGATIONS	125	M44	01/01/1999	05/31/2014
CO - CONTRACTUAL OBLIGATIONS	125	M45	01/01/1999	05/31/2014
CO - CONTRACTUAL OBLIGATIONS	125	MA33	01/01/1999	05/31/2014
CO - CONTRACTUAL OBLIGATIONS	125	N46	01/01/1999	05/31/2014
CO - CONTRACTUAL OBLIGATIONS	125	M58	01/01/1999	05/31/2014
CO - CONTRACTUAL OBLIGATIONS	B5	N123	01/01/1999	05/31/2014
CO - CONTRACTUAL OBLIGATIONS	B7	N20	01/01/1999	05/31/2014
CO - CONTRACTUAL OBLIGATIONS	125	MA34	01/01/1999	05/31/2014
CO - CONTRACTUAL OBLIGATIONS	109	MA64	01/01/1999	05/31/2014
CO - CONTRACTUAL OBLIGATIONS	47	M86	01/01/1999	05/31/2014
CO - CONTRACTUAL OBLIGATIONS	B14		01/01/1999	05/31/2014
CO - CONTRACTUAL OBLIGATIONS	15		01/01/1999	05/31/2014
CO - CONTRACTUAL OBLIGATIONS	42		01/01/1999	05/31/2014
CO - CONTRACTUAL OBLIGATIONS	B5	N24	01/01/1999	05/31/2014
CO - CONTRACTUAL OBLIGATIONS	B18	N56	01/01/1999	05/31/2014
CO - CONTRACTUAL OBLIGATIONS	125	N54	01/01/1999	05/31/2014

6.214.3 Other-EOB-BuSc/CARC/RARC Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Adj. Group Code	The group code and description identifying the general category of the payment adjustment (CAGC = Claim Adjustment Group Code).	Field	Alphanumeric	50
Adj. Reason Code	The Claims Adjustment Reason Code (CARC) communicates why a claim or service line was paid differently than it was billed.	Field	Alphanumeric	4
Business Scenario	The CAQH defined business scenario code and description (1-49) or the Alabama Medicaid specific business scenario code and description (50-99). 0 indicates historically converted records.	Combo box	Alphanumeric	2
Effective Date	The date the combination becomes valid for use in the system.	Field	Date (MM/DD/CCYY)	8
End Date	The last date the combination is valid for use in the system.	Field	Date (MM/DD/CCYY)	8

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Field	Description	Field Type	Data Type	Length
Records	Allows the user to select the number of records to display.	Combo box	Drop Down List Box	0
Remark Code	HIPAA Remittance Advice Remark Code (RARC) used to provide an additional explanation for an adjustment already described by a CARC or to convey information about remittance processing.	Field	Alphanumeric	5
Search	Allow the user to search for a valid CARC/RARC/CAGC combination.	Button	N/A	0

Other-EOB-BuSc/CARC/RARC Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No features for this panel.				

Other-EOB-BuSc/CARC/RARC Panel Extra Features

Field	Field Type
No extra features found for this panel.	

Other-EOB-BuSc/CARC/RARC Panel Accessibility

To Access the Other-EOB-BuSc/CARC/RARC Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-Other page displays.
4	Select **EOB**.	EOB panel displays
4	Select a row on the EOB panel.	Other-EOB-BuSc/CARC/RARC panel displays.

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6.215 OTHER-ESTIMATED ACQUISITION COST PCT PANEL

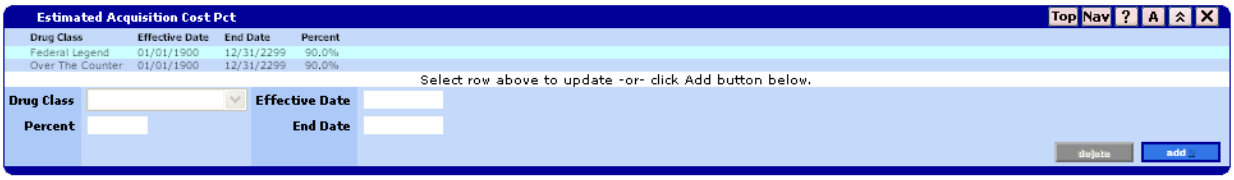
6.215.1 Other-Estimated Acquisition Cost Pct Panel Narrative

Estimated acquisition cost is a pricing factor used to price pharmacy claims. This panel contains by drug class, the EAC percentage that should be applied to result in an allowable reimbursement amount.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Other] - [Estimated Acquisition Cost Percent]

6.215.2 Other-Estimated Acquisition Cost Pct Panel Layout



6.215.3 Other-Estimated Acquisition Cost Pct Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add an EAC (Estimated Acquisition Cost Percent).	Button	N/A	0
Delete	Allows the user to delete an EAC (Estimated Acquisition Cost Percent).	Button	N/A	0
Drug Class	Classifies a drug by its availability to the consumer according to federal specifications.	Combo Box	Drop Down List Box	0
Effective Date	First date of service that the associated percentage is effective.	Field	Date (MM/DD/CCYY)	8
End Date	Last date of service, or dispense date, that this percentage is applicable.	Field	Date (MM/DD/CCYY)	8
Percent	Actual percentage value to be applied to the estimated acquisition cost to determine reimbursement amount. Format is 999.9%.	Field	Number (Decimal	4

6.215.4 Other-Estimated Acquisition Cost Pct Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Drug Class	Field	1	Drug Class is required.	Select a Drug Class from the Drug Class drop down listing.
Effective Date	Field	1	Effective Date is required.	Enter an Effective Date.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	2	Effective Date must be less than or equal to End Date.	Enter an Effective Date that is less than or equal to the End Date.
	Field	3	Invalid date.	Enter an Effective Date in MM/DD/CCYY format.
	Field	4	Effective Date and End Date range overlap an existing record.	Correct overlap condition. Date segments for the same Drug Class and Ind Conv cannot overlap.
	Field	5	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater than or equal to 01/01/1900.
	Field	6	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	3	Invalid date.	Enter an End Date in MM/DD/CCYY format.
	Field	4	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.
	Field	5	End Date must be greater than or equal to 01/01/1900	Enter an End Date that is greater than or equal to 01/01/1900.
Percent	Field	1	Percent must be less than or equal to 100.000.	Enter a percent that is less than or equal to 100% using format 999.9%.
	Field	2	Enter a valid value.	Enter a percent using format 999.9%.

6.215.5 Other-Estimated Acquisition Cost Pct Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.215.6 Other-Estimated Acquisition Cost Pct Panel Accessibility

6.215.6.1 To Access the Other-Estimated Acquisition Cost Pct Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.

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Step	Action	Response
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-Other page displays.
4	Select **Estimated Acquisition Cost Pct**.	Estimated Acquisition Cost Pct panel displays.

6.215.6.2 To Add on the Other-Estimated Acquisition Cost Pct Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Drug Class** from drop down list box.	
3	Enter **Percent**.	
4	Enter **Effective Date** in MM/DD/CCYY format.	
5	Enter **End Date** in MM/DD/CCYY format.	
6	Click **Save**.	Estimated Acquisition Cost Pct information is saved.

6.215.6.3 To Update on the Other-Estimated Acquisition Cost Pct Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Estimated Acquisition Cost Pct information is saved.

6.215.6.4 To Delete on the Other-Estimated Acquisition Cost Pct Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.216 OTHER-FEDERAL MEDICAL ASSISTANCE PERCENT PANEL

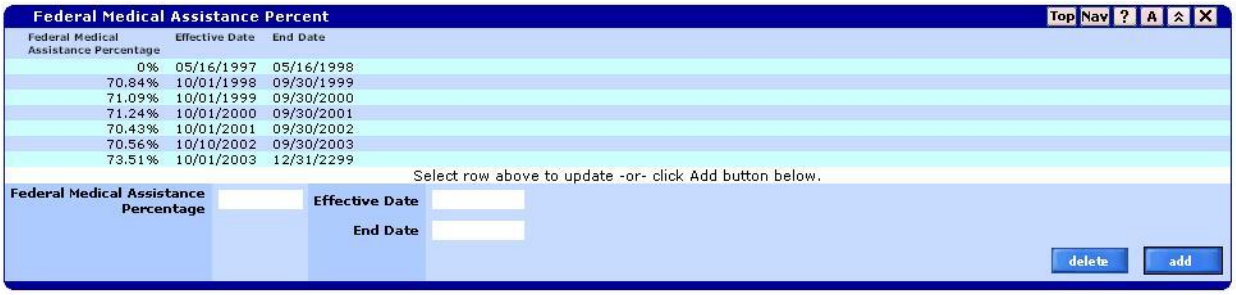
6.216.1 Other-Federal Medical Assistance Percent Panel Narrative

The Federal Medical Assistance Percentage (FMAP) Rate Type panel is used for the Federal share of benefit payments.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Other] - [Federal Medical Assistance Percent]

6.216.2 Other-Federal Medical Assistance Percent Panel Layout



6.216.3 Other-Federal Medical Assistance Percent Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add a Federal Medical Assistance Percent rate.	Button	N/A	0
Delete	Delete a Federal Medical Assistance Percent rate.	Button	N/A	0
Effective Date	The first date of service to which this Federal Medical Assistance Percent should be applied.	Field	Date (MM/DD/CCYY)	8
End Date	The last date of service to which this particular Federal Medical Assistance Percent should be applied.	Field	Date (MM/DD/CCYY)	8
Federal Medical Assistance Percentage	The actual Federal Medical Assistance Percent amount to be applied to calculate the state share amount. Format is 9.99999.	Field	Number (Decimal)	6

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6.216.4 Other-Federal Medical Assistance Percent Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	0	Effective Date must be less than or equal to End Date.	Effective Date must be less than or equal to End Date.
	Field	1	FMAP Percentage date ranges may not overlap.	Enter a valid Date Ranges.
	Field	2	Effective Date is required.	Enter an Effective Date field when adding or modifying Federal Medical Assistance percentage.
	Field	3	Invalid date.	Enter an Effective Date n MM/DD/CCYY format.
	Field	4	Effective Date must be less than or equal to 12/31/2299.	Enter a value for Effective Date that is less than or equal to 12/31/2299.
	Field	5	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater than or equal to 01/01/1900.
End Date	Field	1	FMAP Percentage date ranges may not overlap.	Enter Date Ranges that do not overlap.
	Field	2	End Date is required.	Enter an End date field when adding or modifying Federal Medical Assistance Percentage.
	Field	3	Invalid date.	Enter an End Date in MM/DD/CCYY format.
	Field	4	Effective Date must be less than or equal to End Date.	Enter an End Date that is greater than or equal to Effective Date.
	Field	5	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is greater than or equal to 01/01/1900.
	Field	6	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.
Federal Medical Assistance Percentage	Field	1	Federal Medical Assistance Percentage is required.	Enter a Federal Medical Assistance field when adding or modifying Federal Medical Assistance Percentage.
	Field	2	Federal Medical Assistance Percentage must be less than or equal to 9.99999.	Enter a percentage that is less than or equal to 9.99999.

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6.216.5 Other-Federal Medical Assistance Percent Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.216.6 Other-Federal Medical Assistance Percent Panel Accessibility

6.216.6.1 To Access the Other-Federal Medical Assistance Percent Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-Other page displays.
4	Select **Federal Medical Assistance Percent**.	Federal Medical Assistance Percent panel displays.

6.216.6.2 To Add on the Other-Federal Medical Assistance Percent Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Federal Medical Assistance Percentage**.	
3	Enter **Effective Date** in MM/DD/CCYY format.	
4	Enter **End Date** in MM/DD/CCYY format.	
5	Click **Save**.	Federal Medical Assistance Percent information is saved.

6.216.6.3 To Update on the Other-Federal Medical Assistance Percent Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Federal Medical Assistance Percent information is saved.

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6.216.6.4 To Delete on the Other-Federal Medical Assistance Percent Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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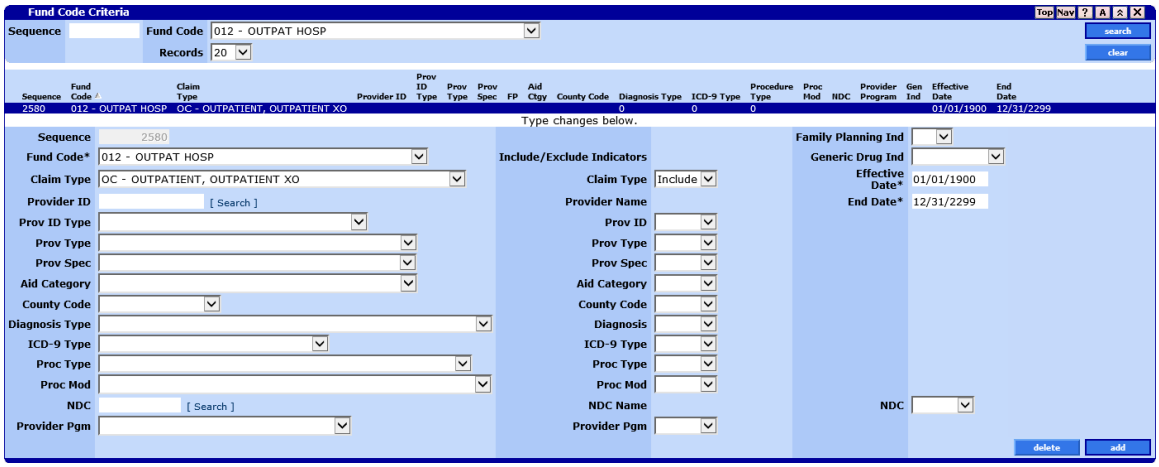
6.217 OTHER-FUND CODE CRITERIA PANEL

6.217.1 Other-Fund Code Criteria Panel Narrative

The Fund Code panel is used to create/maintain the criteria used to assign a Fund Code to a claim. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Related Data] – [Other] - [Fund Code Criteria]

6.217.2 Other-Fund Code Criteria Panel Layout



6.217.3 Other-Fund Code Criteria Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows user to add record in Fund Code Criteria.	Button	N/A	0
Aid Category	Identifies the type of aid for which a recipient is eligible.	Combo Box	Drop Down List Box	2
Aid Category	Code identifying whether the Aid Category associated with this entry is included (I) or excluded (E).	Combo Box	Drop Down List Box	1
Claim Type	Up to six Claim Types that the criteria applies to. Valid Claim Types are: A, B, C, D, H, I, L, M, O, P, Q	Combo Box	Drop Down List Box	6
Claim Type	Code identifying whether the Claim Types associated with this entry are included (I) or excluded (E).	Combo Box	Drop Down List Box	1
County Code	The County Code used to identify a geographical/political area in the state.	Combo Box	Drop Down List Box	10
County Code	Code identifying whether the Recipient County associated with	Combo Box	Drop Down List Box	1

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Field	Description	Field Type	Data Type	Length
	this entry is included (I) or excluded (E).			
Delete	Allows user to delete record in Fund Code Criteria.	Button	N/A	0
Diagnosis	Code identifying whether the Diagnosis associated with this entry is included (I) or excluded (E).	Combo Box	Drop Down List Box	1
Diagnosis Type	System assigned key for a unique Diagnosis Type which represents a collection of Diagnosis Codes.	Combo Box	Drop Down List Box	9
Effective Date	The effective date of the Claim FCA record.	Field	Date (MM/DD/CCYY)	8
End Date	The end date of the Claim FCA record.	Field	Date (MM/DD/CCYY)	8
Family Planning Ind	A value of 'Y' indicates a family planning service.	Combo Box	Drop Down List Box	1
Fund Code	This is the fund code that is used in financial reporting to correctly categorize funds (money).	Combo Box	Drop Down List Box	3
Generic Drug Ind	Indicates whether a drug product is generic product or branded product. Values - Y or N.	Combo Box	Drop Down List Box	1
ICD-9 Type	System assigned key for a unique ICD Procedure Type, which represents a collection of ICD Procedure Codes.	Combo Box	Drop Down List Box	9
ICD-9 Type	Code identifying whether the ICD-9 Procedure associated with this entry is included (I) or excluded (E).	Combo Box	Drop Down List Box	1
NDC	National Drug Code used to uniquely identify a drug. The box directly next to this is used to identify the original 10-character format of the NDC.	Field	Character	11
NDC	Code identifying whether the Drug Code associated with this entry is included (I) or excluded (E).	Combo Box	Drop Down List Box	1
NDC Name	Contains the name that appears on the package label provided by the manufacturer. This column is populated for all products, brand and generic.	Field	Character	35

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Field	Description	Field Type	Data Type	Length
Proc Mod	The Modifier Code used to further describe a procedure.	Combo Box	Drop Down List Box	2
Proc Mod	Code identifying whether the Proc Mod associated with this entry is included (I) or excluded (E).	Combo Box	Drop Down List Box	1
Proc Type	System assigned key for a unique procedure type, that represents a single or collection of procedures.	Combo Box	Drop Down List Box	9
Proc Type	Code identifying whether the Procedure Code associated with this entry is included (I) or excluded (E).	Combo Box	Drop Down List Box	1
Prov ID	Code identifying whether the Provider ID associated with this entry is included (I) or excluded (E).	Combo Box	Drop Down List Box	1
Prov ID Type	Code identifying the type of Provider ID - 'MCD', 'NPI' or 'BSE'.	Combo Box	Drop Down List Box	3
Prov Spec	Code identifying whether the Provider Specialty associated with this entry is included (I) or excluded (E).	Combo Box	Drop Down List Box	1
Prov Spec	A code representing the specialized area of practice for a provider.	Combo Box	Drop Down List Box	3
Prov Type	Code identifying whether the Provider Type associated with this entry is included (I) or excluded (E).	Combo Box	Drop Down List Box	1
Prov Type	The Provider Type Code that a provider is licensed for.	Combo Box	Drop Down List Box	2
Provider ID	The Provider ID value.	Field	Character	15
Provider Name	This is the name associated with an organization or person.	Field	Character	50
Provider Pgm	A code that represents a provider enrollment program.	Combo Box	Drop Down List Box	9
Provider Pgm	Code identifying whether the Provider Program associated with this entry is included (I) or excluded (E).	Combo Box	Drop Down List Box	1
Sequence	The sequence in which the FCA rows should be processed.	Field	Number (Integer)	9

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6.217.4 Other-Fund Code Criteria Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Aid Category	Field	2	Aid Category Indicator is required when Aid Category criteria is entered.	Enter the Aid Category Indicator when Aid Category criteria is entered.
Claim Type	Field	2	Claim Type Indicator is required when Claim Type criteria is entered.	Enter the Claim Type Indicator when Claim Type criteria is entered.
	Field	3	" " are not valid Claim Types.	Enter valid Claim Types.
County Code	Field	2	County Indicator is required when County criteria is entered.	Enter the County Indicator when County criteria is entered.
Diagnosis Type	Field	2	Diagnosis Indicator is required when Diagnosis criteria is entered.	Enter the Diagnosis Indicator when Diagnosis criteria is entered.
Effective Date	Field	1	Effective Date is required.	Enter the Effective Date.
	Field	3	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater than or equal to 01/01/1900.
	Field	4	Effective Date must be less than or equal to End Date.	Effective Date must be less than or equal to End Date.
End Date	Field	1	End Date is required.	Enter the End Date.
	Field	2	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is greater than or equal to 01/01/1900.
	Field	3	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.
Fund Code	Field	1	A valid Fund Code is required.	Enter a valid Fund Code.
ICD-9 Type	Field	2	Procedure ICD-9 Type Indicator is required when Procedure ICD-9 Type criteria is entered.	Enter the Procedure ICD-9 Type Indicator when Procedure ICD-9 Type criteria is entered.
NDC	Field	2	NDC Indicator is required when NDC criteria is entered.	Enter the NDC Indicator when NDC criteria is entered.
	Field	3	A valid NDC is required.	Enter valid NDC.
Proc Type	Field	2	Procedure Type Indicator is required when Procedure Type criteria is entered.	Enter the Procedure Type Indicator when Procedure Type criteria is entered.

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Field	Field Type	Error Code	Error Message	To Correct
Prov ID Type	Field	2	Provider ID Indicator is required when Provider ID criteria is entered.	Enter the Provider ID Indicator when Provider ID criteria is entered.
Prov Spec	Field	2	Provider Specialty Indicator is required when Provider Specialty criteria is entered.	Enter the Provider Specialty Indicator when Provider Specialty criteria is entered.
Prov Type	Field	2	Provider Type Indicator is required when Provider Type criteria is entered.	Enter the Provider Type Indicator when Provider Type criteria is entered.
Provider ID	Field	2	Provider ID Indicator is required when Provider ID criteria is entered.	Enter Provider ID Indicator when Provider ID criteria is entered.
	Field	3	A valid Provider ID is required.	Enter a valid Provider ID.
Provider Pgm	Field	2	Provider Program Indicator is required when Provider Enroll Program criteria is entered.	Enter the Provider Program Indicator when Provider Enroll Program criteria is entered.
Sequence	Field	1	Sequence is required.	Enter the Sequence Number.
	Field	2	At least one criteria field is required.	Enter at least one criteria before saving.
	Field	3	Sequence must be greater than or equal to 1.	Enter a value that is greater than or equal to 1.

6.217.5 Other-Fund Code Criteria Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.217.6 Other-Fund Code Criteria Panel Accessibility

6.217.6.1 To Access the Other-Fund Code Criteria Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-Other page displays.
4	Select **Fund Code Criteria**.	Fund Code Criteria panel displays.

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6.217.6.2 To Add on the Other Fund Code Criteria Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Sequence.**	
3	Select **Fund Code** from drop down list box.	
4	Enter **Claim Type** in MM/DD/CCYY format.	
5	Enter **Provider ID**.	
6	Select **Provider ID Type** from drop down list box.	
7	Select **Prov Type** from drop down list box.	
8	Select **Prov Spec** from drop down list box.	
9	Enter **Aid Category**.	
10	Select **County Code** from drop down list box.	
11	Select **Diagnosis Type** from drop down list box.	
12	Select **ICD-9 Type** from drop down list box.	
13	Select **Proc Type** from drop down list box.	
14	Select **Proc Mod** from drop down list box.	
15	Enter **NDC**.	
16	Select **Provider Pgm** from drop down list box.	
Include/Exclude Indicators		
17	Select **Claim Type** from drop down list box.	
18	Select **Prov ID** from drop down list box.	
19	Select **Prov Type** from drop down list box.	
20	Select **Prov Spec** from drop down list box.	
21	Select **Aid Category** from drop down list box.	

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Step	Action	Response
22	Select **County Code** from drop down list box.	
23	Select **Diagnosis** from drop down list box.	
24	Select **ICD-9 Type** from drop down list box.	
25	Select **Proc Type** from drop down list box.	
26	Select **NDC** from drop down list box.	
27	Select **Provider Pgm** from drop down list box.	
28	Select **Family Planning Ind** from drop down list box.	
29	Select **Generic Drug Ind** from drop down list box.	
30	Enter **Effective Date**.	
31	Enter **End Date**.	
32	Click **Save**.	Fund Code Criteria information is saved.

6.217.6.3 To Update on the Other-Fund Code Criteria Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Fund Code Criteria information is saved.

6.217.6.4 To Delete on the Other-Fund Code Criteria Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.218 OTHER – GENERIC CODE SETS

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6.219 OTHER-GEOGRAPHIC PRACTICE COST IDX PANEL

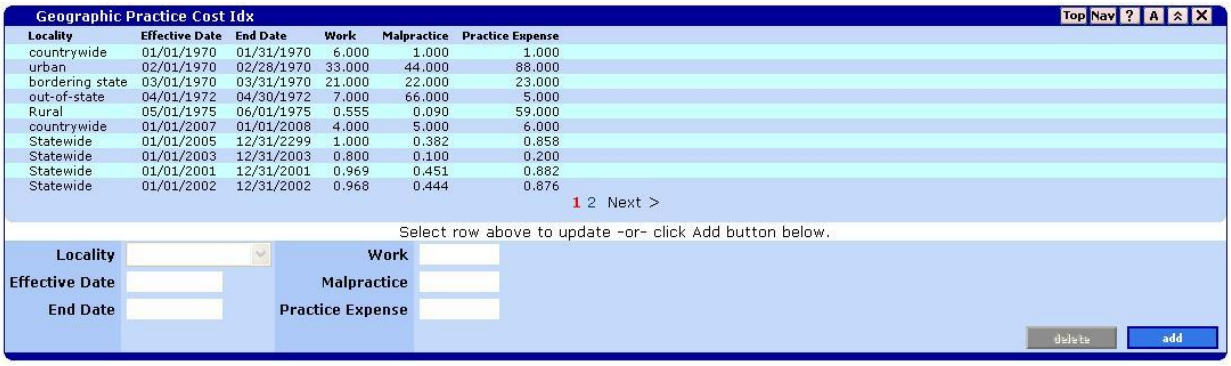
6.219.1 Other-Geographic Practice Cost Idx Panel Narrative

The Geographic Practice Cost Idx panel is used to maintain the three Geographic Practice Cost Index (GPCI) components which reflect the physician work, practice expense and malpractice expenses. This panel also allows the user to assign GPCIs based on locality. By selecting appropriate locality in the left data window, the corresponding GPCI values for that locality is displayed in the right data window.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Other] - [Geographic Practice Cost Idx]

6.219.2 Other-Geographic Practice Cost Idx Panel Layout



6.219.3 Other-Geographic Practice Cost Idx Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Geographic Practice Cost Index.	Button	N/A	0
Delete	Allows the user to delete a Geographic Practice Cost Index.	Button	N/A	0
Effective Date	Date the GPCI for a location becomes valid for use in claims processing.	Field	Date (MM/DD/CCYY)	8
End Date	Date the GPCI for a locality is no longer valid for claims processing.	Field	Date (MM/DD/CCYY)	8
Locality	Indicates the locality code for a provider to indicate if the provider practices in an urban, metropolitan, rural, or out-of-state location.	Combo Box	Drop Down List Box	0
Malpractice	Malpractice expense geographic adjustment factor used in computing the RBRVS fee schedule amount.	Field	Number (Decimal)	5

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Field	Description	Field Type	Data Type	Length
Practice Expense	Practice expense geographic adjustment factor used in computing the RBRVS fee schedule amount. Format 99.999.	Field	Number (Decimal)	5
Work	Work geographic adjustment factor used in computing the RBRVS fee schedule amount.	Field	Number (Decimal)	5

6.219.4 Other-Geographic Practice Cost Idx Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date must be less than or equal to End Date.	Enter an Effective Date that is less than or equal to the End Date.
	Field	2	Effective Date is required.	Enter an Effective Date.
	Field	3	Invalid date.	Enter an Effective Date in MM/DD/CCYY format.
	Field	4	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
	Field	5	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater than or equal to 01/01/1900.
End Date	Field	1	End Date is required.	Enter an End Date. End Date field required when adding or modifying Geographic Practice Index.
	Field	2	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is greater than or equal to 01/01/1900.
	Field	3	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.
	Field	4	Invalid date.	Enter an End Date in MM/DD/CCYY format.
Locality	Field	1	A valid Locality is required.	Select a valid locality from the Locality drop down listing.
	Field	2	GPCI date ranges may not overlap for the same Locality.	Enter GPCI date ranges that do not overlap for the same locality.

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Field	Field Type	Error Code	Error Message	To Correct
Malpractice	Field	1	Malpractice must be greater than or equal to 00.001.	Enter Malpractice that is greater than or equal to 00.001.
	Field	2	Malpractice must be less than or equal to 99.999.	Enter a Malpractice value between 00.001 and 99.999.
	Field	3	Malpractice is required.	Enter a Malpractice Value.
Practice Expense	Field	1	Practice Expense must be greater than or equal to 00.001.	Enter a Practice Expense that is greater than or equal to 00.001.
	Field	2	Practice Expense must be less than or equal to 99.999.	Key in a value less than or equal to 99.999.
	Field	3	Practice Expense is required.	Enter a Practice Expense value.
Work	Field	1	Work must be greater than or equal to 00.001.	Enter Work that is greater than or equal to 00.001.
	Field	2	Work must be less than or equal to 99.999.	Key in a value between 00.001 and 99.999.
	Field	3	Work is required.	Enter a Work value.

6.219.5 Other-Geographic Practice Cost Idx Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.219.6 Other-Geographic Practice Cost Idx Panel Accessibility

6.219.6.1 To Access the Geographic Practice Cost Idx Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-Other page displays.
4	Select **Geographic Practice Cost Idx**.	Geographic Practice Cost Idx panel displays.

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6.219.6.2 To Add on the Geographic Practice Cost Idx Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Locality** from drop down list box.	
3	Enter **Effective Date** in MM/DD/CCYY format.	
4	Enter **End Date** in MM/DD/CCYY format.	
5	Enter **Work**.	
6	Enter **Malpractice**.	
7	Enter **Practice Expense**.	
8	Click **Save**.	Geographic Practice Cost Idx information is saved.

6.219.6.3 To Update on the Geographic Practice Cost Idx Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Geographic Practice Cost Idx information is saved.

6.219.6.4 To Delete on the Geographic Practice Cost Idx Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.220 OTHER-MACOTC ADJUSTMENT FACTOR PANEL

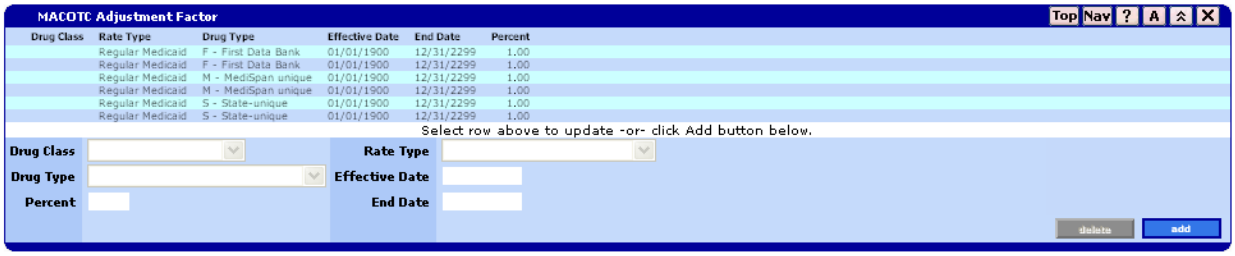
6.220.1 Other-MACOTC Adjustment Factor Panel Narrative

MAC prices for drugs with a class of "O" (Over the Counter) are multiplied by the MAC Percent to adjust payment amounts for providers. Over the Counter Drug MAC prices are normally adjusted upwards in order to persuade providers to use generic OTC drugs. (Maximum Allowed Cost Over The Counter).

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference - Related Data] - [Other] - [MACOTC Adjustment Factor]

6.220.2 Other-MACOTC Adjustment Factor Panel Layout



6.220.3 Other-MACOTC Adjustment Factor Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Drug Class	Classifies a drug by its availability to the consumer according to federal specifications.	Combo Box	Drop Down List Box	0
Drug Type	This will indicate if the drug is State-unique (S), First Data Bank (F) supplied (is added and updated by them), MediSpan unique (M) from the old system or was added by the National Pro-DUR system (N).	Combo Box	Drop Down List Box	0
Effective Date	The date the MAC percentage becomes valid for drug pricing.	Field	Date (MM/DD/CCYY)	8
End Date	The date the MAC percentage is no longer valid for drug pricing.	Field	Date (MM/DD/CCYY)	8
Percent	Percent used to adjust the MAC price sent to us by First Data Bank for Over the Counter drugs.	Field	Number (Decimal)	3
Rate Type	Code used to identify the rate type to use in determining provider reimbursement.	Combo Box	Drop Down List Box	0

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6.220.4 Other-MACOTC Adjustment Factor Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Drug Class	Field	1	A valid Drug Class is required.	Select a valid Drug Class from Drop down list.
Drug Type	Field	1	Drug Type is required.	Select the Drug Type from the Drop Down list.
Effective Date	Field	1	Effective Date is required.	Enter an Effective Date.
	Field	2	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater than or equal to 01/01/1900.
	Field	3	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
	Field	4	Invalid Date. Format is MM/DD/CCYY.	Enter an Effective Date in MM/DD/CCYY format.
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	2	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is post 01/01/1900.
	Field	3	Invalid date. Format is MM/DD/CCYY.	Enter an End Date in MM/DD/CCYY format.
	Field	4	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.

6.220.5 Other-MACOTC Adjustment Factor Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.220.6 Other-MACOTC Adjustment Factor Panel Accessibility

6.220.6.1 To Access the Other- MACOTC Adjustment Factor Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-Other page displays.
4	Select **MACOTC Adjustment Factor**.	MACOTC Adjustment Factor panel displays.

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6.220.6.2 To Add on the Other- MACOTC Adjustment Factor Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Drug Class** from drop down list box.	
3	Select **Drug Type** from drop down list box.	
4	Enter **Percent**.	
5	Enter **Rate Type**.	
7	Enter **Effective Date** in MM/DD/CCYY format.	
8	Enter **End Date**.	
9	Click **Save**.	MACOTC Adjustment information is saved.

6.220.6.3 To Update on the Other- MACOTC Adjustment Factor Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	MACOTC Adjustment Factor information is saved.

6.220.6.4 To Delete on the Other- MACOTC Adjustment Factor Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.221 OTHER – MIN / MAX UNITS

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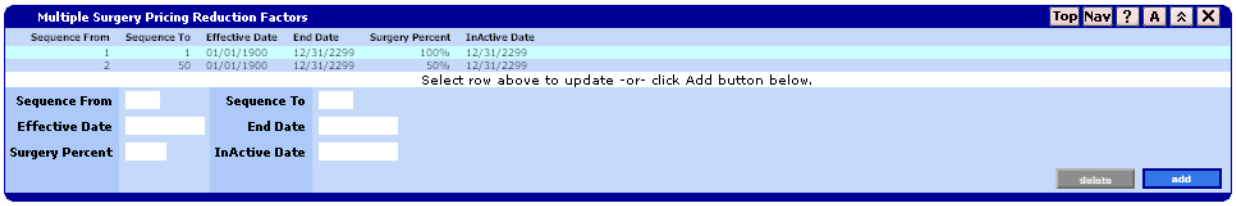
6.222 OTHER-MULTIPLE SURGERY PRICING REDUCTION FACTOR PANEL

6.222.1 Other-Multiple Surgery Pricing Reduction Factor Panel Narrative

This panel contains the records of Multiple Surgery Pricing Reduction factors. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference - Related Data] - [Other] - [Multiple Surgery Pricing Reduction Factors]

6.222.2 Other-Multiple Surgery Pricing Reduction Factor Panel Layout



6.222.3 Other-Multiple Surgery Pricing Reduction Factor Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows user to add a new record.	Button	N/A	0
Delete	Allows user to delete a record.	Button	N/A	0
Effective Date	The Effective Date when a percentage for multiple surgeries is in effect for claim processing.	Field	Date (MM/DD/CCYY)	8
End Date	The End Date when a percentage for multiple surgeries is no longer in effect for claim processing.	Field	Date (MM/DD/CCYY)	8
InActive Date	This is the date the row becomes inactive. For new claims the ICN is compared to this date. If the ICN date is greater than this date, the row will not be used to process the claim.	Field	Date (MM/DD/CCYY)	8
Sequence From	The beginning sequence to use to price a service for multiple surgeries.	Field	Number (Integer)	3
Sequence To	The ending sequence to use to price a service for multiple surgeries.	Field	Number (Integer)	3
Surgery Percent	The percentage to use to price a service for multiple surgeries.	Field	Number (Decimal)	3

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6.222.4 Other-Multiple Surgery Pricing Reduction Factor Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date is required.	Enter a valid Effective Date.
	Field	2	Invalid date. Format is MM/DD/CCYY.	The date must be in MM/DD/CCYY format.
	Field	3	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater than or equal to 01/01/1900.
	Field	4	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
End Date	Field	1	End Date is required.	Enter a valid End Date.
	Field	2	Invalid date. Format is MM/DD/CCYY.	The date must be in MM/DD/CCYY format.
	Field	3	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is post 01/01/1900.
	Field	4	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.
InActive Date	Field	1	Invalid date. Format is MM/DD/CCYY.	The date must be in MM/DD/CCYY format.
Sequence From	Field	1	Sequence From is required.	Enter Sequence From.
Sequence To	Field	1	Sequence To is required.	Enter Sequence To.

6.222.5 Other-Multiple Surgery Pricing Reduction Factor Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.222.6 Other-Multiple Surgery Pricing Reduction Factor Panel Accessibility

6.222.6.1 To Access the Other- Multiple Surgery Pricing Reduction Factor Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-Other page displays.

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Step	Action	Response
4	Select **Multiple Surgery Pricing Reduction Factor**.	Multiple Surgery Pricing Reduction Factor panel displays.

6.222.6.2 To Add on the Other- Multiple Surgery Pricing Reduction Factor Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Sequence From**.	
3	Enter **Effective Date** in MM/DD/CCYY format.	
4	Enter **Surgery Percent**.	
5	Enter **Sequence To**.	
7	Enter **End Date** in MM/DD/CCYY format.	
8	Enter **Inactive Date**.	
9	Click **Save**.	

6.222.6.3 To Update on the Other-Multiple Surgery Pricing Reduction Factor Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Multiple Surgery Pricing Reduction Factor information is saved.

6.222.6.4 To Delete on the Other-Multiple Surgery Pricing Reduction Factor Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.223 OTHER – NCCI MEDICALLY UNLIKELY (MUE) PANEL

6.223.1 Other – NCCI Medically Unlikely (MUE) Panel Narrative

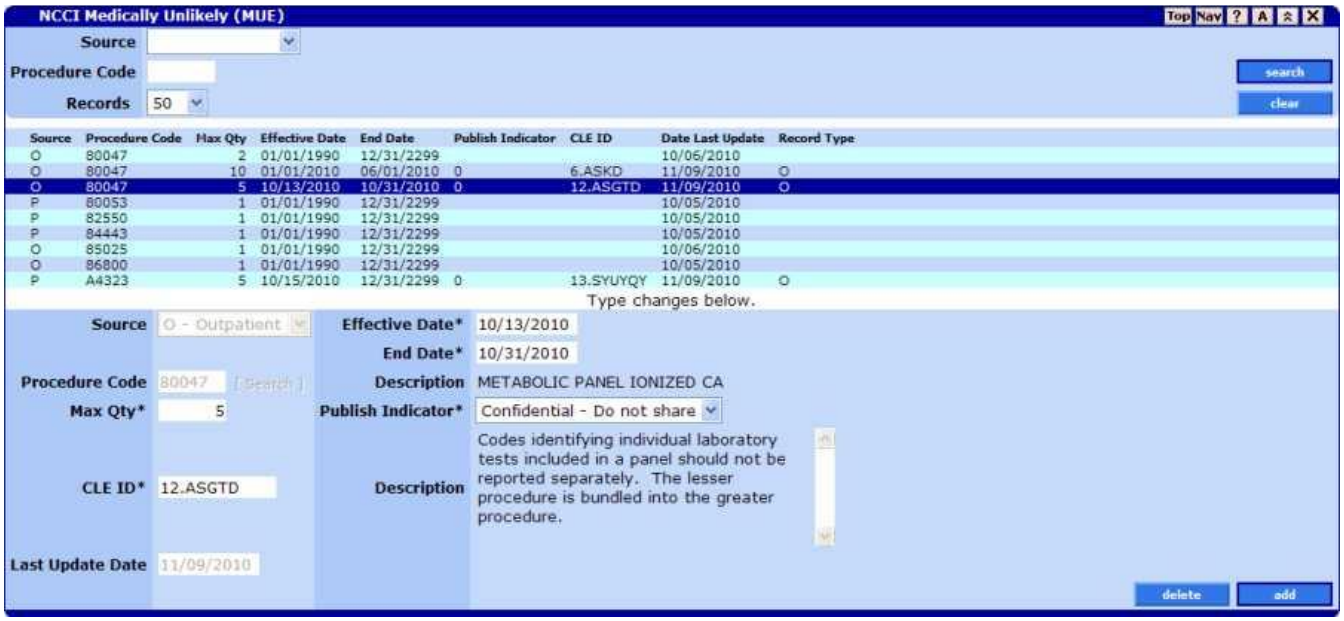
The NCCI Medically Unlikely (MUE) panel is used to view and maintain the reference NCCI MUE and NCCI MUE Override tables.

This table contains the override information for the Medicaid NCCI (National Correct Coding Information) MUE (Medically Unlikely Edits). Coupled with the information in the table T_REF_CCI_MUE_OVERRIDE, these edit pairs drive the claims NCCI MUE editing function.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Other] - [NCCI Procedure To Procedure]

6.223.2 Other – Medically Unlikely (MUE) Panel Layout



6.223.3 Other – Medically Unlikely (MUE) Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add a new entry.	Button	N/A	0
Clear	Clear the search criteria.	Button	N/A	0
Delete	Deletes the entry	Button	N/A	0
Search	Triggers the panel to start a search using the provided criteria.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
Publish Indicator	This field corresponds to Field 5 of the NCCI MUE data, containing the publication indicator. The valid values are 0 (confidential - do not share) and 1(published - ok to share).	Combo Box	Character	1
Source	This system assigned code indicates the NCCI source file for the data.	Combo Box	Character	1
CLE ID	This field corresponds to Field 6 on the NCCI data, containing the CLE ID (Correspondence Language Example Identification Number).	Field	Character	12
Effective Date	This field corresponds to Field 3 on the NCCI data, containing the code pair's effective date.	Field	Date (MM/DD/CCYY)	8
End Date	This field corresponds to Field 4 on the NCCI data, containing the code pair's deletion date if applicable.	Field	Date (MM/DD/CCYY)	8
Last Updated Date	This date shows when this row was created or last modified, due to an alteration in the NCCI data.	Field	Date (MM/DD/CCYY)	8
Max Qty	This column corresponds to Field 2 of the NCCI MUE data. This field contains the maximum units allowed for the procedure.	Field	Number (Integer)	5
Procedure Code	This column corresponds to Field 1of the NCCI MUE data. This procedure code contains the procedure code to which the MUE should be applied.	Field	Character	6
Rec Type	Record Type. This field indicates the record comes from the override table when its value is an “O”. When no value it indicates it comes from the NCCI table.	Field	Character	1

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6.223.4 Other – Medically Unlikely (MUE) Panel Field Descriptions

Field	Field Type	Error Code	Error Message	To Correct
CLEID	Field	1	CLEID must have at least the format ##.A. Where # is number, A = Alphanumeric. Please verify.	Enter a valid string. First string has to match a valid Standard Policy ID and must be Numeric. Second part must be Alphanumeric.
	Field	2	CLEID's Standard Policy does not exist. Please verify.	Enter a valid CLEID. First string has to match a valid Standard Policy ID and must be Numeric.
	Field	3	CLEID is required.	Enter a valid CLE ID.
Effective Date	Field	1	Effective Date is required.	Enter a valid Effective Date.
	Field	Sys1*	Invalid Date.	Enter an Effective Date in MM/DD/CCYY format.
	Field	Sys2*	Effective Date must be less than or equal to 12/31/2299.	Enter Effective Date that is less than or equal to 12/31/2299.
	Field	Sys3*	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater than or equal to 01/01/1900.
End Date	Field	1	End Date is required.	Enter a valid End Date.
	Field	Sys1*	Invalid Date.	Enter an End Date in MM/DD/CCYY format.
	Field	Sys2*	End Date must be less than or equal to 12/31/2299.	Enter End Date that is less than or equal to 12/31/2299.
	Field	Sys3*	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is greater than or equal to 01/01/1900.
	Field	2	Effective Date must be less than or equal to End Date.	Enter an End Date greater or equal to Effective Date.
	Field	3	Dates for records CMS Code:X, Proc Code: XXXXX cannot overlap.	Enter valid dates for the new entry. Dates cannot overlap if the fields indicated match an existing record.
Procedure Code	Field	1	Procedure Code does not exist. Please verify.	Enter a valid Procedure Code. The codes for this column come from the Procedure Panel.
	Field	2	Greater Proc Code is required.	Enter a valid Procedure Code. The codes for this column come from the Procedure Panel.

* System Generated

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6.223.5 Other – Medically Unlikely (MUE) Panel Field Descriptions

Field	Field Type
No Extra Features.	

6.223.6 Other – Medically Unlikely (MUE) Panel Accessibility

6.223.6.1 To Access the Other-Medically Unlikely (MUE) Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-Other page displays.
4	Select **Medically Unlikely (MUE)**.	Medically Unlikely (MUE) panel displays.

6.223.6.2 To Add on the Other-Medically Unlikely (MUE) Panel

Step	Action	Response
1.	Click **Add**.	Activates fields for entry of data or selection from lists.
2.	Select a value from the Source Dropdown box.	
3.	Enter a valid procedure code in the Procedure Code field.	
4.	Select a valid amount in the Max Qty amount field.	
5.	Enter a valid CLE ID.	Format is ##.AAA where #=numeric, A=Alphanumeric.
6.	Enter **End Date** in MM/DD/CCYY format.	Make sure it is older or equal to Effective date.
7.	Select a value from the Publish Indicator Dropdown box.	
8.	Click **Save**. Last Update Date is automatically generated.	Medically Unlikely (MUE) information is saved.

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6.223.6.3 To Update on the Other-Medically Unlikely (MUE) Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click on desired field to update and perform the update.	
3	Click **Save**.	Medically Unlikely (MUE) information is saved.

6.223.6.4 To Delete on the Other-Medically Unlikely (MUE) Panel

Step	Action	Response
1	Click line item to be deleted*.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

* Keep in mind that items to be deleted must not have been overridden.

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6.224 OTHER – NCCI PROCEDURE TO PROCEDURE PANEL

6.225 OTHER – NCCI PROCEDURE TO PROCEDURE PANEL NARRATIVE

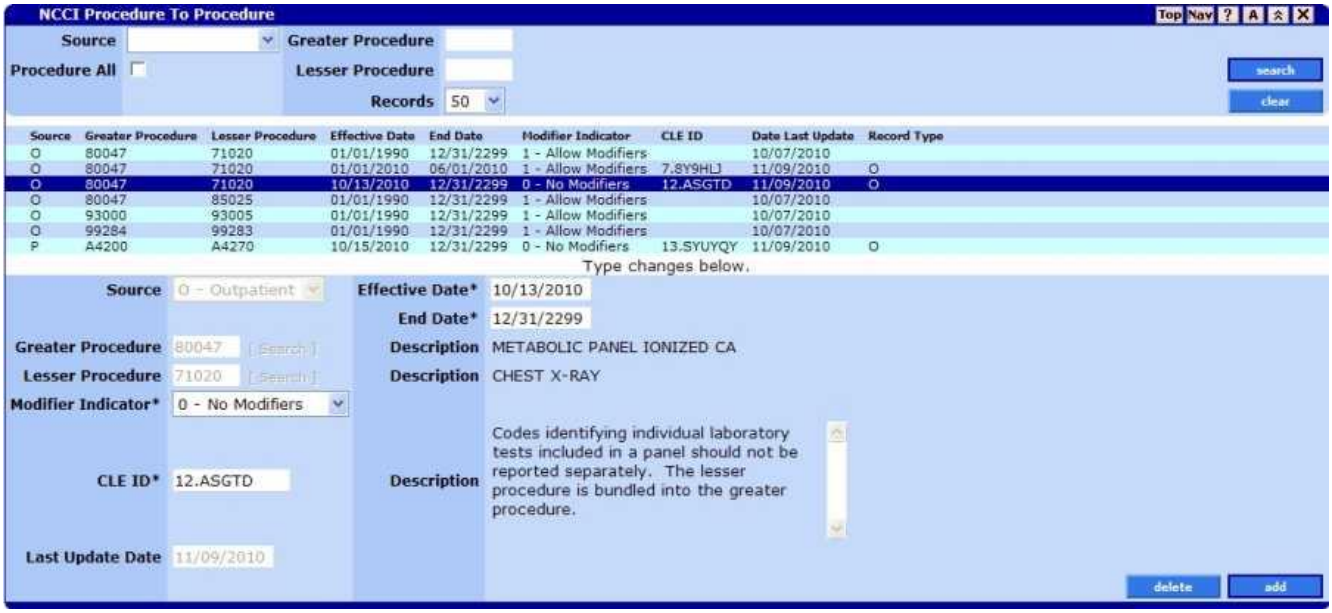
The Procedure to Procedure panel is used to view and maintain the reference NCCI and NCCI Override tables.

These tables contain the Medicaid NCCI (National Correct Coding Information) Procedure-to-Procedure data. This Data consists of Procedure code edit pairs. When coupled with the override information in T_REF_CCI_OVERRIDE, these edit pairs drive the claims NCCI editing function.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Other] - [NCCI Procedure To Procedure]

6.225.1 Other – Procedure to Procedure Panel Layout



6.225.2 Other – Procedure to Procedure Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add a new entry.	Button	N/A	0
Clear	Clear the search criteria.	Button	N/A	0
Delete	Deletes the entry	Button	N/A	0
Search	Triggers the panel to start a search using the provided criteria.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
Procedure All	Searches Procedure codes in both, the Greater and Lesser Procedure fields.	Check Box	N/A	0
Modifier Indicator	This field corresponds to Field 7 on the NCCI database, containing the GB Modified Indicator. The valid values are: 0, 1, 9.	Combo Box	Character	1
Source	This system assigned code indicates the NCCI source file for the data.	Combo Box	Character	1
CLE ID	This field corresponds to Field 6 on the NCCI data, containing the CLE ID (Correspondence Language Example Identification Number).	Field	Character	12
Effective Date	This field corresponds to Field 3 on the NCCI data, containing the code pair's effective date.	Field	Date (MM/DD/CCYY)	8
End Date	This field corresponds to Field 4 on the NCCI data, containing the code pair's deletion date if applicable.	Field	Date (MM/DD/CCYY)	8
Greater Proc Code	This column corresponds to Field 1 on the NCCI data. This procedure code represents the More Important service that should be paid when the code pair is billed together.	Field	Character	6
Last Updated Date	This date shows when this row was created or last modified, due to an alteration in the NCCI data.	Field	Date (MM/DD/CCYY)	8
Lesser Proc Code	This column corresponds to Field 2 on the NCCI data. This procedure code represents the Less Important service that should be denied when the code pair is billed together.	Field	Character	6
Rec Type	Record Type. This field indicates the record comes from the override table when its value is an “O”. When no value it indicates it comes from the NCCI table.	Field	Character	1

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6.225.3 Other-Procedure to Procedure Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Procedure All	Check Box	1	If Procedure All is selected, a valid procedure code is required.	Please enter the Procedure Code to search for.
CLEID	Field	1	CLEID must have at least the format ##.A. Where # is number, A = Alphanumeric. Please verify.	Enter a valid string. First string has to match a valid Standard Policy ID and must be Numeric. Second part must be Alphanumeric.
	Field	2	CLEID's Standard Policy does not exist. Please verify.	Enter a valid CLEID. First string has to match a valid Standard Policy ID and must be Numeric.
	Field	3	CLEID is required.	Enter a valid CLE ID.
Effective Date	Field	1	Effective Date is required.	Enter a valid Effective Date.
	Field	Sys1*	Invalid Date.	Enter an Effective Date in MM/DD/CCYY format.
	Field	Sys2*	Effective Date must be less than or equal to 12/31/2299.	Enter Effective Date that is less than or equal to 12/31/2299.
	Field	Sys3*	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater than or equal to 01/01/1900.
End Date	Field	1	End Date is required.	Enter a valid End Date.
	Field	Sys1*	Invalid Date.	Enter an End Date in MM/DD/CCYY format.
	Field	Sys2*	End Date must be less than or equal to 12/31/2299.	Enter End Date that is less than or equal to 12/31/2299.
	Field	Sys3*	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is greater than or equal to 01/01/1900.
	Field	2	Effective Date must be less than or equal to End Date.	Enter an End Date greater or equal to Effective Date.
	Field	3	Dates for records CMS Code: X, Greater Proc: XXXXX, Lesser Proc: XXXXX cannot overlap.	Enter valid dates for the new entry. Dates cannot overlap if the fields indicated match an existing record.

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Field	Field Type	Error Code	Error Message	To Correct
Greater Proc Code	Field	1	Greater Procedure Code does not exist. Please verify.	Enter a valid Procedure Code. The codes for this column come from the table t_proc.cde_proc.
	Field	2	Greater Proc Code is required.	Enter a valid Greater Proc Code.
Lesser Proc Code	Field	1	A valid Lesser Proc Code is required.	Select a procedure code.
	Field	2	Greater Proc Code is required.	Enter a valid Greater Proc Code.

* System Generated

6.225.4 Other – Procedure to Procedure Panel Extra Features

Field	Field Type
No Extra Features.	

6.225.5 Other – Procedure to Procedure Panel Accessibility

6.225.5.1 To Access the Other-Procedure to Procedure Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-Other page displays.
4	Select **Procedure to Procedure**.	Procedure to Procedure panel displays.

6.225.5.2 To Add on the Other-Procedure to Procedure Panel

Step	Action	Response
1.	Click **Add**.	Activates fields for entry of data or selection from lists.
2.	Select a value from the Source Dropdown box.	
3.	Enter a valid Procedure Code in the Greater Procedure Code.	
4.	Enter a valid Procedure Code in the Lesser Procedure Code Procedure Code.	
5.	Select a Modifier Indicator from the dropdown box.	

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Step	Action	Response
6.	Enter a valid CLE ID.	Format is ##.AAA where #=numeric, A=Alphanumeric.
7.	Enter **End Date** in MM/DD/CCYY format.	Make sure it is older or equal to Effective date.
8.	Click **Save**. Last Update Date is automatically generated.	Procedure to Procedure information is saved.

5.138.1.1 To Update on the Other-Procedure to Procedure Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click on desired field to update and perform the update.	
3	Click **Save**.	Procedure to Procedure information is saved.

5.138.1.2 To Delete on the Other-Procedure to Procedure Panel

Step	Action	Response
1	Click line item to be deleted*.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

* Keep in mind that items to be deleted must not have been overridden.

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6.226 OTHER – PDL MAINTENANCE PANEL

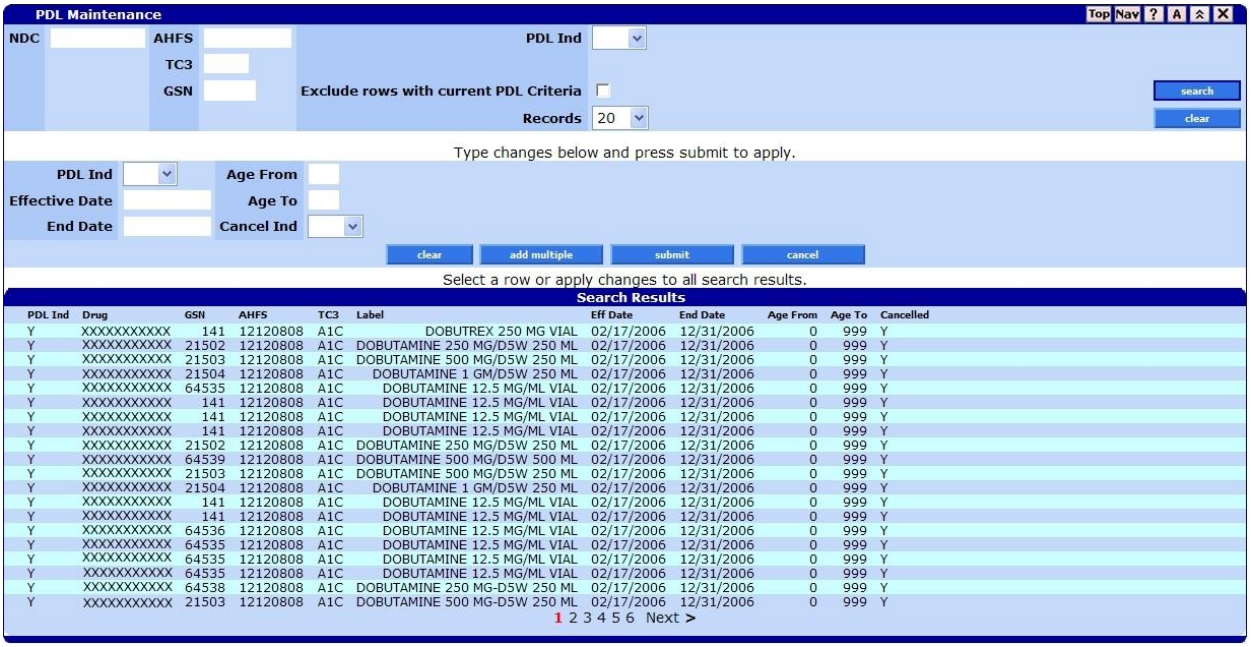
6.226.1 Other – PDL Maintenance Panel Narrative

The PDL Maintenance panel is used to maintain PDL Preferred status. With this panel the time to maintain and keep PDL drugs in order is reduced. In addition, the processing of drugs becomes more effective and accurate. This panel also helps to reduce issues when researching information about the drug.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Other] - [PDL Maintenance]

6.226.2 Other – PDL Maintenance Panel Layout



6.226.3 Other – PDL Maintenance Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add Multiple	Inserts a new PDL record for each of the records displayed in the Search Results.	Button	N/A	0
Age From	The minimum age on the date of service that the NDC is covered with the PDL.	Field	Number (Integer)	3
Age To	The maximum age on the date of service that the NDC is covered within the PDL.	Field	Number (Integer)	3

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Field	Description	Field Type	Data Type	Length
AHFS	Identifies the pharmacological therapeutic category of the drug product according to the American Hospital Formulary Service (AHFS) classification system.	Field	Character	10
Cancel	Cancels all user actions including the selection of single rows for edit.	Button	N/A	0
Cancelled/ Cancel Ind	Indicates the PDL status for the NDC. If the status for the Cancel Indicator is Yes, record is cancelled from PDL.	Combo Box	Drop Down Lists Box	1
Clear	Clears all the fields in the panel.	Button	N/A	0
Effective Date	First date the PDL status is effective for the NDC.	Field	Date (MM/DD/CCYY)	8
End Date	Date that PDL status is no longer effective.	Field	Date (MM/DD/CCYY)	8
Exclude Rows	Restricts the search to return only those drugs without any PDL History records.	Check Box	N/A	0
GSN	The Generic Code Number Sequence Number is a unique number representing a generic formulation. It is specific to the generic ingredient(s), route of administration, and drug strength. It is the same across manufacturers.	Field	Number (Integer)	6
Label	Combination of the drug name appearing on the package label, the strength description, and the dosage form description for a specified product.	Field	Character	40
NDC / Drug	Unique code assigned to a drug product by the FDA and the manufacturer or distributor. It identifies the manufacturer/distributor, drug, dosage form, strength, and package size. The NDC is represented in an 11-digit 5-4-2 format: A 5 digit labeler code, a 4-digit product code, and a 2-digit package code.	Field	Character	11
PDL Ind	Preferred Indicator. Indicates the PDL Status of the NDC. Example: Whether the drug or drug product is preferred (Y) or non-preferred (N).	Combo Box	Drop Down Lists Box	1
Search	Performs the search based on the Criteria entered.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
Submit	Processes the updates or insertions of PDL records.	Button	N/A	0
TC3	Therapeutic Class Code, Specific (GC3, Alias HIC3) The most specific therapeutic class code offered by First DataBank intended for users who need a very definitive therapeutic classification system.	Field	Character	3

6.226.4 Other – PDL Maintenance Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Add Multiple	Data	1	New PDL cannot be added because its dates overlap with an existing record.	Make sure dates do not overlap with an existing non-cancelled record.
Age From	Field	1	Age From must be less or equal to Age To.	Enter an Age From less than or equal than Age To.
AHFS	Field	1	AHFS must be numeric. Please enter a valid value.	Enter a numeric AHFS.
Effective Date	Field	1	Effective Date must be earlier or the same than End Date.	Enter an Effective Date that is earlier or equal to the End Date.
GSN	Field	1	GSN must be numeric. Please enter a valid value.	Enter a numeric GSN.
Submit	Data	1	New PDL cannot be added because its dates overlap with an existing record.	Make sure dates do not overlap with an existing non-cancelled record.
		2	PDL cannot be updated because its dates overlap with an existing record.	Make sure dates do not overlap with an existing non-cancelled record.
TC3	Field	1	TC3 must be Alphanumeric. Please enter a valid value.	Do not allow strange symbols in the TC3 field.

6.226.5 Other – PDL Maintenance Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.226.6 Other – PDL Maintenance Panel Accessibility

6.226.6.1 To Access the Other – PDL Maintenance Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.

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Step	Action	Response
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-Other page displays.
4	Select **PDL Maintenance**	PDL Maintenance panel displays.

6.226.6.2 To Add on the Other – PDL Maintenance Panel

Step	Action	Response
1	Enter the search criteria and press the **Search** button.	Brings all records that match the criteria entered.
2	If you want to add a new PDL record for a specific drug, select the drug from the **Search Results** panel.	
3	Press the **Add Multiple** button.	The entry panel is populated with the Default values.
2	Enter the necessary information in the entry panel.	
4	Click the **Submit** button.	The new PDL record is saved.

6.226.6.3 To Update on the Other – PDL Maintenance Panel

Step	Action	Response
1	Enter the search criteria and press the **Search** button.	Brings all records that match the criteria entered.
2	If you want to modify a specific PDL record, select the record to be edited from the **Search Results** panel.	
2	Enter the necessary information in the entry panel.	
4	Click the **Submit** button.	The PDL record or records are updated.

6.226.6.4 To Delete on the Other - PDL Maintenance Panel

This panel does not delete PDL records.

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6.227 OTHER – PDL SCREENING CRITERIA PANEL

6.227.1 Other – PDL Screening Criteria Panel Narrative

The PDL Screening Criteria panel is used to maintain Drugs Screening Criteria based on their AHFS, TC3 or GSN. If the Drug's ALGI property changes to indicate the Drug should be preferred or not preferred; the PDL History logic will review if the drug matches any of these criteria, and will adjust the PDL segment accordingly.

This criteria will also be used in the batch Weekly FDB update programs to maintain the PDL master file.

This criteria should handle new drug additions, along with drug updates.

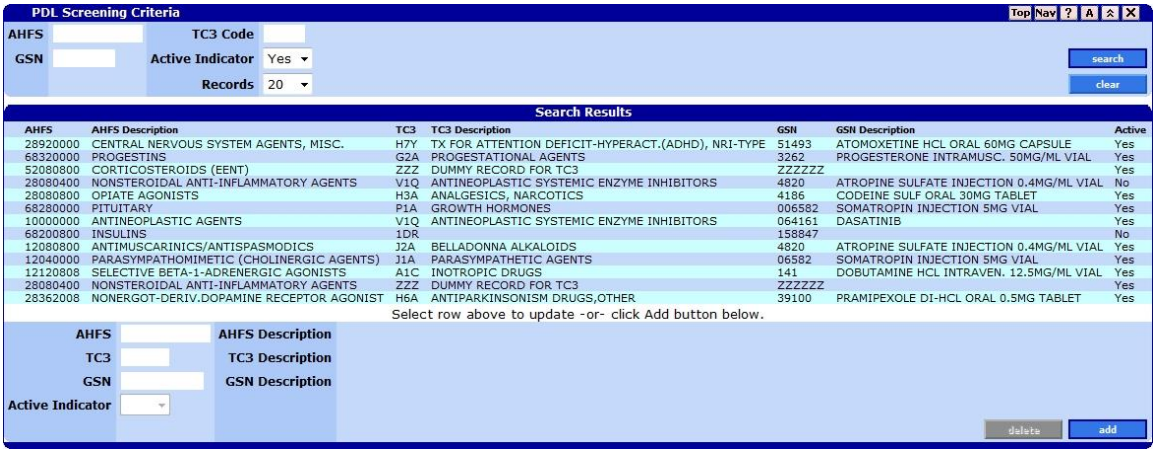
Value 'Y' indicates criteria is active and 'N' indicates criteria is no longer active.

With this panel the time to maintain and keep PDL screening Criteria is reduced.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Other] - [PDL Screening Criteria]

6.227.2 Other – PDL Screening Criteria Panel Layout



6.227.3 Other – PDL Screening Criteria Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Active Indicator	Indicator to identify the criteria if its active or not. Value 'Y' indicates criteria is active and 'N' indicates criteria is no longer active.	Combo Box	N/A	0
Add	Adds a new PDL Criteria record.	Button	N/A	0
AHFS	Identifies the pharmacological therapeutic category of the drug product according to the American Hospital Formulary Service (AHFS) classification system.	Field	Character	10

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Field	Description	Field Type	Data Type	Length
AHFS Description (read-only)	Text description for AHFS Therapeutic Code.	Field	Character	40
Clear	Clears the search criteria.	Button	N/A	0
Delete	Deletes the selected PDL Criteria record from the DB.	Button	N/A	0
GSN	The Generic Code Number Sequence Number is a unique number representing a generic formulation. It is specific to the generic ingredient(s), route of administration, and drug strength. It is the same across manufacturers.	Field	Character	6
GSN Description	Text description for GSN Formulation Code.	Field	Character	60
Records	Indicates the number of records the search result panel will display in each page.	Combo Box	N/A	0
Search	Searches the PDL Screening Criteria table for records that match the AHFS provided. If AHFS is blank, it will bring all records in the table.	Button	N/A	0
TC3	Therapeutic Class Code, Specific (GC3, Alias HIC3). The most specific therapeutic class code offered by First DataBank intended for users who need a very definitive therapeutic classification system.	Field	Character	3
TC3 Description	Text description for TC3 Code.	Field	Character	60

6.227.4 Other – PDL Screening Criteria Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
AHFS	Field	1	AHFS code was not found, please verify.	Enter a valid AHFS code.
TC3	Field	1	Provided TC3 Code does not exist. Please verify.	Enter a valid Therapeutic code or ZZZ as wildcard.
TC3	Field	2	TC3 cannot be empty.	Enter a three alphanumeric Therapeutic code or ZZZ as wildcard.

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Field	Field Type	Error Code	Error Message	To Correct
TC3	Field	3	TC3 has to contain three alphanumeric characters, please verify.	Enter a three alphanumeric Therapeutic code or ZZZ as wildcard.
GSN	Field	1	Provided GSN is not on file. Please verify.	Enter a valid numeric GSN code or enter ZZZZZZ as wildcard.
GSN	Field	2	GSN cannot be empty.	Enter a valid numeric GSN code or enter ZZZZZZ as wildcard.
GSN	Field	3	GSN has to be numeric, or has to be the PDL Screening Criteria Wildcard.	Enter a valid numeric GSN code or enter ZZZZZZ as wildcard.

6.227.5 Other – PDL Screening Criteria Panel Accessibility

6.227.5.1 To Access the Other – PDL Screening Criteria Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-Other page displays.
4	Select the **PDL Screening Criteria panel** link.	PDL Screening panel displays.

6.227.5.2 To use the search function – PDL Screening Criteria Panel

Step	Action	Response
1	Navigate to the Other – PDL Screening Criteria panel.	The Other – PDL Screening Criteria panel appears.
2	Enter a specific AHFS.	
3	Alternatively, the AHFS can be left blank.	All matching PDL Screening Criteria records will be displayed.
4	Enter a specific TC3.	
5	Alternatively, the TC3 can be left blank.	All matching PDL Screening Criteria records will be displayed.
6	Enter a specific GSN.	
7	Alternatively, the GSN can be left blank.	All matching PDL Screening Criteria records will be displayed.

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Step	Action	Response
8	Select a value for the Active Indicator, it can be Yes, No, or blank. Blank brings all values.	All matching PDL Screening Criteria records will be displayed.
9	(Optional) Select the number of rows you want to display on each page of Search Results.	The selected number or records will be displayed in the Search Results panel.
10	Click the **Search** button.	The panel brings all the records that matches the provided AHFS.

6.227.5.3 To Add on the Other – PDL Screening Criteria Panel

Step	Action	Response
1	Press the **Add** button.	A new blank record is shown.
2	Add all necessary information in all required fields.	
3	Click the **Save** button from the Related Data panel.	The new PDL Screening Criteria record is saved.

6.227.5.4 To Update on the Other – PDL Screening Criteria Panel

Step	Action	Response
1	Select a record from the Datalist.	The record's data is populated in the panel.
2	Modify the desired field(s) in the data panel.	
3	Click the **Save** button from the Related Data panel..	The PDL Screening Criteria record is updated.

6.227.5.5 To Delete on the Other - PDL Screening Criteria Panel

Step	Action	Response
1	Select a record from the Datalist.	The record's data is populated in the panel.
2	Click the **Delete** button.	A confirmation panel appears.
3	Press **OK** to confirm the deletion.	The PDL Screening Criteria record is deleted.

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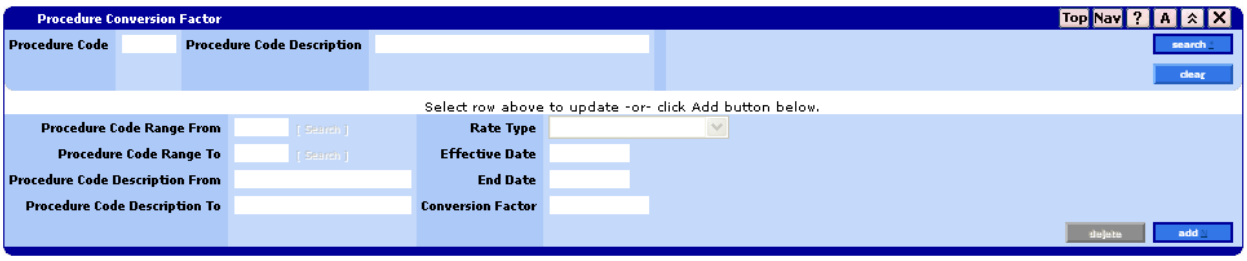
6.228 OTHER-PROCEDURE CONVERSION FACTOR PANEL

6.228.1 Other-Procedure Conversion Factor Panel Narrative

The Procedure Conversion Factor panel is used to assign a procedure specific conversion factor to be used in place of the "system-wide" conversion factor. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Other] - [Procedure Conversion Factor]

6.228.2 Other-Procedure Conversion Factor Panel Layout



6.228.3 Other-Procedure Conversion Factor Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add assign a procedure specific conversion factor.	Button	N/A	0
Clear	Clears the criteria fields so user may enter new criteria.	Button	N/A	0
Conversion Factor	Multiplier which transforms relative values into payment amounts during RBRVS pricing calculations. Format is 99999.9999.	Field	Number (Decimal	9
Delete	Delete a procedure specific conversion factor.	Button	N/A	0
Effective Date	Date a procedure conversion factor becomes valid for use in claims processing.	Field	Date (MM/DD/CCYY)	8
End Date	Date a conversion factor is no longer valid for claims processing.	Field	Date (MM/DD/CCYY)	8
Procedure Code	Code that identifies a specific procedure. The user may enter all or part of the Procedure Code.	Field	Character	6

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Field	Description	Field Type	Data Type	Length
Procedure Code Description	Text description of the Procedure Code. The user may enter all or part of the description.	Field	Character	40
Procedure Code Range Description From	Description of the Procedure Code From.	Field	Character	40
Procedure Code Range Description To	Description of the Procedure Code To.	Field	Character	40
Procedure Code Range From [Search]	Lower limit of the procedure code range for the conversion factor.	Hyperlink	N/A	0
Procedure Code Range To [Search]	Upper limit of the procedure code range for the conversion factor.	Hyperlink	N/A	0
Rate Type	Code used to identify the rate type to use in determining provider reimbursement.	Combo Box	Drop Down List Box	0
Search	Initiates search on the database table for rows matching the criteria entered.	Button	N/A	0

6.228.4 Other-Procedure Conversion Factor Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Conversion Factor	Field	1	Conversion Factor must be greater than zero.	Enter a Conversion Factor that is greater than zero.
	Field	2	Conversion Factor is required.	Conversion Factor must have a value.
Effective Date	Field	1	Procedure Range segments may not overlap.	Correct overlap condition. Code and Date ranges cannot overlap for the same rate type.
	Field	2	Effective Date is required.	Enter an Effective Date.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	3	Invalid Date.	Enter an Effective Date in MM/DD/CCYY format.
	Field	4	Effective Date must be less than or equal to End Date.	Enter an Effective Date must be less than or equal to End Date.
	Field	5	Effective Date must be greater than or equal to 01/01/1900	Enter an Effective Date that is greater than or equal to 01/01/1900.
	Field	6	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	2	Invalid Date.	Enter an End Date in MM/DD/CCYY format.
	Field	3	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is greater than or equal to 01/01/1900.
	Field	4	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.
Procedure Code Range From [Search]	Hyperlink	1	A valid Procedure Code Range From is required.	Select a Procedure Code From.
	Hyperlink	2	From Procedure may not be greater than To Procedure.	Enter a valid Procedure range.
Procedure Code Range To [Search]	Hyperlink	1	A valid Procedure Code Range To is required.	Select a valid Procedure Code To.
Rate Type	Field	2	A valid Rate Type is required.	Rate Type must have a valid value.

6.228.5 Other-Procedure Conversion Factor Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.228.6 Other-Procedure Conversion Factor Panel Accessibility

6.228.6.1 To Access the Other-Procedure Conversion Factor Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-Other pagedisplays.
4	Select **Procedure Code Bundling**.	Procedure Conversion Factor panel displays.

6.228.6.2 To Add on the Other-Procedure Conversion Factor Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Procedure Code Range From** by clicking [Search] button.	
3	Enter search criteria. User may also select a row from the list of search results.	Procedure Code Range From information is displayed on panel.
4	Select **Procedure Code Range To** by clicking [Search] button.	
5	Enter search criteria. User may also select a row from the list of search results.	Procedure Code Range To information is displayed on panel.
6	Select **Procedure Code Description From** by clicking [Search] button.	
7	Enter search criteria. User may also select a row from the list of search results.	Procedure Code Description Range From information is displayed on panel.
8	Select **Procedure Code Description To** by clicking [Search] button.	
9	Enter search criteria. User may also select a row from the list of search results.	Procedure Code Description Range To information is displayed on panel.
10	Select **Rate Type** from drop down list box.	
11	Enter **Effective Date** in MM/DD/CCYY format.	
12	Enter **End Date** in MM/DD/CCYY format.	

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Step	Action	Response
13	Enter **Conversion Factor**.	
14	Click **Save**. Last Update Date is automatically generated.	Procedure Conversion Factor information is saved.

6.228.6.3 To Update on the Other-Procedure Conversion Factor Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Procedure Conversion Factor information is saved.

6.228.6.4 To Delete on the Other-Procedure Conversion Factor Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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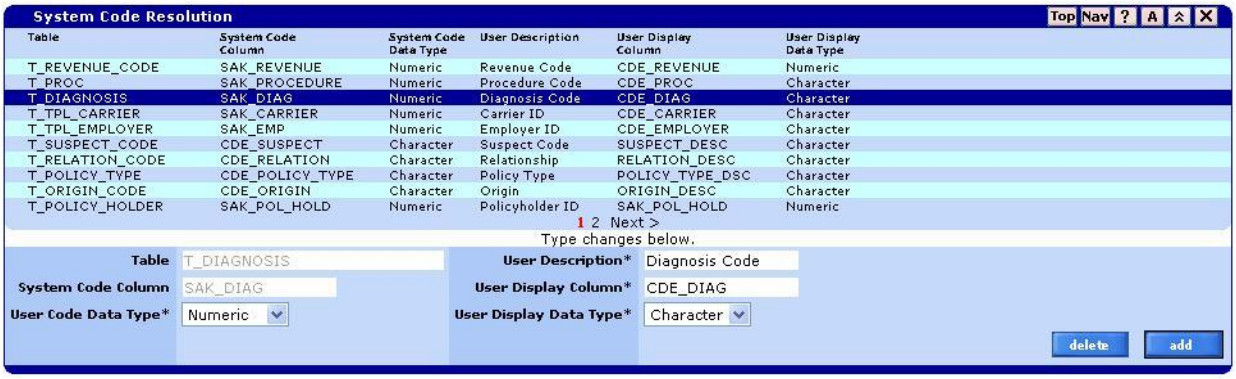
6.229 OTHER-SYSTEM CODE RESOLUTION PANEL

6.229.1 Other-System Code Resolution Panel Narrative

This System Code Resolution panel is used to maintain the valid list of all System Code Resolution records. This table is used to resolve system assigned keys to the user's online value. It is used in conjunction with the audit trail system to automate the viewing of what a SAK value is defining. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Other] - [System Code Resolution]

6.229.2 Other-System Code Resolution Panel Layout



6.229.3 Other-System Code Resolution Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add a System Code Resolution.	Button	N/A	0
Delete	Allows the user to delete a code (or code range) from the selected System Code Resolution Type	Button	N/A	0
System Code Column	Key field used to retrieve a system key.	Field	Character	18
System Code Data Type	Used to identify data type of the system code.	Combo Box	Drop Down List Box	0
Table	Name of the Physical Database Table.	Field	Character	32
User Description	Description of the system key field.	Field	Character	18
User Display Column	Value that is returned.	Field	Character	18
User Display Data Type	Used to identify the data type of the user display field.	Combo Box	Drop Down List Box	0

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6.229.4 Other-System Code Resolution Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
System Code Column	Field	1	System Code Column is required.	Enter the System Code Column for the Table.
System Code Data Type	Field	1	System Code Data type is required.	Select the System Code Data Type from the Drop Down Box.
Table	Field	1	Table is required.	Enter an Oracle Table name.
User Description	Field	1	User Description is required.	Enter a User Description of the Table.
User Display Column	Field	1	User Display Column is required.	Enter the User Display column for the Table.
User Display Data Type	Field	1	User Display Data Type is required.	Select the User Display Data Type from the Drop Down Box.

6.229.5 Other-System Code Resolution Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.229.6 Other-System Code Resolution Panel Accessibility

6.229.6.1 To Access the Other-System Code Resolution Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-Other page displays.
4	Select **System Code Resolution**.	System Code Resolution panel displays.

6.229.6.2 To Add on the Other-System Code Resolution Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Table**.	
3	Enter **System Code Column**.	
4	Select **System Code Data Type** from drop down list box.	

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Step	Action	Response
5	Enter **User Description**.	
6	Enter **User Display Column**.	
7	Select **User Display Data Type** from drop down list box.	
8	Click **Save**.	System Code Resolution information is saved.

6.229.6.3 To Update on the Other-System Code Resolution Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	System Code Resolution information is saved.

6.229.6.4 To Delete on the Other-System Code Resolution Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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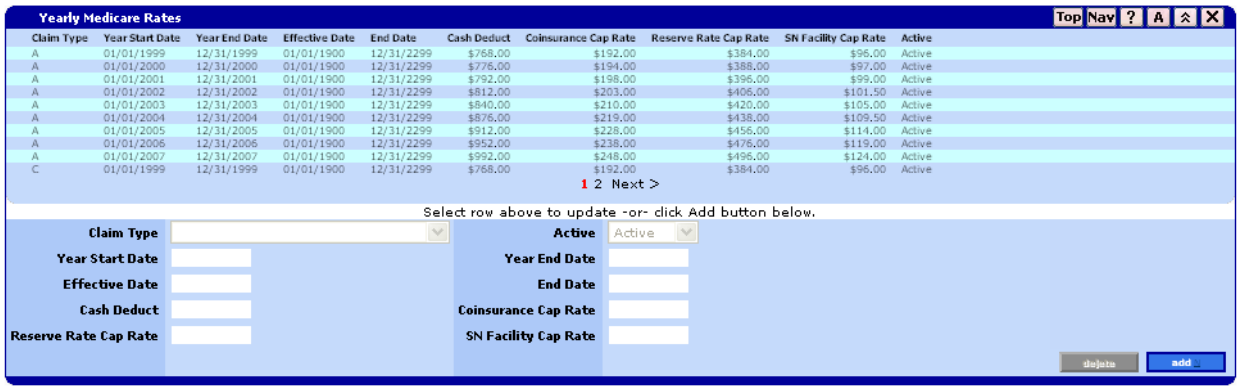
6.230 OTHER-YEARLY MEDICARE RATES PANEL

6.230.1 Other-Yearly Medicare Rates Panel Narrative

This panel contains the yearly Medicare deductible for Part A & Part B claims. It currently holds the Medicare yearly cash deductible for the specific years for a specific claim type. The changes proposed will allow for fields to hold the maximum coinsurance cap, lifetime reserve rate capitation and skilled nursing facility capitation for the specific year for the specific claim type (A or B). Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference - Related Data] - [Other] - [Yearly Medicare Rates]

6.230.2 Other-Yearly Medicare Rates Panel Layout



6.230.3 Other-Yearly Medicare Rates Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Active	Indicates whether the record is active or not. Only active rows are used in determining the Medicare deductible.	Combo Box	Drop Down List Box	0
Add	Allows user to add a new record in Yearly Medicare Rates panel.	Button	N/A	0
Cash Deduct	The maximum yearly cash deductible for the specified claim type.	Field	Number (Decimal)	6
Claim Type	Code that specifies the type of claim record which resides in the specified location.	Combo Box	Drop Down List Box	0
Coinsurance Cap Rate	The maximum yearly Medicare approved Inpatient Coinsurance Cap Rate.	Field	Number (Decimal)	6
Delete	Allows user to delete a record in Yearly Medicare Rates panel.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
Effective Date	The first date to which the yearly deductible amount becomes effective.	Field	Date (MM/DD/CCYY)	8
End Date	The last date to which the yearly deductible amount is effective.	Field	Date (MM/DD/CCYY)	8
Reserve Rate Cap Rate	The maximum yearly Medicare approved Lifetime Reserve Rate Cap Rate.	Field	Number (Decimal)	6
SN Facility Cap Rate	The maximum yearly Medicare approved Skilled Nursing Facility Cap Rate.	Field	Number (Decimal)	6
Year End Date	This field will be set to December 31 of the effected year.	Field	Date (MM/DD/CCYY)	8
Year Start Date	This field will be set to January 01 of the effected year.	Field	Date (MM/DD/CCYY)	8

6.230.4 Other-Yearly Medicare Rates Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Claim Type	Field	1	A valid Claim Type is required	Select Claim Type from Drop down list.
Effective Date	Field	1	Effective Date is required.	Enter a valid effective date.
	Field	2	Invalid date. Format is MM/DD/CCYY.	The date must be in MM/DD/CCYY format.
	Field	3	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater than or equal to 01/01/1900.
	Field	4	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
End Date	Field	1	End Date is required.	Enter a valid end date.
	Field	2	Invalid date. Format is MM/DD/CCYY.	The date must be in MM/DD/CCYY format.
	Field	3	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is post 01/01/01900.
	Field	4	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.

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Field	Field Type	Error Code	Error Message	To Correct
Year End Date	Field	1	Year End Date is required.	Enter date in Year End Date.
	Field	2	Invalid date. Format is MM/DD/CCYY.	The date must be in MM/DD/CCYY format.
Year Start Date	Field	1	Year Start Date is required.	Enter date in Year Start Date.
	Field	2	Invalid date. Format is MM/DD/CCYY.	The date must be in MM/DD/CCYY format.

6.230.5 Other-Yearly Medicare Rates Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.230.6 Other-Yearly Medicare Rates Panel Accessibility

6.230.6.1 To Access the Other- Yearly Medicare Rates Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-Other page displays.
4	Select **Yearly Medicare Rates.**	Yearly Medicare Rates panel displays.

6.230.6.2 To Add on the Other- Yearly Medicare Rates Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Claims Type** from drop down list box.	
3	Enter **Year Start Date**.	
4	Enter **Effective Date**.	
5	Enter **Cash Deduct**.	
6	Enter **Reserve Rate Cap Rate**.	
7	Select **Active** from drop down list box.	
8	Enter **Year End Date**.	
9	Enter **End Date**.	

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Step	Action	Response
10	Enter **Coinsurance Cap Rate**.	
11	Enter **SN Facility Cap Rate**.	
12	Click **Save**.	Yearly Medicare Rates information is saved.

6.230.6.3 To Update on the Other- Yearly Medicare Rates Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Yearly Medicare Rates information is saved.

6.230.6.4 To Delete on the Other- Yearly Medicare Rates Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.231 REFERENCE RELATED DATA RPT DIST PAGE

6.231.1 Reference Related Data Rpt Dist Page Narrative

The Reference Related Data Rpt Dist page allows the user to access the report routing distribution data maintained within the Reference Data Maintenance subsystem area.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Rpt Dist]

6.231.2 Reference Related Data Rpt Dist Page Layout

6.231.3 Reference Related Data Rpt Dist Page Field Descriptions

Field	Description	Field Type	Data Type	Length
Cancel	Allows the user to cancel a request.	Button	N/A	0
Report	Link to the Report panel.	Hyperlink	N/A	0
Report Control	Link to the Report Control panel.	Hyperlink	N/A	0
Report Destination	Link to the Report Destination panel.	Hyperlink	N/A	0
Report Recipient	Link to the Report Recipient panel.	Hyperlink	N/A	0
Report Route	Link to the Report Route panel.	Hyperlink	N/A	0
Save	Allows the user to save a request.	Button	N/A	0

6.231.4 Related Data Rpt Dist Page Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.231.5 Reference Related Data Rpt Dist Page Extra Features

Field	Field Type
No extra features found for this panel.	

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6.231.6 Reference Related Data Rpt Dist Page Accessibility

6.231.6.1 To Access the Related Data Rpt Dist Page

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Rpt Dist** hyperlink located on the Related Data panel.	Related Data-Rpt Dist page displays.

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6.232 RPT DIST – REPORT PANEL

6.232.1 Rpt Dist – Report Panel Narrative

The Report panel is used to maintain the batch report file code table.

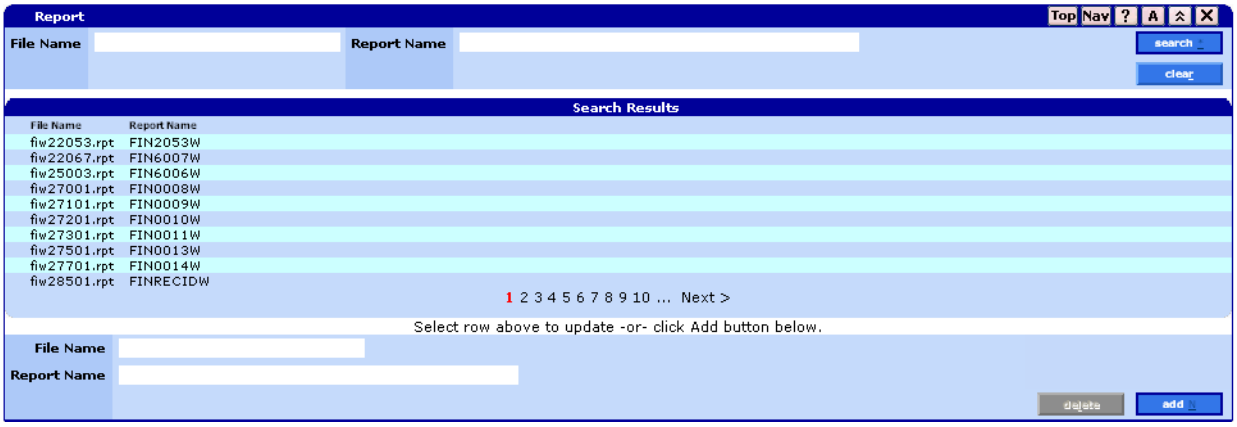
This panel consists of a search criteria sub-panel, a data list displaying the defined report files, and a sub-panel where updates and adds are performed.

The search criteria sub-panel is used to limit the entries in the data list to those matching the search criteria. Selecting an entry from the data list populates the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Rpt Dist] - [Report]

6.232.2 Rpt Dist – Report Panel Layout



6.232.3 Rpt Dist – Report Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a report file name.	Button	N/A	0
Clear	Clears the entered search criteria.	Button	N/A	0
Delete	Allows the user to delete a report file name.	Button	N/A	0
File Name	The UNIX file name of the batch report.	Field	Character	30
Report Name	The descriptive name of the batch report.	Field	Character	50
Search	Allows the user to limit the data list entries to those matching the search criteria.	Button	N/A	0

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6.232.4 Rpt Dist – Report Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Delete	Button	1	Unable to delete. Routes exist for the Report File.	You must first delete the Report Routes for this Report File.
File Name	Field	1	File Name is required.	Enter the UNIX file name of the batch report.
Report Name	Field	1	Report Name is required.	Enter the descriptive name of the batch report.

6.232.5 Rpt Dist – Report Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.232.6 Rpt Dist – Report Panel Accessibility

6.232.6.1 To Access the Rpt Dist-Report Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Rpt Dist** hyperlink located on the Related Data panel.	Related Data-Rpt Dist panel displays.
4	Click **Report**.	Rpt Dist-Report panel displays.

6.232.6.2 To Add on the Rpt Dist-Report Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **File Name**.	
3	Enter **Report Name**.	
4	Click **Save**.	Rpt Dist-Report information is saved.

6.232.6.3 To Update on the Rpt Dist-Report Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	

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Step	Action	Response
3	Click **Save**.	Rpt Dist-Report information is saved.

6.232.6.4 To Delete on the Rpt Dist-Report Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.233 RPT DIST - REPORT CONTROL PANEL

6.233.1 Rpt Dist - Report Control Panel Narrative

The Report Control panel is used to maintain the batch report control file code table.

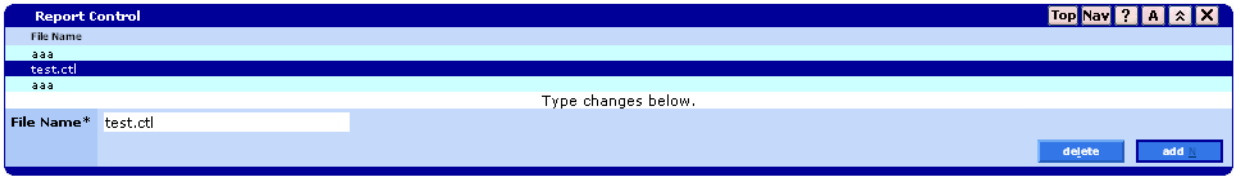
The panel consists of a search criteria sub-panel, a data list displaying the defined report files, and a sub-panel where updates and adds are performed.

The search criteria sub-panel is used to limit the entries in the data list to those matching the search criteria. Selecting an entry from the data list populates the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Rpt Dist] - [Report Control]

6.233.2 Rpt Dist - Report Control Panel Layout



6.233.3 Rpt Dist - Report Control Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a report control file.	Button	N/A	0
Delete	Allows the user to delete a report file.	Button	N/A	0
File Name	The UNIX report control file name.	Field	Character	30

6.233.4 Rpt Dist - Report Control Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Delete	Button	1	Unable to delete. Routes exist for the Report Control File.	You must first delete the Report Routes for this Report Control File.
File Name	Field	1	File Name is required.	Enter the UNIX report control file name.

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6.233.5 Rpt Dist - Report Control Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.233.6 Rpt Dist - Report Control Panel Accessibility

6.233.6.1 To Access the Rpt Dist-Report Control Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Rpt Dist** hyperlink located on the Related Data panel.	Related Data-Rpt Dist panel displays.
4	Click **Report Control**.	Rpt Dist-Report Control panel displays.

6.233.6.2 To Add on the Rpt Dist-Report Control Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **File Name**.	
3	Click **Save**.	Rpt Dist-Report Control information is saved.

6.233.6.3 To Update on the Rpt Dist-Report Control Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Rpt Dist-Report Control information is saved.

6.233.6.4 To Delete on the Rpt Dist-Report Control Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.234 RPT DIST - REPORT DESTINATION PANEL

6.234.1 Rpt Dist - Report Destination Panel Narrative

The Report Destination panel is used to maintain the batch report control file code table.

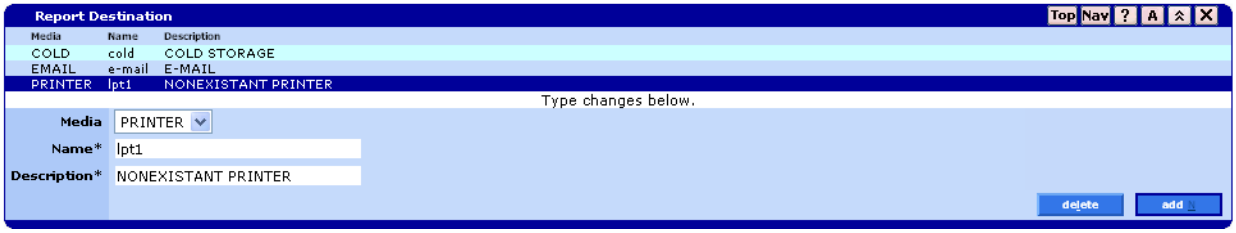
The panel consists of a data list displaying the defined report files, and a sub-panel where updates and adds are performed.

Selecting an entry from the data list populates the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data]- [Rpt Dist] - [Report Destination]

6.234.2 Rpt Dist - Report Destination Panel Layout



6.234.3 Rpt Dist - Report Destination Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a destination.	Button	N/A	0
Delete	Allows the user to delete a destination.	Button	N/A	0
Description	The description of the destination.	Field	Character	30
Media	The batch report destination media type.	Combo Box	Drop Down List Box	0
Name	The name of the destination, or the UNIX printer name.	Field	Character	60

6.234.4 Rpt Dist - Report Destination Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Delete	Button	1	Unable to delete. Routes exist for the Report Destination.	You must first delete the Report Routes for this Report Destination.
Description	Field	1	Description is required.	Enter the Description of the destination.
Media	Field	1	Media is required.	Enter the Media type.

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Field	Field Type	Error Code	Error Message	To Correct
Name	Field	1	Name is required.	Enter the Name of the destination, or the UNIX printer name.

6.234.5 Rpt Dist - Report Destination Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.234.6 Rpt Dist - Report Destination Panel Accessibility

6.234.6.1 To Access the Rpt Dist-Report Destination Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Rpt Dist** hyperlink located on the Related Data panel.	Related Data-Rpt Dist panel displays.
4	Click **Report Destination**.	Rpt Dist-Report Destination panel displays.

6.234.6.2 To Add on the Rpt Dist-Report Destination Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Media** from drop down list box.	
3	Enter **Name**.	
4	Enter **Description**.	
5	Click **Save**.	Rpt Dist-Report Destination information is saved.

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6.234.6.3 To Update on the Rpt Dist-Report Destination Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Rpt Dist-Report Destination information is saved.

6.234.6.4 To Delete on the Rpt Dist-Report Destination Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.235 RPT DIST - REPORT RECIPIENT PANEL

6.235.1 Rpt Dist - Report Recipient Panel Narrative

The Report Recipient panel is used to maintain the recipients of batch report files.

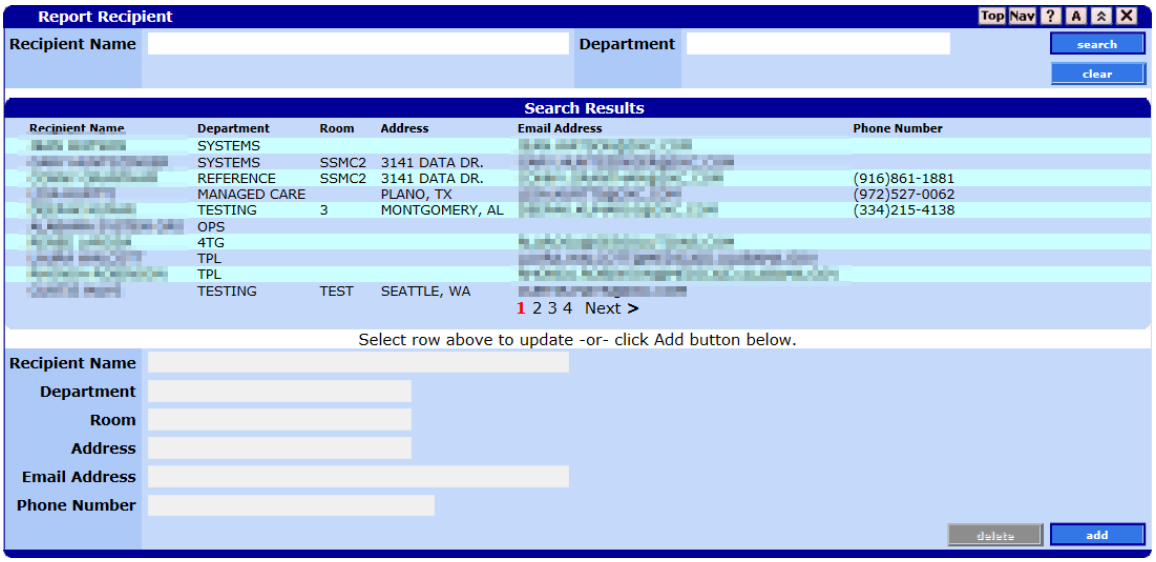
The panel consists of a search criteria sub-panel, a data list displaying the defined report files, and a sub-panel where updates and adds are performed.

The search criteria sub-panel is used to limit the entries in the data list to those matching the search criteria. Selecting an entry from the data list populates the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Rpt Dist] - [Report Recipient]

6.235.2 Rpt Dist - Report Recipient Panel Layout



6.235.3 Rpt Dist - Report Recipient Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a report recipient.	Button	N/A	0
Address	The report recipient's address.	Field	Character	30
Clear	Clears the entered search criteria.	Button	N/A	0
Delete	Allows the user to delete a report recipient.	Button	N/A	0
Department	The report recipient's department.	Field	Character	30
Email Address	The report recipient's email address.	Field	Character	50
Phone Number	The report recipient's phone number.	Field	Character	30

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Field	Description	Field Type	Data Type	Length
Recipient Name	The name of the batch report distribution recipient.	Field	Character	50
Room	The report recipient's room.	Field	Character	30
Search	Limits the data list entries to those matching the search criteria.	Button	N/A	0

6.235.4 Rpt Dist - Report Recipient Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Recipient Name	Field	1	Recipient Name is required.	Enter the name of the batch report distribution recipient.

6.235.5 Rpt Dist - Report Recipient Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.235.6 Rpt Dist - Report Recipient Panel Accessibility

6.235.6.1 To Access the Rpt Dist-Report Recipient Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Rpt Dist** hyperlink located on the Related Data panel.	Related Data-Rpt Dist panel displays.
4	Click **Report Recipient**.	Rpt Dist-Report Recipient panel displays.

6.235.6.2 To Add on the Rpt Dist-Report Recipient Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Recipient Name**.	
3	Enter **Department**.	
4	Enter **Room**.	
5	Enter **Address**.	
6	Enter **Email Address**.	
7	Enter **Phone Number**.	

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Step	Action	Response
8	Click **Save**.	Rpt Dist-Report Recipient information is saved.

6.235.6.3 To Update on the Rpt Dist-Report Recipient Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Rpt Dist-Report Recipient information is saved.

6.235.6.4 To Delete on the Rpt Dist-Report Recipient Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.236 RPT DIST- REPORT ROUTE PANEL

6.236.1 Rpt Dist-Report Route Panel Narrative

The Report Route panel is used to maintain the batch report distribution Report Route table. This table holds information on the routing of a report, its destination, control file, and environment. It is also used to maintain the Report Distribution table. This table associates a report route with a report recipient.

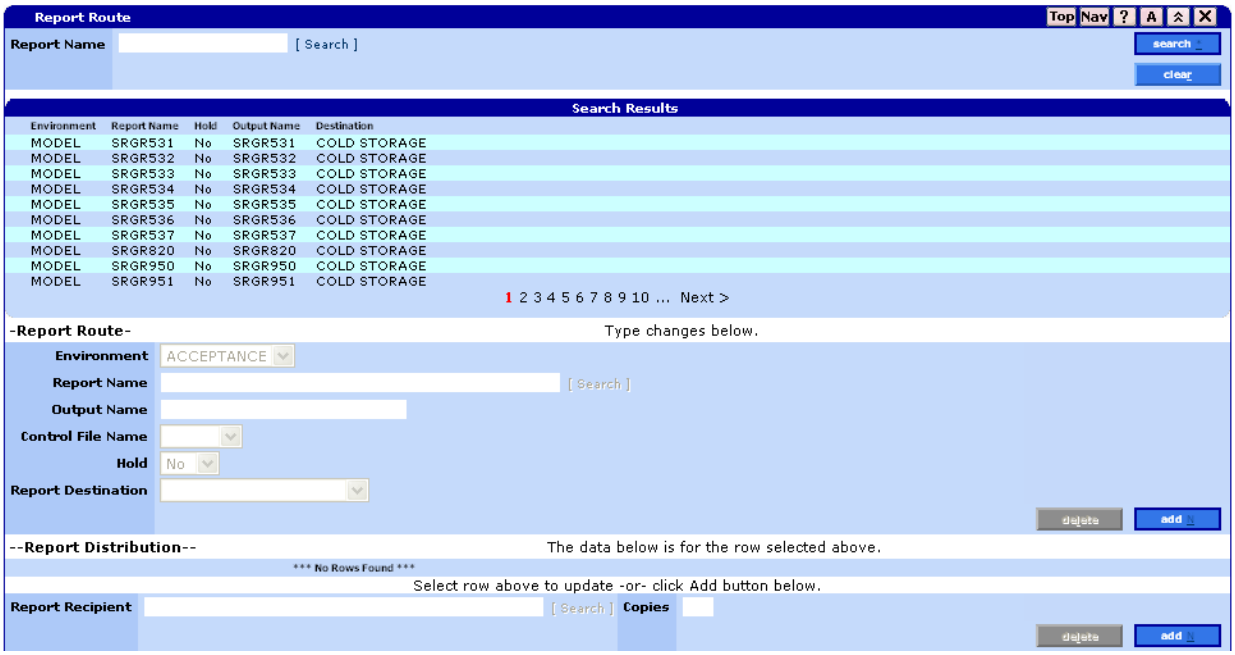
The panel consists of a search criteria sub-panel, a data list displaying the defined report routes, and a sub-panel where updates and adds are performed. When a report route is selected, a data list of recipient's is displayed below, and below that, a sub-panel where updates and adds are performed

The search criteria sub-panel is used to limit the entries in the data list to those matching the search criteria. Selecting an entry from the data list populates the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Rpt Dist] - [Report Route]

6.236.2 Rpt Dist-Report Route Panel Layout



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6.236.3 Rpt Dist-Report Route Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a report route or a report distribution.	Button	N/A	0
Clear	Clears the entered search criteria.	Button	N/A	0
Control File Name	The report control file name.	Combo Box	Drop Down List Box	0
Copies	The number of copies to be distributed.	Field	Number (Integer)	2
Delete	Allows the user to delete a report route or a report distribution.	Button	N/A	0
Destination	The report destination description.	Field	Character	60
Environment	The environment for which this report routing is valid.	Combo Box	Drop Down List Box	0
Hold	Indicates whether or not this batch report route is on hold.	Combo Box	Drop Down List Box	0
Output Name	A UNIX file name used to rename the report file name when routing to COLD.	Field	Character	30
Report Destination	The report destination description.	Combo Box	Drop Down List Box	0
Report Name	The descriptive name of the batch report.	Field	Character	30
Report Recipient	The name of the batch report distribution recipient.	Field	Character	50
Search	Limits the data list entries to those matching the search criteria.	Button	N/A	0

6.236.4 Rpt Dist-Report Route Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Environment	Field	1	Environment is required.	Enter the environment for which this report routing is valid.
Hold	Field	1	Hold is required.	Enter the batch report route hold indicator.
Report Destination	Field	1	Report Destination is required.	Use the [Search] link to search for and select the report destination.
Report Name	Field	1	The Report Name is required.	Use the [Search] link to search for and select the report name.

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6.236.5 Rpt Dist-Report Route Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.236.6 Rpt Dist - Report Route Panel Accessibility

6.236.6.1 To Access the Rpt Dist-Report Route Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Rpt Dist** hyperlink located on the Related Data panel.	Related Data-Rpt Dist panel displays.
4	Click **Report Route**.	Rpt Dist-Report Route panel displays.

6.236.6.2 To Add on the Rpt Dist-Report Route Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Environment** from drop down list box.	
3	Click [Search] to locate **Report Name**.	Report Name Search panel displays.
4	Enter search criteria or select from list of results.	Report Name information populates on panel.
5	Enter **Output Name**.	
6	Select **Control File Name** from drop down list box.	
7	Select **Hold** from drop down list box.	
8	Select **Report Destination** from drop down list box.	
9	Click **Save**.	Rpt Dist-Report Route information is saved.

6.236.6.3 To Update on the Rpt Dist-Report Route Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Rpt Dist-Report Route information is saved.

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6.236.6.4 To Delete on the Rpt Dist-Report Route Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

6.236.6.5 To Access the Rpt Dist-Report Distribution Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**	Main Menu page displays.
2	Point to **Reference** and click **Related Data.**	Related Data page displays.
3	Click the **Rpt Dist** hyperlink located on the Related Data panel.	Related Data-Rpt Dist panel displays.
4	Click **Report Recipient**.	Rpt Dist-Report Distribution panel displays at bottom of Report Route panel.

6.236.6.6 To Add on the Rpt Dist-Report Distribution Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Click [Search] to locate **Report Recipient**.	Report Recipient Search panel displays.
3	Enter search criteria or select from list of results.	Report Recipient information populates on panel.
4	Enter **Copies**.	
5	Click **Save**.	Rpt Dist-Report Distribution information is saved.

6.236.6.7 To Update on the Rpt Dist-Report Distribution Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Rpt Dist-Report Distribution information is saved.

6.236.6.8 To Delete on the Rpt Dist-Report Distribution Panel

Step	Action	Response

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1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.237 RELATED DATA XREF PAGE

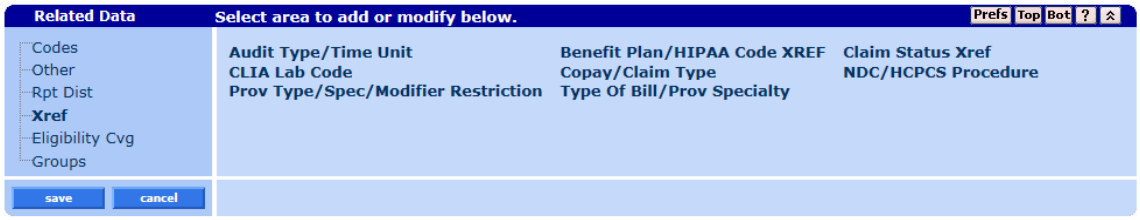
6.237.1 Related Data Xref Page Narrative

The Related Data Xref page contains the panels that are used to maintain tables that are cross referenced between two tables.

This panel is inquiry only.

Navigation Path: [Reference] - [Related Data] - [Xref]

6.237.2 Related Data Xref Page Layout



6.237.3 Related Data Xref Page Field Descriptions

Field	Description	Field Type	Data Type	Length
Audit Type/Time Unit	Link to the Audit Type/Time Unit panel.	Hyperlink	N/A	0
Benefit Plan/HIPAA Code XREF	This brings up the cross reference of MMIS and the HIPAA Insurance/Benefit Plan code panel.	Hyperlink	N/A	0
Cancel	Allows the user to cancel a request.	Button	N/A	0
Claim Status Xref	Link to Claim Status Xref panel.	Hyperlink	N/A	0
CLIA Lab Code	Link to CLIA Lab Code panel.	Hyperlink	N/A	0
Copay/Claim Type	Link to Copay/Claim Type panel.	Hyperlink	N/A	0
NDC/HCPCS Procedure	Link to NDC/HCPCS Procedure panel.	Hyperlink	N/A	0
Prov Type/Spec/Modifier Restriction	Link to Prov Type/Spec/Modifier Restriction panel.	Hyperlink	N/A	0
Save	Allows the user to save changes.	Button	N/A	0
Type of Bill/Prov Specialty	Link to Type of Bill/Prov Specialty panel.	Hyperlink	N/A	0

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6.237.4 Related Data Xref Page Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this page.				

6.237.5 Related Data Xref Page Extra Features

Field	Field Type
No extra features found for this page.	

6.237.6 Related Data Xref Page Accessibility

6.237.6.1 To Access the Related Data Xref Page

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Xref** hyperlink located on the Related Data panel.	Related Data-Xref panel displays.

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6.238 XREF-AUDIT TYPE - TIME UNIT PANEL

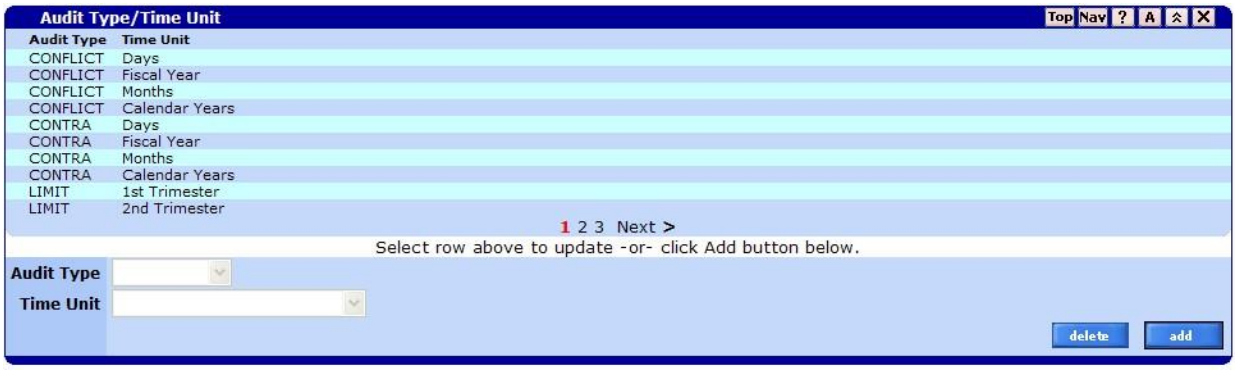
6.238.1 Xref-Audit Type-Time Unit Panel Narrative

The Audit Type-Time Unit panel maintains the list of audit time units available for each audit type on the audit parameters panels.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Xref] - [Audit Type / Time Unit]

6.238.2 Xref-Audit Type-Time Unit Panel Layout



6.238.3 Xref-Audit Type-Time Unit Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows a user to add an Audit Type-Time Unit.	Button	N/A	0
Audit Type	Identifies the Audit Type.	Combo Box	Drop Down List Box	0
Delete	Allows the user to delete an Audit Type-Time Unit.	Button	N/A	0
Time Unit	Indicates the unit of time measurement to be used in auditing.	Combo Box	Drop Down List Box	0

6.238.4 Xref-Audit Type-Time Unit Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Audit Type	Field	1	A valid Audit Type is required.	Select an Audit Type.
Time Unit	Field	1	A valid Time Unit is required.	Select a Time Unit.
	Field	2	A duplicate record cannot be saved.	Enter a unique Audit Type/Time Unit combination.

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6.238.5 Xref-Audit Type-Time Unit Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.238.6 Xref-Audit Type-Time Unit Panel Accessibility

6.238.6.1 To Access the Xref- Audit Type-Time Unit Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Xref** hyperlink located on the Related Data panel.	Related Data-Xref page displays.
4	Select **Audit Type/Time Unit**.	Audit Type-Time Unit panel displays.

6.238.6.2 To Add on the Xref- Audit Type-Time Unit Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Audit Type** from the drop down list box.	
3	Select **Time Unit** from the drop down list box.	
4	Click **Save**.	Audit Type-Time Unit information is saved.

6.238.6.3 To Update on the Xref- Audit Type-Time Unit Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Audit Type-Time Unit information is saved.

6.238.6.4 To Delete on the Xref- Audit Type-Time Unit Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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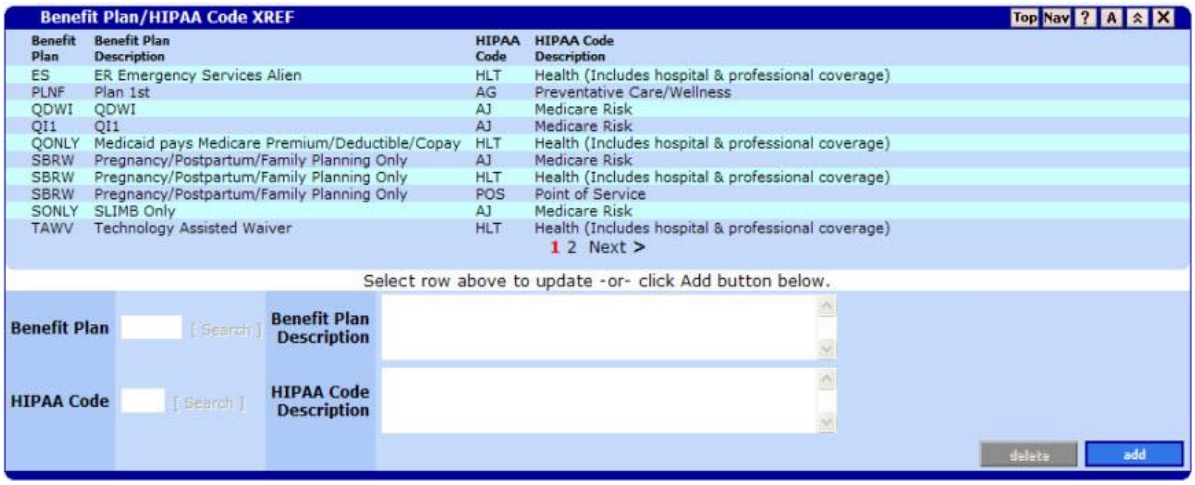
6.239 XREF-BENEFIT PLAN/HIPAA CODE XREF PANEL

6.239.1 Xref-Benefit Plan/HIPAA Code Xref Panel Narrative

The Benefit Plan/HIPAA Code Xref panel maintains cross reference of MMIS and the HIPAA Insurance/Benefit Plan codes. This table contains the Medical Assistance Program codes and HIPAA Insurance/Benefit Plan codes.

Navigation Path: [Reference] - [Related Data] - [Xref] - [Benefit Plan/HIPAA Code XREF]

6.239.2 Xref- Benefit Plan/HIPAA Code Xref Panel Layout



6.239.3 Xref-Benefit Plan/HIPAA Code Xref Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Adds a new entry.	Button	N/A	0
Delete	Deletes the entry.	Button	N/A	0
Benefit Plan	Identifies the medical assistance program Code that is supported in the system.	Field	Character	5
Benefit Plan Description	Identifies the medical assistance program code description that is supported in the system.	Field	Character	50
HIPAA Code	HIPAA Code identifying a group of insurance products.	Field	Character	3
HIPAA Code Description	HIPAA Code Description identifying a group of insurance products.	Field	Character	50

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6.239.4 Xref-Benefit Plan/HIPAA Code Xref Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Benefit Plan	Field	1	A valid Benefit Plan is required.	Select a Benefit Plan.
	Field	2	A duplicate record cannot be saved.	Benefit Plan and HIPAA Code combination must be unique.
HIPAA Code	Field	3	A valid HIPAA Code is required.	Select a HIPAA Code.
	Field	4	A duplicate record cannot be saved.	Benefit Plan and HIPAA Code combination must be unique.

6.239.5 Xref-Benefit Plan/HIPAA Code Xref Panel Extra Features

Field	Field Type
No extra features found for this panel.	

5.246.2 Xref- Benefit Plan/HIPAA Code Xref Panel Accessibility

5.246.2.1 To Access the Xref Benefit Plan/HIPAA Code Xref Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Xref** hyperlink located on the Related Data panel.	Related Data-Xref page displays.
4	Select **Benefit Plan/HIPAA Code Xref**.	Benefit Plan/HIPAA Code Xref panel displays.

5.246.2.2 To Add on the Xref Benefit Plan/HIPAA Code Xref Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Benefit Plan** by clicking [Search].	Benefit Plan search panel displays.
3	Enter search criteria. User may also select a row from the list of search results.	Benefit Plan information is populated.
4	Select **HIPAA Code** by clicking [Search].	HIPAA Code search panel displays.

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Step	Action	Response
5	Enter search criteria. User may also select a row from the list of search results.	HIPAA Code information is populated.
6	Click **Save**.	Benefit Plan/HIPAA Code Xref information is saved.

5.246.2.3 To Delete on the Xref Benefit Plan/HIPAA Code Xref Panel

Step	Action	Response
1	Click line item to be deleted	Fields are populated with data related to the line selected
2	Click **Delete**.	Line item is deleted

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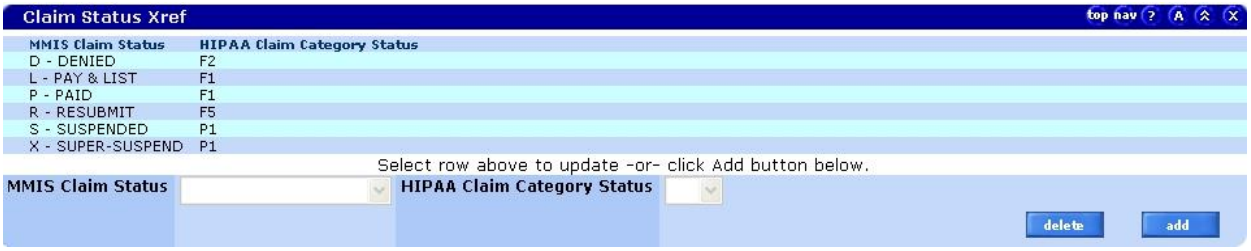
6.240 XREF-CLAIM STATUS XREF PANEL

6.240.1 Xref-Claim Status Xref Panel Narrative

The Claim Status Xref Maintains the MMIS Claim Status, and the HIPAA Claim Category Status for Claim Status Xref purposes. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data]- [Xref] - [Claim Status Xref]

6.240.2 Xref-Claim Status Xref Panel Layout



6.240.3 Xref-Claim Status Xref Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add a MMIS Claim Status / HIPAA Claim Status Category association.	Button	N/A	0
Delete	Delete a MMIS Claim Status / HIPAA Claim Status Category association.	Button	N/A	0
HIPAA Claim Category Status	HIPAA Claim status codes that communicate information about the status of a claim, i.e., whether it's been received, pended, paid, etc.	Combo Box	Drop Down List Box	0
MMIS Claim Status	Claim status codes communicate information about the status of a claim, i.e., whether it's been received, pended, paid, etc.	Combo Box	Drop Down List Box	0

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6.240.4 Xref-Claim Status Xref Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
HIPAA Claim Category Status	Field	1	A valid HIPAA Claim Category Status is required.	Select a HIPAA Claim Category Status.
MMIS Claim Status	Field	1	A valid MMIS Claim Status is required.	Select a MMIS Claim Status.
	Field	2	A duplicate record cannot be saved.	Enter a unique Claim Status/HIPAA Claim Status Category combination.

6.240.5 Xref-Claim Status Xref Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.240.6 Xref-Claim Status Xref Panel Accessibility

6.240.6.1 To Access the Xref Claim Status Xref Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Xref** hyperlink located on the Related Data panel.	Related Data-Xref page displays.
4	Select **Claim Status Xref**.	Claim Status Xref panel displays.

6.240.6.2 To Add on the Xref Claim Status Xref Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **MMIS Claim Status** from drop down list box.	
3	Select **HIPAA Claim Category Status** from drop down list box.	
4	Click **Save**.	Claim Status Xref information is saved.

6.240.6.3 To Update on the Xref Claim Status Xref Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.

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Step	Action	Response
2	Click in desired field to update and perform update.	
3	Click **Save**.	Claim Status Xref information is saved.

6.240.6.4 To Delete on the Xref Claim Status Xref Panel

Step	Action	Response
1	Click line item to be deleted	Fields are populated with data related to the line selected
2	Click **Delete**.	Line item is deleted

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6.241 XREF-CLIA LAB CODE PANEL

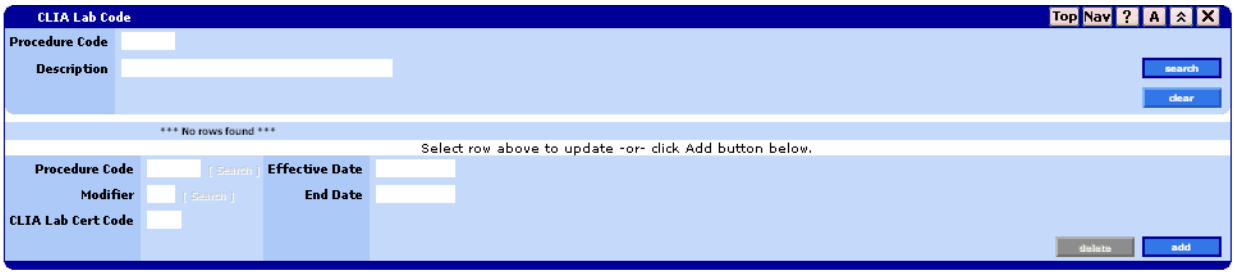
6.241.1 Xref-CLIA Lab Code Panel Narrative

The CLIA Lab Code panel contains the procedure code, modifier, and lab certification code for cross reference purposes when checking for CLIA certification during the processing of claims.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Xref] - [CLIA Lab Code]

6.241.2 Xref-CLIA Lab Code Panel Layout



6.241.3 Xref-CLIA Lab Code Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Adds a record that defines the required CLIA Lab Certification Code for the procedure/modifier combination.	Button	N/A	0
Clear	Clear CLIA Lab Certification Code information entered into the fields on the panel.	Button	N/A	0
CLIA Lab Cert Code	Clinical Laboratory Improvement Amendments (CLIA) Lab Certification Code. These codes are based on the complexity of the test method; thus, the more complicated the test, the more stringent the requirements. Three categories of tests have been established: waived complexity, moderate complexity, including the subcategory of provider-performed microscopy (PPM), and high complexity.	Field	Character	3

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Field	Description	Field Type	Data Type	Length
Delete	Deletes a record that at some point in time, identified the appropriate CLIA Lab Certification Code required for reimbursement consideration of the procedure code/modifier combination.	Button	N/A	0
Description	Description of the procedure code.	Field	Character	12
Effective Date	Date the CLIA lab code and procedure combination become effective for claims processing based on date of service on the claim.	Field	Date (MM/DD/CCYY)	8
End Date	The last day the CLIA lab code and procedure combination are effective for claims processing based on date of service on the claim.	Field	Date (MM/DD/CCYY)	8
Modifier [Search]	Modifier to be billed with the procedure code as required by the CLIA lab certification code.	Hyperlink	N/A	0
Procedure Code [Search]	Healthcare Common Procedure Coding System (HCPCS) code that identifies a particular laboratory service.	Hyperlink	N/A	0
Search	Locate CLIA Lab Code information based on the criteria entered on the panel.	Button	N/A	

6.241.4 Xref-CLIA Lab Code Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
CLIA Lab Cert Code	Field	1	CLIA Lab Cert Code is required.	Enter a 3 digit code.
	Field	2	CLIA Lab Cert Code must be 3 character(s) in length.	Enter a 3 digit code.
	Field	3	A duplicate record cannot be saved.	Enter a unique CLIA Cert code.
Effective Date	Field	1	Date ranges may not overlap for the same Procedure, Modifier and Lab Code.	Verify keying. Dates cannot for overlap for the same Procedure, Modifier and CLIA Lab Cert Code.
	Field	2	Invalid Date. Format is MM/DD/CCYY	Enter a valid date.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	3	Effective date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
	Field	4	Effective date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater than or equal to 01/01/1900.
End Date	Field	1	Effective Date must be less than or equal to End Date.	Effective Date must be less than or equal to End Date.
	Field	2	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is greater than or equal to 01/01/1900.
	Field	3	Invalid Date. Format is MM/DD/CCYY	Enter a valid date.
	Field	4	End date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.
Procedure Code	Hyperlink	1	A valid Procedure Code is required.	Select a valid Procedure Code.

6.241.5 Xref-CLIA Lab Code Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.241.6 Xref-CLIA Lab Code Panel Accessibility

6.241.6.1 To Access the Xref-CLIA Lab Code Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Xref** hyperlink located on the Related Data panel.	Related Data-Xref panel displays.
4	Select **CLIA Lab Code**.	CLIA Lab Code panel displays.

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6.241.6.2 To Add on the Xref-CLIA Lab Code Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Procedure Code** by clicking [Search].	Procedure Code search panel displays.
3	Enter search criteria. User may also select a row from the list of search results.	Procedure Code information is populated.
4	Select **Modifier** by clicking [Search]	Modifier search panel displays.
5	Enter search criteria. User may also select a row from the list of search results.	Modifier information is populated.
6	Enter **CLIA Lab Cert Code**.	
7	Enter **Effective Date** in MM/DD/CCYY format.	
8	Enter **End Date** in MM/DD/CCYY format.	
9	Click **Save**.	CLIA Lab Code information is saved.

6.241.6.3 To Update on the Xref-CLIA Lab Code Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	CLIA Lab Code information is saved.

6.241.6.4 To Delete on the Xref-CLIA Lab Code Panel

Step	Action	Response
1	Click line item to be deleted	Fields are populated with data related to the line selected
2	Click **Delete**.	Line item is deleted

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6.242 XREF-COPAY CLAIM TYPE PANEL

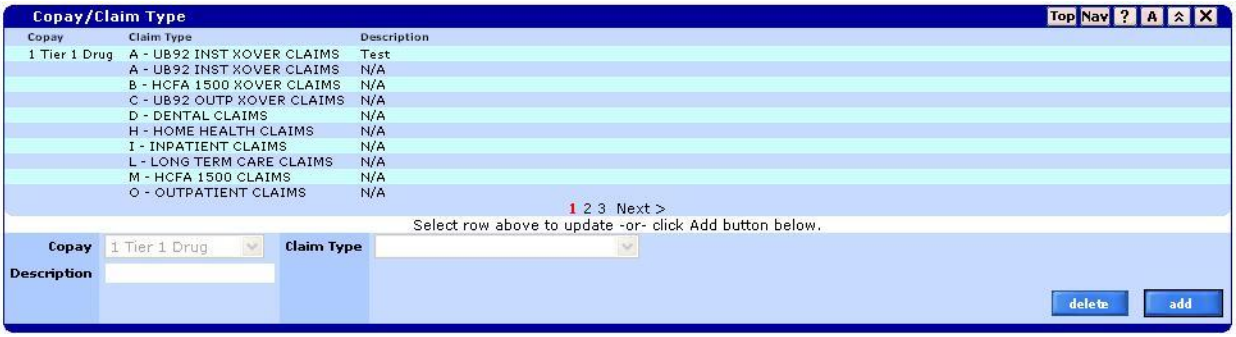
6.242.1 Xref-Copay Claim Type Panel Narrative

The Copay Type panel is used to categorize the copay for a particular claim type and program combination which ultimately determines the copay amount. Examples of uses for Copay Type are copay type codes used to identify the different copays for Tier 2 and Tier 3 drugs.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Xref] - [Copay / Claim Type]

6.242.2 Xref-Copay Claim Type Panel Layout



6.242.3 Xref-Copay Claim Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add a copay / claim type association.	Button	N/A	0
Claim Type	A claims classification based on type of benefits paid.	Combo Box	Drop Down List Box	0
Copay	Code identifying the type of copay. The copay type is used along with the claim type to identify the copay amount to pay on a claim.	Combo Box	Drop Down List Box	0
Delete	Delete a copay / claim type association.	Button	N/A	0
Description	Description of copay type.	Field	Character	20

6.242.4 Xref-Copay Claim Type Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Claim Type	Field	1	A valid Claim Type is required.	Select a claim type from the list.
Copay	Field	1	Duplicate record cannot be saved.	Enter a valid Copay/Claim type combination.
	Field	2	Copay is required.	Select a valid copay.
Description	Field	1	Description is required.	Enter a description.

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6.242.5 Xref-Copay Claim Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.242.6 Xref-Copay Claim Type Panel Accessibility

6.242.6.1 To Access the Xref-Copay Claim Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Xref** hyperlink located on the Related Data panel.	Related Data-Xref page displays.
4	Select **Copay/Claim Type**.	Copay Claim Type panel displays.

6.242.6.2 To Add on the Xref-Copay Claim Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **NDC Code** from drop down list box.	
3	Enter **Description**.	
4	Select **Claim Type** from drop down list box.	
5	Click **Save**.	Copay Claim Type information is saved.

6.242.6.3 To Update on the Xref-Copay Claim Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Copay Claim Type information is saved.

6.242.6.4 To Delete on the Xref-Copay Claim Type Panel

Step	Action	Response
1	Click line item to be deleted	Fields are populated with data related to the line selected
2	Click **Delete**.	Line item is deleted

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6.243 XREF-NDC-HCPCS PROCEDURE PANEL

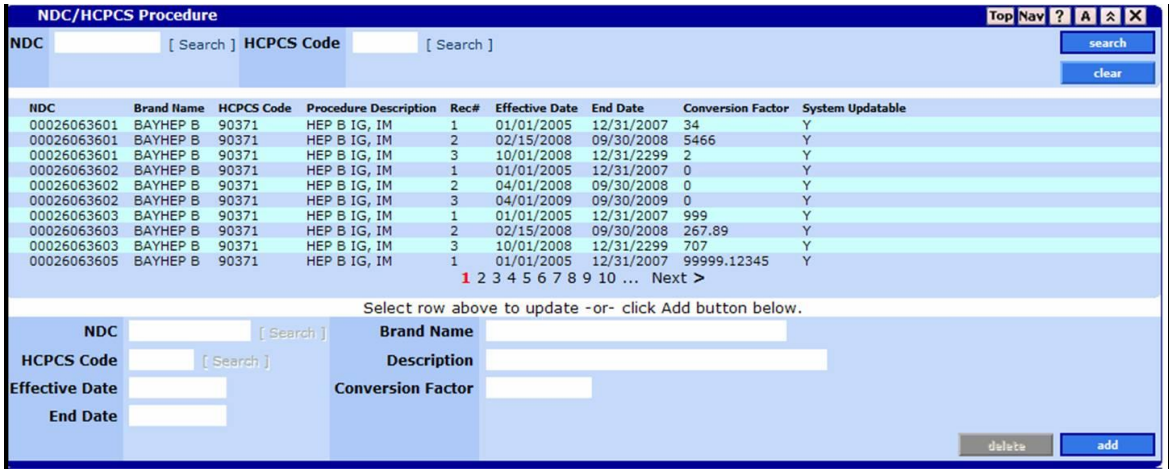
6.243.1 Xref-NDC - HCPCS Procedure Panel Narrative

The NDC/HCPCS Procedure cross walk panel is used to support the cross reference(s) between an NDC and associated HCPCS procedures (if applicable). HCPCS procedure codes are much more generic than NDCs and thus may have a many to 1 relationship (i.e. HCPCS to NDC).

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data]- [Xref] - [NDC] - HCPCS Procedure]

6.243.2 Xref-NDC-HCPCS Procedure Panel Layout



6.243.3 Xref-NDC-HCPCS Procedure Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows user to add a new HCPCS cross-reference to the NDC.	Button	N/A	0
Brand Name	'Read Only' name of the Drug with the chosen NDC. Name that appears on the package label provided by the manufacturer.	Field	Character	35
Brand Name [List]	Name that appears on the package label provided by the manufacturer.	Field	Character	35
Conversion Factor	It is the value used to convert HCPCS Quantity to NDC quantity for drug rebate billing purposes.	Field	Number(Decimal)	10

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Field	Description	Field Type	Data Type	Length
Conversion Factor [List]	It is the value used to convert HCPCS Quantity to NDC quantity for drug rebate billing purposes.	Field	Number(Decimal)	10
Delete	Allows user to mark a HCPCS cross-reference for deletion.	Button	N/A	0
Description	'Read Only' Description of the HCPCS Procedure with chosen 'HCPCS Code'.	Field	Character	40
Effective Date	First date the NDC/HCPCS cross-reference is effective.	Field	Date (MM/DD/CCYY)	8
End Date	Last date the NDC/HCPCS cross-reference is effective.	Field	Date (MM/DD/CCYY)	8
HCPCS Code [Search]	Code that uniquely identifies a HCPCS procedure.	Hyperlink	N/A	0
NDC [Search]	Unique code assigned to a drug product by the FDA and the manufacturer or distributor. It identifies the manufacturer/distributor, drug, dosage form, strength, and package size. The NDC is represented in an 11-digit 5-4-2 format: A 5 digit labeler code, a 4 digit product code and a 2 digit package code.	Hyperlink	N/A	0
Procedure Description [List]	Description of the HCPCS Procedure with chosen 'HCPCS Code'.	Field	Character	40
Rec#	It shows the record number for combination of HCPCS Code and NDC Code.	Field	Number(Integer)	4
System Updatable	Indicates whether record was inserted/updated from Batch or Manual/UI. Valid values include: ‘Y’ or ‘N’.	Field	Character	1

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6.243.4 Xref-NDC-HCPCS Procedure Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Conversion Factor	Field	1	Conversion Factor is required.	Enter an Conversion Factor.
Effective Date	Field	1	Effective Date is required.	Enter an Effective Date.
	Field	2	Effective Date must be less than or equal to End Date.	Enter an Effective Date that is less than or equal to the End Date.
	Field	3	Invalid Date.	Enter a valid date in MM/DD/CCYY format.
	Field	4	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater than or equal to 01/01/1900.
	Field	5	Effective date must be less than or equal to 12/31/2299.	Enter an Effective date that is less than or equal to 12/31/2299.
	Field	6	NDC and HCPCS Code – Date range Segments cannot overlap	Effective Date must not overlap with End Date range in the list.
End Date	Field	1	End Date is required.	Enter an Effective Date.
	Field	2	End Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater than or equal to 01/01/1900.
	Field	3	End date must be less than or equal to 12/31/2299.	Enter an Effective date that is less than or equal to 12/31/2299.
	Field	4	Invalid Date	Enter an Effective Date in MM/DD/CCYY format.
HCPCS Code [Search]	Hyperlink	1	A valid HCPCS Code is required.	Select a HCPCS Procedure using the search link.

6.243.5 Xref-NDC-HCPCS Procedure Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.243.6 Xref-NDC-HCPCS Procedure Panel Accessibility

6.243.6.1 To Access the Xref-NDC-HCPCS Procedure Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.

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Step	Action	Response
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Xref** hyperlink located on the Related Data panel.	Related Data-Xref page displays.
4	Select **NDC-HCPCS Procedure**.	NDC-HCPCS Procedure panel displays.

6.243.6.2 To Add on the Xref-NDC-HCPCS Procedure Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **NDC Code** by clicking [Search]	NDC Code search panel displays.
3	Enter search criteria. User may also select a row from the list of search results.	NDC Code information is populated.
4	Select **HCPCS Code** by clicking [Search].	HCPCS Code search panel displays.
5	Enter search criteria. User may also select a row from the list of search results.	HCPCS Code information is populated.
6	Enter **Effective Date** in MM/DD/CCYY format.	
7	Enter **End Date** in MM/DD/CCYY format.	
8	Click **Save**.	NDC-HCPCS Procedure information is saved.

6.243.6.3 To Update on the Xref-NDC-HCPCS Procedure Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	NDC-HCPCS Procedure information is saved.

6.243.6.4 To Delete on the Xref-NDC-HCPCS Procedure Panel

Step	Action	Response
1	Click line item to be deleted	Fields are populated with data related to the line selected
2	Click **Delete**.	Line item is deleted

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6.244 XREF-PROV TYPE SPEC MODIFIER RESTRICTION PANEL

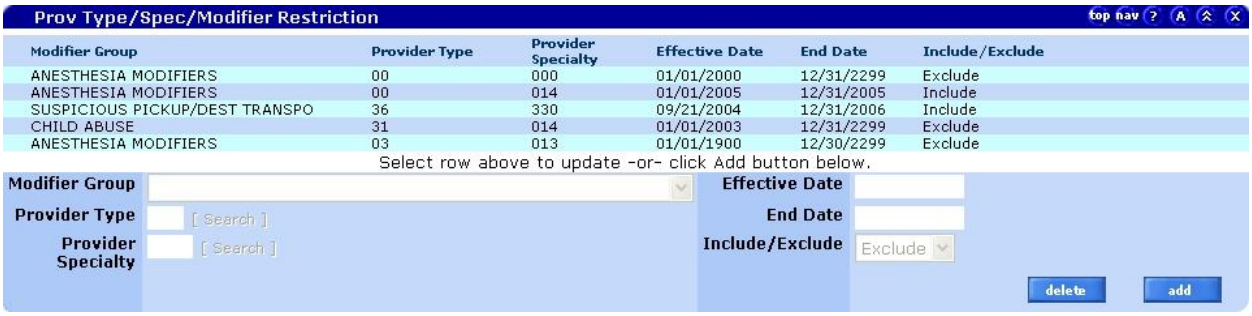
6.244.1 Xref-Prov Type Spec Modifier Restriction Panel Narrative

The Prov Type/Spec/Modifier Restriction panel provides the capability to enforce certain provider type/specialty/modifier group combinations during claims processing.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data]- [Xref] – [Prov Type/Specialty/Modifier Restriction]

6.244.2 Xref-Prov Type Spec Modifier Restriction Panel Layout



6.244.3 Xref-Prov Type Spec Modifier Restriction Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add a provider type/specialty/modifier group combination.	Button	N/A	0
Delete	Delete a provider type/specialty/modifier group combination.	Button	N/A	0
Effective Date	The date this Modifier Group/Provider Type/Specialty Restriction becomes effective for claims processing.	Field	Date (MM/DD/CCYY)	8
End Date	The date this Modifier Group/Provider Type/Specialty Restriction is no longer effective for claims processing.	Field	Date (MM/DD/CCYY)	8
Include / Exclude	Indicates if the Modifier Group is included or excluded as a requirement for the Provider Type/Specialty.	Combo Box	Drop Down List Box	0
Modifier Group	Code used to identify type of Modifier Group.	Combo Box	Drop Down List Box	0

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Field	Description	Field Type	Data Type	Length
Provider Specialty [Search]	Provider's scope of practice.	Hyperlink	N/A	0
Provider Type [Search	Provider's type (license or certification)	Hyperlink	N/A	0

6.244.4 Xref-Prov Type Spec Modifier Restriction Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date is required. Format is MM/DD/CCYY.	Enter a valid date. Format is MM/DD/CCYY.
	Field	2	Invalid date.	Enter a valid date. Format is MM/DD/CCYY.
	Field	3	Effective Date must be greater than or equal to 01/01/1900.	Effective Date must be greater than or equal to 01/01/1900.
	Field	4	Effective Date must be less than or equal to 12/31/2299.	Effective Date must be less than or equal to 12/31/2299.
End Date	Field	1	Effective Date must be less than or equal to End Date.	Effective Date must be less than or equal to End Date.
	Field	2	Invalid date.	Enter a valid date. Format is MM/DD/CCYY.
	Field	3	End Date is required. Format is MM/DD/CCYY.	Enter a valid date. Format is MM/DD/CCYY.
	Field	4	End Date must be greater than or equal to 01/01/1900.	End Date must be greater than or equal to 01/01/1900.
	Field	5	End Date must be less than or equal to 12/31/2299.	End Date must be less than or equal to 12/31/2299.
Include / Exclude	Field	1	Include/Exclude is required.	Select a valid Include/Exclude indicator.
Modifier Group	Field	2	A valid Modifier Group is required.	Select a Modifier Group.
	Field	5	A duplicate record cannot be saved.	Modifier Group, Provider type, Provider Specialty and effective date combination must be unique.

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Field	Field Type	Error Code	Error Message	To Correct
Provider Specialty	Hyperlink	3	A valid Provider Specialty is required.	Select a provider specialty.
Provider Type	Hyperlink	4	A valid Provider Type is required.	Select a provider type.

6.244.5 Xref-Prov Type Spec Modifier Restriction Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.244.6 Xref-Prov Type Spec Modifier Restriction Panel Accessibility

6.244.6.1 To Access the Xref-Prov Type Spec Modifier Restriction Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Xref** hyperlink located on the Related Data panel.	Related Data-Xref page displays.
4	Select **Prov Type/Spec/Modifier Restriction**.	Prov Type Spec Modifier Restriction panel displays.

6.244.6.2 To Add on the Xref-Prov Type Spec Modifier Restriction Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Modifier Group** from the drop down list box.	
3	Select **Provider Type** by clicking [Search]	Provider Type search panel displays.
4	Enter search criteria. User may also select a row from the list of search results.	Provider Type information is populated.
5	Select **Provider Specialty** by clicking [Search].	Provider Specialty search panel displays.
6	Enter search criteria. User may also select a row from the list of search results.	Provider Specialty information is populated.
7	Enter **Effective Date** in MM/DD/CCYY format.	

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8	Enter **End Date** in MM/DD/CCYY format.	
9	Click **Save**.	Prov Type Spec Modifier Restriction information is saved.

6.244.6.3 To Update on the Xref-Prov Type Spec Modifier Restriction Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Prov Type Spec Modifier Restriction information is saved.

6.244.6.4 To Delete on the Xref-Prov Type Spec Modifier Restriction Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.245 XREF-TYPE OF BILL-PROV SPECIALTY PANEL

6.245.1 Xref-Type of Bill Prov Specialty Panel Narrative

The Type of Bill / Prov Specialty panel is used to maintain the type of facility that is billing for services on a UB92 claim form, and the specialized area of practice for a provider.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] – [Xref] - [Type of Bill / Prov Specialty]

6.245.2 Xref-Type of Bill Prov Specialty Panel Layout

6.245.3 Xref-Type of Bill Prov Specialty Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add a type of bill / provider specialty association.	Button	N/A	0
Delete	Delete a type of bill / provider specialty association.	Button	N/A	0
Provider Specialty [Search]	A code representing the specialized area of practice for a provider.	Hyperlink	N/A	0
Type of Bill [Search]	Indicates the specific type of facility that is billing for services on a UB04 claim form.	Hyperlink	N/A	0

6.245.4 Xref-Type of Bill Prov Specialty Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Provider Specialty	Hyperlink	1	A valid Provider Specialty is required.	Select a provider specialty.
	Hyperlink	2	A duplicate record cannot be saved.	Select a unique provider specialty for this type of bill.
Type of Bill	Hyperlink	1	A valid Type Of Bill is required.	Select a type of bill.

6.245.5 Xref-Type of Bill Prov Specialty Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.245.6 Xref-Type of Bill Prov Specialty Panel Accessibility

6.245.6.1 To Access the Xref-Type of Bill Prov Specialty Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Xref** hyperlink located on the Related Data panel.	Related Data-Xref page displays.
4	Select **Type of Bill/Prov Specialty**.	Type of Bill Prov Specialty panel displays.

6.245.6.2 To Add on the Xref-Type of Bill Prov Specialty Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Type of Bill** by clicking [Search] button.	Type of Bill search panel displays.
3	Enter search criteria. User may also select a row from the list of search results.	Type of Bill information is populated.
4	Select **Provider Specialty** by clicking [Search].	Provider Specialty search panel displays.
5	Enter search criteria. User may also select a row from the list of search results.	Provider Specialty information is populated.
6	Click **Save**.	Type of Bill Prov Specialty information is saved.

6.245.6.3 To Update on the Xref-Type of Bill Prov Specialty Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Type of Bill Prov Specialty information is saved.

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6.245.6.4 To Delete on the Xref-Type of Bill Prov Specialty Panel

Step	Action	Response
1	Click line item to be deleted	Fields are populated with data related to the line selected
2	Click **Delete**.	Line item is deleted

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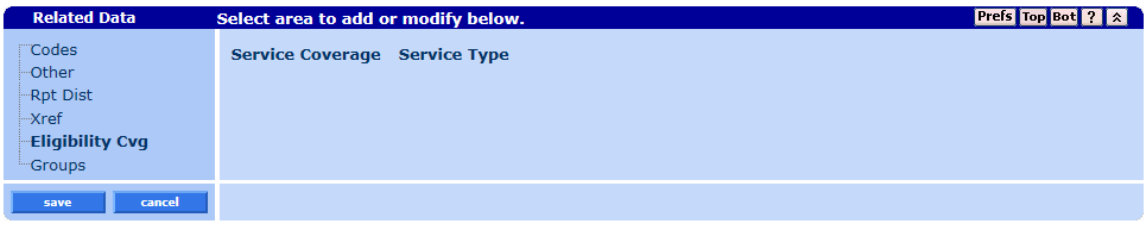
6.246 RELATED DATA ELIGIBILITY CVG PAGE

6.246.1 Related Data Eligibility Cvg Page Narrative

A panel to manage X12 service type codes. The service types panel will be used to manage a list of valid service type codes and their descriptions and identifiers. The panel should have add/delete/update functionality. This panel is inquiry only.

Navigation Path: [Reference] - [Related Data] - [Eligibility Cvg]

6.246.2 Related Data Eligibility Cvg Page Layout



6.246.2.1 Related Data Eligibility Cvg Page Field Descriptions

Field	Description	Field Type	Data Type	Length
Service Type	Link to Service Type panel.	Hyperlink	N/A	0

6.246.2.2 Related Data Eligibility Cvg Page Field Edit Error Eligibility Cvg

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.246.2.3 Related Data Eligibility Cvg Page Extra Features

Field	Field Type
No extra features found for this panel.	

6.246.3 Related Data Eligibility Cvg Page Accessibility

6.246.3.1 To Access the Related Data Eligibility Cvg Page

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Eligibility Cvg** hyperlink located on the Related Data panel.	Related Data- Eligibility Cvg page displays.

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6.247 ELIGIBILITY CVG-SERVICE TYPE PANEL

6.247.1 Eligibility Cvg-Service Type Panel Narrative

The Service Type panel is used to maintain the X12 Service Type Codes.

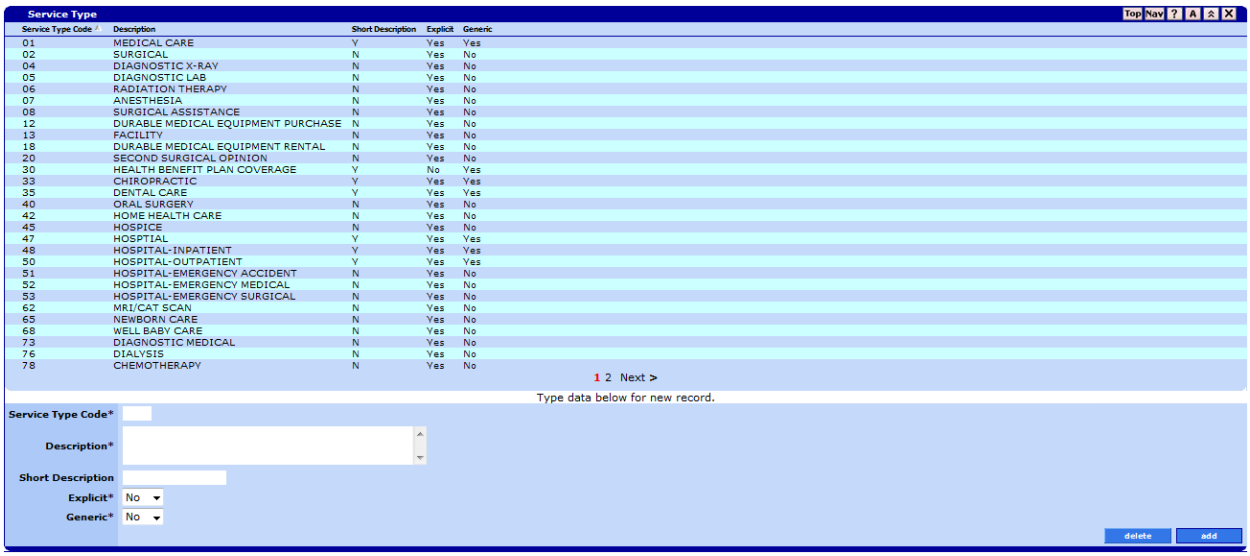
The panel consists of a data list displaying the defined Service Types and a sub-panel where updates and additions are performed.

Selecting an entry from the data list will populate the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel. .

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Eligibility Cvg] - [Service Type]

6.247.2 Eligibility Cvg-Service Type Panel Layout



Service Type

Service Type Code	Description	Short Description	Explicit	Generic
01	MEDICAL CARE	Y	Yes	Yes
02	SURGICAL	N	Yes	No
04	DIAGNOSTIC X-RAY	N	Yes	No
05	DIAGNOSTIC LAB	N	Yes	No
06	RADIATION THERAPY	N	Yes	No
07	ANESTHESIA	N	Yes	No
08	SURGICAL ASSISTANCE	N	Yes	No
12	DURABLE MEDICAL EQUIPMENT PURCHASE	N	Yes	No
13	FACILITY	N	Yes	No
18	DURABLE MEDICAL EQUIPMENT RENTAL	N	Yes	No
20	SECOND SURGICAL OPINION	N	Yes	No
30	HEALTH BENEFIT PLAN COVERAGE	Y	No	Yes
33	CHIROPRACTIC	Y	Yes	Yes
35	DENTAL CARE	Y	Yes	Yes
40	ORAL SURGERY	N	Yes	No
42	HOME HEALTH CARE	N	Yes	No
45	HOSPICE	N	Yes	No
47	HOSPTIAL	Y	Yes	Yes
48	HOSPITAL-INPATIENT	Y	Yes	Yes
50	HOSPITAL-OUTPATIENT	Y	Yes	Yes
51	HOSPITAL-EMERGENCY ACCIDENT	N	Yes	No
52	HOSPITAL-EMERGENCY MEDICAL	N	Yes	No
53	HOSPITAL-EMERGENCY SURGICAL	N	Yes	No
62	MRI/CAT SCAN	N	Yes	No
65	NEWBORN CARE	N	Yes	No
68	WELL BABY CARE	N	Yes	No
73	DIAGNOSTIC MEDICAL	N	Yes	No
76	DIALYSIS	N	Yes	No
78	CHEMOTHERAPY	N	Yes	No

1 2 Next >

Type data below for new record.

Service Type Code*
Description*
Short Description
Explicit* No
Generic* No

delete add

6.247.3 Eligibility Cvg-Service Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Service Type.	Button	N/A	0
Delete	Allows the user to delete a Service Type.	Button	N/A	0
Description	Text description of the Service Type code.	Field	Character	50
Explicit	Indicates if the service type is explicit. Valid values include Yes or No.	Combo Box	Character	1
Generic	Indicates if the service type is generic. Valid values include Yes or No.	Combo Box	Character	1
Service Type Code	A code that indicates the type of service that a recipient may be eligible for.	Field	Character	1

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Field	Description	Field Type	Data Type	Length
Short Description	A short description that can be used in a UI with limited space or a voice response system to limit speaking time.	Field	Character	15

6.247.4 Eligibility Cvg-Service Type Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Service Type Code	Field	1	Service Type Code is required.	Enter a Service Type code.
	Field	2	A duplicate record cannot be saved.	Enter a unique Service Type Code.
Description	Field	3	Description is required.	Please enter a description.
Short Description	Field	4	Short Description is required.	Please enter a short description.

6.247.5 Eligibility Cvg-Service Type Panel Extra Features

Field	Field Type
This panel displays 30 records per page. This may be different from the default pagination setting	

6.247.6 Eligibility Cvg-Service Type Panel Accessibility

6.247.6.1 To Access the Eligibility Cvg-Service Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Eligibility Cvg** hyperlink located on the Related Data panel.	Related Data-Eligibility Cvg page displays.
4	Select **Service Type**.	Service Type panel displays.

6.247.6.2 To Add on the Eligibility Cvg-Service Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Service Type**.	
3	Enter **Description**.	
4	Click **Save**.	Service Type information is saved.

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6.248 ELIGIBILITY CVG-SERVICE COVERAGE PANEL

6.248.1 Eligibility Cvg-Service Coverage Panel Narrative

The Service Coverage panel is used to maintain the X12 Service Coverage details.

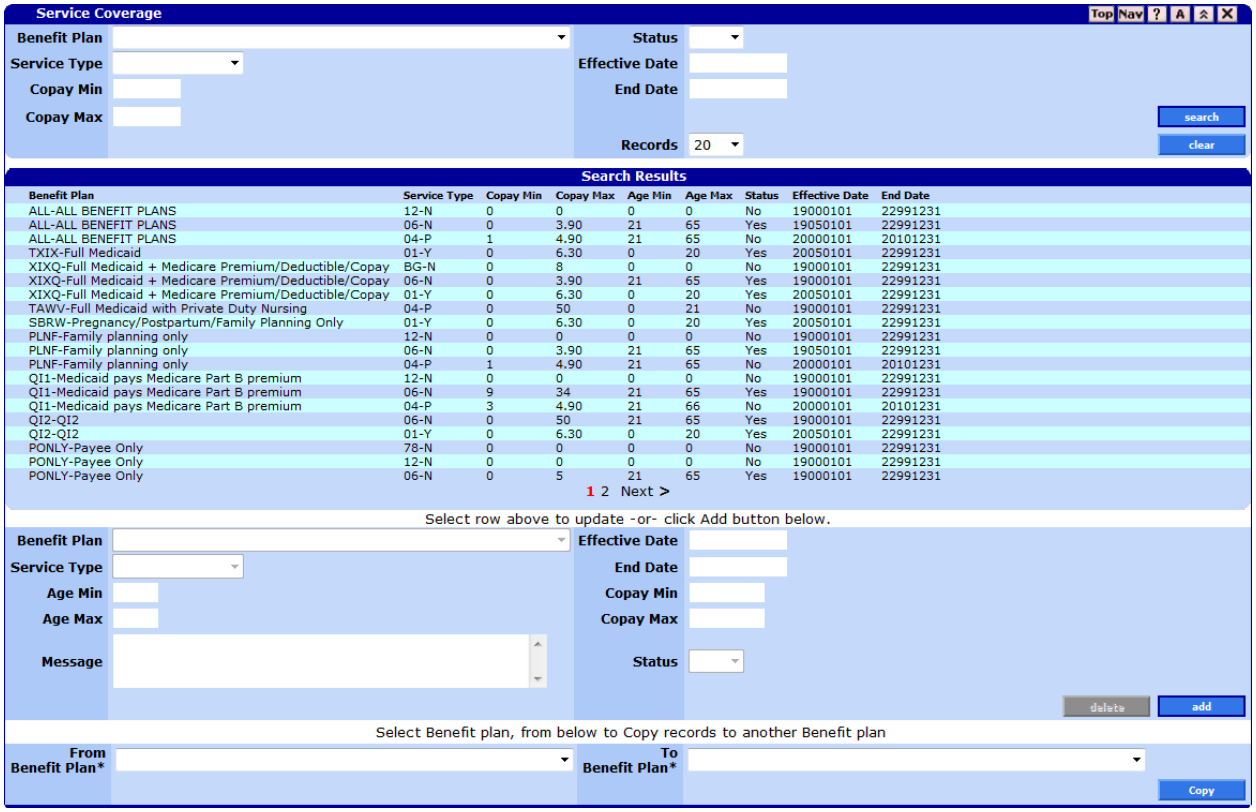
The panel consists of a data list displaying the defined service coverage and a sub-panel where updates and additions are performed.

Selecting an entry from the data list will populate the sub-panel below for update. Alternatively, new entries can be created by clicking "Add" and entering the required data into the update sub-panel.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Eligibility Cvg] - [Service Coverage]

6.248.2 Eligibility Cvg-Service Coverage Panel Layout



6.248.3 Eligibility Cvg-Service Coverage Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Service Coverage.	Button	N/A	0
Age Max	The maximum age used under the benefit plan, service type coverage.	Field	Integer	3

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Field	Description	Field Type	Data Type	Length
Age Min	The minimum age used under the benefit plan, service type coverage.	Field	Integer	3
Benefit Plan	Identifies the Medical Benefit program that is supported in the system.	Combo Box		9
Clear	Allows user to clear all search text fields.	Button	N/A	0
Copay Max	The maximum copay covered for specific plan's service coverage. This field can reflect variable minimum copay amounts.	Field	Decimal	5
Copay Min	The minimum copay amount covered for specific plan's service coverage. This field can reflect variable minimum copay amounts.	Field	Decimal	5
Copy	Allows copying records from one benefit plan to another benefit plan.	Button	N/A	0
Delete	Allows the user to delete a Service Coverage.	Button	N/A	0
Effective Date	The beginning date for the use of plan's service coverage information.	Field	Date (CCYYMMDD)	8
End Date	The last date for use of plan's service coverage information.	Field	Date (CCYYMMDD)	8
From Benefit Plan	Identifies the Medical Benefit program that is supported in the system.	Combo Box	Character	9
Message	This is text for the message that applies to the Age range -benefit Plan and service type combination. Indicates if EPDST referral required for some service types.	Field	Character	256
Search	Search for a specific criteria entered for the fields.	Button	N/A	0
Service Type	A code that indicates the type of service that a recipient may be eligible under a benefit plan.	Combo Box	Character	2
Status	Its CDE status, indicating if the service is Active, Inactive depending on the date range on the record. Character code 'Yes' means active and 'No' means inactive.	Field	Character	1
To Benefit Plan	Identifies the Medical Benefit program that is supported in the system.	Combo Box	Character	9

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6.248.4 Eligibility Cvg-Service Coverage Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Benefit Plan	Combo Box	1	Benefit plan is required.	Select a Benefit Plan.
Service Type	Combo Box	2	Service Type is required.	Select a Service Type.
Age Min	Field	1	Age Min is required.	Enter Minimum Age.
		2	Enter a valid value.	Enter values greater than 0.
		2	Age Maximum must be less than or equal to 120.	Enter Maximum Age to be less than or equal to 120.
		3	Age Minimum must be less than or equal to Age Maximum.	Enter Minimum Age less then Maximum Age.
Copay Min	Field	1	Copay Min is required.	Enter valid amount.
		2	Copay Min must be greater than or equal to 0.00.	Enter Copay Amount must be greater than or equal to 0.
		3	Copay Min must be less than or equal to 999.99.	Enter Copay Amount must be less than or equal to 999.99.
Copay Max	Field	1	Copay Max is required.	Enter Maximum copay.
		2	Copay Max must be greater than or equal to 0.00.	Enter Copay Amount must be greater than or equal to 0.
		3	Copay Max must be less than or equal to 999.99.	Enter Copay Amount must be less than or equal to 999.99.
		4	Copay Minimum must be less than or equal to Copay Maximum.	Enter Minimum copay less then Maximum copay.
Status	Combo Box	1	Status is required.	Select a Status.
Effective Date	Field	1	Effective Date is required.	Enter Effective Date.
		2	Effective Date must be less than or equal to End Date.	Enter an Effective Date that is less than or equal to the End Date.
		3	Invalid date. Format is mm/dd/ccyy.	Enter a valid date in mm/dd/ccyy format.
		4	Effective date must be greater than or equal to 1/1/1900.	Enter an Effective date that is less than or equal to 01/01/1900.
		5	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is greater than or equal to 12/31/2299.
End Date	Field	1	End Date is required.	Enter End Date.

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Field	Field Type	Error Code	Error Message	To Correct
			Invalid Date. Format is mm/dd/ccyy.	Enter an End Date in mm/dd/ccyy format.
		2	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is less than or equal to 01/01/1900.
		3	End Date must be less than or equal to 12/31/2299.	Enter an End date that is less than or equal to 12/31/2299.
Copy	button	1	Please Select both Plans, to copy records From Benefit Plan to To Benefit Plan.	Select From and To plans as both Benefit Plans are required.
		2	From and To benefit plans cannot be same,	Select 2 different benefit plans from Drop down lists.
		3	Copy failed. Either record for from Benefit Plan do not exists or Duplicate record exists.	Select a valid From benefit plan from the drop down list and a valid non existing To plan from drop down list, then Copy.

6.248.5 Eligibility Cvg-Service Coverage Panel Extra Features

Field	Field Type
Service Coverage Panel has Copy button functionality, which copies all rows specific to one Benefit plan to another Benefit plan. Its gives users the ability to add rows and edit each of them as necessary.	

6.248.6 Eligibility Cvg-Service Coverage Panel Accessibility

6.248.6.1 To Access the Eligibility Cvg-Service Coverage Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Eligibility Cvg** hyperlink located on the Related Data panel.	Related Data-Eligibility Cvg page displays.
4	Select **Service Coverage**.	Service Coverage panel displays.

6.248.6.2 To Add on the Eligibility Cvg-Service Coverage Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.

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Step	Action	Response
2	Enter **Service Coverage** details.	
3	Click **Save**.	Service Coverage information is saved.

6.248.6.3 To Update on the Eligibility Cvg-Service Coverage Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Service Coverage information is saved.

6.248.6.4 To Delete on the Eligibility Cvg-Service Coverage Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

6.248.6.5 To Copy on the Eligibility Cvg-Service Coverage Panel

Step	Action	Response
1	Select a value from, From Benefit Plan drop down list	
2	Select a different value from To Benefit Plan drop down list. The value selected should be different then From Benefit Plan value.	
3.	Click Copy.	A copy successful message displays, indicating, Copy was successful.

6.248.6.6 To Update on the Eligibility Cvg-Service Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Service Type information is saved.

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6.248.6.7 To Delete on the Eligibility Cvg-Service Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.249 RELATED DATA GROUPS PAGE

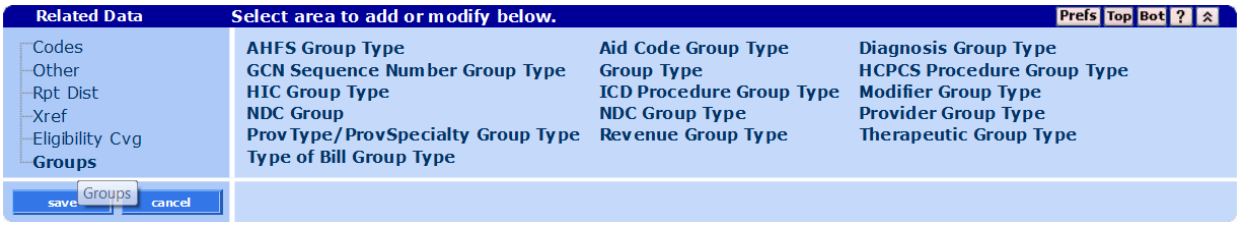
6.249.1 Related Data Groups Page Narrative

The Reference Related Data Groups panel allows the user to access the various group tables maintained within the Reference Data Maintenance subsystem area.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Groups]

6.249.2 Related Data Groups Page Layout



6.249.3 Related Data Groups Page Field Descriptions

Field	Description	Field Type	Data Type	Length
AHFS Group Type	Link to the AHFS Code Group Type panel.	Hyperlink	N/A	0
Aid Code Group Type	Link to the Aid Code Group Type panel.	Hyperlink	N/A	0
Diagnosis Group Type	Link to the Diagnosis Group type panel.	Hyperlink	N/A	0
Group Type	Link to the Group Type panel.	Hyperlink	N/A	0
HCPCS Procedure Group Type	Link to the HCPCS Procedure Group Type panel.	Hyperlink	N/A	0
HIC Group Type	Link to the HIC Group Type panel	Hyperlink	N/A	0
ICD Procedure Group Type	Link to the ICD Procedure Group Type panel.	Hyperlink	N/A	0
Modifier Group Type	Link to the Modifier Group Type panel.	Hyperlink	N/A	0
NDC Group	Link to the NDC Group panel.	Hyperlink	N/A	0

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Field	Description	Field Type	Data Type	Length
NDC Group Type	Link to the NDC Group Type panel.	Hyperlink	N/A	0
Provider Group Type	Link to the Provider Group Type panel.	Hyperlink	N/A	0
Prov Type/Prov Specialty Group Type	Link to the Prov Type/Prov Specialty Group Type panel.	Hyperlink	N/A	0
Revenue Group Type	Link to the Revenue Group Type.	Hyperlink	N/A	0
Therapeutic Group Type	Link to the Therapeutic Group Type panel.	Hyperlink	N/A	0
Type of Bill Group Type	Link to the Type of Bill Group Type panel.	Hyperlink	N/A	0

6.249.4 Related Data Groups Page Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this page.				

6.249.5 Related Data Groups Page Extra Features

Field	Field Type
No extra features found for this page.	

6.249.6 Related Data Groups Panel Accessibility

6.249.6.1 To Access the Related Data Groups Page

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Groups** hyperlink located on the Related Data panel.	Related Data-Groups page displays.

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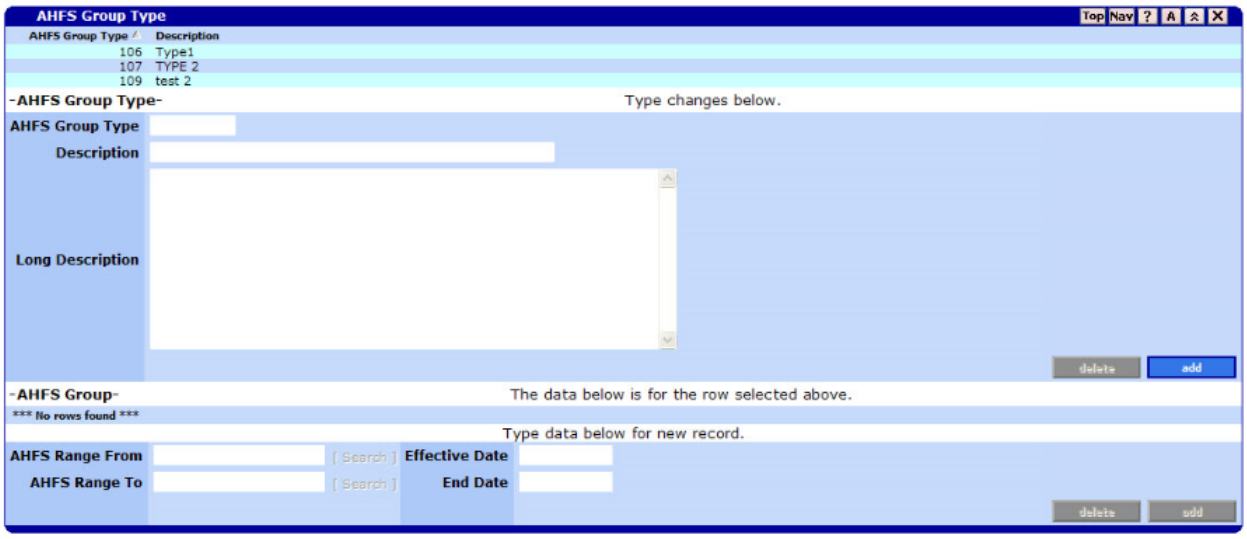
6.250 GROUPS – AFHS GROUP TYPE PANEL

6.250.1 Groups – AFHS Group Type Panel Narrative

The Agency and DXC use the AHFS Group panel to maintain AHFS groupings. The groupings allow for classifying AHFSs together for editing

Navigation Path: [Reference] - [Related Data] - [Groups] - [AHFS Group Type]

6.250.2 Groups – AFHS Group type Panel Layout



6.250.3 Groups – AFHS Group type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
add	Allow the user to add a new AHFS group type or add a new AHFS group type ranges with their Effective and end dates.	Button	N/A	0
delete	Allows the user to delete the selected record.	Button	N/A	0
AHFS Group Type [List/Detail]	System assigned key for a unique AHFS Group type, which represents a single or collection of AHFS.	Field	Number	9
AHFS Range From [List/Detail]	The first AHFS Number in the range.	Field	Alphanumeric	6
AHFS Range To [List/Detail]	The last AHFS Number in the range. If only one AHFS number is needed, this number should be the same as	Field	Character	6

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Field	Description	Field Type	Data Type	Length
	the AHFS Range From.			
Description [List/Detail]	Succinct description (name) of the AHFS Group.	Field	Character	50
Effective Date [List/Detail]	The date from which the AHFS group becomes effective.	Field	Date (MM/DD/CCYY)	8
End Date [List/Detail]	The date on which the AHFS group becomes in-effective.	Field	Date (MM/DD/CCYY)	8
Long Description	The text description of Group purpose. Definition of where and/or how the group type is used.	Field	Character	4000

6.250.4 Groups – AFHS Group type Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
AHFS Range From [List/Detail]	Field	1	AHFS Range From is required.	Select a AHFS Range From.
	Field	2	AHFS Range From[] must be less than or equal to AHFS Range To[]	Verify keying. AHFS Range From cannot be greater than AHFS Range To.
	Field	3	Date and AHFS Group Type ranges cannot overlap.	Verify keying. Date and AHFS Group Type ranges cannot overlap.
AHFS Range To [List/Detail]	Field	1	AHFS Range To is required.	Select a AHFS Range To.
Description [List/Detail]	Field	1	Description is required.	Description is required.
Effective Date [List/Detail]	Field	1	Effective Date is required.	Verify keying. Enter an Effective Date.
	Field	2	Date and AHFS Group Type Ranges cannot overlap.	Verify keying. Date and AHFS Group Type Ranges cannot overlap.
	Field	3	Effective Date must be greater than or equal to 1/1/1900.	Verify keying. Effective Date must be greater than or equal to 1/1/1900.
	Field	4	Effective Date must be less than or equal to 12/31/2299.	Verify keying. Effective Date must be less than or equal to 12/31/2299.
	Field	5	Invalid date. Format is mm/dd/ccyy.	Verify keying. The date must be in

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Field	Field Type	Error Code	Error Message	To Correct
				mm/dd/ccyy format.
	Field	6	Effective Date must be less than or equal to End Date[].	Verify keying. The Effective Date must be less than or equal to End Date.
End Date [List/Detail]	Field	1	End Date is required.	Enter an End Date.
	Field	2	End Date must be greater than or equal to 1/1/1900.	End Date must be greater than or equal to 1/1/1900.
	Field	3	End Date must be less than or equal to 12/31/2299.	Verify keying. End Date must be less than or equal to 12/31/2299.
	Field	4	Invalid date. Format is mm/dd/ccyy.	Verify keying. End Date must be in mm/dd/ccyy format.
Long Description	Field	1	Long Description is required.	Long Description field is required when adding or modifying the AHFS Group Type.
	Field	2	You have exceeded the maximum characters allowed for this field. Your text has been truncated to the maximum 4000 characters.	Long Description cannot exceed 4000 characters.

6.250.5 Groups – AFHS Group type Panel Extra Features

Field	Field Type
No extra features found for this page.	

6.250.6 Groups – AFHS Group type Panel Accessibility

6.250.6.1 To Access the Groups- AFHS Group Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Groups** hyperlink located on the Related Data panel.	Related Data-Groups page displays.
4	Select **AFHS Group Type**.	AFHS Group Type panel displays.

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6.250.6.2 To Add on the Groups- AFHS Group Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Description**.	
3	Enter **Long Description**.	
4	Click **Save**.	AFHS Group Type information is saved.

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6.251 GROUPS-AID CODE GROUP TYPE PANEL

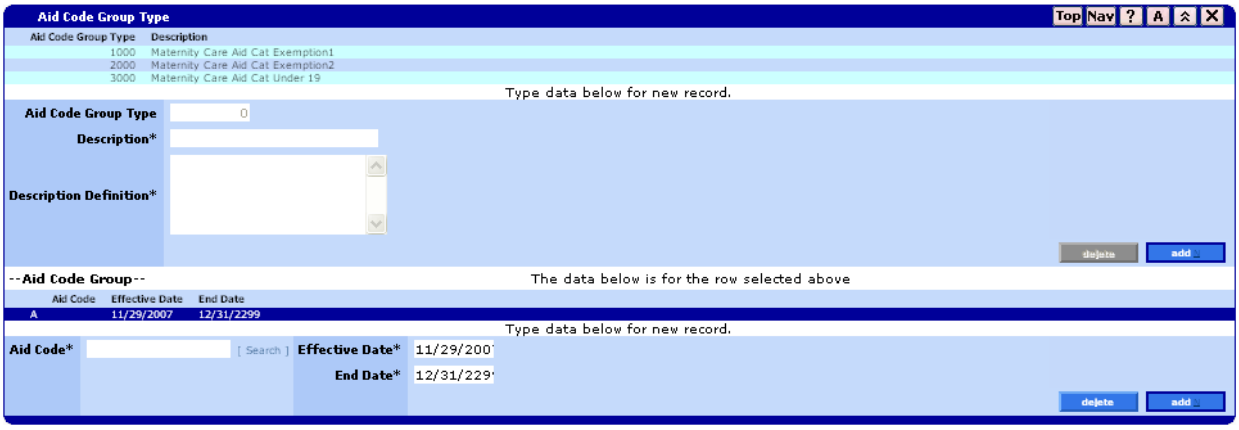
6.251.1 Groups-Aid Code Group Type Panel Narrative

The Aid Group Type panel is used to add Aid Code Group Type values.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data - Groups] - [Aid Code Group Type]

6.251.2 Groups-Aid Code Group Type Panel Layout



6.251.3 Groups-Aid Code Group Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add and Aid Code Group Type.	Button	N/A	0
Aid Code	Code used to identify a unique Aid Code Group.	Field	Number (Integer)	9
Aid Code Group Type	System assigned key for a unique Aid Code group that represents a single or collection of Aid Code.	Field	Number (Integer)	9
Delete	Allows the user to delete a Aid Code Group Type.	Button	N/A	0
Description	Abbreviated definition describing Aid Code Type definition.	Field	Character	50
Description Definition	Definition of where and/or how this Aid Code group is used.	Field	Character	4000
Effective Date	Date of service on which the Aid Code becomes valid for the Aid Code group.	Field	Character	8
End Date	Date of service on which the Aid Code is no longer valid for the Aid Code Group.	Field	Character	8

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6.251.4 Groups-Aid Code Group Type Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description.
Description Definition	Field	1	Description Definition is required.	Enter a Description Definition.

6.251.5 Groups-Aid Code Group Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.251.6 Groups-Aid Code Group Type Panel Accessibility

6.251.6.1 To Access the Groups- Aid Code Group Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Groups** hyperlink located on the Related Data panel.	Related Data-Groups page displays.
4	Select **Aid Code Group Type**.	Aid Code Group Type panel displays.

6.251.6.2 To Add on the Groups- Aid Code Group Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Description**.	
3	Enter **Description Definition**.	
4	Click **Save**.	Aid Code Group Type information is saved.

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6.251.6.3 To Update on the Groups- Aid Code Group Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Aid Code Group Type information is saved.

6.251.6.4 To Delete on the Groups- Aid Code Group Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

6.251.6.5 To Add on the Groups- Aid Code Group Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Aid Code** or Click [Search] link to locate by Aid Code or Aid Description.	
3	Enter **Effective Date** in MM/DD/CCYY format. Note: Defaults to current date.	
4	Enter **End Date** in MM/DD/CCYY format. Note: Defaults to 12/31/2299.	
5	Click **Save**.	Aid Code Group information is saved.

6.251.6.6 To Update on the Groups- Aid Code Group Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Aid Code Group information is saved.

6.251.6.7 To Delete on the Groups- Aid Code Group Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.

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2	Click **Delete**.	Line item is deleted.

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6.252 GROUPS-DIAGNOSIS GROUP TYPE PANEL

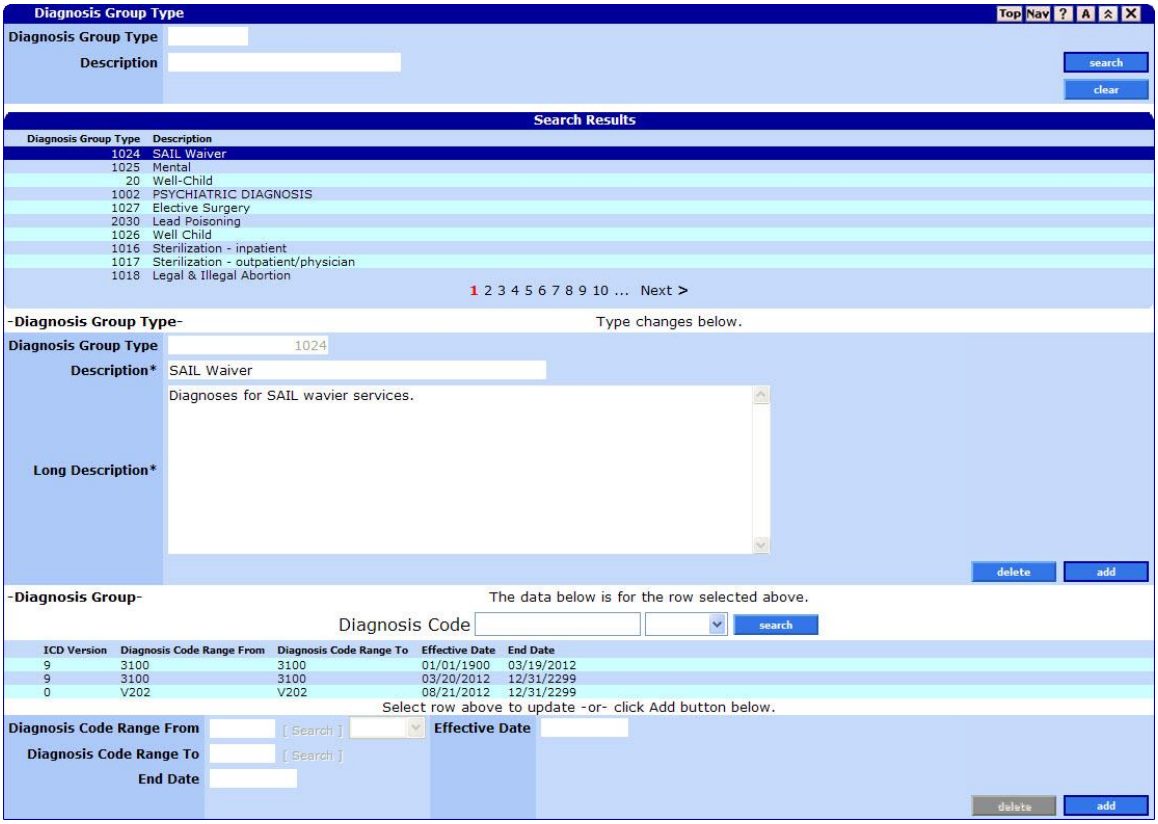
6.252.1 6.204.1 Groups-Diagnosis Group Type Panel Narrative

The Diagnosis Group Maintenance panels are used to create/update groupings of Diagnosis Codes. Groupings are used to identify/categorize services with like characteristics for varying purposes, for example: Confidential services.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data]- [Groups] - [Diagnosis Group Type]

6.252.2 Groups-Diagnosis Group Type Panel Layout



6.252.3 Groups-Diagnosis Group Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Diagnosis Group Type and Diagnosis Group.	Button	N/A	0
Delete	Allows the user to delete a Diagnosis Group Type and Diagnosis Group.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
Description	Succinct description (name) of the Diagnosis Group Type.	Field	Character	50
Diagnosis Code	It allows to search by Diagnosis code into Diagnosis group list.	Field	Alphanumeric	7
Diagnosis Code Range From	Upper limit of the diagnosis code range associated to the current group.	Field	Alphanumeric	7
Diagnosis Code Range To	Lower limit of the diagnosis code range associated to the current group.	Field	Alphanumeric	7
Diagnosis Group Type	System assigned key for a unique diagnosis type that represents a collection of diagnosis codes.	Field	Number (Integer)	9
Effective Date	First date of service the diagnosis code (or range) is effective for the Diagnosis Group.	Field	Date (MM/DD/CCYY)	8
End Date	Last date of service the diagnosis code (or range) is effective for the Diagnosis Group.	Field	Date (MM/DD/CCYY)	8
ICD Version	Code to denote which version of the ICD diagnosis code set is being referenced. The valid values are '9' for ICD-9 and '0' for ICD-10.	Field	Character	1
Long Description	Group purpose. Definition of where and/or how this Diagnosis Group is used.	Field	Character	4000

6.252.4 Groups-Diagnosis Group Type Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a description.
Diagnosis Code Range From	Field	1	A valid Diagnosis Code Range From is required.	Enter a valid code from the list.

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Field	Field Type	Error Code	Error Message	To Correct
		2	Date and Code range segments cannot overlap.	Verify keying. Codes and dates cannot overlap.
		3	Diagnosis From cannot be greater than Diagnosis To.	Enter a valid Diagnosis Code range.
Diagnosis Code Range To	Field	1	A valid Diagnosis Code Range To is required.	Enter a valid code from the list.
Effective Date	Field	1	Effective Date is required.	Enter an Effective Date.
		2	Effective Date must be greater than or equal to 1/1/1900.	Enter a Date greater than or equal to 1/1/1900.
		3	Effective Date must be less than or equal to 12/31/2299.	Enter a Date less than or equal to 12/31/2299.
		4	Effective Date must be less than or equal to End Date.	Enter an Effective Date less than or equal to the End Date.
		5	Date range segments cannot overlap.	Correct overlap condition. Date ranges cannot overlap for the same code.
		6	Invalid Date. Format is mm/dd/ccyy.	Enter an Effective Date in mm/dd/ccyy format.
End Date	Field	1	End Date is required.	Enter an End Date.
		2	End Date must be greater than or equal to 1/1/1900.	Enter an End Date greater than or equal to 1/1/1900.
		3	End Date must be less than or equal to 12/31/2299.	Enter an End Date less than or equal to 12/31/2299.
		4	Invalid Date. Format is mm/dd/ccyy.	Enter an End Date in mm/dd/ccyy format.
Diagnosis Group Type	Field	1	Diagnosis Group is required.	Enter a valid Diagnosis Group.
Long Description	Field	1	Long Description is required.	Enter a Long Description.

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6.252.5 Groups-Diagnosis Group Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.252.6 Groups-Diagnosis Group Type Panel Accessibility

6.252.6.1 To Access the Groups-Diagnosis Group Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Groups** hyperlink located on the Related Data panel.	Related Data-Groups page displays.
4	Select **Diagnosis Group Type**.	Diagnosis Group Type panel displays.

6.252.6.2 To Add on the Groups-Diagnosis Group Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Description**.	
3	Enter **Long Description**.	
4	Click **Save**. Diagnosis Group Type number is automatically generated.	Diagnosis Group Type information is saved.

6.252.6.3 To Update on the Groups-Diagnosis Group Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Diagnosis Group Type information is saved.

6.252.6.4 To Delete on the Groups-Diagnosis Group Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.252.6.5 To Access the Groups-Diagnosis Group Type-Diagnosis Group Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data panel displays.
3	Click the **Groups** hyperlink located on the Related Data panel.	Related Data-Groups panel displays.
4	Select **Diagnosis Group Type**.	Groups- Diagnosis Group Type panel displays.
5	Select a group.	Diagnosis Group Type-Diagnosis Group panel displays.

6.252.6.6 To Add on the Groups-Diagnosis Group Type-Diagnosis Group Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Diagnosis Code Range From** by clicking [Search] button.	
3	Enter search criteria. User may also select a row from the list of search results.	Diagnosis Code Range From information is populated on panel.
4	Select **Diagnosis Code Range To** by clicking [Search] button.	
5	Enter search criteria. User may also select a row from the list of search results.	Diagnosis Code Range To information is populated on panel.
6	Enter **Effective Date** in MM/DD/CCYY format.	
7	Enter **End Date** in MM/DD/CCYY format.	
8	Click **Save**.	Diagnosis Group Type-Diagnosis Group information is saved.

6.252.6.7 To Update on the Groups-Diagnosis Group Type-Diagnosis Group Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Diagnosis Group Type-Diagnosis Group information is saved.

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6.252.6.8 To Delete on the Groups-Diagnosis Group Type-Diagnosis Group Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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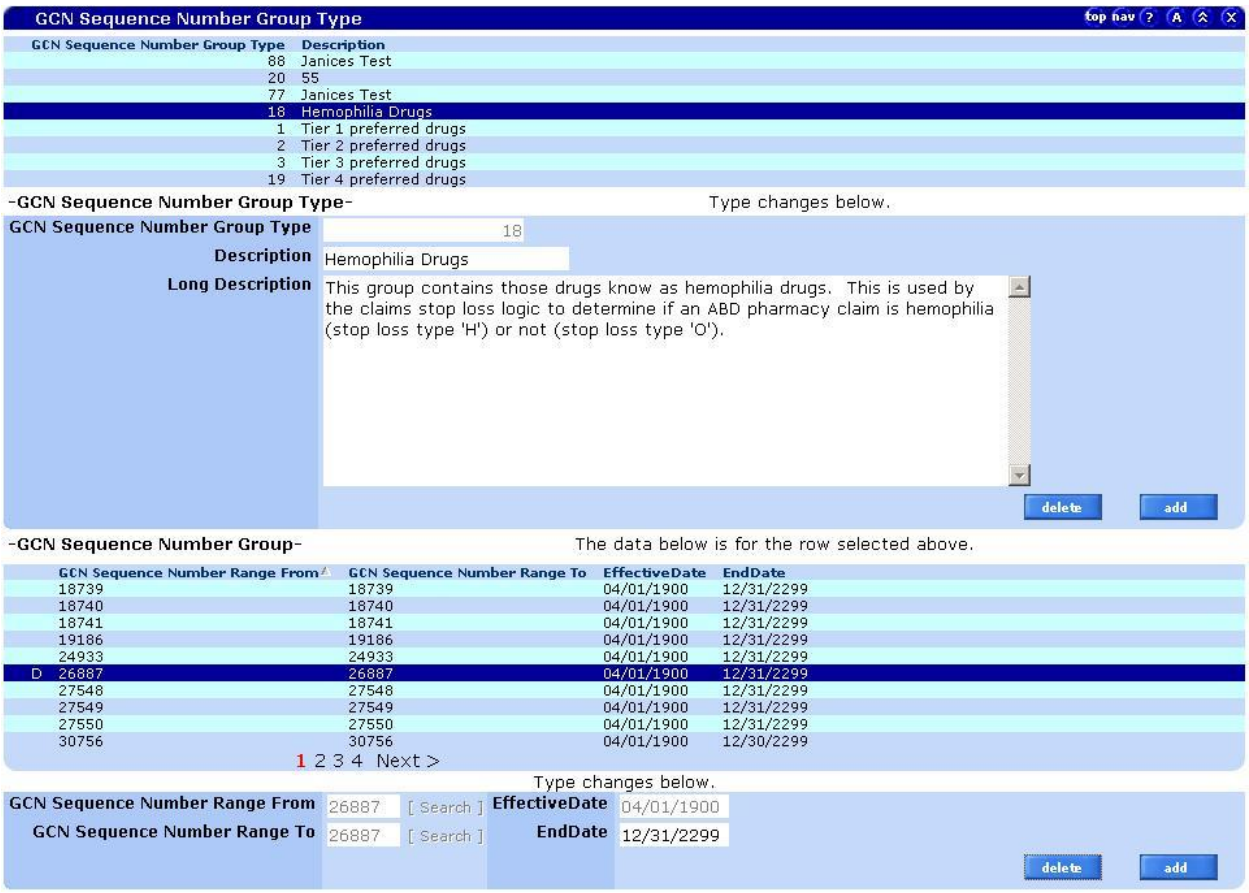
6.253 GROUPS-GCN SEQUENCE NUMBER GROUP TYPE PANEL

6.253.1 Groups-GCN Sequence Number Group Type Panel Narrative

The GCN Sequence Number Group Type panel is used to maintain GCN Sequence Number Type information used to group GCN sequence numbers together. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Groups] - [GCN Sequence Number Group Type]

6.253.2 Groups-GCN Sequence Number Group Type Panel Layout



6.253.3 Groups-GCN Sequence Number Group Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add a GCN Sequence Number Group Type.	Button	N/A	0
Delete	Delete a GCN Sequence Number Group Type.	Button	N/A	0
Description	Description of GCN Sequence number grouping.	Field	Character	25

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Field	Description	Field Type	Data Type	Length
GCN Sequence Number Group Type	System assigned key for a unique GCN sequence number type, which represents a single or collection of GCN sequence number.	Field	Number (Integer)	4
Long Description	Definition of where and/or how this GCN Sequence Number group is used.	Field	Character	4000

6.253.4 Groups-GCN Sequence Number Group Type Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a description when adding or modifying GCN Sequence Number Group Type.
Long Description	Field	1	Long Description is required.	Enter a Long Description field when adding or modifying GCN Sequence Number Group Type.

6.253.5 Groups-GCN Sequence Number Group Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.253.6 Groups-GCN Sequence Number Group Type Panel Accessibility

6.253.6.1 To Access the GCN Sequence Number Group Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data pagedisplays.
3	Click the **Groups** hyperlink located on the Related Data panel.	Related Data-Groups page displays.
4	Select **GCN Sequence Number Group Type**.	GCN Sequence Number Group Type panel displays.

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6.253.6.2 To Add on the GCN Sequence Number Group Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Description**.	
3	Enter **Long Description**.	
4	Click **Save**.	GCN Sequence Number Group Type information is saved.

6.253.6.3 To Update on the GCN Sequence Number Group Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	GCN Sequence Number Group Type information is saved.

6.253.6.4 To Delete on the GCN Sequence Number Group Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.254 GROUPS-GCN SEQUENCE NUMBER GROUP TYPE-GCN SEQUENCE NUMBER GROUP PANEL

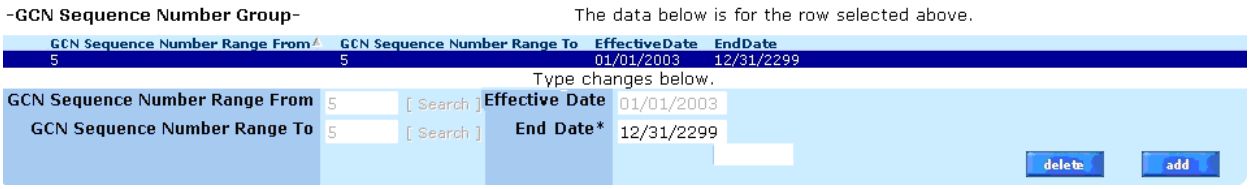
6.254.1 Groups-GCN Sequence Number Group Type-GCN Sequence Number Group Panel Narrative

The GCN Sequence Number Group panel is used to maintain GCN Sequence Number groupings. The groupings allow for classifying GCN sequence numbers together for editing and reporting purposes.

The Generic Code Number (GCN) Sequence Number is a unique number representing the generic formulation. The GCN Sequence Number is specific to generic ingredient combination, route of administration, and drug strength, across all dosage forms. The GCN Sequence Number is the same across manufacturers and/or package sizes. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Groups] - [GCN Sequence Number Group Type]

6.254.2 Groups-GCN Sequence Number Group Type-GCN Sequence Number Group Panel Layout



6.254.3 Groups-GCN Sequence Number Group Type-GCN Sequence Number Group Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add a GCN sequence number grouping.	Button	N/A	0
Delete	Delete a GCN sequence number grouping.	Button	N/A	0
Effective Date	The date that the GCN sequence number grouping is to become effective for the GCN sequence number type in processing.	Field	Date (MM/DD/CCYY)	8
End Date	The date that the GCN sequence number grouping is no longer in effect for the GCN sequence number type in processing.	Field	Date (MM/DD/CCYY)	8

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Field	Description	Field Type	Data Type	Length
GCN Sequence Number Range From [Search]	This represents the starting range for the GCN Sequence Number. The Generic Code Number Sequence Number represents a unique combination of ingredient(s), strength, dosage form and route of administration for a generic drug formulation. Aggregates drug products that share like ingredient sets, route of administration, dosage form, and strength of drug but are marketed by multiple manufacturers.	Hyperlink	N/A	0
GCN Sequence Number Range To [Search]	This represents the ending range for GCN sequence number. The Generic Code Number Sequence Number represents a unique combination of ingredient(s), strength, dosage form and route of administration for a generic drug formulation. Aggregates drug products that share like ingredient sets, route of administration, dosage form, and strength of drug but are marketed by multiple manufacturers.	Hyperlink	N/A	0

6.254.4 Groups-GCN Sequence Number Group Type-GCN Sequence Number Group Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	2	Effective Date must be less than or equal to End Date.	Enter an Effective Date that is less than or equal to the End Date.
	Field	3	Effective Date is required.	Enter a valid Effective Date.
	Field	12	Date and Sequence Number range segments cannot overlap.	Enter Date and Sequence Number range segments that do not overlap.
	Field	15	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater than or equal to 01/01/1900.
	Field	16	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
	Field	17	Effective Date cannot overlap.	Enter an Effective Date that does not overlap.
	Field	21	Invalid date. Format is MM/DD/CCYY.	Enter a valid Effective Date in MM/DD/CCYY format.

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Field	Field Type	Error Code	Error Message	To Correct
EndDate	Field	2	End Date is required.	Enter a valid End Date in MM/DD/CCYY format.
	Field	15	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is greater than or equal to 01/01/1900.
	Field	16	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.
	Field	21	Invalid date.	Enter a valid date in MM/DD/CCYY format.
GCN Sequence Number Range From	Hyperlink	1	A valid GCN Sequence Number Range From is required.	Select a valid GCN Sequence Number Range From.
GCN Sequence Number Range To	Hyperlink	1	A valid GCN Sequence Number Range To is required.	Select a valid GCN Sequence Number Range To.

6.254.5 Groups-GCN Sequence Number Group Type-GCN Sequence Number Group Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.254.6 Groups-GCN Sequence Number Group Type-GCN Sequence Number Group Panel Accessibility

6.254.6.1 To Access the GCN Sequence Number Group Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Groups** hyperlink located on the Related Data panel.	Related Data-Groups page displays.
4	Select **GCN Sequence Number Group Type**.	GCN Sequence Number Group Type panel displays.

6.254.6.2 To Add on the GCN Sequence Number Group Type Panel

Step	Action	Response
1	Click **Add**. (GCN Sequence Number Group)	Activates fields for entry of data or selection from lists.

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Step	Action	Response
2	Select [Search]**GCN Sequence Number Range From**.	
3	Enter search criteria or select row from list of results.	GCN Sequence Number Range From information is populated on panel.
4	Select [Search] **GCN Sequence Number Range To**.	
5	Enter search criteria or select row from list of results.	GCN Sequence Number Range To information is populated on panel.
6	Enter **Effective Date** in MM/DD/CCYY format.	
7	Enter **End Date** in MM/DD/CCYY format.	
8	Click **Save**.	GCN Sequence Number Group Type information is saved.

6.254.6.3 To Update on the GCN Sequence Number Group Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	GCN Sequence Number Group Type information is saved.

6.254.6.4 To Delete on the GCN Sequence Number Group Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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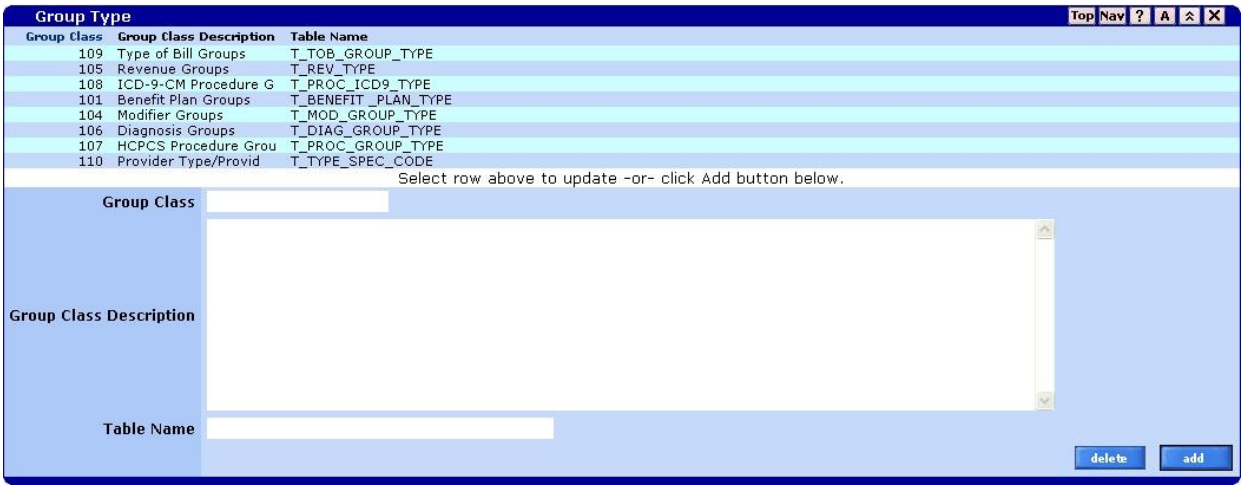
6.255 GROUPS-GROUP TYPE PANEL

6.255.1 Groups-Group Type Panel Narrative

The Group Type panel is used to maintain the group types that can be indicated that are used by claim edits and audits. The group types are displayed on the Resolution Group panel. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Groups] - [Group Type]

6.255.2 Groups-Group Type Panel Layout



6.255.3 Groups-Group Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Group Type.	Button	N/A	0
Delete	Allows the user to delete a Group Type.	Button	N/A	0
Group Class	System assigned key for a unique group type, that represents a single or collection of Group Class.	Field	Number (Integer)	8
Group Class Description	Description for the group class that will be displayed on the resolution window. Examples: This is the description for the group class that will be displayed on the resolution window. Examples: Procedure Groups, Diagnosis Groups.	Field	Character	4000
Table Name	Name of the table that contains the groups of a Group Class. For example, if the Group Class is Procedure group then the table name is T_PROC_TYPE.	Field	Character	40

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6.255.4 Groups-Group Type Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Group Class Description	Field	1	Group Class Description is required.	Add a Group Class description when adding or modifying Group Type.
Table Name	Field	1	Table Name is required.	Enter a Table Name field when adding or modifying Group Type.

6.255.5 Groups-Group Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.255.6 Groups-Group Type Panel Accessibility

6.255.6.1 To Access the Groups-Group Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Groups** hyperlink located on the Related Data panel.	Related Data-Groups page displays.
4	Select **Group Type**.	Group Type panel displays.

6.255.6.2 To Add on the Groups-Group Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Group Class Description**.	
3	Enter **Table Name**.	
4	Click **Save**. Group Class number is automatically generated.	Group Type information is saved.

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6.255.6.3 To Update on the Groups-Group Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Group Type information is saved.

6.255.6.4 To Delete on the Groups-Group Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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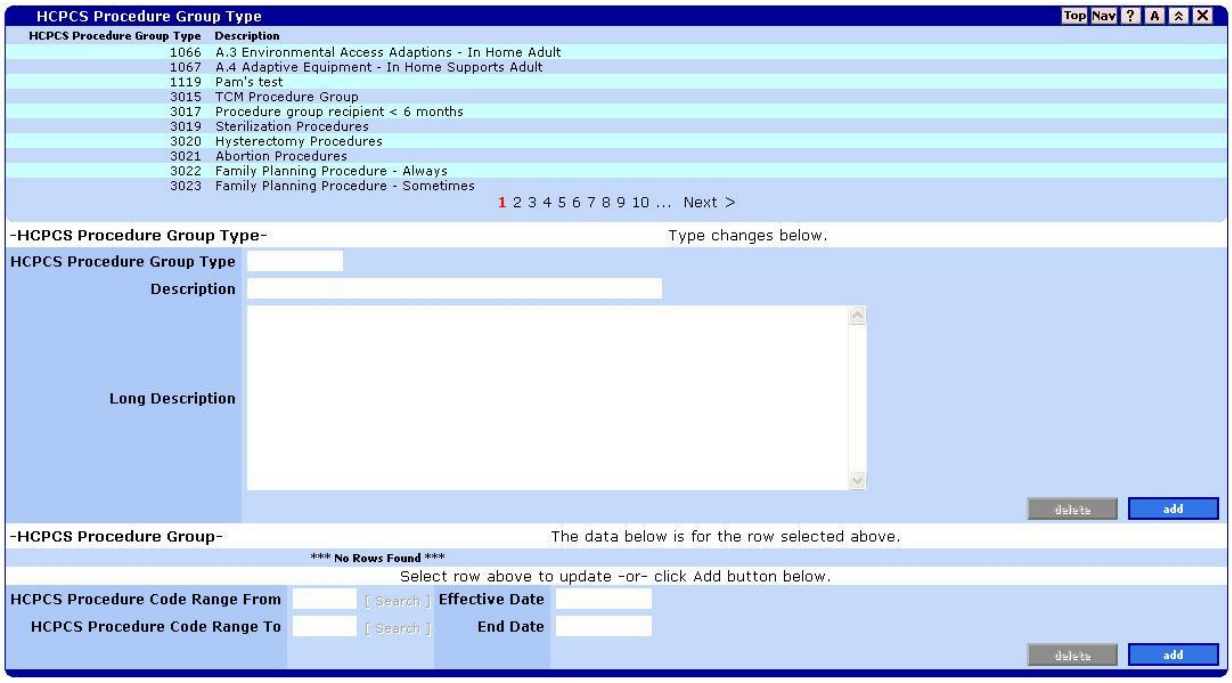
6.256 GROUPS-HCPCS PROCEDURE GROUP TYPE PANEL

6.256.1 Groups-HCPCS Procedure Group Type Panel Narrative

The HCPCS Procedure Group Type panel is used to create/update groupings of Procedure Codes. Groupings are used to identify/categorize services with like characteristics for varying purposes. E.G. Confidential services. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Groups] - [HCPCS Procedure Group Type]

6.256.2 Groups-HCPCS Procedure Group Type Panel Layout



6.256.3 Groups-HCPCS Procedure Group Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Procedure Group Type.	Button	N/A	0
Delete	Allows the user to delete a Procedure Group Type.	Button	N/A	0
Description	Succinct description (name) of the Procedure Group.	Field	Character	50
HCPCS Procedure Group Type	Unique system assigned key for the Procedure Group. Represents a collection of Procedures.	Field	Number (Integer)	9

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Field	Description	Field Type	Data Type	Length
Long Description	Group purpose. Definition of where and/or how this Procedure Group is used.	Field	Character	4000

6.256.4 Groups-HCPCS Procedure Group Type Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description for the HCPCS Group Type.
HCPCS Procedure Group Type	Field	1	A valid Procedure Group is required.	Enter a procedure group.
Long Description	Field	1	Long Description is required.	Enter a Long Description for the HCPCS Group Type.

6.256.5 Groups-HCPCS Procedure Group Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.256.6 Groups-HCPCS Procedure Group Type Panel Accessibility

6.256.6.1 To Access the Groups-HCPCS Procedure Group Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Groups** hyperlink located on the Related Data panel.	Related Data-Groups page displays.
4	Select **HCPCS Procedure Group Type**.	HCPCS Procedure Group Type panel displays.

6.256.6.2 To Add on the Groups-HCPCS Procedure Group Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Description**.	
3	Enter **Long Description**.	

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Step	Action	Response
4	Click **Save**. HCPCS Procedure Group Type number is automatically generated.	HCPCS Procedure Group Type information is saved.

6.256.6.3 To Update on the Groups-HCPCS Procedure Group Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	HCPCS Procedure Group Type information is saved.

6.256.6.4 To Delete on the Groups-HCPCS Procedure Group Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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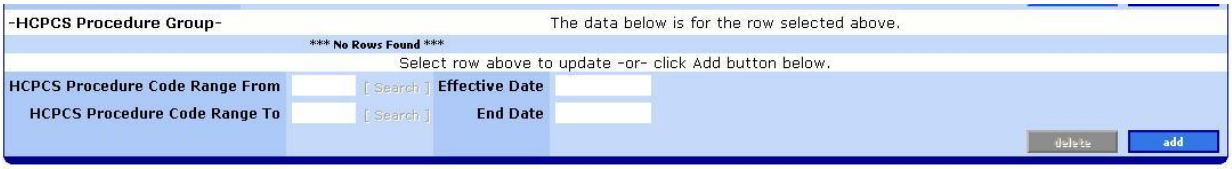
6.257 PA GROUPS-HCPCS PROCEDURE GROUP TYPE-HCPCS PROCEDURE GROUP PANEL

6.257.1 Groups-HCPCS Procedure Group Type-HCPCS Procedure Group Panel Narrative

The HCPCS Procedure Group panel is used to view procedure groups assigned to a Procedure Code and to assign types to individual HCPCS Procedure Codes which will assist with both pricing and processing logic for that Procedure Code. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Groups] - [HCPCS Procedure Group Type] - (Select a [HCPCS Procedure Group Type])

6.257.2 Groups-HCPCS Procedure Group Type-HCPCS Procedure Group Panel Layout



6.257.3 Groups-HCPCS Procedure Group Type-HCPCS Procedure Group Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows a user to add a Procedure Code or range of codes to the selected Procedure Group Type.	Button	N/A	0
Delete	Allows a user to delete a Procedure Code (or range) from the selected Procedure Group Type.	Button	N/A	0
Effective Date	First date of service the HCPCS Procedure Code becomes effective within the Procedure Group Type.	Field	Date (MM/DD/CCYY)	8
End Date	Last date of service the HCPCS Procedure Code is effective within the Procedure Group Type.	Field	Date (MM/DD/CCYY)	8
HCPCS Procedure Code Range From [Search]	Lower limit of the Procedure Code range associated to the current group.	Hyperlink	N/A	0
HCPCS Procedure Code Range To [Search]	Upper limit of the Procedure Code range associated to the current group.	Hyperlink	N/A	0

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6.257.4 Groups-HCPCS Procedure Group Type-HCPCS Procedure Group Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective date is required.	Enter an Effective Date.
	Field	2	Effective Date must be less than or equal to End Date.	Enter an Effective Date that is less than or equal to the End Date.
	Field	3	Invalid date.	Enter an Effective Date in MM/DD/CCYY format.
	Field	4	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater than or equal to 01/01/1900.
	Field	5	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
End Date	Field	1	End date is required.	Enter an End Date.
	Field	2	Invalid date.	Enter an End Date in MM/DD/CCYY format.
	Field	3	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is greater than or equal to 01/01/1900.
	Field	4	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.
HCPCS Procedure Code Range From	Hyperlink	1	A valid HCPCS Procedure Code Range From is required.	Select a Procedure Code.
	Hyperlink	2	Procedure From cannot be greater than Procedure To.	Select a Procedure From code that is less than or equal to the Procedure To code.
	Hyperlink	3	Date and Procedure Code range segments can not overlap.	Correct overlap condition. Date and Procedure Code ranges cannot overlap an existing segment.
HCPCS Procedure Code Range To	Hyperlink	1	A valid HCPCS Procedure Code Range To is required.	Select a procedure code.

6.257.5 Groups-HCPCS Procedure Group Type-HCPCS Procedure Group Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.257.6 Groups-HCPCS Procedure Group Type-HCPCS Procedure Group Panel Accessibility

6.257.6.1 To Access the Groups-HCPCS Procedure Group Type-HCPCS Procedure Group Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Groups** hyperlink located on the Related Data panel.	Related Data-Groups page displays.
4	Select **HCPCS Procedure Group Type**.	HCPCS Procedure Group Type-HCPCS Procedure Group panel displays.

6.257.6.2 To Add on the Groups-HCPCS Procedure Group Type-HCPCS Procedure Group Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **HCPCS Procedure Code Range From** by clicking [Search] button.	
3	Enter search criteria. User may also select a row from the list of search results.	HCPCS Procedure Code Range From information is displayed on panel.
4	Select **HCPCS Procedure Code Range To** by clicking [Search] button.	
5	Enter search criteria. User may also select a row from the list of search results.	HCPCS Procedure Code Range TO information is displayed on panel.
6	Select **Modifier** by clicking [Search] button.	
7	Enter search criteria. User may also select a row from the list of search results.	Modifier information is displayed on panel.
8	Enter **Effective Date** in MM/DD/CCYY format.	
9	Enter **End Date** in MM/DD/CCYY format.	
10	Click **Save**.	HCPCS Procedure Group Type-HCPCS Procedure Group information is saved.

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6.257.6.3 To Update on the Groups-HCPCS Procedure Group Type-HCPCS Procedure Group Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	HCPCS Procedure Group Type-HCPCS Procedure Group information is saved.

6.257.6.4 To Delete on the Groups-HCPCS Procedure Group Type-HCPCS Procedure Group Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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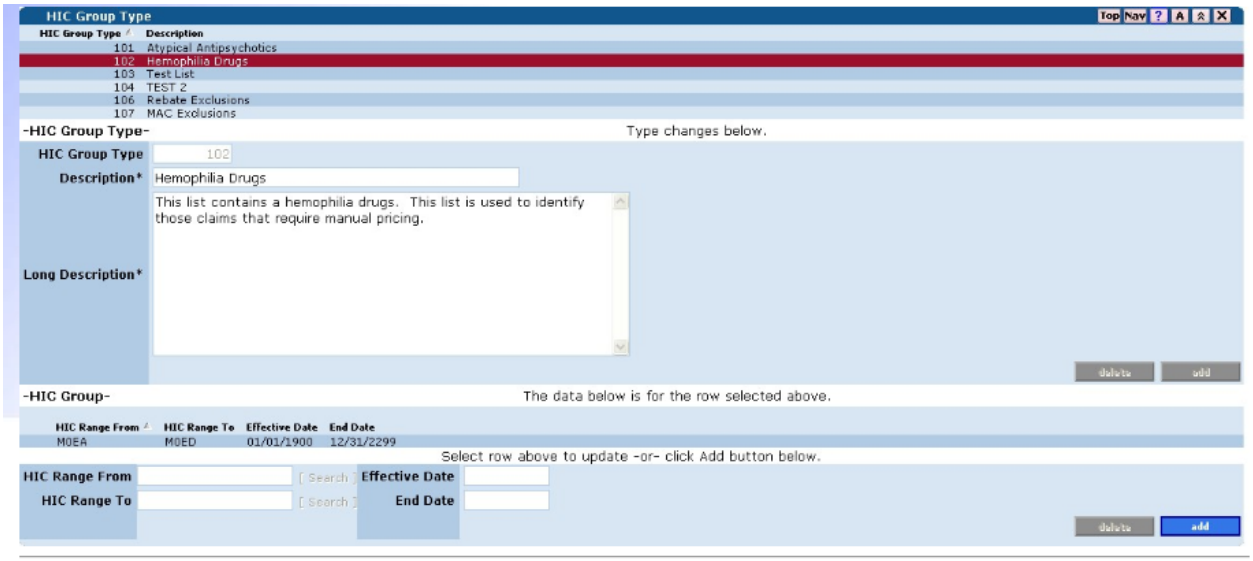
6.258 GROUPS - HIC GROUP TYPE PANEL

6.258.1 Groups – HIC Group Type Panel Narrative

The Agency and DXC use the Other-HIC Group panel to view and maintain HIC groupings. This allows for grouping HICs together for claims processing and reporting purposes.

Navigation Path: [Reference] - [Related Data] - [Groups] - [HIC Group Type]

6.258.2 Groups – HIC Group Type Panel Layout



6.258.3 Groups – HIC Group Type Panel Field Description

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a new HIC group type or add a new HIC group type ranges with their Effective and End dates.	Button	N/A	0
Delete	Allows the user to Delete the selected record.	Button	N/A	0
Description [List/Detail]	Succinct description (name) of the HIC Group.	Field	Character	25
Effective Date [List/Detail]	The date from which the HIC group becomes effective.	Field	Date (MM/DD/CCYY)	8
End Date [List/Detail]	The date on which the HIC group becomes in-effective.	Field	Date (MM/DD/CCYY)	8
HIC Group Type [List/Detail]	System assigned key for a unique HIC Group type,	Field	Number	9

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Field	Description	Field Type	Data Type	Length
	which represents a single or collection of HIC.			
HIC Range From [List/Detail]	The first HIC Number in the range.	Field	Character	6
HIC Range To [List/Detail]	The last HIC Number in the range. If only one HIC number is needed, this number should be the same as the HIC Range From.	Field	Character	6
Long Description	The text description of Group purpose. Definition of where and/or how the group type is used.	Field	Character	4000

6.258.4 Groups –HIC Group Type Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description [List/Detail]	Field	1	Description is required.	A description is required when adding or modifying the HIC Group Type.
Effective Date [List/Detail]	Field	1	Effective Date is required.	Verify keying. Enter an Effective Date.
	Field	2	Date and HIC Group Type Ranges cannot overlap.	Verify keying. Date and HIC Group Type Ranges cannot overlap.
	Field	3	Effective Date must be greater than or equal to 1/1/1900.	Verify keying. Effective Date must be greater than or equal to 1/1/1900.
	Field	4	Effective Date must be less than or equal to 12/31/2299.	Verify keying. Effective Date must be less than or equal to 12/31/2299.
	Field	5	Effective Date cannot overlap.	Verify keying. Effective Date cannot overlap.
	Field	6	Invalid date. Format is mm/dd/ccyy.	Verify keying. The date must be in mm/dd/ccyy format.
	Field	7	Effective Date must be less than or equal to End Date[].	Verify keying. The Effective Date must be less than or equal to End Date.
End Date [List/Detail]	Field	1	End Date is required.	Enter an End Date.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	2	End Date must be greater than or equal to 1/1/1900.	Verify keying. End Date must be greater than or equal to 1/1/1900.
	Field	3	End Date must be less than or equal to 12/31/2299.	Verify keying. End Date must be less than or equal to 12/31/2299.
	Field	4	Invalid date. Format is mm/dd/ccyy.	Verify keying. End Date must be in mm/dd/ccyy format.
HIC Range From [List/Detail]	Field	1	A valid HIC Range From is required.	Select a HIC Range From.
	Field	2	HIC Range From cannot be greater than HIC Range To.	Verify keying. HIC Range From cannot be greater than HIC Range To.
	Field	3	Date and HIC Group Type ranges cannot overlap.	Verify keying. Date and HIC Group Type ranges cannot overlap.
	Field	4	HIC Range From Not Found	Enter valid HIC Range From.
HIC Range To [List/Detail]	Field	1	A valid HIC Range To is required.	Select a HIC Range To.
	Field	2	HIC Range To Not Found.	Enter a valid HIC Range To.
Long Description	Field	1	Long Description is required.	Long Description field is required when adding or modifying the HIC Group Type.
	Field	2	You have exceeded the maximum characters allowed for this field. Your text has been truncated to the maximum 4000 characters.	Long Description can not exceed 4000 characters.

6.258.5 Groups-HIC Group Type Panel Accessibility

6.258.5.1 To Access the Groups-HIC Group Type- Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.

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Step	Action	Response
3	Click the **Groups** hyperlink located on the Related Data panel.	Related Data-Groups page displays.
4	Select **HIC Group Type**.	HIC Group Type panel displays.

6.258.5.2 To Add on the Groups-HIC Group Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2		
3		
4		
5		
6		
7		
8		
9		
10		

6.258.5.3 To Update on the Groups- HIC Group Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	HIC Group Type Panel information is saved.

6.258.5.4 To Delete on the Groups- HIC Group Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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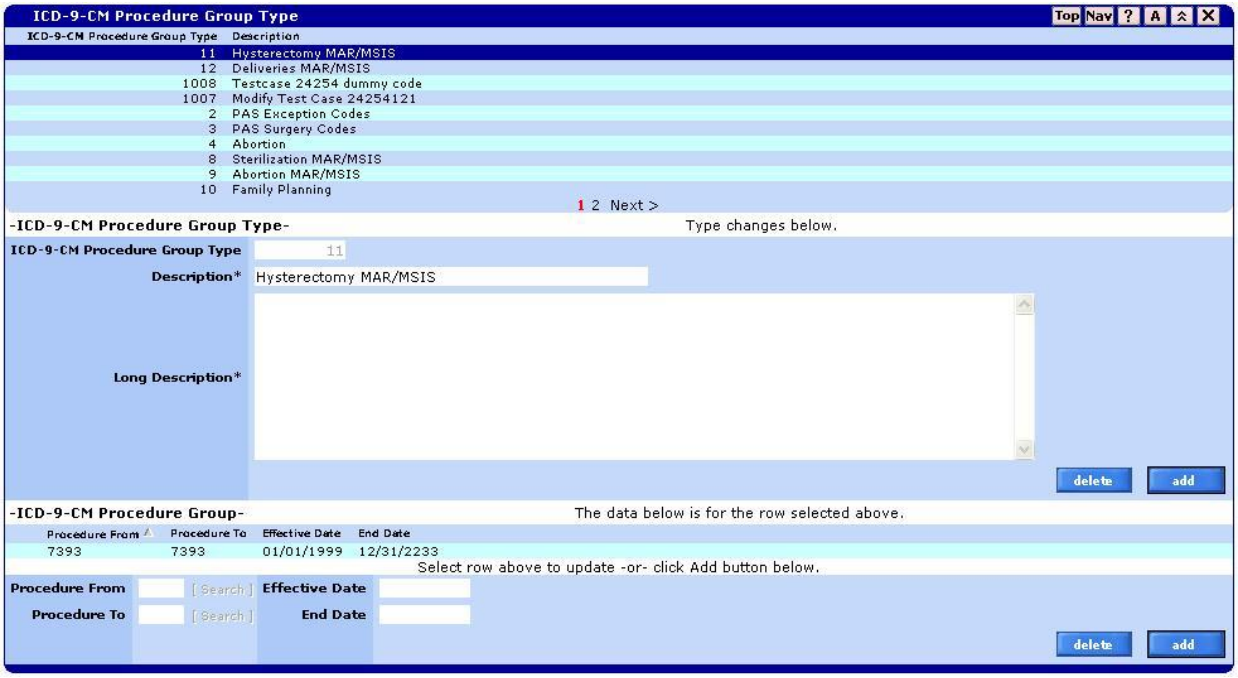
6.259 GROUPS-ICD PROCEDURE GROUP TYPE PANEL

6.259.1 Groups-ICD Procedure Group Type Panel Narrative

The ICD Procedure Type panel is used to maintain ICD Procedure Types which are associated with a group of ICD-9 CM Procedure Codes. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Groups] - [ICD Procedure Group Type]

6.259.2 Groups-ICD Procedure Group Type Panel Layout



6.259.3 Groups-ICD Procedure Group Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add a new ICD Procedure Group Type.	Button	N/A	0
Delete	Delete an ICD Procedure Group Type.	Button	N/A	0
Description	Name of the Procedure Group.	Field	Character	25
ICD Procedure Group Type	Unique system assigned key for the Procedure Group. Represents a collection of Procedures.	Field	Number (Integer)	9
Long Description	Group purpose. Definition of where and/or how this Procedure Group is used.	Field	Character	4000

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6.259.4 Groups-ICD Procedure Group Type Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description field when adding or modifying ICD Procedure Group Type.
Long Description	Field	1	Long Description is required.	Enter a Long Description field when adding or modifying ICD Procedure Type.

6.259.5 Groups-ICD Procedure Group Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.259.6 Groups-ICD Procedure Group Type Panel Accessibility

6.259.6.1 To Access the Groups-ICD Procedure Group Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Groups** hyperlink located on the Related Data panel.	Related Data-Groups page displays.
4	Select **ICD Procedure Group Type**.	ICD Procedure Group Type panel displays.

6.259.6.2 To Add on the Groups-ICD Procedure Group Type Panel

Step	Action	Response
1	Click **Add**. (ICD Procedure Group Type)	Activates fields for entry of data or selection from lists.
2	Enter **Description**.	
3	Enter **Long Description**.	
4	Click **Save**. ICD Procedure Group Type number is automatically generated.	ICD Procedure Group Type information is saved.

6.259.6.3 To Update on the Groups-ICD Procedure Group Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	

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Step	Action	Response
3	Click **Save**.	ICD Procedure Group Type information is saved.

6.259.6.4 To Delete on the Groups-ICD Procedure Group Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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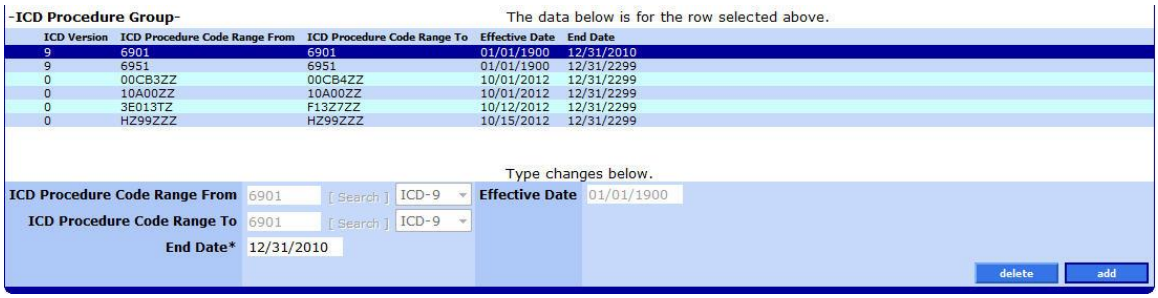
6.260 GROUPS-ICD PROCEDURE GROUP TYPE-ICD PROCEDURE GROUP PANEL

6.260.1 Groups-ICD Procedure Group Type-ICD Procedure Group Panel Narrative

The ICD Procedure Group Maintenance panel is used to view and update ICD Procedure Codes related to a specific ICD Group. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Groups] - [ICD Procedure Group Type] - (Select a [ICD Procedure Group])

6.260.2 Groups-ICD Procedure Group Type-ICD Procedure Group Panel Layout



6.260.3 Groups-ICD Procedure Group Type-ICD Procedure Group Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows a user to add a Procedure Code or range of codes to the selected ICD Procedure Group Type.	Button	N/A	0
Delete	Allows a user to delete a Procedure Code or range of codes to the selected ICD Procedure Group Type.	Button	N/A	0
Effective Date	First date of service the ICD Procedure Code is effective within the ICD Procedure Group Type.	Field	Date (MM/DD/CCYY)	8
End Date	Last date of service the ICD Procedure Code is effective within the ICD Procedure Group Type.	Field	Date (MM/DD/CCYY)	8
ICD Procedure Code Range From [Search]	Lower limit of the Procedure Code range associated to the current group.	Hyperlink	N/A	0
ICD Procedure Code Range To [Search]	Upper limit of the Procedure Code range associated to the current group.	Hyperlink	N/A	0

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Field	Description	Field Type	Data Type	Length
ICD Version	Code to denote which version of the ICD diagnosis code set is being referenced. The valid values are '9' for ICD-9 and '0' for ICD-10.	Field	Character	1

6.260.4 Groups-ICD Procedure Group Type-ICD Procedure Group Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date is required.	Enter an Effective Date.
	Field	2	Invalid date. Format is mm/dd/ccyy.	Enter an Effective Date in MM/DD/CCYY format.
	Field	3	Date and Code range segments cannot overlap.	Correct overlap condition. Date and Code range segments cannot overlap.
	Field	4	Effective Date must be less than or equal to End Date.	Enter an Effective Date that is less than or equal to the End Date.
	Field	5	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater than or equal to 01/01/1900.
	Field	6	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	2	Invalid date. Format is mm/dd/ccyy.	Enter an End Date in MM/DD/CCYY format.
	Field	3	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is greater than or equal to 01/01/1900.
	Field	4	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.

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Field	Field Type	Error Code	Error Message	To Correct
ICD Procedure Code Range From	Field	1	Procedure Code Range From cannot be greater than Procedure To.	Select a Procedure Code Range From that is less than or equal to Procedure To.
	Field	2	A valid Procedure Code Range From is required.	Select a valid Procedure Code Range From is required.
	Field	3	ICD version of From and To codes must match.	Select a valid Procedure Code From.
	Field	4	ICD Procedure Code Range From Does Not Exist.	Select a valid Procedure Code Range From.
ICD Procedure Code Range To	Field	1	A valid Procedure Code Range To is required.	Select a valid Procedure Code Range To.
	Field	2	A valid ICD Procedure Code Range To is required.	Select a valid Procedure Code Range To.

6.260.5 Groups-ICD Procedure Group Type-ICD Procedure Group Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.260.6 Groups-ICD Procedure Group Type-ICD Procedure Group Panel Accessibility

6.260.6.1 To Access the Groups-ICD Procedure Group Type ICD Procedure Group Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Groups** hyperlink located on the Related Data panel.	Related Data-Groups page displays.
4	Select **ICD Procedure Group Type**.	Groups- ICD Procedure Group Type panel displays.
5	Select a row.	ICD Procedure Group Type ICD Procedure Group panel displays.

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6.260.6.2 To Add on the Groups-ICD Procedure Group Type ICD Procedure Group Panel

Step	Action	Response
1	Click **Add**. (ICD Procedure Group Type)	Activates fields for entry of data or selection from lists.
2	Select **ICD Procedure Code Range From** by clicking [Search] button.	
3	Enter search criteria. User may also select a row from the list of search results.	ICD Procedure Code Range From information is displayed on panel.
4	Select **ICD Procedure Code Range To** by clicking [Search] button.	
5	Enter search criteria. User may also select a row from the list of search results.	ICD Procedure Code Range TO information is displayed on panel.
6	Enter **Effective Date** in MM/DD/CCYY format.	
7	Enter **End Date** in MM/DD/CCYY format.	
8	Click **Save**. ICD Procedure Group Type number is automatically generated.	ICD Procedure Group Type ICD Procedure Group information is saved.

6.260.6.3 To Update on the Groups-ICD Procedure Group Type ICD Procedure Group Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	ICD Procedure Group Type ICD Procedure Group information is saved.

6.260.6.4 To Delete on the Groups-ICD Procedure Group Type ICD Procedure Group Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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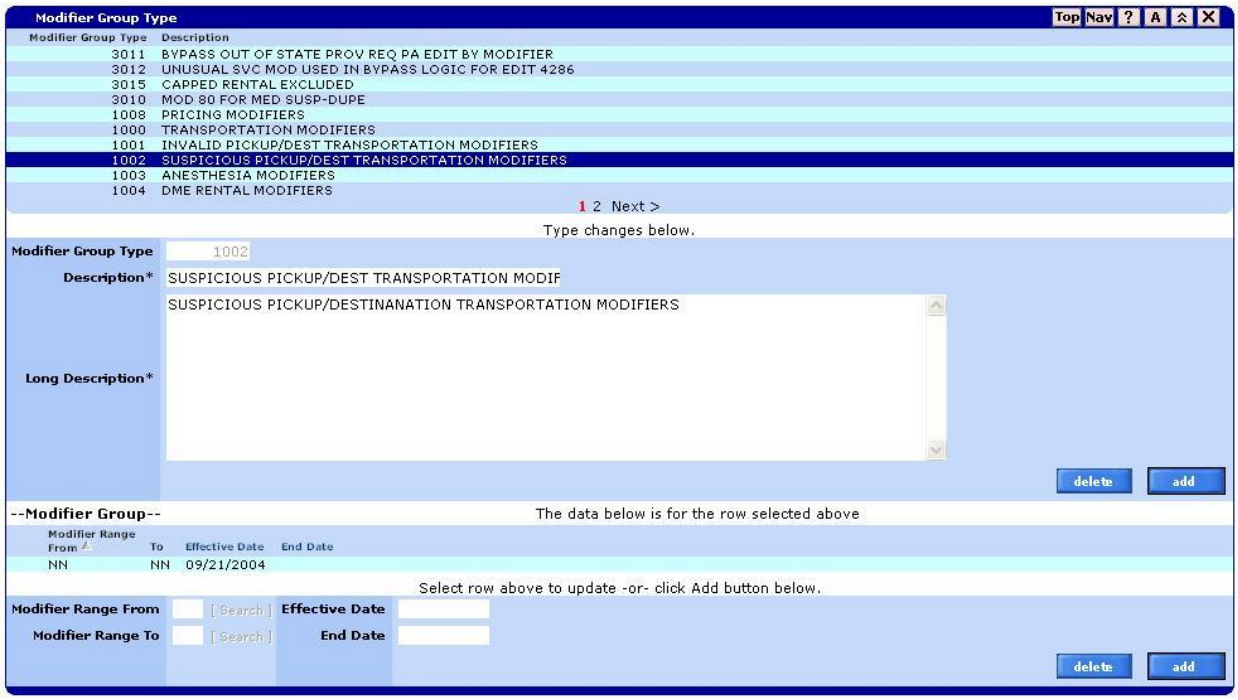
6.261 GROUPS-MODIFIER GROUP TYPE PANEL

6.261.1 Groups-Modifier Group Type Panel Narrative

The Modifier Group Type panel displays the description of modifier groups. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Groups] - [Modifier Group Type]

6.261.2 Groups-Modifier Group Type Panel Layout



6.261.3 Groups-Modifier Group Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add a Modifier Group Type.	Button	N/A	0
Delete	Delete a Modifier Group Type.	Button	N/A	0
Description	Describes the modifier group type.	Field	Character	50
Long Description	Long description of the modifier group type. It includes where and/or how this modifier group is used.	Field	Character	4000
Modifier Group Type	System assigned key for a unique modifier grouping type that represents a collection of modifier codes.	Field	Number (Integer)	9

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6.261.4 Groups-Modifier Group Type Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description field when adding or modifying Modifier Group Type.
Long Description	Fiel	1	Long Description is required.	Enter a Long Description field when adding or modifying Modifier Group Type.

6.261.5 Groups-Modifier Group Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.261.6 Groups-Modifier Group Type Panel Accessibility

6.261.6.1 To Access the Groups-Modifier Group Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Groups** hyperlink located on the Related Data panel.	Related Data-Groups page displays.
4	Select **Modifier Group Type**.	Modifier Group Type panel displays.

6.261.6.2 To Add on the Groups-Modifier Group Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Description**.	
3	Enter **Long Description**.	
4	Click **Save**. Modifier Group Type number is automatically generated.	Modifier Group Type information is saved.

6.261.6.3 To Update on the Groups-Modifier Group Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	

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Step	Action	Response
3	Click **Save**.	Modifier Group Type information is saved.

6.261.6.4 To Delete on the Groups-Modifier Group Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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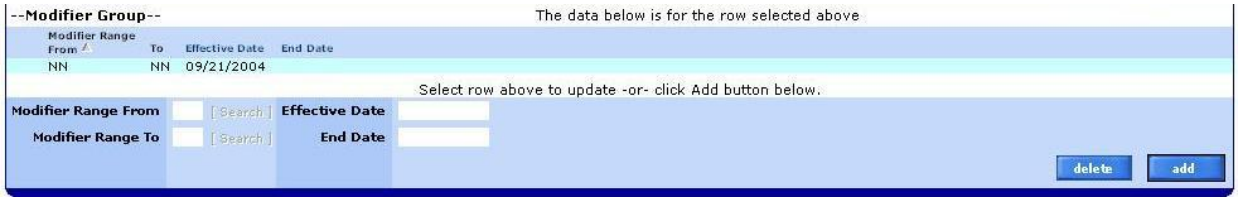
6.262 GROUPS-MODIFIER GROUP TYPE-MODIFIER GROUP PANEL

6.262.1 Groups-Modifier Group Type-Modifier Group Panel Narrative

The Modifier Group panel is used to establish and maintain groups of modifiers for claims processing. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] – [Groups] - [Modifier group Type] - (Select a [Modifier Group Type])

6.262.2 Groups-Modifier Group Type-Modifier Group Panel Layout



6.262.3 Groups-Modifier Group Type-Modifier Group Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add a modifier group.	Button	N/A	0
Delete	Delete a modifier group.	Button	N/A	0
Effective Date	This is the date of service on which the Modifier becomes effective for the claims processing for the Modifier Group.	Field	Date (MM/DD/CCYY)	8
End Date	The last day, based on date of service, that the modifier group is valid for claims processing.	Field	Date (MM/DD/CCYY)	8
Modifier Range From [Search]	This is the lower limit of the Modifier range associated with a group.	Hyperlink	N/A	0
Modifier Range To [Search]	This is the upper limit of the Modifier range associated with a group.	Hyperlink	N/A	0

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6.262.4 Groups-Modifier Group Type-Modifier Group Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date is required.	Enter a valid Effective Date.
	Field	2	Invalid date.	Enter a valid effective date.
	Field	3	Date range segments cannot overlap.	Enter a valid date/range.
	Field	4	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater than or equal to 01/01/1900.
	Field	5	Effective Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.
End Date	Field	1	Invalid date.	Enter a valid date.
	Field	2	End Date is required.	Enter a valid End Date.
	Field	3	Date range segments cannot overlap.	Enter a valid date/range.
	Field	4	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is greater than or equal to 01/01/1900.
	Field	5	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.
Modifier Range From [Search]	Hyperlink	1	A valid Modifier Range From is required.	Select a valid Modifier.
	Hyperlink	2	Modifier From cannot be greater than Modifier To.	Verify keying.
Modifier Range To [Search]	Hyperlink	1	A valid Modifier Range To is required.	Select a valid modifier.

6.262.5 Groups-Modifier Group Type-Modifier Group Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.262.6 Groups-Modifier Group Type-Modifier Group Panel Accessibility

6.262.6.1 To Access the Groups-Modifier Group Type-Modifier Group Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Groups** hyperlink located on the Related Data panel.	Related Data-Groups page displays.
4	Select **Modifier Group Type**.	Groups- Modifier Group Type panel displays.
5	Select row.	Modifier Group Type-Modifier Group panel displays.

6.262.6.2 To Add on the Groups-Modifier Group Type-Modifier Group Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Modifier Code Range From** by clicking [Search] button.	
3	Enter search criteria. User may also select a row from the list of search results.	Modifier Code Range To Range From information is displayed on panel.
4	Select **Modifier Code Range To** by clicking [Search] button.	
5	Enter search criteria. User may also select a row from the list of search results.	Modifier Code Range To information is displayed on panel.
6	Enter **Effective Date** in MM/DD/CCYY format.	
7	Enter **End Date** in MM/DD/CCYY format.	
8	Click **Save**.	Modifier Group Type-Modifier Group information is saved.

6.262.6.3 To Update on the Groups-Modifier Group Type-Modifier Group Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	

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Step	Action	Response
3	Click **Save**.	Modifier Group Type- Modifier Group information is saved.

6.262.6.4 To Delete on the Groups-Modifier Group Type-Modifier Group Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.263 GROUPS-NDC GROUP TYPE PANEL

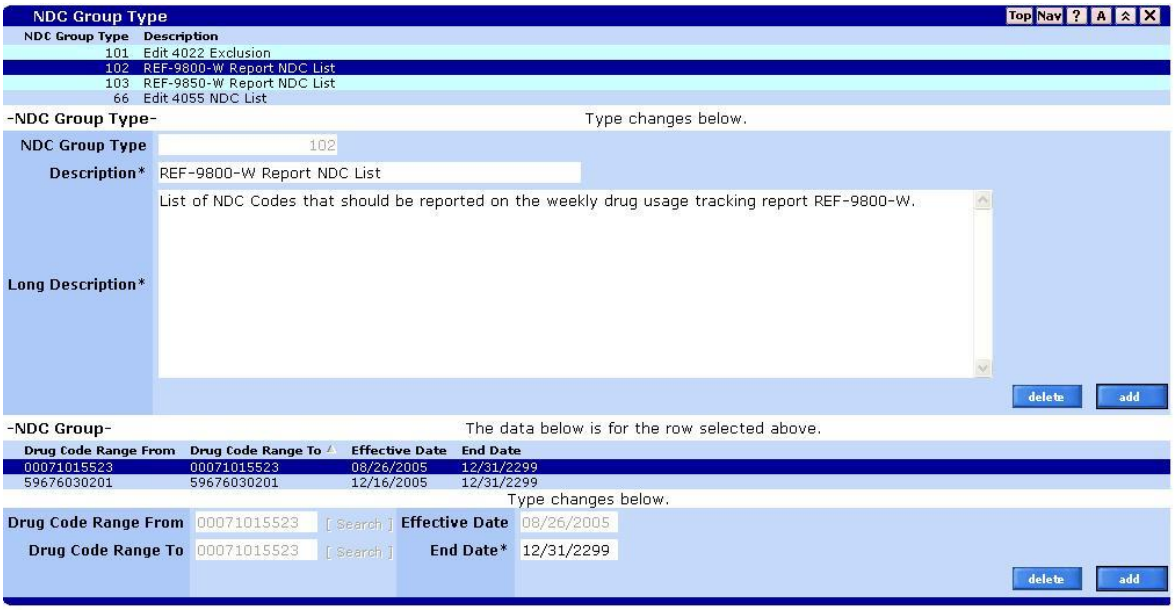
6.263.1 Groups-NDC Group Type Panel Narrative

The NDC Group maintenance panels are used to create/update groupings of NDC codes. Groupings are used to identify/categorize services with like characteristics for varying purposes.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Groups] - [NDC Group Type]

6.263.2 Groups-NDC Group Type Panel Layout



6.263.3 Groups-NDC Group Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a NDC Group Type	Button	N/A	0
Delete	Allows the user to delete a NDC Group Type.	Button	N/A	0
Description	Succinct description (name) of the NDC Group.	Field	Character	50
Long Description	Group purpose. Definition of where and/or how this NDC Group is used.	Field	Character	4000
NDC Group Type	Unique system assigned key for the NDC Group Type that represents a collection of NDCs.	Field	Number (Integer)	9

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6.263.4 Groups-NDC Group Type Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	2	Description is required.	Enter a Description.
Long Description	Field	1	Long Description is required.	Enter a Long Description.
NDC Group Type	Field	1	A valid Drug Group is required.	Add a NDC Group Type to the drug type.

6.263.5 Groups-NDC Group Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.263.6 Groups-NDC Group Type Panel Accessibility

6.263.6.1 To Access the Groups-NDC Group Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Groups** hyperlink located on the Related Data panel.	Related Data-Groups pagedisplays.
4	Select **NDC Group Type**.	NDC Group Type panel displays.

6.263.6.2 To Add on the Groups-NDC Group Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Description**.	
3	Enter **Long Description**.	
4	Click **Save**. NDC Group Type number is automatically generated.	NDC Group Type information is saved.

6.263.6.3 To Update on the Groups-NDC Group Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	

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Step	Action	Response
3	Click **Save**.	NDC Group Type information is saved.

6.263.6.4 To Delete on the Groups-NDC Group Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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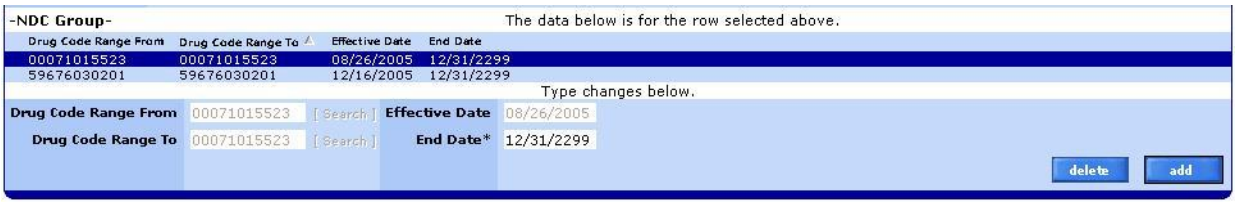
6.264 GROUPS-NDC GROUP TYPE-NDC GROUP PANEL

6.264.1 Groups-NDC Group Type-NDC Group Panel Narrative

The NDC Group maintenance panels are used to create/update groupings of NDC codes. Groupings are used to identify/categorize services with like characteristics for varying purposes. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Groups] - [NDC Group Type] - (Select a NDC Group Type)

6.264.2 Groups-NDC Group Type-NDC Group Panel Layout



6.264.3 Groups-NDC Group Type-NDC Group Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add an NDC Group.	Button	N/A	0
Delete	Allows the user to delete an NDC Group.	Button	N/A	0
Effective Date	First date of service the NDC (or NDCs) is effective within the NDC Group Type.	Field	Date (MM/DD/CCYY)	8
End Date	Last date of service the NDC (or NDCs) is effective within the NDC Group Type.	Field	Date (MM/DD/CCYY)	8
Drug Code Range From [Search]	Lower limit of the NDC range associated to the current group.	Hyperlink	N/A	0
Drug Code Range To [Search]	Upper limit of the NDC range associated to the current group.	Hyperlink	N/A	0

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6.264.4 Groups-NDC Group Type-NDC Group Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Invalid date.	Enter an Effective Date in MM/DD/CCYY format.
	Field	2	Effective Date must be less than or equal to End Date.	Enter an Effective Date that is less than or equal to the End Date.
	Field	3	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
	Field	4	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater than or equal to 01/01/1900.
	Field	5	Effective Date is required.	Enter an Effective Date.
	Field	6	Date range segments cannot overlap.	Correct overlap condition. Dates cannot overlap for the same NDC codes.
End Date	Field	1	Invalid date.	Enter an End Date in MM/DD/CCYY format.
	Field	2	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.
	Field	3	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is greater than or equal to 01/01/1900.
	Field	4	End Date is required.	Enter an End Date.
Drug Code Range From [Search]	Hyperlink	1	A valid Drug Code Range From is required.	Select a valid NDC Code.
	Hyperlink	2	Drug From cannot be greater than Drug To.	Select a NDC Code Range To that is greater than or equal to the NDC Code Range From.

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Field	Field Type	Error Code	Error Message	To Correct
	Hyperlink	3	Date and Code range segments cannot overlap.	Correct overlap condition. Dates and codes cannot overlap.
Drug Code Range To [Search]	Hyperlink	1	A valid Drug Code Range To is required.	Select a valid NDC Code To.

6.264.5 Groups-NDC Group Type-NDC Group Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.264.6 Groups-NDC Group Type-NDC Group Panel Accessibility

6.264.6.1 To Access the Groups-NDC Group Type- NDC Group Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Groups** hyperlink located on the Related Data panel.	Related Data-Groups page displays.
4	Select **NDC Group Type**.	Groups- NDC Group Type panel displays.
5	Select row.	NDC Group Type-NDC Group panel displays.

6.264.6.2 To Add on the Groups-NDC Group Type- NDC Group Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Drug Code Range From** by clicking [Search] button.	
3	Enter search criteria. User may also select a row from the list of search results.	Drug Code Range From information is displayed on panel.
4	Select **Drug Code Range To** by clicking [Search] button.	
5	Enter search criteria. User may also select a row from the list of search results.	Drug Code Range To information is displayed on panel.

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Step	Action	Response
6	Enter **Effective Date** in MM/DD/CCYY format.	
7	Enter **End Date** in MM/DD/CCYY format.	
8	Click **Save**.	NDC Group Type-NDC Group information is saved.

6.264.6.3 To Update on the Groups-NDC Group Type- NDC Group Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	NDC Group Type- NDC Group information is saved.

6.264.6.4 To Delete on the Groups-NDC Group Type- NDC Group Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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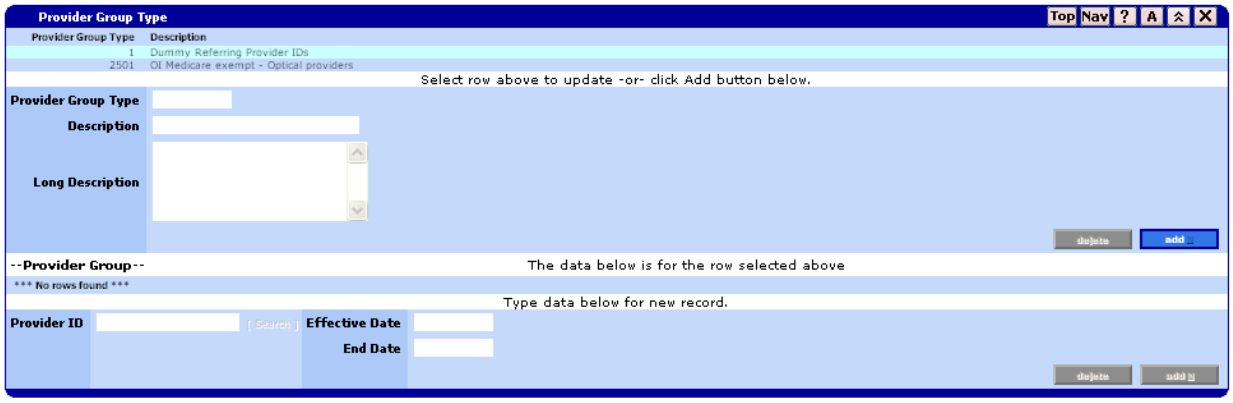
6.232 GROUPS-PROVIDER GROUP TYPE PANEL

6.232.1 Groups-Provider Group Type Panel Narrative

The Provider Group Type panel is used to create/update groupings of Providers. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data - Groups] - [Provider Group Type]

6.232.2 Groups-Provider Group Type Panel Layout



6.232.3 Groups-Provider Group Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allow user to add a Provider Group Type.	Button	N/A	0
Delete	Allow user to delete a Provider Group Type.	Button	N/A	0
Description	Short description for a Provider Group Type.	Field	Alphanumeric	50
Effective Date	The date of service on which the Provider becomes valid for the Provider group.	Field	Date (MM/DD/CCYY)	8
End Date	The date of service on which the Provider becomes is no longer valid for the Provider group.	Field	Date (MM/DD/CCYY)	8
Long Description	Definition of where and/or how this Provider group is used.	Field	Alphanumeric	4000
Provider Group Type	System assigned key for unique Provider Group Type.	Field	Number (Integer)	9
Provider ID	Internal key for a unique program or provider.	Field	Character	10

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6.232.4 Groups-Provider Group Type Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description.
Long Description	Field	1	Long Description is required.	Enter a Long Description.

6.232.5 Groups-Provider Group Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.232.6 Groups-Provider Group Type Panel Accessibility

6.232.6.1 To Access the Groups-Provider Group Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Groups** hyperlink located on the Related Data panel.	Related Data-Groups pagedisplays.
4	Select **Provider Group Type**.	Provider Group Type panel displays.

6.232.6.2 To Add on the Groups-Provider Group Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Description**.	
3	Enter **Long Description.**	
4	Click **Save**.	Provider Group Type information is saved.

6.232.6.3 To Update on the Groups-Provider Group Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Provider Group Type information is saved.

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6.232.6.4 To Delete on the Groups- Provider Group Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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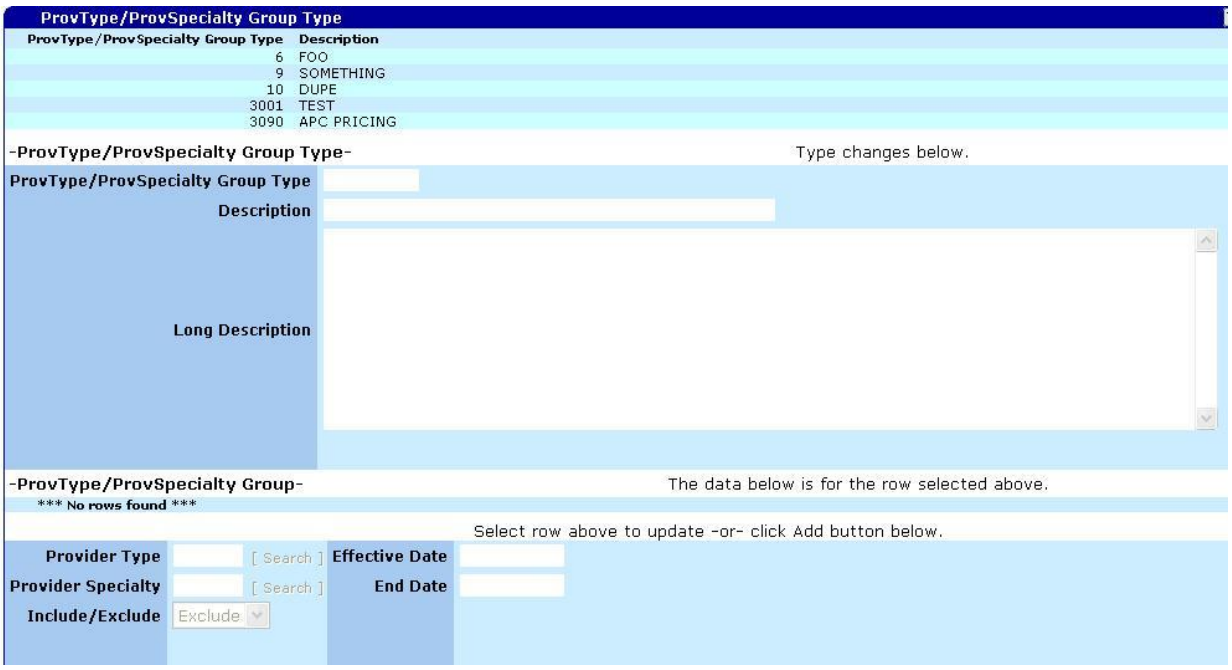
6.233 GROUPS-PROV TYPE/PROV SPECIALTY GROUP TYPE PANEL

6.233.1 Groups-Prov Type/Prov Specialty Group Type Panel Narrative

The Prov Type/Prov Specialty Group panels are used to create/update groupings of Provider Type/Provider Specialty combination. Groupings are used to identify/categorize services with like characteristics for varying purposes. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data]-[Groups]-[Prov Type /Prov Specialty Group Type]

6.233.2 Groups-Prov Type/Prov Specialty Group Type Panel Layout



6.233.3 Groups-Prov Type/Prov Specialty Group Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a new Prov Type /Prov Specialty group type.	Button	N/A	0
Delete	Allows the user to delete the current Prov Type /Prov Specialty group type.	Button	N/A	0
Description	Succinct description (name) of the Prov Type/Prov Specialty Group.	Field	Character	50
Long Description	Group purpose. Definition of where and/or how the group type is used.	Field	Character	4000

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Field	Description	Field Type	Data Type	Length
Prov Type/Prov Specialty Group Type	Unique system assigned key for the Prov Type /Prov Specialty Group. Represents a collection of Specific Therapeutic Class codes. Unique system assigned key for the Therapeutic Group. Represents a collection of Provider Type/Provider specialty code combinations.	Field	Number (Integer)	0

6.233.4 Groups-Prov Type/Prov Specialty Group Type Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Descriptio	Field	1	Description is required.	Enter a text Description of the group.
Long Description	Field	1	Long Description is required.	Enter a Long Description of the group.

6.233.5 Groups-Prov Type/Prov Specialty Group Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.233.6 Groups-Prov Type/Prov Specialty Group Type Panel Accessibility

6.233.6.1 To Access the Groups-Prov Type/Prov Specialty Group Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Groups** hyperlink located on the Related Data panel.	Related Data-Groups page displays.
4	Select **Prov Type/Prov Specialty Group Type**.	Prov Type/Prov Specialty Group Type panel displays.

6.233.6.2 To Add on the Groups-Prov Type/Prov Specialty Group Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Description**.	
3	Enter **Long Description**.	

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Step	Action	Response
4	Click **Save**. Prov Type/Prov Specialty Group Type number is automatically generated.	Prov Type/Prov Specialty Group Type information is saved.

6.233.6.3 To Update on the Groups-Prov Type/Prov Specialty Group Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Prov Type/Prov Specialty Group Type information is saved.

6.233.6.4 To Delete on the Groups-Prov Type/Prov Specialty Group Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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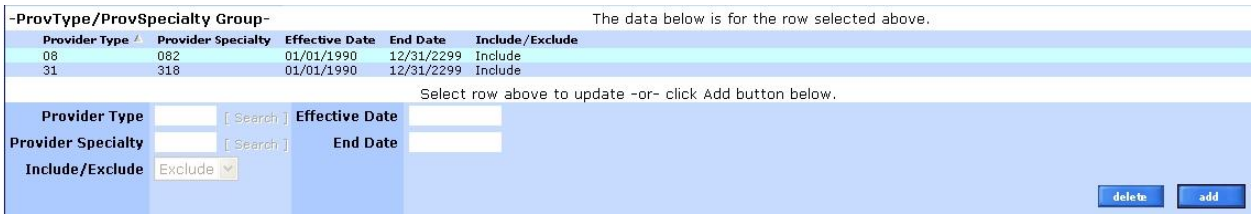
6.234 GROUPS-PROV TYPE PROV SPECIALTY GROUP TYPE-PROV TYPE PROV SPECIALTY GROUP PANEL

6.234.1 Groups-Prov Type Prov Specialty Group Type-Prov Type Prov Specialty Group Panel Narrative

The Prov Type/Prov Specialty Group panels are used to create/update groupings of Prov Type and Prov Specialty Codes. Groupings are used to identify/categorize services with like characteristics for varying purposes. E.G. Confidential services. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Groups] - [Groups-Prov Type Prov Specialty Group Type] - (Select a group from Prov Type /Prov Specialty Group]) -(Scroll down to [Prov Type /Prov Specialty Group])

6.234.2 Groups-Prov Type Prov Specialty Group Type-Prov Type Prov Specialty Group Panel Layout



6.234.3 Groups-Prov Type Prov Specialty Group Type-Prov Type Prov Specialty Group Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a new Prov Type /Prov Specialty group type.	Button	N/A	0
Delete	Allows the user to delete the current Prov Type /Prov Specialty group type.	Button	N/A	0
Effective Date	Date of service the provider type and provider specialty becomes effective for the Prov Type Prov Specialty Group Type.	Field	Date (MM/DD/CCYY)	8
End Date	Date of service the provider type and provider specialty is no longer effective for the Prov Type Prov Specialty Group Type.	Field	Date (MM/DD/CCYY)	8
Include/Exclude	Indicate whether the provider type/provider specialty combination should be included or excluded.	Combo Box	Drop Down List Box	0

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Field	Description	Field Type	Data Type	Length
Provider Specialty [Search]	Code that uniquely identifies the Provider Specialty.	Hyperlink	N/A	0
Provider Type [Search	Code that uniquely identifies the Provider Type.	Hyperlink	N/A	0

6.234.4 Groups-Prov Type Prov Specialty Group Type-Prov Type Prov Specialty Group Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date is required.	Enter a valid date.
	Field	2	Effective Date must be less than or equal to End Date.	Enter an effective date that is less than or equal to the End Date.
	Field	3	Invalid date.	Enter a valid date in the MM/DD/CCYY format.
	Field	4	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater than or equal to 01/01/1900.
	Field	5	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
End Date	Field	1	End Date is required.	Enter a valid date.
	Field	2	Invalid date.	Enter a valid End Date in MM/DD/CCYY format.
	Field	3	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is greater than or equal to 01/01/1900.
	Field	4	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.
Provider Specialty [Search]	Hyperlink	1	A valid Provider Specialty is required.	Select a Provider Specialty.
	Hyperlink	2	Specialty Group is a duplicate.	Enter a Provider Specialty that is not a duplicate.
Provider Type [Search]	Hyperlink	1	A valid Provider Type is required.	Select a Provider Type.

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6.234.5 Groups-Prov Type Prov Specialty Group Type-Prov Type Prov Specialty Group Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.234.6 Groups-Prov Type Prov Specialty Group Type-Prov Type Prov Specialty Group Panel Accessibility

6.234.6.1 To Access the Groups-Prov Type Prov Specialty Group Type-Prov Type Prov Specialty Group Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data pagdisplays.
3	Click the **Groups** hyperlink located on the Related Data panel.	Related Data-Groups page displays.
4	Select **Modifier Group Type**.	Groups- Prov Type/Prov Specialty Group Type panel displays.
5	Select row.	Prov Type/Prov Specialty Group Type-Prov Type Prov Specialty Group panel displays.

6.234.6.2 To Add on the Groups-Prov Type Prov Specialty Group Type-Prov Type Prov Specialty Group Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Provider Type** by clicking [Search] button.	
3	Enter search criteria. User may also select a row from the list of search results.	Provider Type information is displayed on panel.
4	Select **Provider Specialty** by clicking [Search] button.	
5	Enter search criteria. User may also select a row from the list of search results.	Provider Specialty information is displayed on panel.
6	Select **Include/Exclude** from drop down list box.	
7	Enter **Effective Date** in MM/DD/CCYY format.	
8	Enter **End Date** in MM/DD/CCYY format.	

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Step	Action	Response
9	Click **Save**. Last Update Date is automatically generated.	Prov Type/Prov Specialty Group Type information is saved.

6.234.6.3 To Update on the Groups-Prov Type Prov Specialty Group Type-Prov Type Prov Specialty Group Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Prov Type/Prov Specialty Group Type information is saved.

6.234.6.4 To Delete on the Groups-Prov Type Prov Specialty Group Type-Prov Type Prov Specialty Group Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.235 GROUPS-REVENUE GROUP TYPE PANEL

6.235.1 Groups-Revenue Group Type Panel Narrative

The Revenue Group Type panels are used to create/update groupings of Revenue Codes. Groupings are used to identify/categorize services with like characteristics for varying purposes. E.G. Confidential services. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Groups] - [Revenue Group Type]

6.235.2 Groups-Revenue Group Type Panel Layout

6.235.3 Groups-Revenue Group Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Revenue Group Type.	Button	N/A	4000
Delete	Allows the user to delete a Revenue Group Type.	Button	N/A	0
Description	Name of the Revenue Group.	Field	Character	50
Long Description	Group purpose. Definition of where and/or how this Revenue Group is used.	Field	Alphanumeric	4000
Revenue Group Type	Unique system assigned key for the Revenue Group. Represents a collection of Revenue codes.	Field	Number (Integer)	9

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6.235.4 Groups-Revenue Group Type Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description for the Revenue Group Type.
Long Description	Field	1	Long description is required.	Enter a Long Description for the Revenue Group Type.

6.235.5 Groups-Revenue Group Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.235.6 Groups-Revenue Group Type Panel Accessibility

6.235.6.1 To Access the Revenue Group Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data pag displays.
3	Click the **Groups** hyperlink located on the Related Data panel.	Related Data-Groups page displays.
4	Select **Revenue Group Type**.	Revenue Group Type panel displays.

6.235.6.2 To Add on the Revenue Group Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Description**.	
3	Enter **Long Description**.	
4	Click **Save**.	Revenue Group Type information is saved.

6.235.6.3 To Update on the Revenue Group Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Revenue Group Type information is saved.

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6.235.6.4 To Delete on the Revenue Group Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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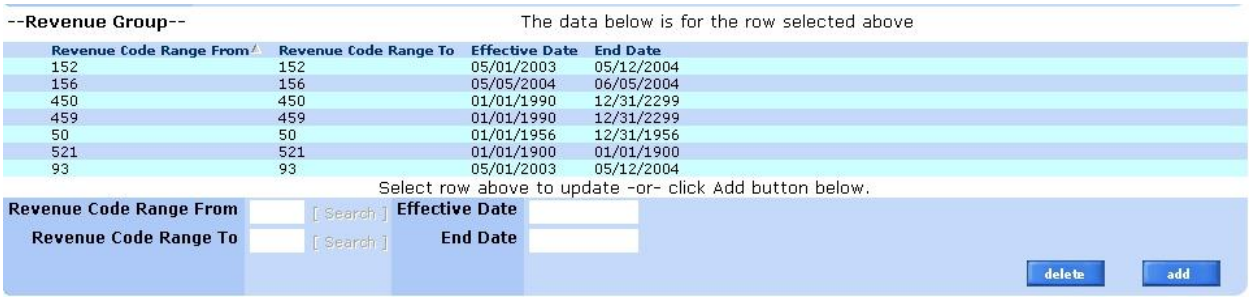
6.236 GROUPS-REVENUE GROUP TYPE-REVENUE GROUP PANEL

6.236.1 Groups-Revenue Group Type-Revenue Group Panel Narrative

The Revenue Group Type panel is used to create/update groupings of Revenue Codes. Groupings are used to identify/categorize services with like characteristics for varying purposes. E.G. Confidential services. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Groups] - [Revenue Group Type] - (Select a group from [Revenue Group Type]) -(Scroll down to [Revenue Group])

6.236.2 Groups-Revenue Group Type-Revenue Group Panel Layout



6.236.3 Groups-Revenue Group Type-Revenue Group Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows a user to add a Revenue code or range of codes to the selected Revenue Group.	Button	N/A	0
Delete	Allows a user to delete a Revenue code (or range) from the selected Revenue Group.	Button	N/A	0
Effective Date	Date of service the revenue code becomes effective for the revenue group.	Field	Date (MM/DD/CCYY)	8
End Date	Date of service the revenue code is no longer effective for the revenue group.	Field	Date (MM/DD/CCYY)	8
Revenue Code Range From [Search]	Upper limit of the revenue code range associated to a group.	Hyperlink	N/A	0
Revenue Code Range To [Search]	Lower limit of the revenue code range associated to a group.	Hyperlink	N/A	0

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6.236.4 Groups-Revenue Group Type-Revenue Group Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective date	Field	1	Effective Date is required.	Enter a valid date.
	Field	2	Effective Date must be less than or equal to End Date.	Enter an Effective Date that is less than or equal to the End Date.
	Field	3	Invalid date.	Enter a valid date in the MM/DD/CCYY format.
	Field	4	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective date that is greater than or equal to 01/01/1900.
	Field	5	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
	Field	6	Date range segments cannot overlap.	Correct overlap condition. Dates cannot overlap for the same From/To Revenue Code combinations.
	Field	7	Date and Code range segments cannot overlap.	Correct the overlap condition. Dates and Code ranges cannot overlap.
End Date	Field	1	End Date is required.	Enter a valid date.
	Field	2	End Date must be greater than or equal to 01/01/1900.	Enter a date that is greater than or equal to 01/01/1900.
	Field	3	Invalid date.	Enter a valid date in the MM/DD/CCYY format.
	Field	4	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.
Revenue Code Range From [Search]	Hyperlink	1	A valid Revenue Code Range From is required.	Select a valid Revenue Code.
	Hyperlink	2	Revenue From cannot be greater than Revenue To.	Select a revenue code from that is less that or equal to the revenue code to.
Revenue Code Range To [Search]	Hyperlink	1	A valid Revenue Code Range To is required.	Select a valid Revenue Code.

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6.236.5 Groups-Revenue Group Type-Revenue Group Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.236.6 Groups-Revenue Group Type-Revenue Group Panel Accessibility

6.236.6.1 To Access the Groups-Revenue Group Type-Revenue Group Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Groups** hyperlink located on the Related Data panel.	Related Data-Groups page displays.
4	Select **Revenue Group Type**.	Groups- Revenue Group Type panel displays.
5	Select row.	Revenue Group Type-Revenue Group panel displays.

6.236.6.2 To Add on the Groups-Revenue Group Type-Revenue Group Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Revenue Code Range From** by clicking [Search] button.	
3	Enter search criteria. User may also select a row from the list of search results.	Revenue Code Range From information is displayed on panel.
4	Select **Revenue Code Range To** by clicking [Search] button.	
5	Enter search criteria. User may also select a row from the list of search results.	Revenue Code Range To information is displayed on panel.
7	Enter **Effective Date** in MM/DD/CCYY format.	
8	Enter **End Date** in MM/DD/CCYY format.	
9	Click **Save**. Last Update Date is automatically generated.	Revenue Group Type-Revenue Group information is saved.

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6.236.6.3 To Update on the Groups-Revenue Group Type-Revenue Group Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Revenue Group Type-Revenue Group information is saved.

6.236.6.4 To Delete on the Groups-Revenue Group Type-Revenue Group Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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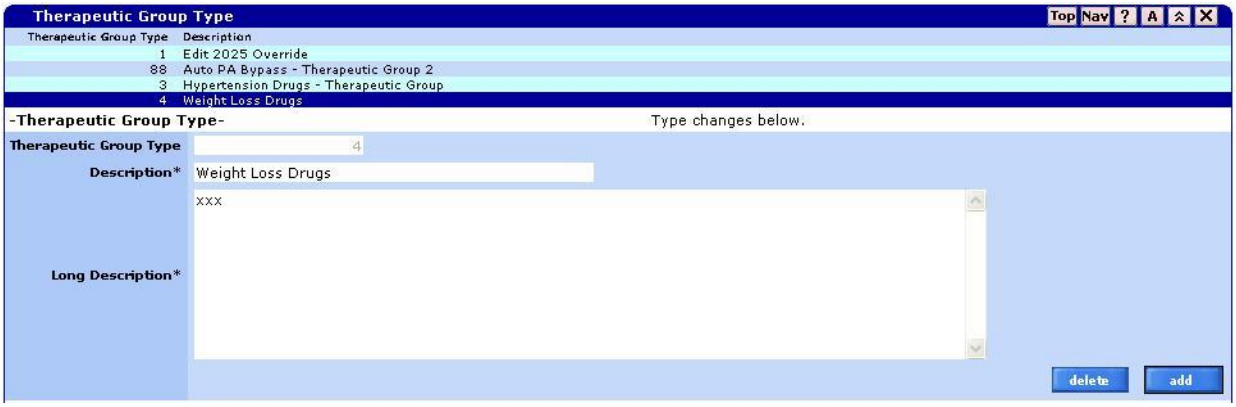
6.237 GROUPS-THERAPEUTIC GROUP TYPE PANEL

6.237.1 Groups-Therapeutic Group Type Panel Narrative

The Therapeutic Group Type panel is used to create/update groupings of Hierarchical Specific Therapeutic Class codes. Groupings are used to identify/categorize services with like characteristics for varying purposes. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Groups] - [Therapeutic Group Type]

6.237.2 Groups-Therapeutic Group Type Panel Layout



6.237.3 Groups-Therapeutic Group Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a new therapeutic group type.	Button	N/A	0
Delete	Allows the user to deletes the current therapeutic group type.	Button	N/A	0
Description	Succinct description (name) of the Therapeutic Group.	Field	Alphanumeric	50
Long Description	Group purpose. Definition of where and/or how the group type is used.	Field	Alphanumeric	4000
Therapeutic Group Type	Unique system assigned key for the Therapeutic Group. Represents a collection of Specific Therapeutic Class codes.	Field	Number (Integer)	9

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6.237.4 Groups-Therapeutic Group Type Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description for the Therapeutic Group Type.
Long Description	Field	1	Long Description is required.	Enter a Long Description of the Therapeutic Group Type.

6.237.5 Groups-Therapeutic Group Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.237.6 Groups-Therapeutic Group Type Panel Accessibility

6.237.6.1 To Access the Groups-Therapeutic Group Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Groups** hyperlink located on the Related Data panel.	Related Data-Groups page displays.
4	Select **Therapeutic Group Type**.	Therapeutic Group Type panel displays.

6.237.6.2 To Add on the Groups-Therapeutic Group Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Description**.	
3	Enter **Long Description**.	
4	Click **Save**. Therapeutic Group Type is automatically generated.	Therapeutic Group Type information is saved.

6.237.6.3 To Update on the Groups-Therapeutic Group Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Therapeutic Group Type information is saved.

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6.237.6.4 To Delete on the Groups-Therapeutic Group Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.238 GROUPS-THERAPEUTIC GROUP TYPE-THERAPEUTIC GROUP PANEL

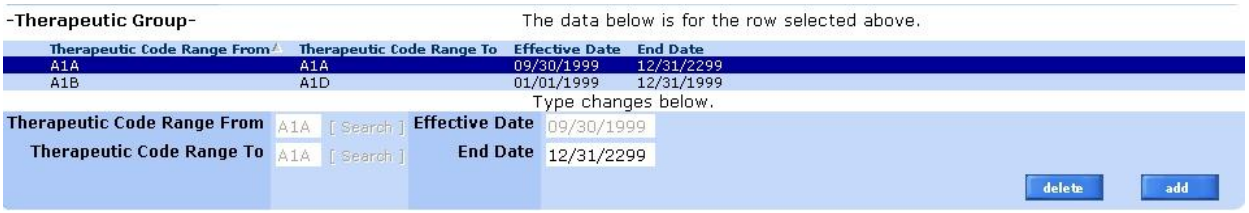
6.238.1 Groups-Therapeutic Group Type-Therapeutic Group Panel Narrative

The Therapeutic Group panel is used to view and update therapeutic codes related to a specific Therapeutic Group.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Groups] - [Therapeutic Group Type] - (Scroll down to [Therapeutic Group])

6.238.2 Groups-Therapeutic Group Type-Therapeutic Group Panel Layout



6.238.3 Groups-Therapeutic Group Type-Therapeutic Group Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a code (or code range) to the selected Therapeutic Group Type.	Button	N/A	0
Delete	Allows the user to delete a code (or code range) from the selected Therapeutic Group Type.	Button	N/A	0
Effective Date	First date of service the code (or codes) is effective within the group type.	Field	Date (MM/DD/CCYY)	8
End Date	Last date of service the code (or codes) is effective within the group type.	Field	Date (MM/DD/CCYY)	8
Therapeutic Code Range From [Search]	Lower limit of the therapeutic class code range associated to a group.	Hyperlink	N/A	0
Therapeutic Code Range To [Search]	Upper limit of the therapeutic class code range associated to a group.	Hyperlink	N/A	0

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6.238.4 Groups-Therapeutic Group Type-Therapeutic Group Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date is required.	Enter a valid date.
	Field	2	Invalid date.	Enter a valid date. Format is MM/DD/CCYY.
	Field	3	Effective Date must be less than or equal to End Date.	Enter an Effective Date that is less than or equal to End Date.
	Field	4	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater than or equal to 01/01/1900.
	Field	5	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
	Field	6	Date range segments cannot overlap.	Correct overlap condition. Dates cannot overlap for the same codes.
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	2	Invalid date.	Enter an End Date in MM/DD/CCYY format.
	Field	3	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is greater than or equal to 01/01/1900.
	Field	4	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.
Therapeutic Code Range From [Search]	Hyperlink	1	Therapeutic From cannot be greater than Therapeutic To.	Enter a Therapeutic that is less than or equal to Therapeutic To.
	Hyperlink	2	Date and Code range segments cannot overlap.	Correct overlap condition. Date and Code ranges cannot overlap an existing segment.
	Hyperlink	3	A valid Therapeutic Code Range From is required.	Select a Therapeutic Code Range From.
Therapeutic Code Range To [Search]	Hyperlink	1	A valid Therapeutic Code Range To is required.	Select a Therapeutic Code Range To.

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6.238.5 Groups-Therapeutic Group Type-Therapeutic Group Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.238.6 Groups-Therapeutic Group Type-Therapeutic Group Panel Accessibility

6.238.6.1 To Access the Groups-Therapeutic Group Type-Therapeutic Group Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Groups** hyperlink located on the Related Data panel.	Related Data-Groups page displays.
4	Select **Therapeutic Group Type**.	Therapeutic Group Type-Therapeutic Group panel displays.

6.238.6.2 To Add on the Groups-Therapeutic Group Type-Therapeutic Group Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Therapeutic Code Range From** by clicking [Search] button.	
3	Enter search criteria. User may also select a row from the list of search results.	Therapeutic Code Range From information is displayed on panel.
4	Select **Therapeutic Code Range To** by clicking [Search] button.	
5	Enter search criteria. User may also select a row from the list of search results.	Therapeutic Code Range To information is displayed on panel.
6	Enter **Effective Date** in MM/DD/CCYY format.	
7	Enter **End Date** in MM/DD/CCYY format.	
8	Click **Save**. Last Update Date is automatically generated.	Therapeutic Group Type -Therapeutic Group information is saved.

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6.238.6.3 To Update on the Groups-Therapeutic Group Type-Therapeutic Group Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Therapeutic Group Type Therapeutic Group information is saved.

6.238.6.4 To Delete on the Groups-Therapeutic Group Type-Therapeutic Group Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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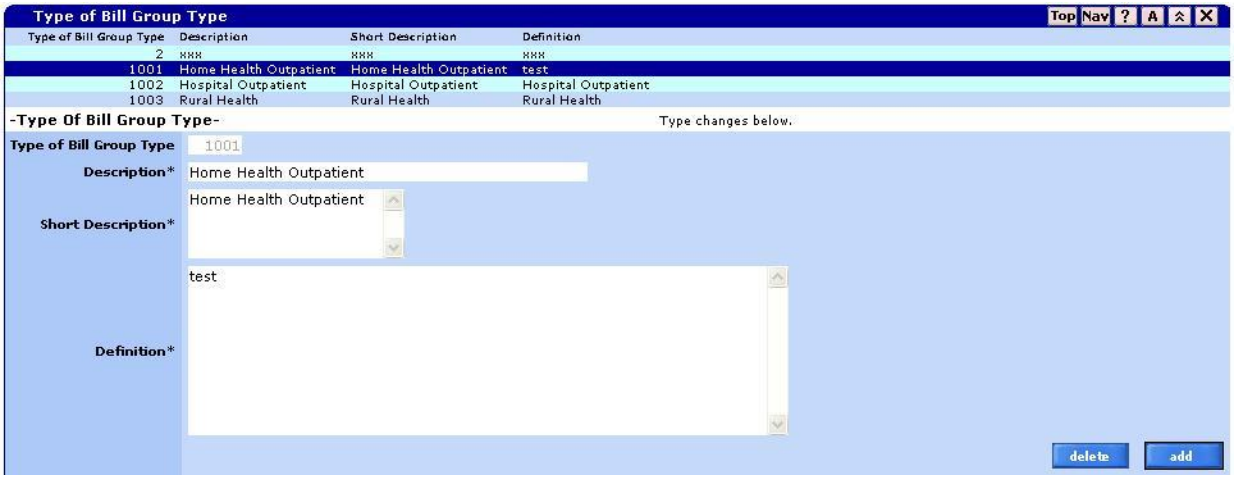
6.239 GROUPS-TYPE OF BILL GROUP TYPE PANEL

6.239.1 Groups-Type of Bill Group Type Panel Narrative

The Type of Bill Group Type panel is used in conjunction with the type of bill group. The type of bill types and their descriptions are on this entity, and the type of bill codes that correspond with each type of bill type are on the type of bill group. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Groups] - [Type of Bill Group Type]

6.239.2 Groups-Type of Bill Group Type Panel Layout



6.239.3 Groups-Type of Bill Group Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add a Type of Bill Group Type.	Button	N/A	0
Delete	Delete a Type of Bill Group Type.	Button	N/A	0
Definition	Definition of where and/or how this TOB groups is used.	Field	Character	4000
Description	This contains the description for the type of bill type.	Field	Character	50
Short Description	This contains the description for the type of bill type.	Field	Character	25
Type of Bill Group Type	This field is used to identify the type of bill type. It contains a number from 1 to 999 that corresponds to a range of type of bill codes.	Field	Number (Integer)	9

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6.239.4 Groups-Type of Bill Group Type Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Definition	Field	1	Definition is required.	Enter a Definition.
Description	Field	1	Description is required.	Description field is required when adding or modifying Type of Bill Group.
Short Description	Field	1	Short description is required.	Short description field is required when adding or modifying Type of Bill Group.

6.239.5 Groups-Type of Bill Group Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.239.6 Groups-Type of Bill Group Type Panel Accessibility

6.239.6.1 To Access the Groups-Type of Bill Group Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data pagedisplays.
3	Click the **Groups** hyperlink located on the Related Data panel.	Related Data-Groups page displays.
4	Select **Type Of Bill Group Type**.	Type of Bill Group Type panel displays.

6.239.6.2 To Add on the Groups-Type of Bill Group Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Description**.	
3	Enter **Long Description**.	
4	Click **Save**. Type of Bill Group Type is automatically generated.	Type of Bill Group Type information is saved.

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6.239.6.3 To Update on the Groups-Type of Bill Group Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Type of Bill Group Type information is saved.

6.239.6.4 To Delete on the Groups-Type of Bill Group Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.240 GROUPS-TYPE OF BILL GROUP TYPE-TYPE OF BILL GROUP PANEL

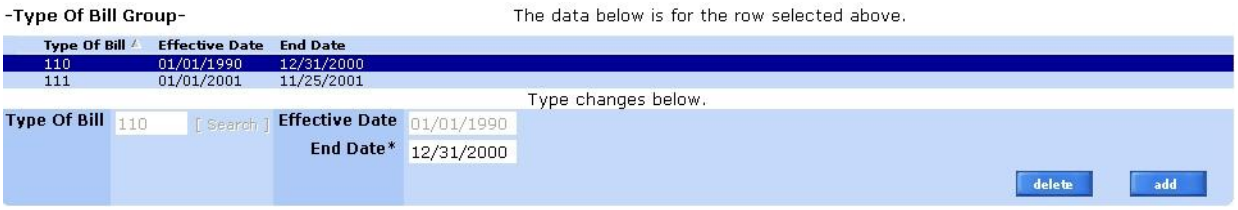
6.240.1 Groups-Type of Bill Group Type-Type of Bill Group Panel Narrative

The Type of Bill Group panel is used to create and maintain collections of Type of Bill code.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Related Data] - [Groups] - [Type of Bill Group Type] - (Scroll down to [Type of Bill Group] - (Select a group)

6.240.2 Groups-Type of Bill Group Type-Type of Bill Group Panel Layout



6.240.3 Groups-Type of Bill Group Type-Type of Bill Group Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add a Type of Bill Group.	Button	N/A	0
Delete	Delete a Type of Bill Group.	Button	N/A	0
Effective Date	Beginning date for the type of bill group entity.	Field	Date (MM/DD/CCYY)	8
End Date	Beginning date for the type of bill group entity.	Field	Date (MM/DD/CCYY)	8
Type of Bill [Search]	Type of Bill associated with the Group.	Hyperlink	N/A	0

6.240.4 Groups-Type of Bill Group Type-Type of Bill Group Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date is required. Format is MM/DD/CCYY.	Enter a valid date. Format is MM/DD/CCYY.
	Field	2	The fields Effective Date and End Date from row [0] cannot overlap with row [1].	The fields Effective Date and End Date must be unique.
	Field	3	Effective Date must be less than or equal to End Date.	Effective Date must be less than or equal to End Date.
End Date	Field	1	End Date is required. Format is MM/DD/CCYY.	Enter a valid date. Format is MM/DD/CCYY.

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Field	Field Type	Error Code	Error Message	To Correct
Type of Bill	Hyperlink	1	A valid Type of Bill is required.	Enter a valid Type of Bill.

6.240.5 Groups-Type of Bill Group Type-Type of Bill Group Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.240.6 Groups-Type of Bill Group Type-Type of Bill Group Panel Accessibility

6.240.6.1 To Access the Groups-Type of Bill Group Type-Type of Bill Group Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **Groups** hyperlink located on the Related Data panel.	Related Data-Groups page displays.
4	Select **Type of Bill Group Type**.	Groups-Type of Bill Group Type panel displays.
5	Select a row from list of results.	Type of Bill Group Type-Type of Bill Group panel displays.

6.240.6.2 To Add on the Groups-Type of Bill Group Type-Type of Bill Group Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Type of Bill**. Note: If unknown click [Search] to locate Type of Bill.	
3	Enter **Effective Date** in MM/DD/CCYY format.	
4	Enter **End Date** in MM/DD/CCYY format.	
5	Click **Save**.	Type of Bill Group Type-Type of Bill Group information is saved.

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6.240.6.3 To Update on the Groups-Type of Bill Group Type-Type of Bill Group Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Type of Bill Group Type-Type of Bill Group information is saved.

6.240.6.4 To Delete on the Groups-Type of Bill Group Type-Type of Bill Group Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.
3	Click the **Other** hyperlink located on the Related Data panel.	Related Data-Other page displays.

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5.139 RELATED DATA MME PAGE

5.139.1 Related Data MME Page Narrative

The Reference Related Data MME panel allows the user to access the various MME panels.

Navigation Path: [Reference] - [Related Data] - [MME]

5.139.2 Related Data MME Page Layout

5.139.3 Related Data MME Page Field Descriptions

Field	Description	Field Type	Data Type	Length
Alerts and Exceptions	Link to the Alerts and Exceptions panel.	Hyperlink	N/A	0
Base Ingredient	Link to the Base Ingredient panel.	Hyperlink	N/A	0
Cancel	Allows the user to cancel the current action.	Button	N/A	0
Clinical Formulation	Link to the Clinical Formulation panel.	Hyperlink	N/A	0
Concurrent Risk Set	Link to the Concurrent Risk Set panel.	Hyperlink	N/A	0
Daily Alerting	Link to the Daily Alerting panel.	Hyperlink	N/A	0
Designated Route Ingredient Info	Link to the Designated Route Ingredient Info panel.	Hyperlink	N/A	0
Drug Concept	Link to the Drug Concept panel.	Hyperlink	N/A	0
Drugs with Potential Risk	Link to the Drugs with Potential Risk panel.	Hyperlink	N/A	0
Medication Master	Link to the Medication Master panel.	Hyperlink	N/A	0
Range Factor	Link to the Range Factor panel.	Hyperlink	N/A	0

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Field	Description	Field Type	Data Type	Length
Save	Allows the user to save a record.	Button	N/A	0
Set and Group	Link to the Set and Group panel.	Hyperlink	N/A	0
Vocabulary Description Source	Link to the Vocabulary Description Source panel.	Hyperlink	N/A	0

5.139.4 Related Data MME Page Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this page.				

5.139.5 Related Data MME Page Extra Features

Field	Field Type
No extra features found for this panel.	

5.139.6 Related Data MME Page Accessibility

5.139.6.1 To Access the Related Data MME Page

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **MME** hyperlink located on the Related Data panel.	Related Data-MME page displays.

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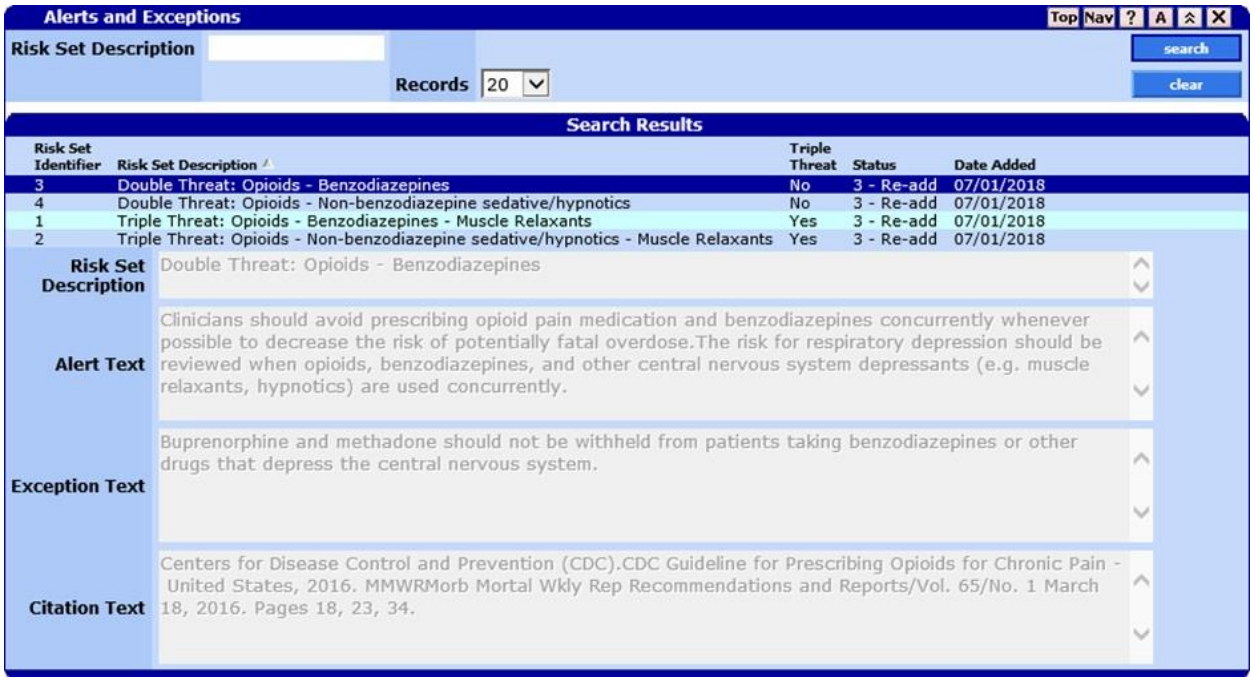
6.241 MME – ALERTS AND EXCEPTIONS PANEL

6.241.1 MME - Alerts and Exceptions Panel Narrative

This panel will display Alert Text and Alert Exception Text associated to a Concurrent Risk Set. Concurrent Risk Sets are comprised of Risk Groups and are used to identify a targeted Risk (e.g. double-threat). An indicator to identify a "Triple Threat" Risk Set is included.

Navigation Path: [Reference] - [Related Data] - [MME] - [Alerts and Exceptions]

6.241.2 MME - Alerts and Exceptions Panel Layout



6.241.3 MME - Alerts and Exceptions Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Alert Text	Alert Text.	Field	Character	2000
Citation Text	Citation Text.	Field	Character	255
Clear	Clears Search Panel.	Button	N/A	0
Date Added	The current date that the row was added.	Field	Number	8
Exception Text	Alert Exception Text.	Field	Character	2000
Risk Set Description	Concurrent Risk Set Identifier Description.	Field	Character	255
Risk Set Identifier	Concurrent Risk Set Identifier.	Field	Number	8

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Field	Description	Field Type	Data Type	Length
Search	Search button. When clicked searches all records that matches the criteria. If no criteria entered, it will bring all available records.	Button	N/A	0
Status	Change Indicator where 1=New Add, 2=Historical Change, 3=Active Change, 4=Deleted.	Field	Character	1
Triple Threat	Triple Threat Indicator. 0 No triple threat present; 1 Triple threat is present.	Field	Character	1

6.241.4 MME - Alerts and Exceptions Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.241.5 MME - Alerts and Exceptions Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.241.6 MME - Alerts and Exceptions Panel Accessibility

6.241.6.1 To Access the MME - Alerts and Exceptions Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **MME** hyperlink located on the Related Data panel.	Related Data-MME page displays.
4	Select **Alerts and Exceptions**.	Alerts and Exceptions panel displays.

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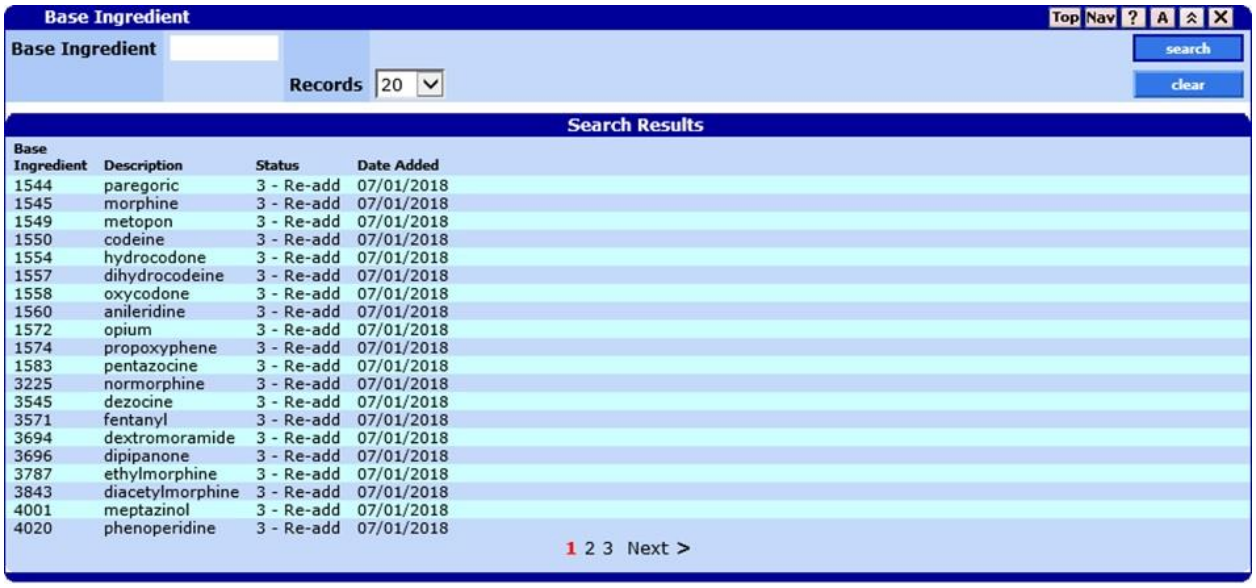
6.242 MME – BASE INGREDIENT PANEL

6.242.1 MME - Base Ingredient Panel Narrative

This panel will display text description related to Opioid Base Ingredient Identifier.

Navigation Path: [Reference] - [Related Data] - [MME] - [Base Ingredient]

6.242.2 MME - Base Ingredient Panel Layout



6.242.3 MME - Base Ingredient Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Base Ingredient	Opioid Base Ingredient Identifier.	Field	Number	8
Clear	Clears Search Panel.	Button	N/A	0
Date Added	The current date that the row was added.	Field	Number	8
Description	Opioid Base Ingredient Identifier Description.	Field	Character	50
Search	Search button. When clicked searches all records that matches the criteria. If no criteria entered, it will bring all available records.	Button	N/A	0
Status	Change Indicator where 1=New Add, 2=Historical Change, 3=Active Change, 4=Deleted.	Field	Character	1

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6.242.4 MME - Base Ingredient Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.242.5 MME - Base Ingredient Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.242.6 MME - Base Ingredient Panel Accessibility

6.242.6.1 To Access the MME - Base Ingredient Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **MME** hyperlink located on the Related Data panel.	Related Data-MME page displays.
4	Select **Base Ingredient**.	Base Ingredient panel displays.

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6.243 MME - CLINICAL FORMULATION PANEL

6.243.1 MME - Clinical Formulation Panel Narrative

This panel will display Clinical Formulation (GCN_SEQNO), strength of the ingredient, and MME Factor.

Navigation Path: [Reference] - [Related Data] - [MME] - [Clinical Formulation]

6.243.2 MME - Clinical Formulation Panel Layout

Clinical Formulation

GSN

Records 20

Search Results

GSN	Strength Per Dosage Unit	Opioid Base Ingredient Identifier	Opioid Strength	Opioid Strength Unit of Measure	Dosage Unit	MME Factor	Daily Dose Indicat
66634	0	4622	2	mg	mL	0	No
66635	0	4632	2	mg	film	0	No
66636	0	4632	8	mg	film	0	No
66637	6	1545	2	mg	mL	3	No
66638	0	4622	0.50	mg	mL	0	No
66643	0	4622	10	ug	mL	0	No
66764	64	3571	400	ug	spray,non-aerosol	0.16	No
66785	0.30	1550	2	mg	mL	0.15	No
66836	0.6666666666666660	1554	0.6666666666666660	mg	mL	1	No
66996	0	3571	10	ug	mL	0	No
67145	0	4622	20	ug	mL	0	No
67266	20	13168	50	mg	tablet extended release 12 hr	0.40	No
67267	40	13168	100	mg	tablet extended release 12 hr	0.40	No
67268	60	13168	150	mg	tablet extended release 12 hr	0.40	No
67270	80	13168	200	mg	tablet extended release 12 hr	0.40	No
67271	100	13168	250	mg	tablet extended release 12 hr	0.40	No
67433	0	4628	1	mg	mL	0	No
67463	3	1545	1	mg	mL	3	No
67480	1	1554	1	mg	mL	1	No
67499	0	3571	5	ug	mL	0	No

1 2 3 4 5 6 7 8 9 10 ... Next >

6.243.3 MME - Clinical Formulation Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Clear	Clears Search Panel.	Button	N/A	0
Daily Dose Indicator	Has Opioid Daily Dose Indicator, an ingredient in the product has a daily dose requirement for the MME Conv. If the product contains more than one ingredient and one of them requires a daily dose MME, this indicator is set as Yes.	Field	Character	1

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Field	Description	Field Type	Data Type	Length
Date Added	The current date that the row was added.	Field	Number (Integer)	8
Dosage Unit	Clinical Formulation Dosage Unit. For example, tablet, mL, powder, capsule, lozenge.	Field	Alphanumeric	50
GSN	This field is a unique number representing the active ingredient(s), route of administration, drug strength and dosage form. This field holds the FDB GCN Sequence Number.	Field	Number (Integer)	6
MME Factor	Morphine Milligram Equivalent Factor provides the factor used to find the Morphine Milligram Equivalent (MME) for a dosage unit.	Field	Number (Decimal)	34
Opioid Base Ingredient Identifier	Opioid Base Ingredient Identifier that represents the base ingredient code of a given active ingredient.	Field	Number (Integer)	8
Opioid Strength	Opioid Strength provides the numeric quantity of the opioid per defined drug form. For example, 20mg tablet, the Opioid Strength value is 20.	Field	Number (Decimal)	34
Opioid Strength Unit of Measure	Opioid Strength Unit of Measure (UCUM). For example, mg, %, ug.	Field	Alphanumeric	255
Search	Search button. When clicked searches all records that matches the criteria. If no criteria entered, it will bring all available records.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
Status	Change Indicator where 1= New Add, 2=Historical Change, 3=Active Change, 4=Deleted.	Field	Character	1
Strength Per Dosage Unit	MME Strength Per Dosage Unit provides a total MME per dosage form. If the Clinical Formulation contains an ingredient with two different salts then results in this field is a sum of both.	Field	Number (Decimal)	34

6.243.4 MME - Clinical Formulation Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.243.5 MME - Clinical Formulation Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.243.6 MME - Clinical Formulation Panel Accessibility

To Access the MME - Clinical Formulation Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **MME** hyperlink located on the Related Data panel.	Related Data-MME page displays.
4	Select **Clinical Formulation**.	Clinical Formulation panel displays.

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6.244 MME – CONCURRENT RISK SET PANEL

6.244.1 MME - Concurrent Risk Set Panel Narrative

This panel will display text description for the Concurrent Risk Set Identifier.

Navigation Path: [Reference] - [Related Data] - [MME] - [Concurrent Risk Set]

6.244.2 MME - Concurrent Risk Set Panel Layout

6.244.3 MME - Concurrent Risk Set Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Clear	Clears Search Panel.	Button	N/A	0
Date Added	The current date that the row was added.	Field	Number	8
Risk Set Description	Concurrent Risk Group Identifier Description.	Field	Character	255
Risk Set Identifier	Concurrent Risk Group Identifier.	Field	Number	8
Search	Search button. When clicked searches all records that matches the criteria. If no criteria entered, it will bring all available records.	Button	N/A	0
Status	Change Indicator where 1= New Add, 2=Historical Change, 3=Active Change, 4=Deleted.	Field	Character	1

6.244.4 MME - Concurrent Risk Set Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.244.5 MME - Concurrent Risk Set Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.244.6 MME - Concurrent Risk Set Panel Accessibility

6.244.6.1 To Access the MME - Concurrent Risk Set Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **MME** hyperlink located on the Related Data panel.	Related Data-MME page displays.
4	Select **Concurrent Risk Set**.	Concurrent Risk Set panel displays.

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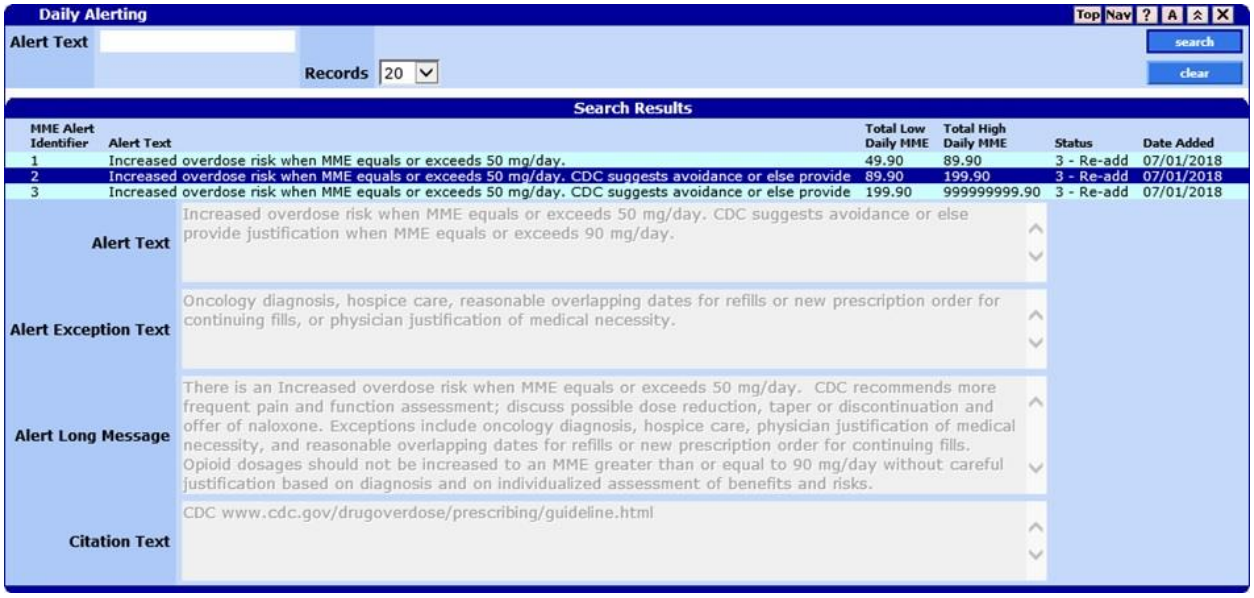
6.245 MME – DAILY ALERTING PANEL

6.245.1 MME - Daily Alerting Panel Narrative

This panel will display suggested alert text, alert negation text, and citation information based on total daily low and high thresholds.

Navigation Path: [Reference] - [Related Data] - [MME] - [Daily Alerting]

6.245.2 MME - Daily Alerting Panel Layout



6.245.3 MME - Daily Alerting Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Alert Exception Text	Alert Exception Text.	Field	Character	500
Alert Long Message	Alert Long Message.	Field	Character	2000
Alert Text	Alert Text.	Field	Character	500
Citation Text	Citation Text.	Field	Character	255
Clear	Clears Search Panel.	Button	N/A	0
Date Added	The current date that the row was added.	Field	Number	8
MME Alert Identifier	MME Alert Identifier.	Field	Number	8
Search	Search button. When clicked searches all records that matches the criteria. If no criteria entered, it will bring all available records.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
Status	Change Indicator where 1=New Add, 2=Historical Change, 3=Active Change, 4=Deleted.	Field	Character	1
Total High Daily MME	Total High Daily MME.	Field	Number	34
Total Low Daily MME	Total Low Daily MME.	Field	Number	34

6.245.4 MME - Daily Alerting Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.245.5 MME - Daily Alerting Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.245.6 MME - Daily Alerting Panel Accessibility

6.245.6.1 To Access the MME - Daily Alerting Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **MME** hyperlink located on the Related Data panel.	Related Data-MME page displays.
4	Select **Daily Alerting**.	Daily Alerting panel displays.

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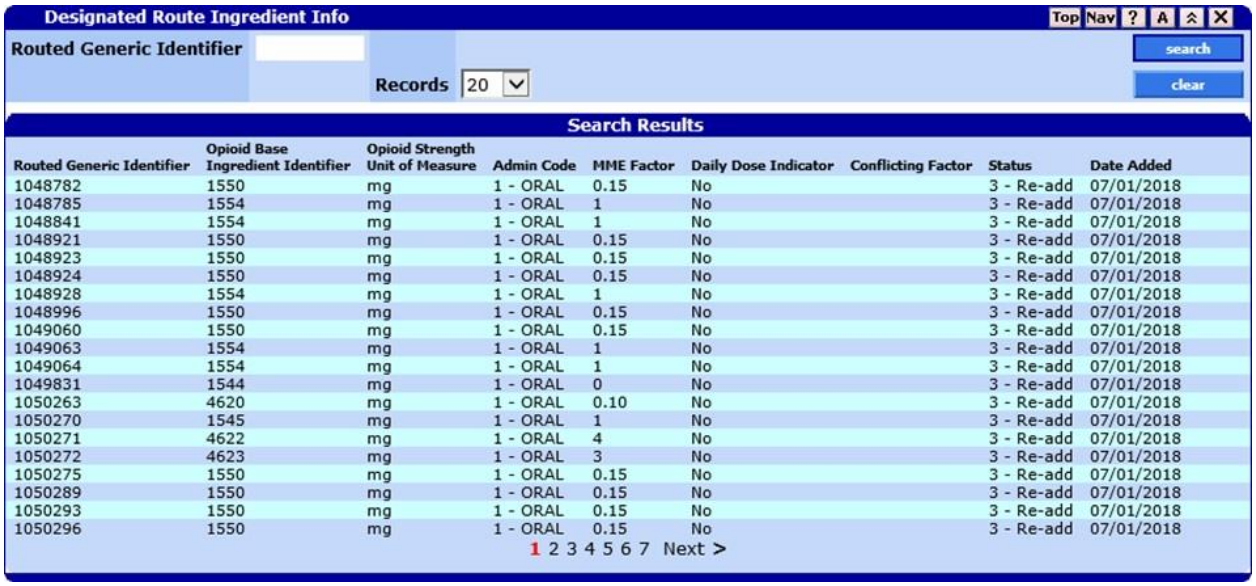
6.246 MME – DESIGNATED ROUTE INGREDIENT INFO PANEL

6.246.1 MME - Designated Route Ingredient Info Panel Narrative

This panel provides search functionality, allowing a provider to search for an ingredient's Morphine Milligram Equivalent (MME) information specific to a designated route (e.g. sublingual instead of oral). Use requires license to additional FDB files.

Navigation Path: [Reference] - [Related Data] - [MME] - [Designated Route Ingredient Info]

6.246.2 MME - Designated Route Ingredient Info Panel Layout



Routed Generic Identifier	Opioid Base Ingredient Identifier	Opioid Strength Unit of Measure	Admin Code	MME Factor	Daily Dose Indicator	Conflicting Factor	Status	Date Added
1048782	1550	mg	1 - ORAL	0.15	No		3 - Re-add	07/01/2018
1048785	1554	mg	1 - ORAL	1	No		3 - Re-add	07/01/2018
1048841	1554	mg	1 - ORAL	1	No		3 - Re-add	07/01/2018
1048921	1550	mg	1 - ORAL	0.15	No		3 - Re-add	07/01/2018
1048923	1550	mg	1 - ORAL	0.15	No		3 - Re-add	07/01/2018
1048924	1550	mg	1 - ORAL	0.15	No		3 - Re-add	07/01/2018
1048928	1554	mg	1 - ORAL	1	No		3 - Re-add	07/01/2018
1048996	1550	mg	1 - ORAL	0.15	No		3 - Re-add	07/01/2018
1049060	1550	mg	1 - ORAL	0.15	No		3 - Re-add	07/01/2018
1049063	1554	mg	1 - ORAL	1	No		3 - Re-add	07/01/2018
1049064	1554	mg	1 - ORAL	1	No		3 - Re-add	07/01/2018
1049831	1544	mg	1 - ORAL	0	No		3 - Re-add	07/01/2018
1050263	4620	mg	1 - ORAL	0.10	No		3 - Re-add	07/01/2018
1050270	1545	mg	1 - ORAL	1	No		3 - Re-add	07/01/2018
1050271	4622	mg	1 - ORAL	4	No		3 - Re-add	07/01/2018
1050272	4623	mg	1 - ORAL	3	No		3 - Re-add	07/01/2018
1050275	1550	mg	1 - ORAL	0.15	No		3 - Re-add	07/01/2018
1050289	1550	mg	1 - ORAL	0.15	No		3 - Re-add	07/01/2018
1050293	1550	mg	1 - ORAL	0.15	No		3 - Re-add	07/01/2018
1050296	1550	mg	1 - ORAL	0.15	No		3 - Re-add	07/01/2018

6.246.3 MME - Designated Route Ingredient Info Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Admin Code	Route of Administration Code, location a drug is administered. Valid values 1-ORAL, 2-INJECTION, 3-RECTAL, 4-MUCOUS MEMBRANE, 5-TOPICAL.	Field	Character	1
Clear	Clears Search Panel.	Button	N/A	0
Conflicting Factor	Conflicting MME Factor Indicator. 1=True, 0=False.	Field	Character	1
Daily Dose Indicator	Has Opioid Daily Dose Indicator. 1=True, 0=false.	Field	Character	1
Date Added	The current date that the row was added.	Field	Number	8

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Field	Description	Field Type	Data Type	Length
MME Factor	MME Dosage Unit Factor.	Field	Number	34
Opioid Base Ingredient Identifier	Opioid Base Ingredient Identifier.	Field	Number	8
Opioid Strength Unit of Measure	Opioid Strength Unit of Measure.	Field	Character	255
Routed Generic Identifier	Routed Generic Identifier.	Field	Number	8
Search	Search button. When clicked searches all records that matches the criteria. If no criteria entered, it will bring all available records.	Button	N/A	0
Status	Change Indicator where 1= New Add, 2=Historical Change, 3=Active Change, 4=Deleted.	Field	Character	1

6.246.4 MME - Designated Route Ingredient Info Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.246.5 MME - Designated Route Ingredient Info Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.246.6 MME - Designated Route Ingredient Info Panel Accessibility

6.246.6.1 To Access the MME - Designated Route Ingredient Info Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **MME** hyperlink located on the Related Data panel.	Related Data-MME page displays.
4	Select **Designated Route Ingredient Info**.	Designated Route Ingredient Info panel displays.

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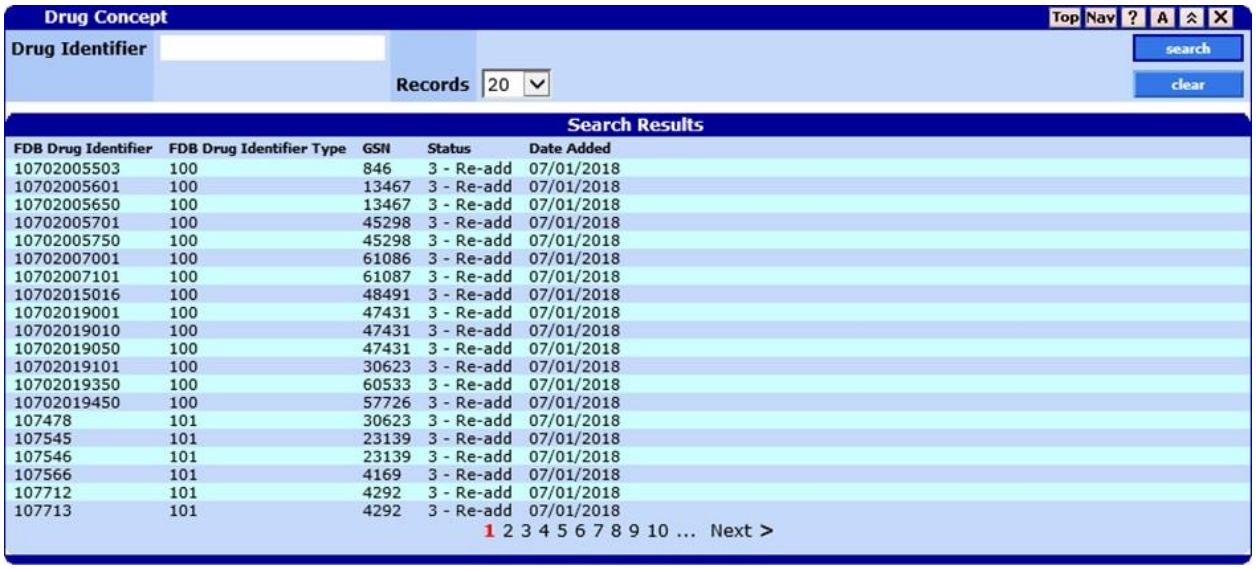
6.247 MME – DRUG CONCEPT PANEL

6.247.1 MME - Drug Concept Panel Narrative

This panel provides a link from various medication concepts and associates them to a Clinical Formulation (GCN_SEQNO). This table will only have GCN_SEQNO values for products that contain an opioid.

Navigation Path: [Reference] - [Related Data] - [MME] - [Drug Concept]

6.247.2 MME - Drug Concept Panel Layout



6.247.3 MME - Drug Concept Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Clear	Clears Search Panel.	Button	N/A	0
Date Added	The current date that the row was added.	Field	Number	8
Drug Identifier	FDB Drug Identifier.	Field	Character	50
Drug Identifier Type	FDB Drug Identifier Type.	Field	Number	8
GSN	Clinical Formulation ID.	Field	Number	6
Search	Search button. When clicked searches all records that matches the criteria. If no criteria entered, it will bring all available records.	Button	N/A	0
Status	Change Indicator where 1= New Add, 2=Historical Change, 3=Active Change, 4=Deleted.	Field	Character	1

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6.247.4 MME - Drug Concept Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.247.5 MME - Drug Concept Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.247.6 MME - Drug Concept Panel Accessibility

6.247.6.1 To Access the MME - Drug Concept Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **MME** hyperlink located on the Related Data panel.	Related Data-MME page displays.
4	Select **Drug Concept**.	Drug Concept panel displays.

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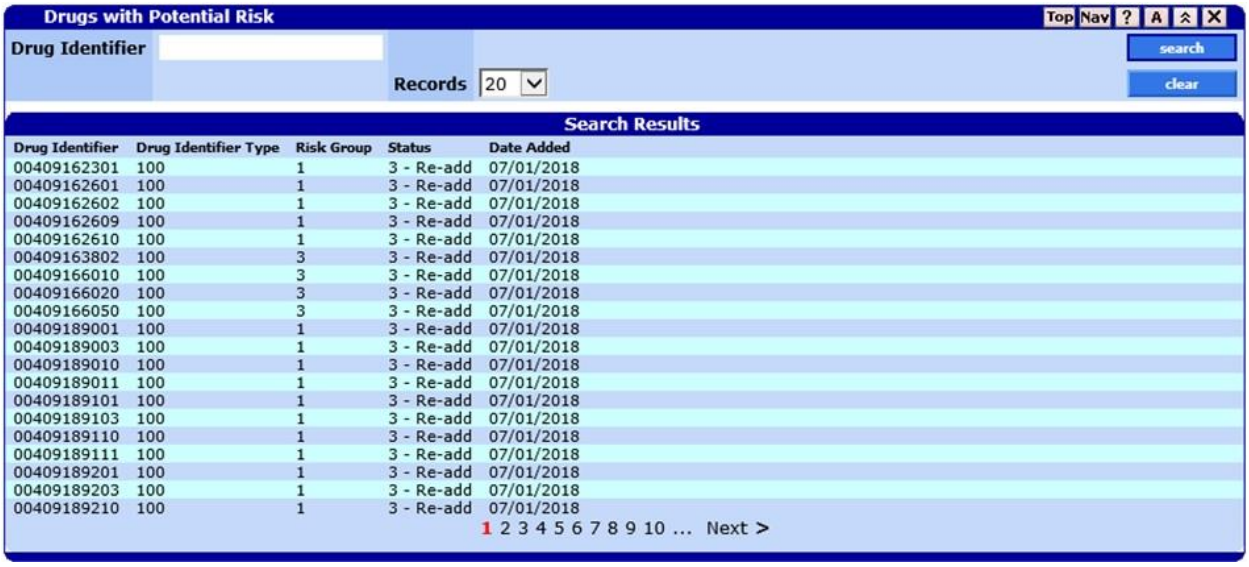
6.248 MME – DRUGS WITH POTENTIAL RISK PANEL

6.248.1 MME - Drugs with Potential Risk Panel Narrative

This panel is designed to identify specified drugs that when co-administered with Opioids create a potential risk to the patient's health.

Navigation Path: [Reference] - [Related Data] - [MME] - [Drugs with Potential Risk]

6.248.2 MME - Drugs with Potential Risk Panel Layout



Drug Identifier	Drug Identifier Type	Risk Group	Status	Date Added
00409162301	100	1	3 - Re-add	07/01/2018
00409162601	100	1	3 - Re-add	07/01/2018
00409162602	100	1	3 - Re-add	07/01/2018
00409162609	100	1	3 - Re-add	07/01/2018
00409162610	100	1	3 - Re-add	07/01/2018
00409163802	100	3	3 - Re-add	07/01/2018
00409166010	100	3	3 - Re-add	07/01/2018
00409166020	100	3	3 - Re-add	07/01/2018
00409166050	100	3	3 - Re-add	07/01/2018
00409189001	100	1	3 - Re-add	07/01/2018
00409189003	100	1	3 - Re-add	07/01/2018
00409189010	100	1	3 - Re-add	07/01/2018
00409189011	100	1	3 - Re-add	07/01/2018
00409189101	100	1	3 - Re-add	07/01/2018
00409189103	100	1	3 - Re-add	07/01/2018
00409189110	100	1	3 - Re-add	07/01/2018
00409189111	100	1	3 - Re-add	07/01/2018
00409189201	100	1	3 - Re-add	07/01/2018
00409189203	100	1	3 - Re-add	07/01/2018
00409189210	100	1	3 - Re-add	07/01/2018

1 2 3 4 5 6 7 8 9 10 ... Next >

6.248.3 MME - Drugs with Potential Risk Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Clear	Clears Search Panel.	Button	N/A	0
Date Added	The current date that the row was added.	Field	Number	8
Drug Identifier	FDB Drug Identifier.	Field	Character	50
Drug Identifier Type	FDB Drug Identifier Type. 3 MEDID; 6 GCN_SEQNO; 100 NDC; 101 FDB_PRODUCT_ID.	Field	Number	8
Risk Group	Concurrent Risk Group Identifier.	Field	Number	8
Search	Search button. When clicked searches all records that matches the criteria. If no criteria entered, it will bring all available records.	Button	N/A	0
Status	Change Indicator where 1=New Add, 2=Historical Change, 3=Active Change, 4=Deleted.	Field	Character	1

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6.248.4 MME - Drugs with Potential Risk Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.248.5 MME - Drugs with Potential Risk Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.248.6 MME - Drugs with Potential Risk Panel Accessibility

6.248.6.1 To Access the MME - Drugs with Potential Risk Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **MME** hyperlink located on the Related Data panel.	Related Data-MME page displays.
4	Select **Drugs with Potential Risk**.	Drugs with Potential Risk panel displays.

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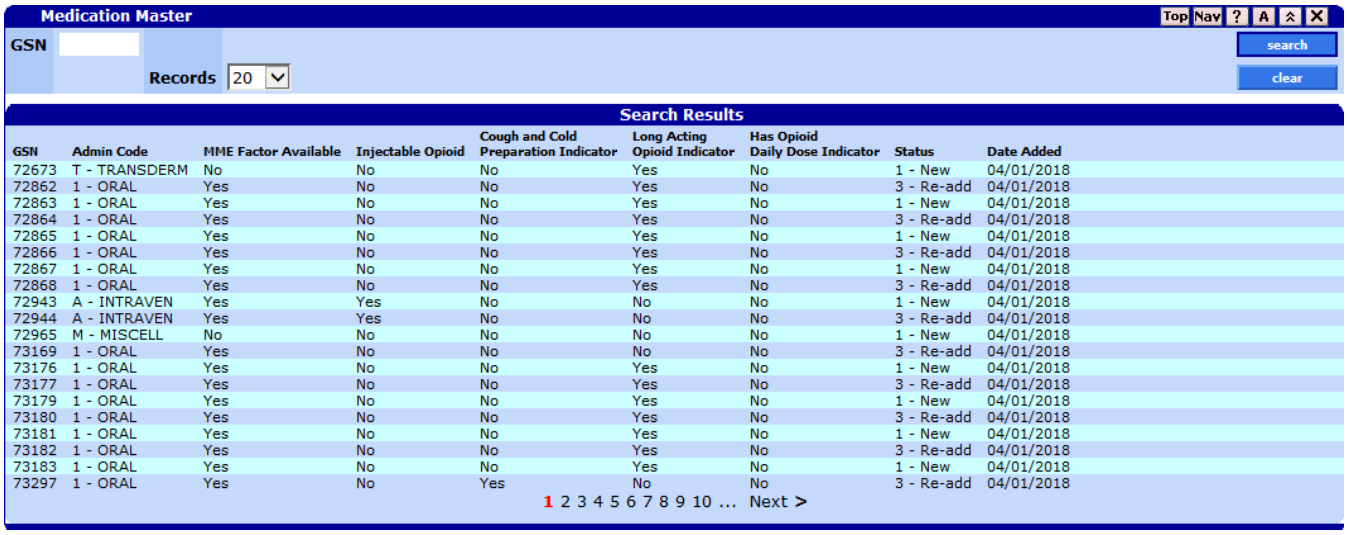
6.249 MME - MEDICATION MASTER PANEL

6.249.1 MME - Medication Master Panel Narrative

This panel provides the Route and Indicators associated to a Clinical Formulation (GCN_SEQNO) that designate: Available MME Factor, Injectable Opioid, Cough and Cold Preparation, and Long Acting Opioids. The indicators may impact continued decision making. For example, if a Morphine Milligram Equivalent (MME) is not available, then other MME functions may not be required.

Navigation Path: [Reference] - [Related Data] - [MME] - [Medication Master]

6.249.2 MME - Medication Master Panel Layout



GSN	Admin Code	MME Factor Available	Injectable Opioid	Cough and Cold Preparation Indicator	Long Acting Opioid Indicator	Has Opioid Daily Dose Indicator	Status	Date Added
72673	T - TRANSDERM	No	No	No	Yes	No	1 - New	04/01/2018
72862	1 - ORAL	Yes	No	No	Yes	No	3 - Re-add	04/01/2018
72863	1 - ORAL	Yes	No	No	Yes	No	1 - New	04/01/2018
72864	1 - ORAL	Yes	No	No	Yes	No	3 - Re-add	04/01/2018
72865	1 - ORAL	Yes	No	No	Yes	No	1 - New	04/01/2018
72866	1 - ORAL	Yes	No	No	Yes	No	3 - Re-add	04/01/2018
72867	1 - ORAL	Yes	No	No	Yes	No	1 - New	04/01/2018
72868	1 - ORAL	Yes	No	No	Yes	No	3 - Re-add	04/01/2018
72943	A - INTRAVEN	Yes	Yes	No	No	No	1 - New	04/01/2018
72944	A - INTRAVEN	Yes	Yes	No	No	No	3 - Re-add	04/01/2018
72965	M - MISCELL	No	No	No	No	No	1 - New	04/01/2018
73169	1 - ORAL	Yes	No	No	No	No	3 - Re-add	04/01/2018
73176	1 - ORAL	Yes	No	No	Yes	No	1 - New	04/01/2018
73177	1 - ORAL	Yes	No	No	Yes	No	3 - Re-add	04/01/2018
73179	1 - ORAL	Yes	No	No	Yes	No	1 - New	04/01/2018
73180	1 - ORAL	Yes	No	No	Yes	No	3 - Re-add	04/01/2018
73181	1 - ORAL	Yes	No	No	Yes	No	1 - New	04/01/2018
73182	1 - ORAL	Yes	No	No	Yes	No	3 - Re-add	04/01/2018
73183	1 - ORAL	Yes	No	No	Yes	No	1 - New	04/01/2018
73297	1 - ORAL	Yes	No	Yes	No	No	3 - Re-add	04/01/2018

1 2 3 4 5 6 7 8 9 10 ... Next >

6.249.3 MME - Medication Master Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Admin Code	Route of Administration Code, location a drug is administered.	Field	Character	1
Clear	Clears Search Panel.	Button	N/A	0
Cough and Cold Preparation Indicator	Cough and Cold Preparation Indicator, product is considered to be a cough/cold preparation.	Field	Character	1
Date Added	The current date that the row was added.	Field	Number	8

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Field	Description	Field Type	Data Type	Length
GSN	This field is a unique number representing the active ingredient(s), route of administration, drug strength and dosage form. This field holds the FDB GCN Sequence Number.	Field	Number	6
Has Opioid Daily Dose Indicator	Has Opioid Daily Dose Indicator, an ingredient in the product has a daily dose requirement for the MME Conv. If the product contains more than one ingredient and one of them requires a daily dose MME, this indicator is set as Yes.	Field	Character	1
Injectable Opioid	Injectable Opioid Indicator, product is an injectable.	Field	Character	1
Long Acting Opioid Indicator	Long Acting Opioid Indicator, product is considered to be a long acting opioid.	Field	Character	1
MME Factor Available	MME Factor Available. For multi-ingredient products containing more than one opioid, this indicator will only be Yes.	Field	Character	1
Search	Search button. When clicked searches all records that matches the criteria. If no criteria entered, it will bring all available records.	Button	N/A	0
Status	Change Indicator where 1= New Add, 2=Historical Change, 3=Active Change, 4=Deleted.	Field	Character	1

6.249.4 MME - Medication Master Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.249.5 MME - Medication Master Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.249.6 MME - Medication Master Panel Accessibility

To Access the MME Medication Master Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **MME** hyperlink located on the Related Data panel.	Related Data-MME page displays.
4	Select **Medication Master**.	Medication Master panel displays.

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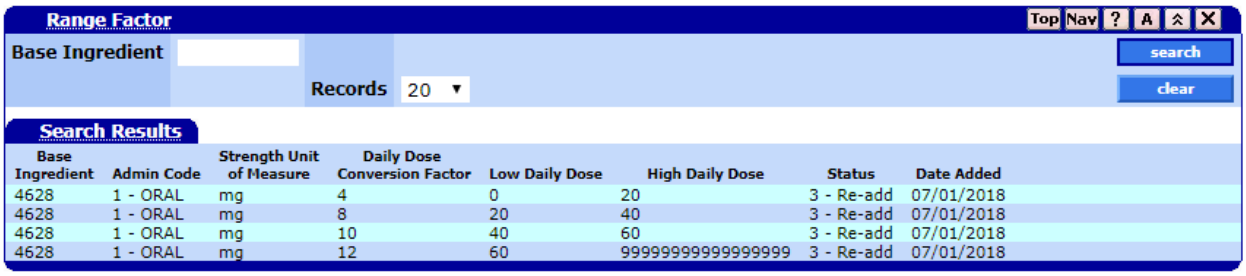
6.250 MME – RANGE FACTOR PANEL

6.250.1 MME - Range Factor Panel Narrative

This panel provides a Morphine Milligram Equivalence Daily Dose Conversion Range Factor to be used based on the total daily dose of opioid that an individual is consuming.

Navigation Path: [Reference] - [Related Data] - [MME] - [Range Factor]

6.250.2 MME - Range Factor Panel Layout



Base Ingredient	Admin Code	Strength Unit of Measure	Daily Dose Conversion Factor	Low Daily Dose	High Daily Dose	Status	Date Added
4628	1 - ORAL	mg	4	0	20	3 - Re-add	07/01/2018
4628	1 - ORAL	mg	8	20	40	3 - Re-add	07/01/2018
4628	1 - ORAL	mg	10	40	60	3 - Re-add	07/01/2018
4628	1 - ORAL	mg	12	60	99999999999999999	3 - Re-add	07/01/2018

6.250.3 MME - Range Factor Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Admin Code	Route of Administration Code, location a drug is administered. Valid values 1-ORAL, 2-INJECTION, 3-RECTAL, 4-MUCOUS MEMBRANE, 5-TOPICAL.	Field	Character	1
Base Ingredient	Opioid Base Ingredient Identifier that represents the base ingredient code of a given active ingredient.	Field	Number	8
Clear	Clears Search Panel.	Button	N/A	0
Daily Dose Conversion Factor	MME Daily Dose Conversion Factor, based on low/high ttl daily range.	Field	Number	34
Date Added	The current date that the row was added.	Field	Number	8
High Daily Dose	Total High Daily MME Range per day.	Field	Number	34
Low Daily Dose	Total Low Daily MME Range per day.	Field	N/A	34
Search	Search button. When clicked searches all records that matches the criteria. If no criteria entered, it will bring all available records.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
Status	Change Indicator where 1= New Add, 2=Historical Change, 3=Active Change, 4=Deleted.	Field	Character	1
Strength Unit of Measure	Opioid Strength Unit of Measure (UCUM). For example, mg, %, ug.	Field	Character	255

6.250.4 MME - Range Factor Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.250.5 MME - Range Factor Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.250.6 MME - Range Factor Panel Accessibility

6.250.6.1 To Access the MME - Range Factor Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **MME** hyperlink located on the Related Data panel.	Related Data-MME page displays.
4	Select **Range Factor**.	Range Factor panel displays.

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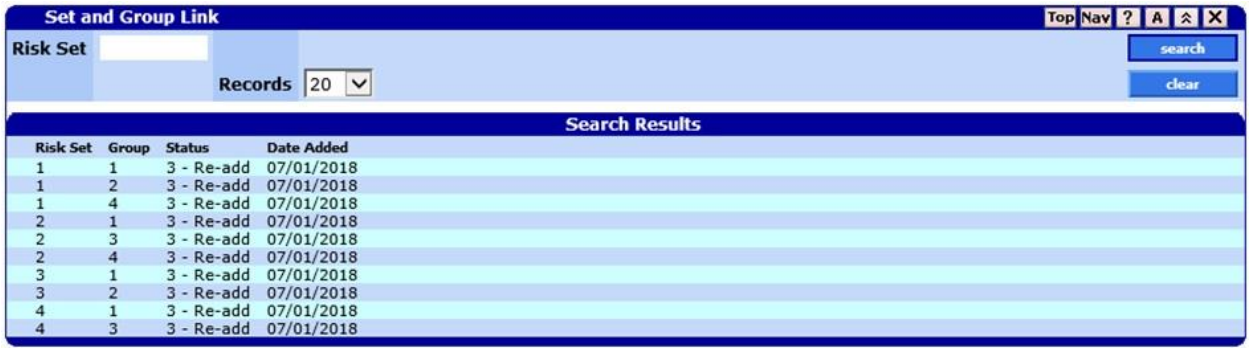
6.251 MME – SET AND GROUP LINK PANEL

6.251.1 MME - Set and Group Link Panel Narrative

This panel will link the Concurrent Risk Set Identifiers with the Concurrent Risk Group Identifiers.

Navigation Path: [Reference] - [Related Data] - [MME] - [Set and Group Link]

6.251.2 MME - Set and Group Link Panel Layout



6.251.3 MME - Set and Group Link Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Clear	Clears Search Panel.	Button	N/A	0
Date Added	The current date that the row was added.	Field	Number	8
Group	Concurrent Risk Group Identifier.	Field	Number	8
Risk Set	Concurrent Risk Set Identifier.	Field	Number	8
Search	Search button. When clicked searches all records that matches the criteria. If no criteria entered, it will bring all available records.	Button	N/A	0
Status	Change Indicator where 1=New Add, 2=Historical Change, 3=Active Change, 4=Deleted.	Field	Character	1

6.251.4 MME - Set and Group Link Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

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6.251.5 MME - Set and Group Link Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.251.6 MME - Set and Group Link Panel Accessibility

6.251.6.1 To Access the MME - Set and Group Link Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **MME** hyperlink located on the Related Data panel.	Related Data-MME page displays.
4	Select **Set and Group Link**.	Set and Group Link panel displays.

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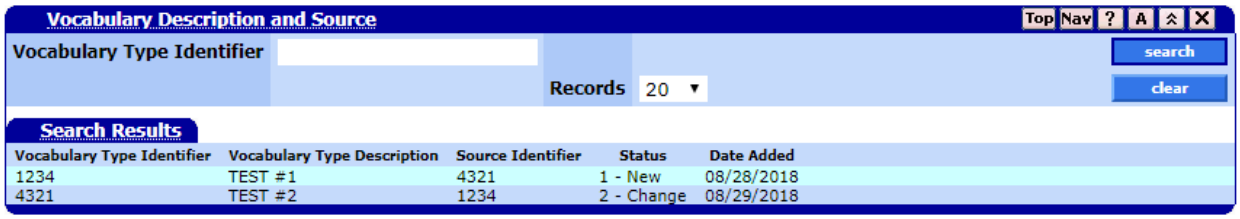
6.252 MME – VOCABULARY DESCRIPTION AND SOURCE PANEL

6.252.1 MME - Vocabulary Description and Source Panel Narrative

This panel will display the relation between the vocabulary type to its description and source.

Navigation Path: [Reference] - [Related Data] - [MME] - [Vocabulary Description and Source]

6.252.2 MME - Vocabulary Description and Source Panel Layout



6.252.3 MME - Vocabulary Description and Source Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Clear	Clears Search Panel.	Button	N/A	0
Date Added	The current date that the row was added.	Field	Number	8
Search	Search button. When clicked searches all records that matches the criteria. If no criteria entered, it will bring all available records.	Button	N/A	0
Source Identifier	EVD Source Identifier.	Field	Number	4
Status	Change Indicator where 1=New Add, 2=Historical Change, 3=Active Change, 4=Deleted. Change Indicator where 1=New Add, 2=Historical Change, 3=Active Change, 4=Deleted.	Field	Character	1
Vocabulary Type Description	EVD Vocabulary Type Description.	Field	Character	50
Vocabulary Type Identifier	EVD Vocabulary Type Identifier.	Field	Number	4

6.252.4 MME - Vocabulary Description and Source Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

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6.252.5 MME - Vocabulary Description and Source Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.252.6 MME - Vocabulary Description and Source Panel Accessibility

6.252.6.1 To Access the MME - Vocabulary Description and Source Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Related Data**.	Related Data page displays.
3	Click the **MME** hyperlink located on the Related Data panel.	Related Data-MME page displays.
4	Select **Vocabulary Description and Source**.	Vocabulary Description and Source panel displays.

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6.253 REFERENCE BENEFIT ADMINISTRATION PAGE

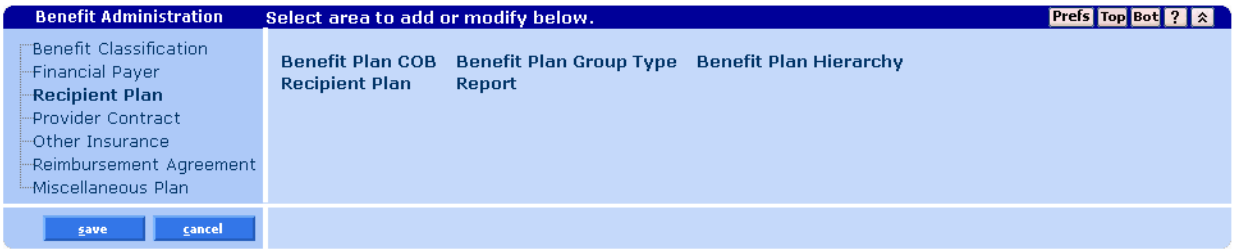
6.253.1 Reference Benefit Administration Page Narrative

The Reference Benefit Administration page allows the user to access the various miscellaneous data maintained within the Reference Data Maintenance subsystem area. This area of the user-interface includes data such as Benefit Classification, Financial Payer, Recipient Plan, Provider Contract, Other Insurance, Reimbursement Agreement and Miscellaneous Plan.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Benefit Administration]

6.253.2 Reference Benefit Administration Page Layout



6.253.3 Reference Benefit Administration Page Field Descriptions

Field	Description	Field Type	Data Type	Length
Benefit Plan COB	Link to the Benefit COB panel.	Hyperlink	N/A	0
Benefit Plan Group Type	Link to the Benefit Plan Group type panel.	Hyperlink	N/A	0
Benefit Plan Hierarchy	Link to the Benefit Plan Hierarchy panel.	Hyperlink	N/A	0
Cancel	Allows the user to cancel an action.	Button	N/A	0
Recipient Plan	Link to the Recipient plan panel.	Hyperlink	N/A	0
Report	Link to the Report panel.	Hyperlink	N/A	0
Save	Allows the user to save changes.	Button	N/A	0

6.253.4 Reference Benefit Administration Page Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this page.				

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6.253.5 Reference Benefit Administration Page Extra Features

Field	Field Type	Error Code	Error Message	To Correct
No extra features found for this page.				

6.253.6 Reference Benefit Administration Page Accessibility

6.253.6.1 To Access the Reference Base Administration Page

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference and** click **Benefit Administration**.	Benefit Administration panel displays.

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6.254 BENEFIT PLAN COB PANEL

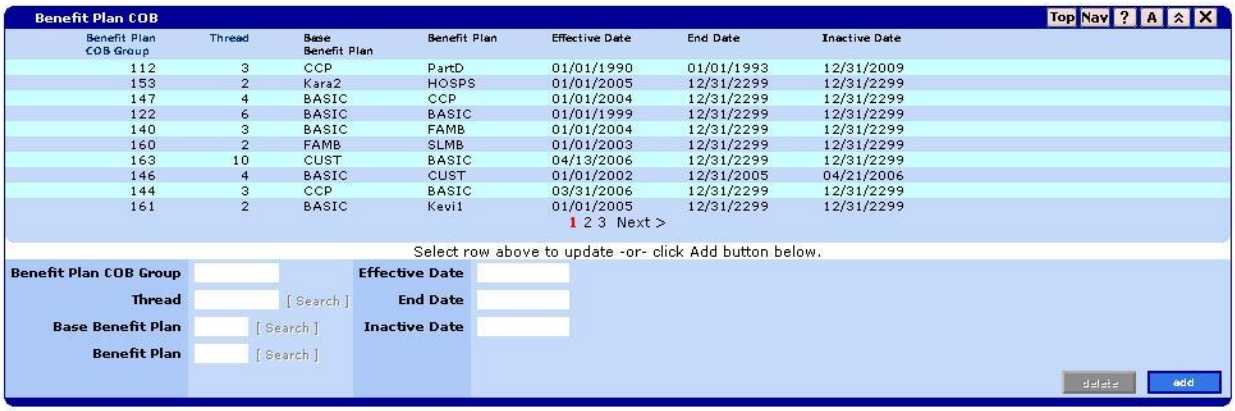
6.254.1 Benefit Plan COB Panel Narrative

The Benefit Plan Coordination of Benefit panel maintains relationships and the order of Benefit Plan as related to coordination at the Benefit Plan level. The Benefit Plan Coordination is set up by pairs considered Benefit Plan COB Groups. These groups work with the Benefit Plan Thread. Note the order of the pair is important. For example if the coordination pair is set up as BenPlan1/BenPlan2 then a Benefit Plan Hierarchy thread with BenPlan1 followed by BenPlan2 must exist to coordinate. If the first Benefit Plan in the pair does NOT pay, there will NOT be Coordination.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Benefit Administration] - [Benefit Plan COB]

6.254.2 Benefit Plan COB Panel Layout



6.254.3 Benefit Plan COB Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add a Benefit Plan COB.	Button	N/A	0
Base Benefit Plan [Search]	First Benefit Plan in the Benefit Plan COB group.	Hyperlink	N/A	0
Benefit Plan [Search]	Second Benefit Plan in the Benefit Plan COB group.	Hyperlink	N/A	0
Benefit Plan COB Group	Unique identifier for the pair of Benefit Plans to be coordinated.	Field	Number (Integer)	9
Delete	Delete a Benefit Plan COB.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
Effective Date	Date the hierarchy thread becomes valid for use in claims processing. The claim FDOS/TDOS date span is used when comparing the effective date.	Field	Date (MM/DD/CCYY)	8
End Date	The last day the hierarchy thread is valid for use in claims processing. The claim FDOS/TDOS date span is used when comparing the End Date.	Field	Date (MM/DD/CCYY)	8
Inactive Date	Date/Time the Benefit Plan COB can no longer be used regardless of dates of service on the claim. Time is not displayed but time will be defaulted to 00:00 when selecting a date for processing. Future Inactive Date Restrictions prevent inactivating a segment while claims are processing.	Field	Date (MM/DD/CCYY)	8
Thread	Uniquely identifies a hierarchy thread. The hierarchy thread is used to identify the order of processing of Financial Payers, Benefit Plans, or Assignment Plans for beneficiaries who are enrolled in multiple Benefit Plans of any of these types.	Field	N/A	0

6.254.4 Benefit Plan COB Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Base Benefit Plan [Search]	Hyperlink	1	A valid Base Benefit Plan is required.	Select a valid base Benefit Plan.
Benefit Plan [Search]	Hyperlink	1	A valid Benefit Plan is required.	Select a valid Benefit Plan.
	Hyperlink	2	Benefit Plan cannot equal Base Benefit Plan.	Verify keying.

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Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	0	Effective date must be on or before end date.	Effective Date must be less than or equal to End Date.
	Field	1	Date segments may not overlap.	Effective Date must not overlap with End Date range in the list.
	Field	2	Effective Date is required.	Effective Date field is required when adding or modifying Benefit Plan COB.
	Field	3	Effective Date must be greater than or equal to 01/01/1900.	Insert date after 01/01/1900.
	Field	4	Invalid date.	Verify keying. The date must be in MM/DD/CCYY format.
	Field	5	Effective Date must be less than or equal to 12/31/2299.	Insert date less than or equal to 12/31/2299.
End Date	Field	1	End Date is required.	End Date field required when adding or modifying Benefit Plan COB
	Field	2	End date must be on or after effective date.	Verify keying. End Date must be > to Effective Date
	Field	3	Invalid date.	Verify keying. The date must be in MM/DD/CCYY format
	Field	4	Date segments may not overlap.	Verify dates against existing segment.
	Field	5	End Date must be greater than or equal to 01/01/1900.	Enter date greater than or equal to 01/01/1900.
	Field	6	End Date must be less than or equal to 12/31/2299.	Enter date less than or equal to 12/31/2299.
Inactive Date	Field	1	Inactive Date is required.	Enter an Inactive Date.
	Field	2	Inactive Date must be after the current System Date.	Enter an Inactive Date that is after the current System Date.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	3	Inactive Date must be less than or equal to 12/31/2299.	Enter an Inactive Date that is less than or equal to 12/31/2299.
	Field	4	Invalid Date.	Enter an Inactive Date in MM/DD/CCYY format.
	Field	5	Inactive Date must be greater than or equal to 01/01/1900.	Enter an Inactive Date that is greater than or equal to 01/01/1900.
Thread [Search]	Hyperlink	1	A valid thread is required.	Insert valid thread.

6.254.5 Benefit Plan COB Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.254.6 Benefit Plan COB Panel Accessibility

6.254.6.1 To Access the Benefit Plan COB Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Benefit Administration.**	Benefit Administration panel displays.
3	Select **Benefit Plan COB**.	Benefit COB panel displays.

6.254.6.2 To Add on the Benefit Plan COB Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Thread** by clicking [Search] button.	
3	Enter search criteria. User may also select a row from the list of search results.	Thread information populated on panel.
4	Select **Benefit Base Plan** by clicking [Search] button.	
5	Enter search criteria. User may also select a row from the list of search results.	Benefit Base Plan information populates on panel.

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Step	Action	Response
6	Select **Benefit Plan** by clicking [Search] button.	
7	Enter search criteria. User may also select a row from the list of search results.	Benefit Plan information populates on panel.
8	Enter **Effective Date** in MM/DD/CCYY format.	
9	Enter **End Date** in MM/DD/CCYY format.	
10	Enter **Inactive Date** in MM/DD/CCYY format.	
11	Click **Save**.	Benefit Plan COB information is saved.

6.254.6.3 To Update on the Benefit Plan COB Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Benefit Plan COB information is saved.

6.254.6.4 To Delete on the Benefit Plan COB Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.255 BENEFIT PLAN GROUP TYPE PANEL

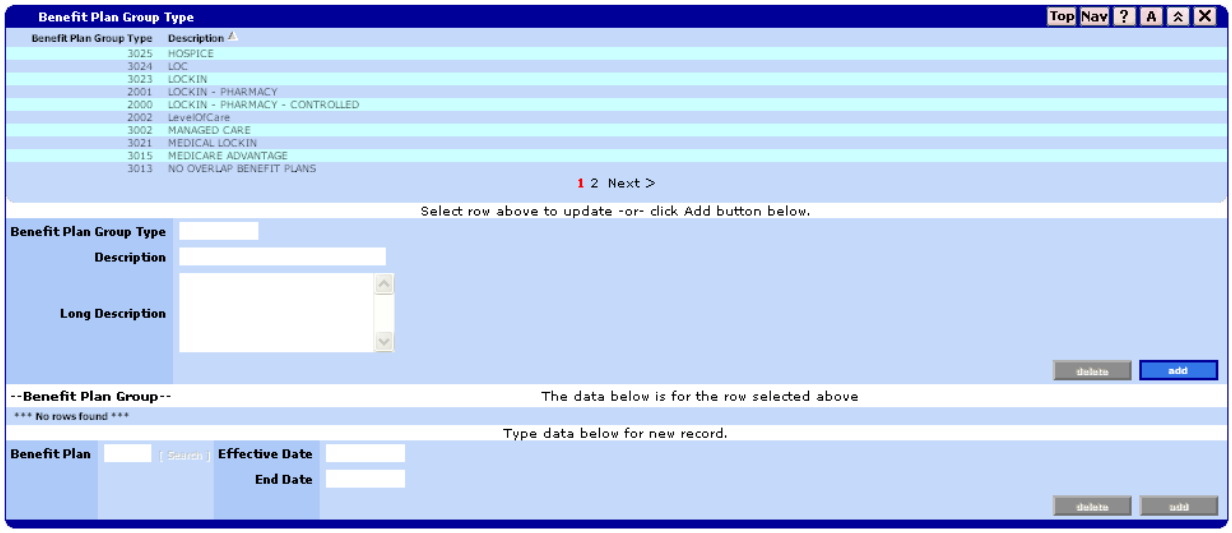
6.255.1 Benefit Plan Group Type Panel Narrative

Benefit Plan Group Type is used to add and update Benefit Plan Group types and Benefit Plan Groups.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Benefit Administration] - [Recipient Plan] - [Benefit Plan GroupType]

6.255.2 Benefit Plan Group Type Panel Layout



6.255.3 Benefit Plan Group Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Benefit Plan Group Type.	Button	N/A	0
Benefit Plan	Code used to identify a unique benefit plan.	Listview	N/A	0
Benefit Plan Group Type	System assigned key for a unique Benefit Plan group that represents a single or collection of Benefit Plan codes.	Field	Number (Integer)	9
Delete	Allows the user to delete a Benefit Plan Group Type.	Button	N/A	0
Description	Abbreviated definition describing who is eligible and what types of services are provided.	Field	Character	50

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Field	Description	Field Type	Data Type	Length
Effective Date	Date of service on which the Benefit Plan becomes valid for the Benefit Plan group.	Field	Date (MM/DD/CCYY)	8
End Date	Date of service on which the Benefit Plan code is no longer valid for the Benefit Plan group.	Field	Date (MM/DD/CCYY)	8
Long Description	Text definition of program describing who is eligible and what types of services are provided.	Field	Character	4000

6.255.4 Benefit Plan Group Type Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	2	Description is required.	Enter a Description.
Long Description	Field	3	Long description is required.	Enter a Long Description.

6.255.5 Benefit Plan Group Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.255.6 Benefit Plan Group Type Panel Accessibility

6.255.6.1 To Access the Benefit Plan Group Type Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Benefit Administration.**	Benefit Administration panel displays.
3	Select **Benefit Plan Group Type**.	Benefit Plan Group Type panel displays.

6.255.6.2 To Add on the Benefit Plan Group Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Thread** by clicking [Search] button.	
3	Enter search criteria. User may also select a row from the list of search results.	Thread information populated on panel.

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Step	Action	Response
4	Select **Benefit Base Plan** by clicking [Search] button.	
5	Enter search criteria. User may also select a row from the list of search results.	Benefit Base Plan information populates on panel.
6	Select **Benefit Plan** by clicking [Search] button.	
7	Enter search criteria. User may also select a row from the list of search results.	Benefit Plan information populates on panel.
8	Enter **Effective Date** in MM/DD/CCYY format.	
9	Enter **End Date** in MM/DD/CCYY format.	
10	Enter **Inactive Date** in MM/DD/CCYY format.	
11	Click **Save**.	Benefit Plan Group Type information is saved.

6.255.6.3 To Update on the Benefit Plan Group Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Benefit Plan Group Type information is saved.

6.255.6.4 To Delete on the Benefit Plan Group Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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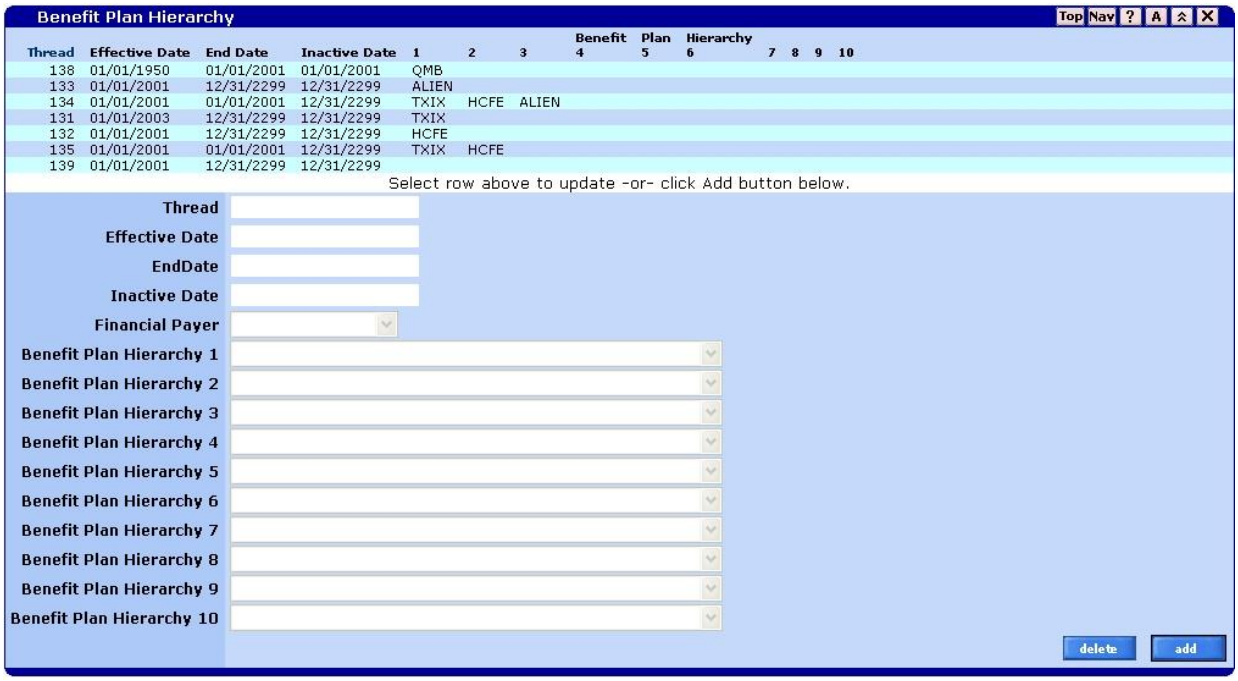
6.256 BENEFIT PLAN HIERARCHY PANEL

6.256.1 Benefit Plan Hierarchy Panel Narrative

The Benefit Plan Hierarchy panel maintains Benefit Plan Threads that are used to control Benefit Plan relationships and the order of claim adjudication at the Benefit Plan level. Benefit Plan hierarchy threads are ordered sets of Benefit Plans that may cover recipients concurrently. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Benefit Administration] - [Benefit Plan Hierarchy]

6.256.2 Benefit Plan Hierarchy Panel Layout



6.256.3 Benefit Plan Hierarchy Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a thread.	Button	N/A	0
Benefit Plan Hierarchy 1	First Benefit Plan defined in the hierarchy.	Combo Box	Drop Down List Box	0
Benefit Plan Hierarchy 2	Second Benefit Plan defined in the hierarchy.	Combo Box	Drop Down List Box	0
Benefit Plan Hierarchy 3	Third Benefit Plan defined in the hierarchy.	Combo Box	Drop Down List Box	0
Benefit Plan Hierarchy 4	Fourth Benefit Plan defined in the hierarchy.	Combo Box	Drop Down List Box	0

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Field	Description	Field Type	Data Type	Length
Benefit Plan Hierarchy 5	Fifth Benefit Plan defined in the hierarchy.	Combo Box	Drop Down List Box	0
Benefit Plan Hierarchy 6	Sixth Benefit Plan defined in the hierarchy.	Combo Box	Drop Down List Box	0
Benefit Plan Hierarchy 7	Seventh Benefit Plan defined in the hierarchy.	Combo Box	Drop Down List Box	0
Benefit Plan Hierarchy 8	Eighth Benefit Plan defined in the hierarchy.	Combo Box	Drop Down List Box	0
Benefit Plan Hierarchy 9	Ninth Benefit Plan defined in the hierarchy.	Combo Box	Drop Down List Box	0
Benefit Plan Hierarchy 10	Tenth Benefit Plan defined in the hierarchy.	Combo Box	Drop Down List Box	0
Delete	Allows the user to delete a thread.	Button	N/A	0
Effective Date	Date the hierarchy thread becomes valid for use in claims processing. The claim FDOS/TDOS date span is used when comparing the effective dates.	Field	Date (MM/DD/CCYY)	8
End Date	Date the hierarchy thread becomes invalid for use in claims processing. The claim FDOS/TDOS date span is used when comparing the End Dates.	Field	Date (MM/DD/CCYY)	8
Financial Payer	Payer defined in the system. All the benefit plans defined in the thread must belong to this payer.	Combo Box	Drop Down List Box	0
Inactive Date	Date/Time the Benefit Plan Hierarchy can no longer be used regardless of dates of service on the claim. Time is not displayed but time will be defaulted to 00:00 when selecting a date for processing. Future Inactive Date Restrictions prevent inactivating a segment while claims are processing.	Field	Date (MM/DD/CCYY)	8

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Field	Description	Field Type	Data Type	Length
Thread	System assigned identifier to be used to uniquely identify a thread. A Benefit Plan hierarchy thread is an ordered set of Benefit Plans that may cover recipients concurrently. A Benefit Plan hierarchy thread controls Benefit Plan relationships and the order of claims adjudication at the Benefit Plan level.	Field	Number (Integer)	9

6.256.4 Benefit Plan Hierarchy Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Benefit Plan Hierarchy 1	Field	1	Duplicate Program found! Not Allowed.	Select a different Program.
	Field	2	A valid Hierarchy Node is required	Select a Program to continue.
Effective Date	Field	1	Effective Date is required.	Enter an Effective Date.
	Field	2	Effective Date must be less that or equal to the End Date.	Enter an Effective Date that is less that or equal to the End Date.
	Field	3	Invalid date.	Enter an Effective Date in MM/DD/CCYY format.
	Field	4	Overlaps thread.	Verify dates against list. Date segments cannot overlap.
	Field	5	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater than or equal to 01/01/1900.
	Field	6	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	2	Invalid date.	Enter an End Date in MM/DD/CCYY format.
	Field	3	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is greater than or equal to 01/01/1900.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	4	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.
Financial Payer	Field	1	A valid Financial Payer is required.	Select a Financial Payer from the list.
Inactive Date	Field	1	Inactive Date is required.	Enter an Inactive Date.
	Field	2	Inactive Date must be after the current System Date.	Enter an Inactive Date that is after the current System Date.
	Field	3	Inactive Date must be less than or equal to 12/31/2299.	Enter an Inactive Date that is less than or equal to 12/31/2299.
	Field	4	Invalid Date.	Enter an Inactive Date in MM/DD/CCYY format.
	Field	5	Inactive Date must be greater than or equal to 01/01/1900.	Enter an Inactive Date that is greater than or equal to 01/01/1900.

6.256.5 Benefit Plan Hierarchy Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.256.6 Benefit Plan Hierarchy Panel Accessibility

6.256.6.1 To Access the Benefit Plan Hierarchy Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Benefit Administration**.	Benefit Administration panel displays.
3	Select **Benefit Plan Hierarchy**.	Benefit Plan Hierarchy panel displays.

6.256.6.2 To Add on the Benefit Plan Hierarchy Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Effective Date** in MM/DD/CCYY format.	
3	Enter **End Date** in MM/DD/CCYY format.	

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Step	Action	Response
4	Enter **Inactive Date** in MM/DD/CCYY format.	
5	Select **Financial Payer** from drop down list box.	
6	Select **Benefit Plan Hierarchy 1** from drop down list box.	
7	Select **Benefit Plan Hierarchy 2** from drop down list box.	
8	Select **Benefit Plan Hierarchy 3** from drop down list box.	
9	Select **Benefit Plan Hierarchy 4** from drop down list box.	
10	Select **Benefit Plan Hierarchy 5** from drop down list box.	
11	Select **Benefit Plan Hierarchy 6** from drop down list box.	
12	Select **Benefit Plan Hierarchy 7** from drop down list box.	
13	Select **Benefit Plan Hierarchy 8** from drop down list box.	
14	Select **Benefit Plan Hierarchy 9** from drop down list box.	
15	Select **Benefit Plan Hierarchy 10** from drop down list box.	
16	Click **Save**.	Benefit Plan Hierarchy information is saved.

6.256.6.3 To Update on the Benefit Plan Hierarchy Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Benefit Plan Hierarchy information is saved.

6.256.6.4 To Delete on the Benefit Plan Hierarchy Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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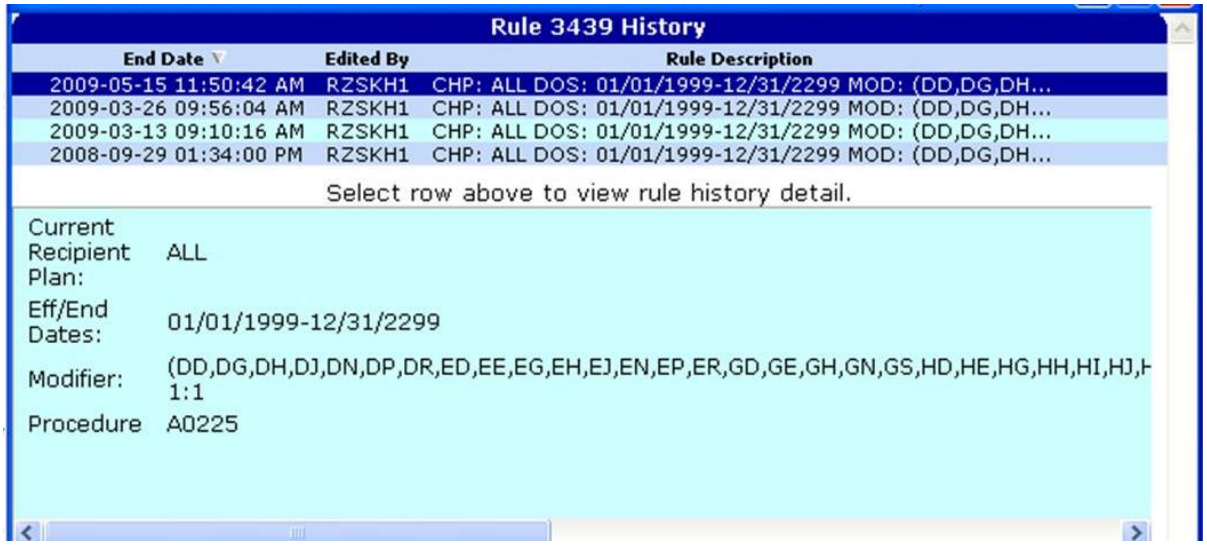
6.257 RULE HISTORY PANEL

6.257.1 Rule History Panel Narrative

The Rule History panel is used to see the history of the selected rule.

Navigation Path: [Reference] – [Benefit Administration] - [Recipient Plan] - [Benefit Coverage] - [Select rule and click view history button]

6.257.2 Rule History Panel Layout



6.257.3 Rule History Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Edited By	User who updated the rule.	Field	Character	8
End Date	The Date/Time the rule was changed.	Field	Date (MM/DD/CCYY)	9
Rule Description	A string with all the rule variable information.	Field	Alphanumeric	4000

6.257.4 Rule History Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.257.5 Rule History Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.257.6 Rule History Panel Accessibility

6.257.6.1 To Access the Rule History Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Benefit Administration**; Click **Recipient Plan** link	Recipient Plan Search panel displays.
3	Select row from data list; Click **Benefit Coverage**	Benefit Coverage panels display.
4	Select any rule.	Rule panel displays.
5	Click **View History**.	Rule History Panel display.

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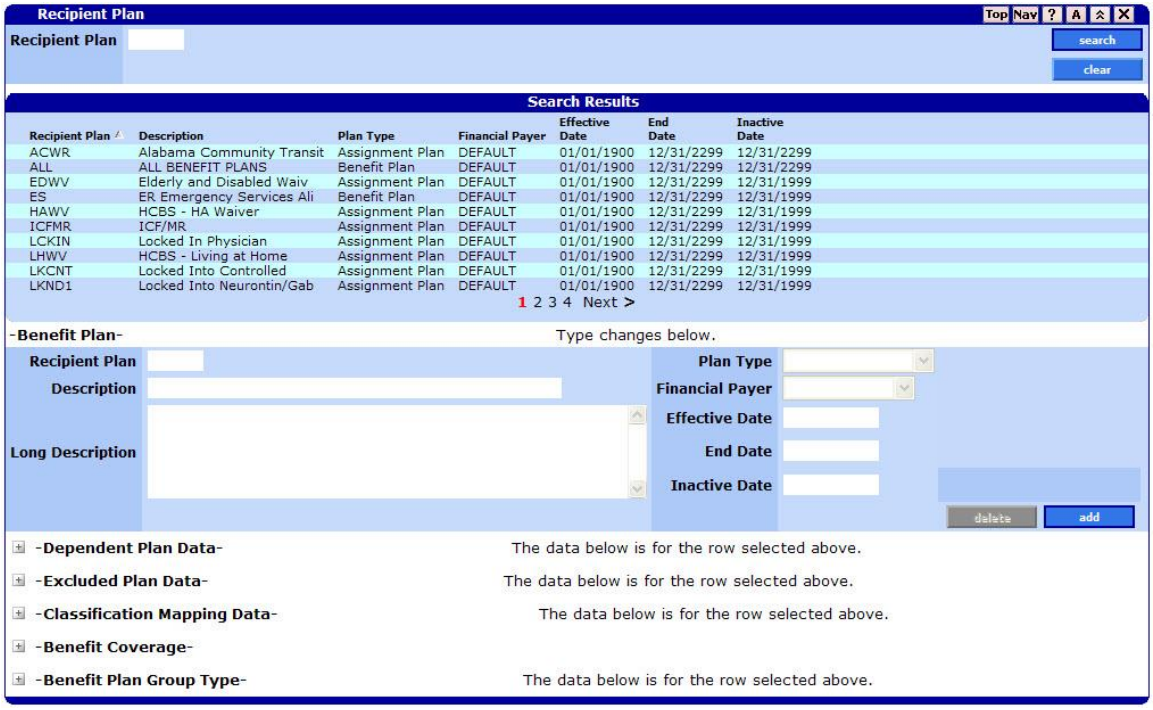
6.258 RECIPIENT PLAN- -BENEFIT ADMINISTRATION PANEL

6.258.1 Recipient Plan- -Benefit Administration Panel Narrative

The Recipient Plan- panel is used to maintain Recipient Plan. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Benefit Administration] - [Recipient Plan] - (Select a Recipient Plan) -

6.258.2 Recipient Plan- -Benefit Administration Panel Layout



6.258.3 Recipient Plan- -Benefit Administration Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Recipient Plan.	Button	N/A	0
Benefit Coverage	Benefit Coverage panel.	Treeview	N/A	0
Benefit Plan Group Type	Benefit Plan Group Type panel.	Treeview	N/A	0
Classification Mapping Data	Classification Mapping Data panel.	Treeview	N/A	0
Delete	Allows the user to delete a Recipient Plan.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
Dependent Plan Data	Dependent Plan Data panel.	Treeview	N/A	0
Description	Text description of the Recipient Plan.	Field	N/A	50
Effective Date	Date the Recipient Plan becomes valid for use in claims processing. The claim FDOS/TDOS date span is used when comparing the effective date.	Field	Date (MM/DD/CCYY)	8
End Date	Date the Recipient Plan becomes invalid for use in claims processing. The claim FDOS/TDOS date span is used when comparing the End Date.	Field	Date (MM/DD/CCYY)	8
Excluded Plan Data	Excluded Plan Data panel.	Treeview	N/A	0
Financial Payer	Financial Payer for this program.	Field	Drop Down List Box	0
Inactive Date	Date/Time the Recipient Plan can no longer be used regardless of dates of service on the claim. Time is not displayed but time will be defaulted to 00:00 when selecting a date for processing. Future Inactive Date restrictions prevent inactivating a segment while claims are processing.	Field	Date (MM/DD/CCYY)	8
Long Description	Text definition of recipient plans describing who is eligible and what types of services are provided.	Field	Character	40000
Plan Type	Type of plan is either an Assignment Plan (ASGN) or a Benefit Plan (BNFT).	Field	Drop Down List Box	0
Recipient Plan	Code that identifies the recipient plans that are supported by the system.	Field	Character	5

6.258.4 Recipient Plan- -Benefit Administration Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description of recipient plan.
Effective Date	Field	1	Effective Date is required.	Enter an Effective Date.
	Field	2	Invalid Date. Format is mm/dd/ccyy.	Enter an Effective Date in mm/dd/ccyy format.
	Field	3	Effective Date must be less than or equal to the End Date	Enter an Effective Date that is less than or equal to the End Date.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	4	Effective Date must be greater than or equal to 1/1/1900.	Enter an Effective Date that is greater than or equal to 1/1/1900.
	Field	5	Effective Date must be less than or equal to 12/31/2299	Enter an Effective Date that is less than or equal to 12/31/2299
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	2	Invalid Date. Format is MM/DD/CCYY.	Enter an End Date in MM/DD/CCYY format.
	Field	3	End Date must be greater than or equal to 1/1/1900.	End Date that is greater than or equal to 1/1/1900.
	Field	4	End Date must be less than or equal to 12/31/2299.	End Date that is less than or equal to 12/31/2299.
Financial Payer	Field	1	A valid Financial Payer is required.	Select a Financial Payer list.
Inactive Date	Field	1	Inactive Date is required.	Enter an Inactive Date.
	Field	2	Inactive Date must be after the current System Date.	Enter an Inactive Date that is after the current System Date.
	Field	3	Inactive Date must be less than or equal to 12/31/2299.	Enter an Inactive Date that is less than or equal to 12/31/2299.
	Field	4	Invalid Date. Format is mm/dd/ccyy.	Enter an Inactive Date in mm/dd/ccyy format.
	Field	5	Inactive Date must be greater than or equal to 1/1/1900.	Enter an Inactive Date that is greater than or equal to 1/1/1900.
Long Description	Field	1	Long Description is required.	Enter a Long Description of the Recipient Plan.
Plan Type	Field	1	Plan Type is required.	Select a Plan type from the list.
Recipient Plan	Field	1	Recipient Plan is required.	Enter a Recipient Plan code.
	Field	2	A duplicate record cannot be saved.	Enter a unique recipient plan.

6.258.5 Recipient Plan- -Benefit Administration Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.258.6 Recipient Plan- -Benefit Administration Panel Accessibility

6.258.6.1 To Access the Recipient Plan-Benefit Coverage-Benefit Administration Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Benefit Administration**.	Benefit Administration panel displays.
3	Select **Recipient Plan**.	Recipient Plan panel displays with Benefit Coverage displayed at bottom.

6.267.6.2 To Add on the Recipient Plan Benefit Coverage-Benefit Administration Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter Recipient Plan.	
3	Select **Financial Payer** from drop down list box.	
4	Enter **Description**.	
5	Enter **Long Description**.	
6	Select **Plan Type** from drop down list box.	
7	Enter **Effective Date** in MM/DD/CCYY format.	
8	Enter **End Date** in MM/DD/CCYY format.	
9	Enter **Inactive Date** in MM/DD/CCYY format.	
10	Click **Save**.	Recipient Plan information is saved.

6.258.6.2 To Update on the Recipient Plan Benefit Coverage-Benefit Administration Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Recipient Plan information is saved.

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6.258.6.3 To Delete on the Recipient Plan Benefit Coverage-Benefit Administration Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.259 RECIPIENT PLAN-DEPENDENT PLAN DATA - -BENEFIT ADMINISTRATION PANEL

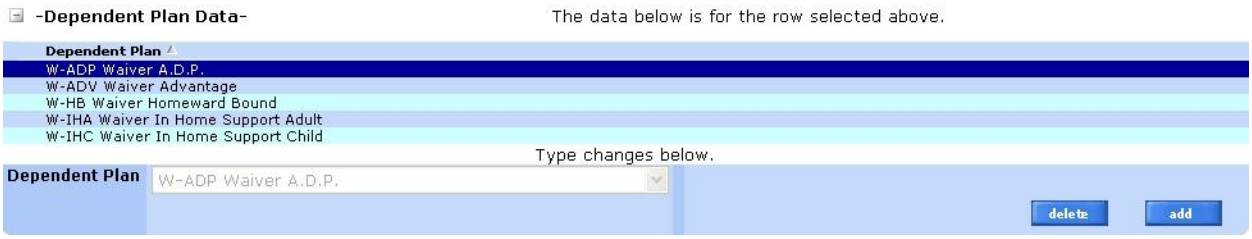
6.259.1 Recipient Plan-Dependent Plan Data-Benefit Administration Panel Narrative

The Recipient Plan Dependent Plan Data panel maintains Recipient Plans that are dependent and must exist concurrently on Recipient Eligibility. For example, a recipient that has a waiver Recipient Plan must have Title XIX concurrently. Only authorized users with update privileges have the capability to add new information or modify existing data.

This panel is used to maintain the list of programs that can exist with the selected program.

Navigation Path: [Reference] - [Benefit Administration] - [Recipient Plan] - (Select a Recipient Plan) - (Expand the [Dependent Plan Data] by clicking on the "+")

6.259.2 Recipient Plan-Dependent Plan Data-Benefit Administration Panel Layout



6.259.3 Recipient Plan-Dependent Plan Data-Benefit Administration Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a dependent plan to the Recipient Plan.	Button	N/A	0
Delete	Allows the user to delete a dependent plan from the Recipient Plan.	Button	N/A	0
Dependent Plan	Recipient plan that is dependent and must exist together on recipient eligibility.	Combo Box	Drop Down List Box	0

6.259.4 Recipient Plan-Dependent Plan Data-Benefit Administration Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Dependent Plan	Field	1	A valid Dependent Plan is required.	Select a Dependent Plan.
	Field	2	A duplicate record cannot be saved.	Select a unique dependent Plan.
	Field	3	The Dependent Plan cannot be the same as the parent Recipient Plan.	Select a Dependent plan that is NOT identical to the parent Recipient plan.

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6.259.5 Recipient Plan-Dependent Plan Data-Benefit Administration Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.259.6 Recipient Plan-Dependent Plan Data-Benefit Administration Panel Accessibility

6.259.6.1 To Access the Recipient Plan-Dependent Plan-Benefit Administration Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Benefit Administration**.	Benefit Administration panel displays.
3	Select **Recipient Plan**.	Recipient Plan panel displays with Dependent Plan Data displayed at bottom.

6.259.6.2 To Add on the Recipient Plan-Dependent Plan-Benefit Administration Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Dependent Plan** from drop down list box.	
3	Click **Save**.	Recipient Plan-Dependent Plan information is saved.

6.259.6.3 To Update on the Recipient Plan-Dependent Plan-Benefit Administration Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Recipient Plan-Dependent Plan information is saved.

6.259.6.4 To Delete on the Recipient Plan-Dependent Plan-Benefit Administration Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.

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2	Click **Delete**.	Line item is deleted.

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6.260 RECIPIENT PLAN-EXCLUDED PLAN DATA-BENEFIT ADMINISTRATION PANEL

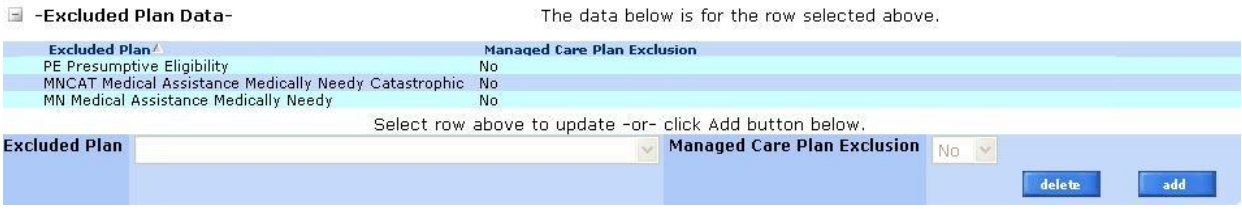
6.260.1 Recipient Plan-Excluded Plan Data-Benefit Administration Panel Narrative

The Recipient Plan Excluded Plan Data panel maintains Recipient Plans that can not exist with a specified Recipient Plan concurrently on Recipient Eligibility. For example, a recipient can not have the Recipient Plan Presumptive Eligible concurrently with Title XIX.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Benefit Administration] - [Recipient Plan] - (Select a Recipient Plan) - (Expand the [Excluded Plan Data] by clicking on the "+")

6.260.2 Recipient Plan-Excluded Plan Data-Benefit Administration Panel Layout



6.260.3 Recipient Plan-Excluded Plan Data-Benefit Administration Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add an Excluded Plan to the Recipient Plan.	Button	N/A	0
Delete	Allows a user to delete an Excluded Plan from the Recipient Plan.	Button	N/A	0
Excluded Plan	Recipient Plan Excluded Plan Data panel maintains Recipient Plans that cannot exist with a specified Recipient Plan concurrently on Recipient Eligibility. For example, a recipient cannot have the Recipient Plan Presumptive Eligible concurrently with TXIX.	Combo Box	Drop Down List Box	0
Managed Care Plan Exclusion	Indicates which exclusion table rows are for Managed Care exclusions specifically.	Combo Box	Drop Down List Box	0

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6.260.4 Recipient Plan-Excluded Plan Data-Benefit Administration Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Excluded Plan	Field	1	A duplicate record cannot be saved.	Select a unique Excluded Plan.
	Field	2	A valid Excluded Plan is required.	Select a valid Excluded Plan from the Excluded Plan Drop Down listing.
	Field	3	The Excluded Plan cannot be the same as the parent Recipient Plan.	Select an Excluded plan that is NOT identical to the parent Recipient plan.
	Field	4	Plan cannot be Exclusive of itself.	Verify Excluded Plan entry.
Managed Care Plan Exclusion	Field	1	Managed Care Plan Exclusion is required.	Select a valid Managed Care Plan Exclusion the list.

6.260.5 Recipient Plan-Excluded Plan Data-Benefit Administration Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.260.6 Recipient Plan-Excluded Plan Data-Benefit Administration Panel Accessibility

6.260.6.1 To Access the Recipient Plan- Excluded Plan Data-Benefit Administration Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Benefit Administration**.	Benefit Administration panel displays.
3	Select **Recipient Plan**.	Recipient Plan panel displays with Excluded Plan Data displayed at bottom.

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6.260.6.2 To Add on the Recipient Plan- Excluded Plan Data-Benefit Administration Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Excluded Plan** from drop down list box.	
3	Select **Managed Care Exclusion** from drop down list box.	
4	Click **Save**.	Recipient Plan- Excluded Plan Data information is saved.

6.260.6.3 To Update on the Recipient Plan- Excluded Plan Data-Benefit Administration Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Recipient Plan- Excluded Plan Data information is saved.

6.260.6.4 To Delete on the Recipient Plan- Excluded Plan Data-Benefit Administration Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.261 RECIPIENT PLAN-CLASSIFICATION MAPPING DATA-BENEFIT ADMINISTRATION PANEL

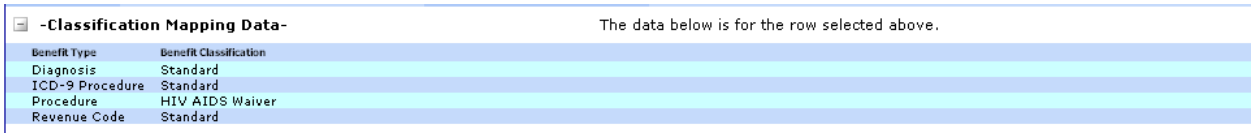
6.261.1 Recipient Plan-Classification Mapping Data-Benefit Administration Panel Narrative

The Recipient Plan Classification Mapping Data panel maintains Benefit Type and Benefit Classification.

This panel is display only.

Navigation Path: [Reference] - [Benefit Administration] - [Recipient Plan] - (Select a Recipient Plan) - (Expand the [Classification Mapping Data] by clicking on the "+")

6.261.2 Recipient Plan-Classification Mapping Data -Benefit Administration Panel Layout



6.261.3 Recipient Plan-Classification Mapping Data-Benefit Administration Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Benefit Classification	Unique row identifier for this table.	Field	Character	9
Benefit Type	The benefit type code is used to identify the coding scheme for a service. Valid schemes include procedure (HCPCS & CPT-4), ICD procedures, ICD diagnosis, Revenue Code and Drug codes (NDCs). Other allowed values may identify GROUPS of benefits such as Procedure groups etc.	Field	Character	3

6.261.4 Recipient Plan-Classification Mapping Data-Benefit Administration Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this page.				

6.261.5 Recipient Plan-Classification Mapping Data-Benefit Administration Panel Extra Features

Field	Field Type	Error Code	Error Message	To Correct
No extra features found for this page.				

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6.261.6 Recipient Plan-Classification Mapping Data-Benefit Administration Panel Accessibility

6.261.6.1 To Access the Recipient Plan-Dependent Plan-Benefit Administration Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Benefit Administration**.	Benefit Administration panel displays.
3	Select **Recipient Plan**.	Recipient Plan panel displays with Classification Mapping Data displayed at bottom.

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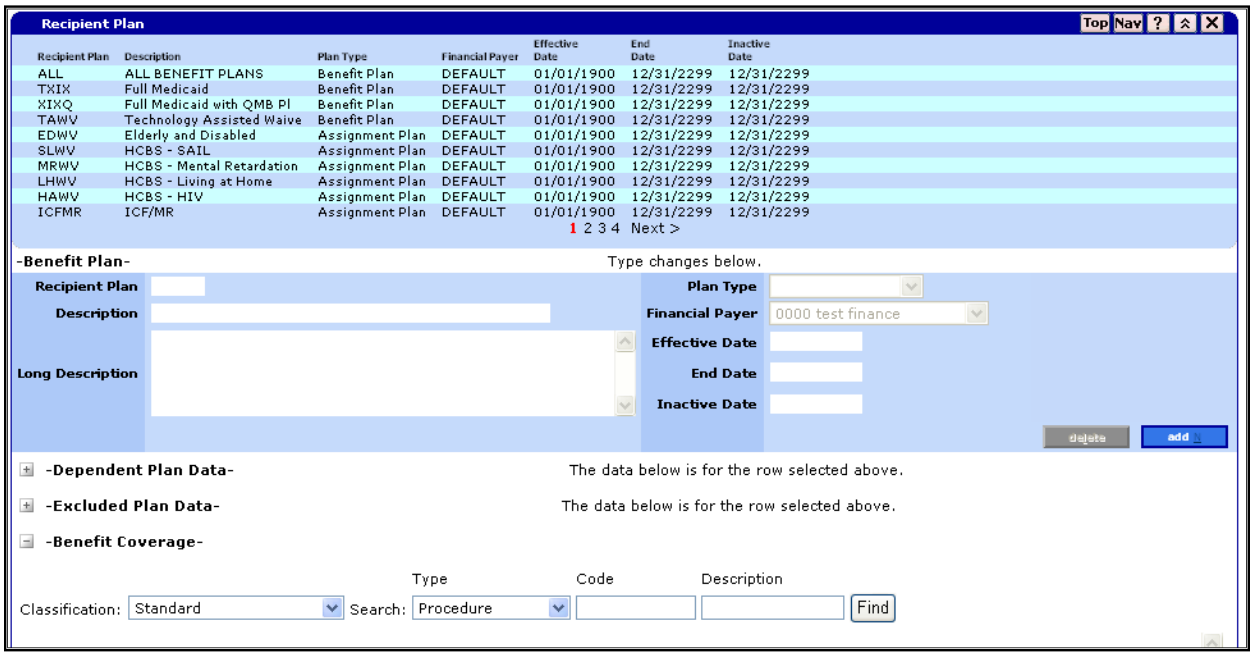
6.262 RECIPIENT PLAN-BENEFIT COVERAGE-BENEFIT ADMINISTRATION PANEL

6.262.1 Recipient Plan-Benefit Coverage-Benefit Administration Panel Narrative

The Recipient Plan-Benefit Coverage panel is used to maintain benefit coverage by Recipient Plan. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Benefit Administration] - [Recipient Plan] - (Select a Recipient Plan) - (Expand the [Benefit Coverage] plan by clicking on the "+")

6.262.2 Recipient Plan-Benefit Coverage-Benefit Administration Panel Layout



6.262.3 Recipient Plan-Benefit Coverage-Benefit Administration Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Benefits	List of Benefits.	Treeview	N/A	0
Classification	Hierarchy of groupings.	Combo Box	Drop Down List Box	0
Find	Initiates search on the database table for rows matching the criteria entered.	Button	N/A	0
Search Code	Allows search for a benefit code.	Field	Character	0
Search Description	Allows search by description.	Field	Character	0
Search Type	Allows search for benefit type.	Combo Box	Drop Down List Box	0

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6.262.4 Recipient Plan-Benefit Coverage-Benefit Administration Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.262.5 Recipient Plan-Benefit Coverage-Benefit Administration Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.262.6 Recipient Plan-Benefit Coverage-Benefit Administration Panel Accessibility

6.262.6.1 To Access the Recipient Plan-Benefit Coverage-Benefit Administration Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Benefit Administration**.	Benefit Administration panel displays.
3	Select **Recipient Plan**.	Recipient Plan panel displays with Benefit Coverage displayed at bottom.

6.262.6.2 To Navigate on the Recipient Plan-Benefit Coverage-Benefit Administration Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Classification** from drop down list box.	
3	Select **Type** from drop down list box. Note: Enter code or description to narrow search down.	
4	Click **Find**.	Recipient Plan- Benefit Coverage information is displayed.

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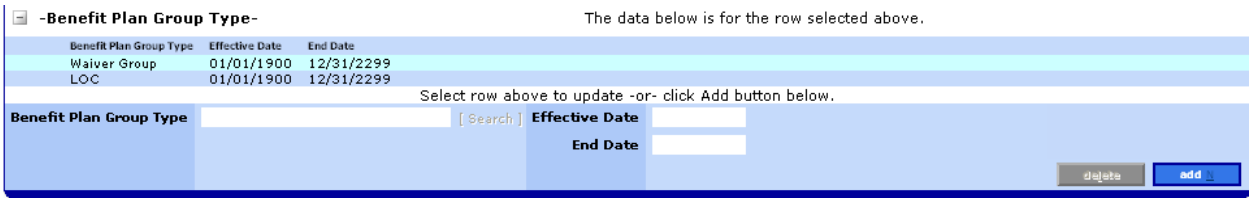
6.263 RECIPIENT PLAN-BENEFIT PLAN GROUP TYPE-BENEFIT ADMINISTRATION PANEL

6.263.1 Recipient Plan-Benefit Plan Group Type-Benefit Administration Panel Narrative

The Benefit Plan Group Type panel is used to add and delete Benefit Plan Group Type for the Recipient Plan. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Benefit Administration] - [Recipient Plan] - (Select a Recipient Plan) - (Expand the [Benefit Plan Group Type] by clicking on the "+")

6.263.2 Recipient Plan-Benefit Plan Group Type-Benefit Administration Panel Layout



6.263.3 Recipient Plan-Benefit Plan Group Type-Benefit Administration Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Benefit Plan Group Type.	Button	N/A	0
Delete	Allows the user to delete a Benefit Plan Group Type.	Button	N/A	0
Effective Date	The date of service on which the Benefit Plan becomes valid for the Benefit Plan group.	Field	Date (MM/DD/CCYY)	8
End Date	The date of service on which the Benefit Plan code is no longer valid for the Benefit Plan group.	Field	Date (MM/DD/CCYY)	8
Benefit Plan Group Type [Search]	System assigned internal key for a recipient plan.	Hyperlink	N/A	0

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6.263.4 Recipient Plan-Benefit Plan Group Type-Benefit Administration Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Benefit Plan Group Type [Search]	Hyperlink	1	A valid Benefit Plan Group Type is required.	Select a valid Benefit Plan Group Type.
Effective Date	Field	1	Effective Date must be less than or equal to End Date.	Enter an Effective Date that is less than or equal to the End Date.
	Field	2	Date range segments cannot overlap.	Correct the overlap condition. Date range segments cannot overlap for the same Benefit Plan.
	Field	3	Invalid date. Format is MM/DD/CCYY.	Enter a valid date. Format is MM/DD/CCYY.
	Field	4	Effective Date is required.	Enter a valid date. Format is MM/DD/CCYY.
	Field	5	Effective Date must be greater than or equal to 01/01/1900.	Enter an effective date that is greater than or equal to 01/01/1900.
	Field	6	Effective Date must be less than or equal to 12/31/2299.	Enter an effective date that is less than or equal to 12/31/2299.
End Date	Field	1	Invalid date. Format is MM/DD/CCYY.	Enter a valid date. Format is MM/DD/CCYY.
	Field	2	End Date is required.	Enter a valid date. Format is MM/DD/CCYY.
	Field	3	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is greater than or equal to 01/01/1900.
	Field	4	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.

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6.263.5 Recipient Plan-Benefit Plan Group Type-Benefit Administration Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.263.6 Recipient Plan-Benefit Plan Group Type-Benefit Administration Panel Accessibility

6.263.6.1 To Access the Recipient Plan-Benefit Plan Group Type-Benefit Administration Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Benefit Administration**.	Benefit Administration panel displays.
3	Select **Recipient Plan**.	Recipient Plan panel displays with Benefit Plan Group Type information displayed at bottom.

6.263.6.2 To Add on the Recipient Plan- Benefit Plan Group Type-Benefit Administration Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Benefit Plan Group Type**.	
3	Enter **Effective Date**.	
4	Enter **End Date**.	
5	Click **Save**.	Recipient Plan- Benefit Plan Group Type information is saved.

6.263.6.3 To Update on the Recipient Plan- Benefit Plan Group Type-Benefit Administration Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Recipient Plan- Benefit Plan Group Type information is saved.

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6.263.6.4 To Delete on the Recipient Plan-Benefit Plan Group Type-Benefit Administration Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.264 RECIPIENT PLAN-BENEFIT COVERAGE-BENEFIT ADMINISTRATION PANEL

6.264.1 Recipient Plan-Benefit Coverage-Benefit Administration Panel Narrative

This panel is used to maintain benefit coverage by Recipient Plan

Navigation Path: [Reference] - [Benefit Administration] - [Recipient Plan] - (Select a Recipient Plan) - (Expand the [Benefit Coverage] plan by clicking on the "+")

6.264.2 Recipient Plan-Benefit Coverage-Benefit Administration Panel Layout

6.264.3 Recipient Plan-Benefit Coverage-Benefit Administration Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Find	Initiates search on the database table for rows matching the criteria entered.	Button	N/A	0
Classification	Hierarchy of groupings.	Combo Box	Drop Down List Box	0
Code	Allows search for a benefit code.	Field	Character	0
Description	Allows search by description.	Field	Character	0
Type	Allows search for benefit type.	Combo Box	Drop Down List Box	0
Version	List of I versions. This drop down is visible only if benefit type is selected as "Diagnosis".	Combo Box	Drop Down List Box	6

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6.264.4 Recipient Plan-Benefit Coverage-Benefit Administration Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Code	Field	1	Either the code or partial description of a benefit must be specified to find it.	Enter code of a benefit and then click Find Button.
Description	Field	2	Either the code or partial description of a benefit must be specified to find it.	Enter partial description of benefit and then click Find button.

6.264.5 Recipient Plan-Benefit Coverage-Benefit Administration Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.264.6 Recipient Plan-Benefit Coverage-Benefit Administration Panel Accessibility

6.264.6.1 To Access the Recipient Plan-Benefit Coverage-Benefit Administration Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Benefit Administration**.	Benefit Administration panel displays.
3	Select **Recipient Plan**.	Recipient Plan panel displays with Benefit Coverage displayed at bottom.

6.264.6.2 To Navigate on the Recipient Plan- -Benefit Administration Panel

Step	Action	Response
1	Select **Classification** from drop down list box.	
2	Select **Type** from drop down list box.	
3	Select **Version** from drop down list box.	
4	Enter Code / Description or both in the text box.	
5	Click **Find**.	Recipient Plan- Benefit Coverage information is displayed.

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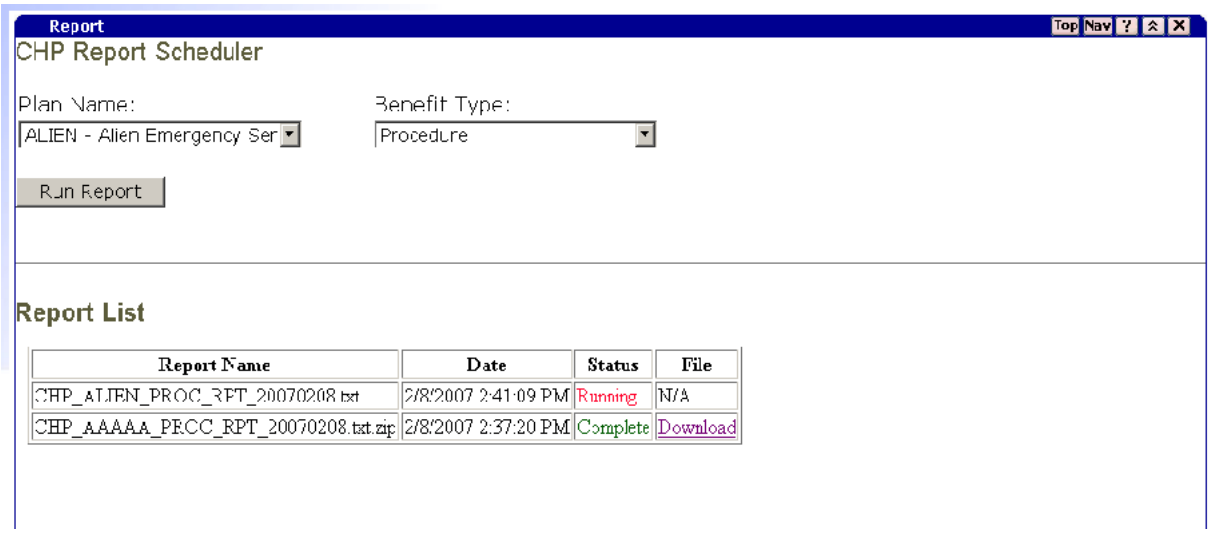
6.265 REPORT PANEL

6.265.1 Report Panel Narrative

This panel generates a report upon request that will display the rules for a selected Recipient Plan.

Navigation Path: [Reference] - [Benefit Administration] - [Recipient Plan] - [Report]

6.265.2 Report Panel Layout



6.265.3 Report Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Benefit Type	The 6 benefit types.	Combo Box	Drop Down List Box	0
Plan Name	User is able to select a Plan Name to filter report by.	Combo Box	Drop Down List Box	0

6.265.4 Report Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.265.5 Report Panel Extra Features

Field	Field Type	Error Code	Error Message	To Correct
No extra features found for this page.				

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6.265.6 Report Panel Accessibility

6.265.6.1 To Access the Report Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Benefit Administration**.	Benefit Administration panel displays.
3	Select **Report**.	Recipient Plan Rule panel displays.

6.265.6.2 To Navigate the Report Panel

Step	Action	Response
1	Select **Plan Name** from the drop down list box.	
2	Select **Benefit Type** from the drop down list box.	
3	Click **Run Report**.	Report displays.

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6.266 BENEFIT CLASSIFICATION PANEL

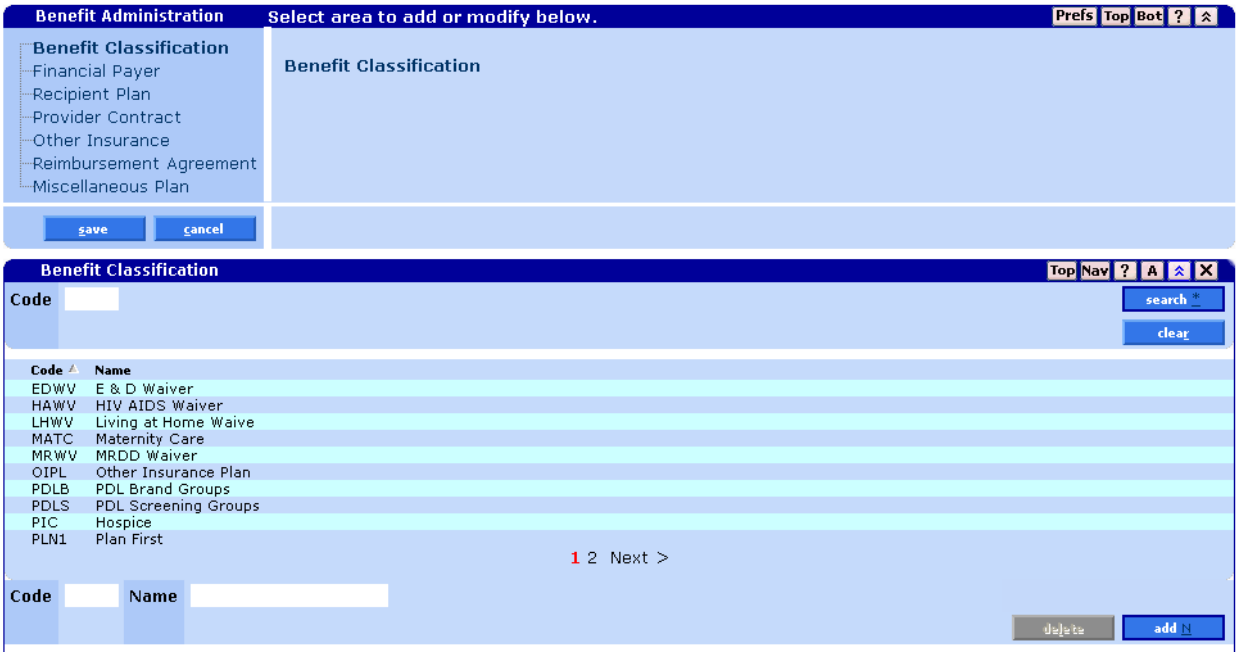
6.266.1 Benefit Classification Panel Narrative

The Benefit Classification panel is used to create and maintain benefit classification/hierarchies. The Benefit Classifications allow the user to organize or specialize benefits into hierarchies used for various system functions including, but not limited to, Benefit Plan Coverage rules, Contract Billing rules, Contract Reimbursement rules and Other Insurance rules.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Benefit Administration] - [Benefit Classification]

6.266.2 Benefit Classification Panel Layout



6.266.3 Benefit Classification Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Ad	Add a Benefit Classification.	Button	N/A	0
Code	A short hand code to identify the hierarchy.	Field	Character	4
Delete	Delete a Benefit Classification.	Button	N/A	0
Name	A description of the hierarchy.	Field	Character	20

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6.266.4 Benefit Classification Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Code	Field	1	Code is required.	Enter a unique code.
	Field	2	Duplicate Classification Code.	Enter a unique Classification Code.
Name	Field	1	Name is required.	Enter a description.
	Field	2	Duplicate Classification Name.	Enter a unique Classification Name.

6.266.5 Benefit Classification Panel Extra Features

The lower portion of this panel is displayed in treeview. Right clicking on the groups or benefits will display the possible actions that can be performed.

6.266.6 Benefit Classification Panel Accessibility

6.266.6.1 To Access the Benefit Classification Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference and** click **Benefit Administration**.	Benefit Administration panel displays.
3	Click **Benefit Classification**.	Benefit Classification panel displays.

6.266.6.2 To Add on the Benefit Classification Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Code**.	
3	Enter **Name**.	
4	Click **Save**.	Benefit Classification information is saved.

6.266.6.3 To Update on the Benefit Classification Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Benefit Classification information is saved.

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6.266.6.4 To Delete on the Other- Benefit Classification Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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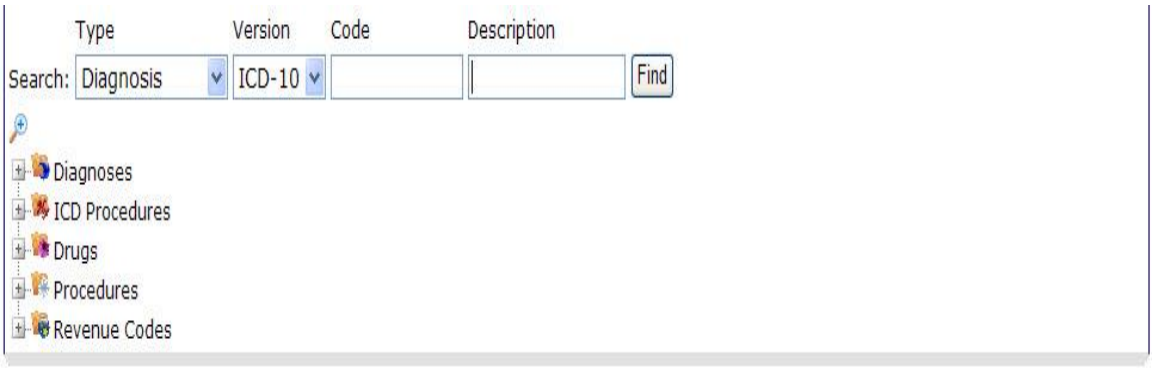
6.267 BENEFIT HIERARCHY - BENEFIT COVERAGE PANEL

6.267.1 Benefit Hierarchy - Benefit Coverage Panel Narrative

This panel is used to create/modify benefit hierarchy for any selected benefit classification.

Navigation Path: [Reference] - [Benefit Administration] - [Benefit Classification] - (Select a Benefit Classification).

6.267.2 Benefit Hierarchy - Benefit Coverage Panel Layout



6.267.3 Benefit Hierarchy - Benefit Coverage Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Find	Initiates search on the database table for rows matching the criteria entered.	Button	N/A	0
Type	Allows search for benefit type.	Combo Box	Drop Down List Box	0
Version	List of ICD versions. This drop down is visible only if benefit type is selected as "Diagnosis".	Combo Box	Drop Down List Box	0
Code	Allows search for a benefit code.	Field	Character	0
Description	Allows search by description.	Field	Character	0

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6.267.4 Benefit Hierarchy - Benefit Coverage Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Code	Field	1	Either the code or partial description of a benefit must be specified to find it.	Enter code of a benefit and then click Find Button.
Description	Field	2	Either the code or partial description of a benefit must be specified to find it.	Enter partial description of benefit and then click Find button.

6.267.5 Benefit Hierarchy - Benefit Coverage Panel Extra Features

The lower portion of this panel is displayed in treeview. Right clicking on the groups or benefits will display the possible actions that can be performed.

6.267.6 Benefit Hierarchy - Benefit Coverage Panel Accessibility

6.267.6.1 To Access the Benefit Hierarchy - Benefit Coverage Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference and** click **Benefit Administration**.	Benefit Administration panel displays.
3	Click **Benefit Classification**.	Benefit Classification panel displays.

6.267.6.2 To Navigate on the Benefit Hierarchy - Benefit Coverage Panel

Step	Action	Response
1	Select **a Classification** from the datalist	
2	Select **Type** from drop down list box.	
3	Select **Version** from drop down list box.	
4	Enter **Code / Description** or both in the text box.	
5	Click **Find**.	In Benefit Hierarchy - Benefit Coverage tree structure benefit is selected.

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6.268 FINANCIAL PAYER MAINTENANCE PAGE

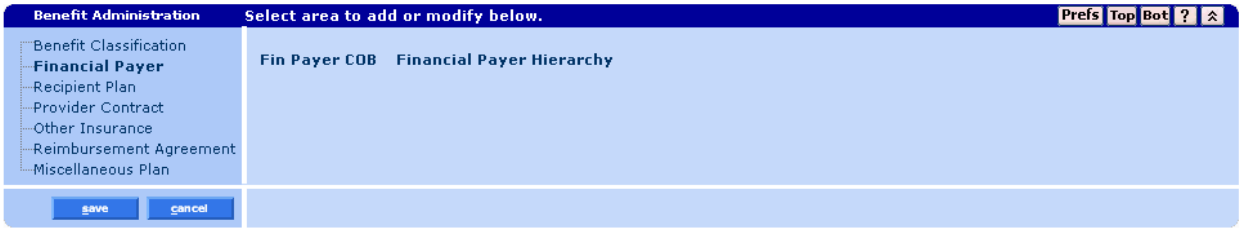
6.268.1 Financial Payer Maintenance Page Narrative

The Financial Payer Maintenance page allows the user to access the various miscellaneous data maintained within the Reference Data Maintenance subsystem area. This area of the user-interface includes data such as Fin Payer COB and Financial Hierarchy

Navigation Path: [Reference] - [Benefit Administration] - [Financial Payer]

This panel is inquiry only.

6.268.2 Financial Payer Maintenance Panel Layout



6.268.3 Financial Payer Maintenance Page Field Descriptions

Field	Description	Field Type	Data Type	Length
Cancel	Allows the user to cancel changes.	Button	N/A	0
Fin Payer COB	Link to the Fin Payer COB panel.	Hyperlink	N/A	0
Financial Payer Hierarchy	Link to the Financial Payer Hierarchy panel.	Hyperlink	N/A	0
Save	Allows the user to save changes.	Button	N/A	0

6.268.4 Financial Payer Maintenance Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this page.				

6.268.5 Financial Payer Maintenance Page Extra Features

Field	Field Type	Error Code	Error Message	To Correct
No extra features found for this page.				

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6.268.6 Financial Payer Maintenance Page Accessibility

6.268.6.1 To Access the Financial Payer Maintenance Page

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference and** click **Benefit Administration**.	Benefit Administration panel displays.
3	Select **Financial Payer**.	Financial Payer Maintenance page displays.

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6.269 FIN PAYER COB PANEL

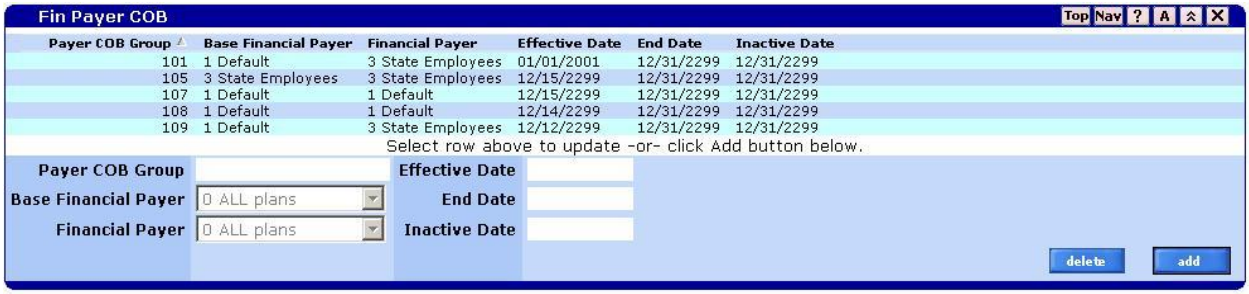
6.269.1 Fin Payer COB Panel Narrative

The Financial Payer COB panel maintains relationships and the order of Payers as related to coordination at the Payer level. The Payer Coordination is set up by pairs considered Payer COB Groups. These groups work with the Payer Thread. Note the order of the pair is important. For example if the coordination pair is set up as Payer1/Payer2 then a Payer Hierarchy thread with Payer1 followed by Payer2 must exist to coordinate. If the hierarchy thread is set up as Payer2/Payer1 the Payers will NOT coordinate. If the first Payer in the pair does NOT pay, there will NOT be Coordination.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Benefit Administration] - [Financial Payer] -[Fin Payer COB]

6.269.2 Fin Payer COB Panel Layout



6.269.3 Fin Payer COB Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Financial Payer COB record.	Button	N/A	0
Base Financial Payer	First Payer in the Payer COB Group.	Combo Box	Drop Down List Box	0
Delete	Allows the user to delete a Financial Payer COB record.	Button	N/A	0
Effective Date	Date the hierarchy thread becomes valid for use in claims processing. The claim FDOS/TDOS date span is used when comparing the effective date.	Field	Date (MM/DD/CCYY)	8
End Date	Date the hierarchy thread becomes invalid for use in claims processing. The claim FDOS/TDOS date span is used when comparing the End Date.	Field	Date (MM/DD/CCYY)	8
Financial Payer	Second Payer in the Payer COB Group.	Combo Box	Drop Down List Box	0

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Field	Description	Field Type	Data Type	Length
Inactive Date	Date/Time the Financial Payer COB can no longer be used regardless of dates of service on the claim. Time is not displayed but time will be defaulted to 00:00 when selecting a date for processing. Future Inactive Date Restrictions prevent inactivating a segment while claims are processing.	Field	Date (MM/DD/CCYY)	8
Payer COB Group	Unique identifier for the pair of Payers to be coordinated.	Field	Number (Integer)	9

6.269.4 Fin Payer COB Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Base Financial Payer	Field	1	Base Financial Payer and Financial Payer must be different.	Select a Base Financial Payer different from Financial Payer.
Effective Date	Field	1	Effective Date is required.	Enter an Effective Date.
	Field	2	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater than or equal to 01/01/1900.
	Field	3	Invalid date.	Enter an Effective Date in MM/DD/CCYY format.
	Field	4	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
	Field	5	Effective Date must be less than or equal to the End Date.	Enter an Effective Date that is less than or equal to the End Date.
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	2	Invalid date.	Enter a valid End Date in MM/DD/CCYY format.
	Field	3	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is greater than or equal to 01/01/1900.
	Field	4	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.
Financial Payer	Field	1	Financial Payer field is required.	Select a valid financial payer from the financial payer drop down listing.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	2	Base Financial Payer and Financial Payer must be different.	Select a Financial Payer different from Base Financial Payer.
Inactive Date	Field	1	Inactive Date is required.	Enter an Inactive Date.
	Field	2	Inactive Date must be after the current System Date.	Enter an Inactive Date that is after the current System Date.
	Field	3	Inactive Date must be less than or equal to 12/31/2299.	Enter an Inactive Date that is less than or equal to 12/31/2299.
	Field	4	Invalid Date.	Enter an Inactive Date in MM/DD/CCYY format.
	Field	5	Inactive Date must be greater than or equal to 01/01/1900.	Enter an Inactive Date that is greater than or equal to 01/01/1900.
Payer COB Group	Field	1	Payer COB Group is required.	Select a valid Payer COB Group from the Payer COB Group drop down listing.

6.269.5 Fin Payer COB Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.269.6 Fin Payer COB Panel Accessibility

6.269.6.1 To Access the Fin Payer COB Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Benefit Administration**.	Benefit Administration panel displays.
3	Select **Financial Payer**.	Financial Payer page displays.
4	Select **Fin Payer COB**.	Fin Payer COB panel displays.

6.269.6.2 To Add on the Fin Payer COB Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Base Financial Payer** from drop down list box.	

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Step	Action	Response
3	Select **Financial Payer** from drop down list box.	
4	Enter **Effective Date** in MM/DD/CCYY format.	
5	Enter **End Date** in MM/DD/CCYY format.	
6	Enter **Inactive Date** in MM/DD/CCYY format.	
7	Click **Save**. Payer COB Group number is automatically generated.	Fin Payer COB information is saved.

6.269.6.3 To Update on the Fin Payer COB Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Fin Payer COB information is saved.

6.269.6.4 To Delete on the Fin Payer COB Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.270 FINANCIAL PAYER HIERARCHY PANEL

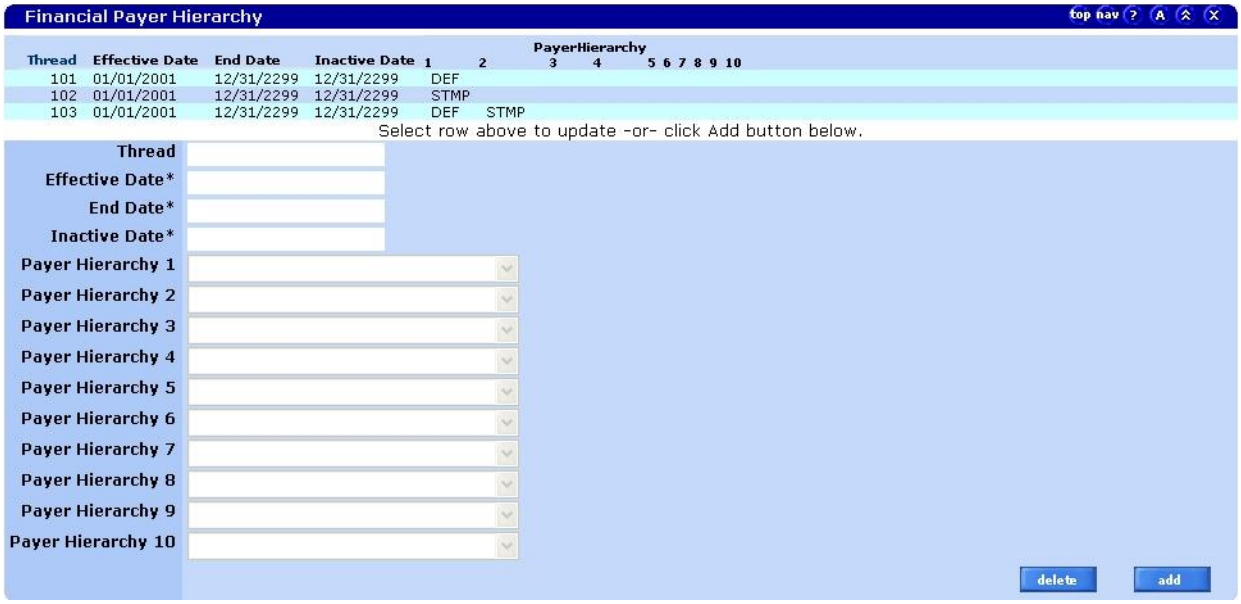
6.270.1 Financial Payer Hierarchy Panel Narrative

The Financial Payer Hierarchy panel maintains HIPAA Payer Hierarchy Threads that are used to control payer relationships and the order of claim adjudication at the Payer level. Payer hierarchy threads are ordered sets of Payers that may cover recipients concurrently.

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Benefit Administration] - [Financial Payer] - [Financial Payer Hierarchy]

6.270.2 Financial Payer Hierarchy Panel Layout



6.270.3 Financial Payer Hierarchy Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Financial Payer Hierarchy thread.	Button	N/A	0
Delete	Allows the user to delete a Financial Payer Hierarchy thread.	Button	N/A	0
Effective Date	Date the hierarchy thread becomes valid for use in claims processing. The claim FDOS/TDOS date span is used when comparing the effective dates.	Field	Date (MM/DD/CCYY)	8

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Field	Description	Field Type	Data Type	Length
End Date	Date the hierarchy thread becomes invalid for use in claims processing. The thread may still be used when the date of service on the claim is within the effective dates of the thread. The claim FDOS/TDOS date span is used when comparing the End Dates.	Field	Date (MM/DD/CCYY)	8
Inactive Dat	Date/Time the Financial Payer Hierarchy can no longer be used regardless of dates of service on the claim. Time is not displayed but time will be defaulted to 00:00 when selecting a date for processing. Future Inactive Date Restrictions prevent inactivating a segment while claims are processing.	Field	Date (MM/DD/CCYY)	8
Payer Hierarchy 1	First Payer defined in the hierarchy.	Combo Box	Drop Down List Box	0
Payer Hierarchy 2	Second Payer defined in the hierarchy.	Combo Box	Drop Down List Box	0
Payer Hierarchy 3	Third Payer defined in the hierarchy.	Combo Box	Drop Down List Box	0
Payer Hierarchy 4	Fourth Payer defined in the hierarchy.	Combo Box	Drop Down List Box	0
Payer Hierarchy 5	Fifth Payer defined in the hierarchy.	Combo Box	Drop Down List Box	0
Payer Hierarchy 6	Sixth Payer defined in the hierarchy.	Combo Box	Drop Down List Box	0
Payer Hierarchy 7	Seventh Payer defined in the hierarchy.	Combo Box	Drop Down List Box	0
Payer Hierarchy 8	Eighth Payer defined in the hierarchy.	Combo Box	Drop Down List Box	0
Payer Hierarchy 9	Ninth Payer defined in the hierarchy.	Combo Box	Drop Down List Box	0
Payer Hierarchy 10	Tenth Payer defined in the hierarchy.	Combo Box	Drop Down List Box	0

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Field	Description	Field Type	Data Type	Length
Thread	System assigned identified to be used to uniquely identify a thread. The payer hierarchy thread is an ordered set of Payers that may cover recipients concurrently. A payer hierarchy thread controls payer relationships and the order of claim adjudication at the payer level.	Field	Number (Integer)	

6.270.4 Financial Payer Hierarchy Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date is required.	Enter an Effective Date.
	Field	2	Effective Date must be less than or equal to the End Date	Enter an Effective Date that is less than or equal to the End Date.
	Field	3	Invalid date.	Enter an Effective Date in MM/DD/CCYY format.
	Field	5	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater than or equal to 01/01/1900.
	Field	6	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	2	Invalid date.	Enter an End Date in MM/DD/CCYY format.
	Field	3	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is greater than or equal to 01/01/1900.
	Field	4	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.
Inactive Date	Field	1	Inactive Date is required.	Enter an Inactive Date.
	Field	2	Inactive Date must be after the current System Date.	Enter an Inactive Date that is after the current System Date.
	Field	3	Inactive Date must be less than or equal to 12/31/2299.	Enter an Inactive Date that is less than or equal to 12/31/2299.
	Field	4	Invalid Date.	Enter an Inactive Date in MM/DD/CCYY format.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	5	Inactive Date must be greater than or equal to 01/01/1900.	Enter an Inactive Date that is greater than or equal to 01/01/1900.
Payer Hierarchy 1	Field	1	A valid Payer Node is required.	Select a least 1 payer.
Thread	Field	1	Duplicate payers found within a thread - is not valid.	Verify keying. Payers in the thread must be unique.

6.270.5 Financial Payer Hierarchy Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.270.6 Financial Payer Hierarchy Panel Accessibility

6.270.6.1 To Access the Financial Payer Hierarchy Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Benefit Administration**.	Benefit Administration panel displays.
3	Select **Financial Payer**.	Financial Page panel displays.
4	Select **Financial Payer Hierarchy**.	Financial Payer Hierarchy panel displays.

6.270.6.2 To Add on the Financial Payer Hierarchy Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Effective Date.**	
3	Enter **End Date**.	
4	Enter **Inactive** Date.	
5	Select **Payer Hierarchy 1** from drop down list box.	
6	Select **Payer Hierarchy 2** from drop down list box.	
7	Select **Payer Hierarchy 3** from drop down list box.	Select **Payer Hierarchy 3** from drop down list box.
8	Select **Payer Hierarchy 4** from drop down list box.	

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Step	Action	Response
9	Select **Payer Hierarchy 5** from drop down list box.	
10	Select **Payer Hierarchy 6** from drop down list box.	
11	Select **Payer Hierarchy 7** from drop down list box.	
12	Select **Payer Hierarchy 8** from drop down list box.	
13	Select **Payer Hierarchy 9** from drop down list box.	
14	Select **Payer Hierarchy 10** from drop down list box.	
15	Click **Save**. Thread number is automatically generated.	Financial Payer Hierarchy information is saved.

6.270.6.3 To Update on the Financial Payer Hierarchy Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Financial Payer Hierarchy information is saved.

6.270.6.4 To Delete on the Financial Payer Hierarchy Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.271 PROVIDER CONTRACT PANEL

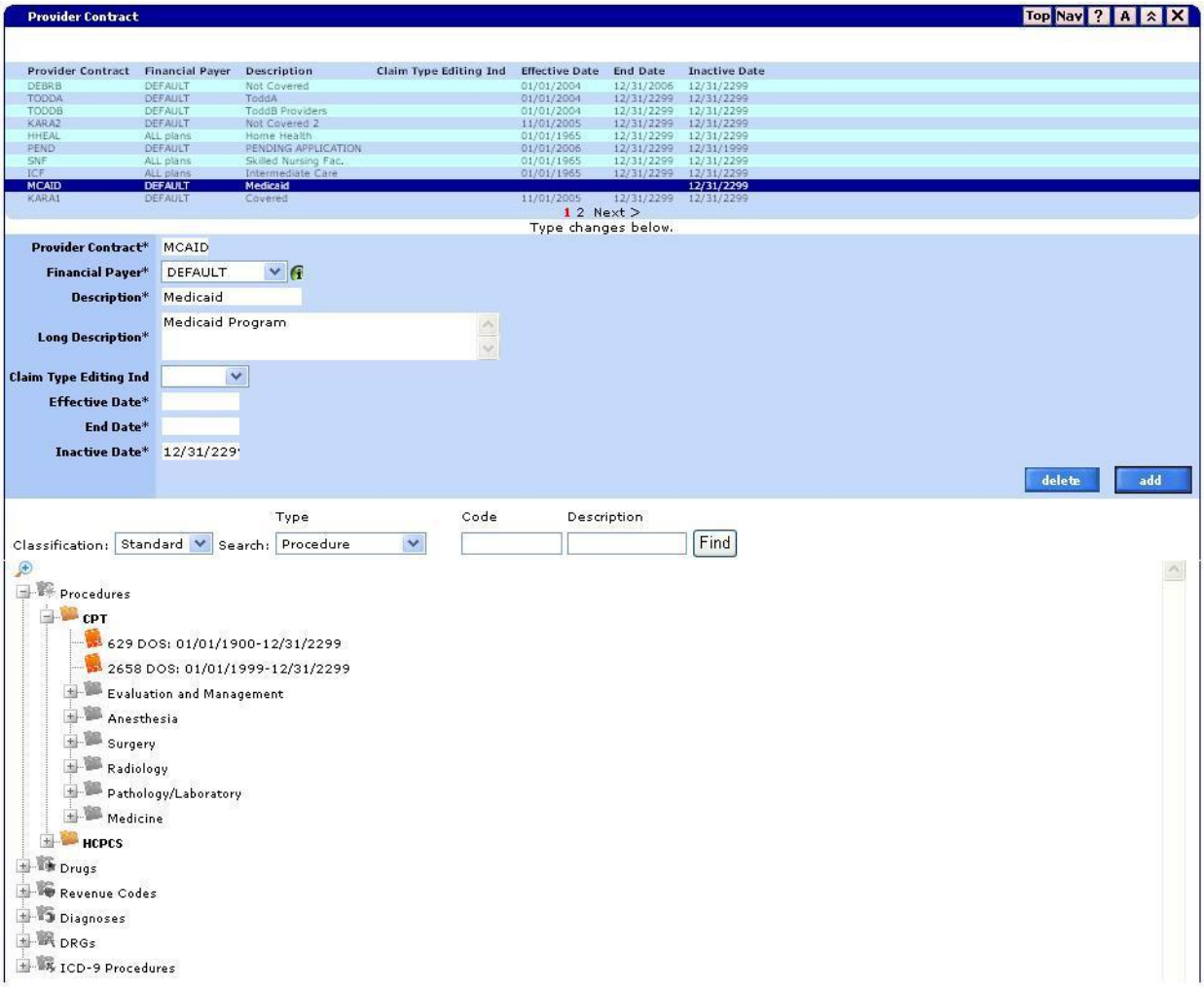
6.271.1 Provider Contract Panel Narrative

The Provider Contract panel is used to maintain Provider Contracts. Provider Contracts list benefits a provider can bill and the restrictions applicable to that benefit (billing rules).

Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] - [Benefit Administration] - [Provider Contract]

6.271.2 Provider Contract Panel Layout



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6.271.3 Provider Contract Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Ad	Allows the user to add an enrollment program.	Button	N/	0
Claim Type Edit Ind	Indicates what type of claim type to program editing is to be performed. If the indicator is set to 'N' (none), no claim type to program editing is performed. If the indicator is set to 'I' (include), only the claim types listed are billable for the specified program. If the indicator is set to 'E' (exclude), the claim types listed are not billable for the specified program.	Combo Box	Drop Down List Box	0
Delete	Allows the user to delete an enrollment program.	Button	N/A	0
Description	Short description to the provider enrollment program.	Field	Character	20
Effective Date	Date the Provider Contract becomes valid for use in claims processing. The claim FDOS/TDOS date span is used when comparing the effective dates.	Field	Date (MM/DD/CCYY)	8
End Date	Date the Provider Contract becomes invalid for use in claims processing. The claim FDOS/TDOS date span is used when comparing the End Date.	Field	Date (MM/DD/CCYY)	8
Financial Payer	Business code value/description used to identify the payer.	Combo Box	Drop Down List Box	0
Inactive Date	Date/Time the Provider Contract can no longer be used regardless of dates of service on the claim. Time is not displayed but time will be defaulted to 00:00 when selecting a date for processing. Future Inactive Date Restrictions prevent inactivating a segment while claims are processing.	Field	Date (MM/DD/CCYY)	8
Long Description	Long description to the provider enrollment program.	Field	Character	4000
Provider Contract	Classification of services a Provider can bill. A provider may have multiple contracts.	Field	Character	5

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6.271.4 Provider Contract Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a text description of the Enrollment Program.
Effective Date	Field	1	Effective Date is required.	Enter an Effective Date.
	Field	2	Invalid date.	Enter an Effective date in MM/DD/CCYY format.
	Field	3	Effective Date must be less than or equal to the End Date.	Enter an Effective Date that is less than or equal to the End Date.
	Field	4	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater than or equal to 01/01/1900.
	Field	5	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	2	Invalid date.	Enter an End Date in MM/DD/CCYY format.
	Field	3	End Date must be greater than or equal to 01/01/1900.	Enter an End Date that is greater than or equal to 01/01/1900.
	Field	4	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.
Inactive Date	Field	1	Inactive Date is required.	Enter an Inactive Date.
	Field	2	Inactive Date must be after the current System Date.	Enter an Inactive Date that is after the current System Date.
	Field	3	Inactive Date must be less than or equal to 12/31/2299.	Enter an Inactive Date that is less than or equal to 12/31/2299.
	Field	4	Invalid Date.	Enter an Inactive Date in MM/DD/CCYY format.
	Field	5	Inactive Date must be greater than or equal to 01/01/1900.	Enter an Inactive Date that is greater than or equal to 01/01/1900.
Long Description	Field	1	Long description is required.	Enter a long description of the Enrollment Program.
Provider Contract	Field	1	Provider Contract is required.	Enter an provider contract.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	2	A duplicate record cannot be saved.	Enter a unique enrollment program.

6.271.5 Provider Contract Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.271.6 Provider Contract Panel Accessibility

6.271.6.1 To Access the Provider Contract Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Benefit Administration**.	Benefit Administration panel displays.
3	Select **Provider Contract**.	Provider Contract panel displays.

6.271.6.2 To Add on the Provider Contract Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Provider Contract**.	
3	Select **Financial Payer** from drop down list box.	
4	Enter **Description**.	
5	Enter **Long Description**.	
6	Select **Claim Type Editing Ind** from drop down list box.	
7	Enter **Effective Date** in MM/DD/CCYY format.	
8	Enter **End Date** in MM/DD/CCYY format.	
9	Enter **Inactive Date** in MM/DD/CCYY format.	
10	Click **Save**.	Provider Contract information is saved.

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6.271.6.3 To Update on the Provider Contract Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Provider Contract information is saved.

6.271.6.4 To Delete on the Provider Contract Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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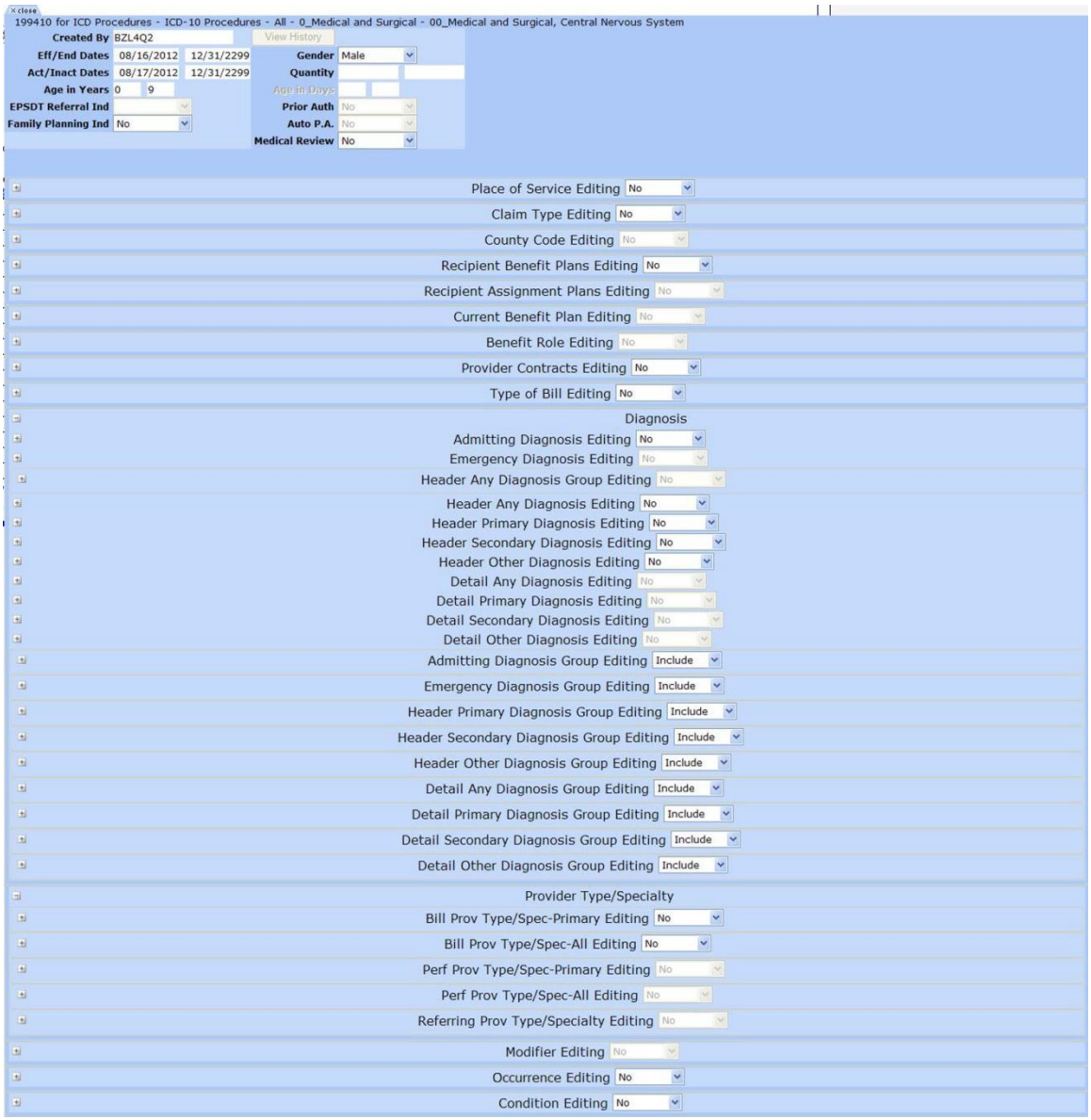
6.272 PROVIDER CONTRACT EDIT PANEL

6.272.1 Provider Contract Edit Panel Narrative

Provider Contract Edit Panel is used to create new and modify existing rule.

Navigation Path: [Reference] - [Benefit Administration] - [Provider Contract]

6.272.2 Provider Contract Edit Panel Layout



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6.272.3 Provider Contract Edit Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
View History	Used to view the history of an existing rule.	Button	N/A	0
Act/Inact Dates	Active and Inactive Dates requirement for claims. The date format is MM/DD/CCYY.	Field	Character	50
Admitting Diagnosis Editing	Any Admitting Diagnosis restriction for claims.	Combo Box	N/A	0
Admitting Diagnosis Group Editing	Any Admitting Diagnosis Group restriction for claims.	Combo Box	N/A	0
Age in Days	Age in Days requirement for claims.	Field	Character	50
Age in Years	Age in Years requirement for claims.	Field	Character	50
Auto P.A.	Auto Prior Authorization requirement for claims.	Combo Box	N/A	0
Benefit Role Editing	Any Benefit Role restriction for claims.	Combo Box	N/A	0
Bill Prov Type/Spec-All Editing	Any bill provider all type/specialty restriction for claims.	Combo Box	N/A	0
Bill Prov Type/Spec-Primary Editing	Any bill provider primary type/specialty restriction for claims.	Combo Box	N/A	0
Claim Type Editing	Any Claim Type restriction for claims.	Combo Box	N/A	0
Condition Editing	Any condition restriction for claims.	Combo Box	N/A	0
County Code Editing	Any County Code restriction for claims.	Combo Box	N/A	0
Created By	Clerk Id	Field	Character	32
Current Benefit Plan Editing	Any Current Benefit Plan restriction for claims.	Combo Box	N/A	0
Detail Any Diagnosis Editing	Any detail diagnosis restriction for claims.	Combo Box	N/A	0
Detail Any Diagnosis Group Editing	Any Detail Any Diagnosis Group restriction for claims.	Combo Box	N/A	0
Detail Other Diagnosis Editing	Any other detail diagnosis restriction for claims.	Combo Box	N/A	0

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Field	Description	Field Type	Data Type	Length
Detail Other Diagnosis Group Editing	Any Detail Other Diagnosis Group restriction for claims.	Combo Box	N/A	0
Detail Primary Diagnosis Editing	Any primary detail diagnosis restriction for claims.	Combo Box	N/A	0
Detail Primary Diagnosis Group Editing	Any Detail Primary Diagnosis Group restriction for claims.	Combo Box	N/A	0
Detail Secondary Diagnosis Editing	Any secondary detail diagnosis restriction for claims.	Combo Box	N/A	0
Detail Secondary Diagnosis Group Editing	Any Detail Secondary Diagnosis Group restriction for claims.	Combo Box	N/A	0
Diagnosis	Folder containing any diagnosis restriction for claims.	Label	N/A	0
Eff/End Dates	Effective and End Dates required for claims. The date format is MM/DD/CCYY.	Field	Character	50
EPSDT Referral Ind	EPSDT Referral requirement for claims.	Combo Box	N/A	0
Emergency Diagnosis Editing	Any Emergency Diagnosis restriction for claims.	Combo Box	N/A	0
Emergency Diagnosis Group Editing	Any Emergency Diagnosis Group restriction for claims.	Combo Box	N/A	0
Family Planning Ind	Family Planning requirement for claims.	Combo Box	N/A	0
Gender	Gender required for claims.	Combo Box	N/A	0
Header Any Diagnosis Editing	Any header diagnosis restriction for claims.	Combo Box	N/A	0
Header Any Diagnosis Group Editing	Group containing any header diagnosis restriction for claims.	Combo Box	N/A	0
Header Other Diagnosis Editing	Any other header diagnosis restriction for claims.	Combo Box	N/A	0
Header Other Diagnosis Group Editing	Any Header Other Diagnosis Group restriction for claims.	Combo Box	N/A	0
Header Primary Diagnosis Editing	Any primary header diagnosis restriction for claims.	Combo Box	N/A	0

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Field	Description	Field Type	Data Type	Length
Header Primary Diagnosis Group Editing	Any Header Primary Diagnosis Group restriction for claims.	Combo Box	N/A	0
Header Secondary Diagnosis Editing	Any secondary header diagnosis restriction for claims.	Combo Box	N/A	0
Header Secondary Diagnosis Group Editing	Any Header Secondary Diagnosis Group restriction for claims.	Combo Box	N/A	0
Medical Review	Medical Review requirement for claims.	Combo Box	N/A	0
Modifier Editing	Any modifier restriction for claims.	Combo Box	N/A	0
Occurrence Editing	Any occurrence restriction for claims.	Combo Box	N/A	0
Perf Prov Type/Spec-All Editing	Any pref provider all type/specialty restriction for claims.	Combo Box	N/A	0
Perf Prov Type/Spec-Primary Editing	Any pref provider primary type/specialty restriction for claims.	Combo Box	N/A	0
Place of Service Editing	Any Place of Service restriction for claims.	Combo Box	N/A	0
Prior Auth	Prior Authorization requirement for claims.	Combo Box	N/A	0
Provider Contract Editing	Any Provider Contract restriction for claims.	Combo Box	N/A	0
Provider Type/Specialty	Folder containing any provider type/specialty restriction for claims.	Label	N/A	0
Quantity	Quantity requirement for claims.	Field	Character	50
Recipient Assignment Plans Editing	Any Recipient Assignment Plans restriction for claims.	Combo Box	N/A	0
Recipient Benefit Plans Editing	Any Recipient Benefit Plans restriction for claims.	Combo Box	N/A	0
Referring Prov Type/Specialty Editing	Any referring provider type/specialty restriction for claims.	Combo Box	N/A	0
Type of Bill Editing	Any Type of Bill restriction for claims.	Combo Box	N/A	0

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6.272.4 Provider Contract Edit Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Admitting Diagnosis Group Editing	Combo Box	14	Admitting Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Admitting Diagnosis Group" listbox. If no value needs to be added to "Admitting Diagnosis Group" list box than set the value to "No" for the drop down.
Bill Prov Type/Spec-All Editing	Combo Box	7	Bill Prov Type/Spec-All must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Type Specialties Assigned" list box. If no value needs to be added to "Type Specialties Assigned" list box than set the value to "No" for the drop down.
Bill Prov Type/Spec-Primary Editing	Combo Box	6	Bill Prov Type/Spec-Primary must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Type Specialties Assigned" list box. If no value needs to be added to "Type Specialties Assigned" list box than set the value to "No" for the drop down.
Claim Type Editing	Combo Box	2	Claim Type must cover at least one value for this rule to apply.	If the value of drop down is "Include" then there must be some value in "Claim Types Assigned" list box. If no value needs to be added to "Claim Types Assigned" list box than set the value to "No" for the drop down.
Condition Editing	Combo Box	13	Condition must cover at least one value for this rule to apply.	If the value of drop down is "Yes" then there must be some value under Options. If no value needs to be added under Options than set the value to "No" for the drop down.
County Code Editing	Combo Box	3	County Code must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "County Codes Assigned" listbox. If no value needs to be added to "County Codes Assigned" list box than set the value to "No" for the drop down.

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Field	Field Type	Error Code	Error Message	To Correct
Current Benefit Plan Editing	Combo Box	11	Current Benefit Plan Editing must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Current Benefit Plan Editing" list box. If no value needs to be added to "Current Benefit Plan Editing" list box than set the value to "No" for the drop down.
Detail Any Diagnosis Group Editing	Combo Box	15	Detail Any Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Detail Any Diagnosis Group" list box. If no value needs to be added to "Detail Any Diagnosis Group" list box than set the value to "No" for the drop down.
Detail Other Diagnosis Group Editing	Combo Box	16	Detail Other Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Detail Other Diagnosis Group" listbox. If no value needs to be added to "Detail Other Diagnosis Group" list box than set the value to "No" for the drop down.
Detail Primary Diagnosis Group Editing	Combo Box	17	Detail Primary Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Detail Primary Diagnosis Group" list box. If no value needs to be added to "Detail Primary Diagnosis Group" list box than set the value to "No" for the drop down.
Detail Secondary Diagnosis Group Editing	Combo Box	18	Detail Secondary Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Detail Secondary Diagnosis Group" list box. If no value needs to be added to "Detail Secondary Diagnosis Group" list box than set the value to "No" for the drop down.
Emergency Diagnosis Group Editing	Combo Box	20	Emergency Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Emergency Diagnosis Group" list box. If no value needs to be added to "Emergency Diagnosis

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Field	Field Type	Error Code	Error Message	To Correct
				Group" list box than set the value to "No" for the drop down.
Header Other Diagnosis Group Editing	Combo Box	19	Header Other Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Header Other Diagnosis Group" list box. If no value needs to be added to "Header Other Diagnosis Group" list box than set the value to "No" for the drop down.
Header Primary Diagnosis Group Editing	Combo Box	21	Header Primary Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Header Primary Diagnosis Group" list box. If no value needs to be added to "Header Primary Diagnosis Group" list box than set the value to "No" for the drop down.
Header Secondary Diagnosis Group Editing	Combo Box	22	Header Secondary Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Header Secondary Diagnosis Group" list box. If no value needs to be added to "Header Secondary Diagnosis Group" list box than set the value to "No" for the drop down.
Modifier Editing	Combo Box	10	Modifier must cover at least one value for this rule to apply.	If the value of drop down is "Yes" then there must be some value under Options. If no value need to be added under Options than set the value to "No" for the drop down.
Occurrence Editing	Combo Box	12	Occurrence must cover at least one value for this rule to apply.	If the value of drop down is "Yes" then there must be some value under Options. If no value needs to be added under Options than set the value to "No" for the drop down.
Perf Prov Type/Spec-All Editing	Combo Box	9	Perf Prov Type/Spec-All must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Type Specialties Assigned" list box. If no value needs to be added to "Type Specialties Assigned" list box than set the value to "No" for the drop down.

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Field	Field Type	Error Code	Error Message	To Correct
Perf Prov Type/Spec-Primary Editing	Combo Box	8	Perf Prov Type/Spec-Primary must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Type Specialties Assigned" list box. If no value needs to be added to "Type Specialties Assigned" list box than set the value to "No" for the drop down.
Place of Service Editing	Combo Box	1	Place of Service must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Places Of Service Assigned" list box. If no value needs to be added to "Places Of Service Assigned" list box than set the value to "No" for the drop down.
Provider Contract Editing	Combo Box	23	Provider Contract Editing must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Provider Contract Editing" list box. If no value needs to be added to "Provider Contract Editing" list box than set the value to "No" for the drop down.
Recipient Assignment Plans Editing	Combo Box	5	Recipient Assignment Plans must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Recipient Assignment Plans Assigned" list box. If no value needs to be added to "Recipient Assignment Plans Assigned" list box than set the value to "No" for the drop down.
Recipient Benefit Plans Editing	Combo Box	4	Recipient Benefit Plans must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Recipient Benefit Plans Assigned" list box. If no value needs to be added to "Recipient Benefit Plans Assigned" list box than set the value to "No" for the drop down.
Type of Bill Editing	Combo Box	24	Type of Bill Editing must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Type of Bill Editing" list box. If no value needs to be added to "Type of Bill Editing" list box than set the value to "No" for the drop down.

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6.272.5 Provider Contract - Benefit Coverage Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.272.6 Provider Contract Edit Panel Accessibility

6.272.7 To Access the Provider Contract Edit Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Benefit Administration**.	Benefit Administration panel displays.
3	Select **Provider Contract**.	Provider Contract panel is displayed at the bottom.

6.272.7.1 To Add on the Provider Contract Panel

Step	Action	Response
1	Select a plan and expand Benefit Coverage tree and select a Rule.	Provider Contract panel will be displayed.
2	To create a new rule right click and select “Add Rule” from the menu.	
3	Click **Save**.	Provider Contract panel is saved.

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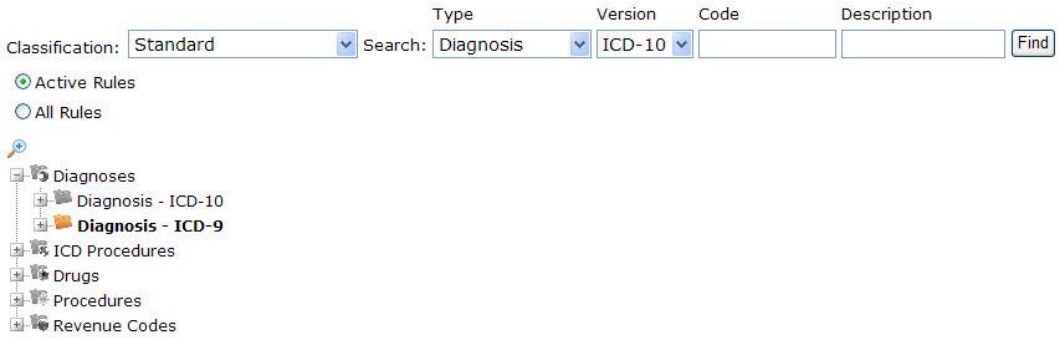
6.273 PROVIDER CONTRACT- BENEFIT COVERAGE PANEL

6.273.1 Provider Contract - Benefit Coverage Panel Narrative

This panel is used to maintain benefit coverage by Provider Contract.

Navigation Path: [Reference] - [Benefit Administration] - (Select a Provider Contract) - (Expand the plan by clicking on the "+")

6.273.2 Provider Contract - Benefit Coverage Panel Layout



6.273.3 Provider Contract - Benefit Coverage Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Find	Initiates search on the database table for rows matching the criteria entered.	Button	N/A	0
Classification	Hierarchy of groupings.	Combo Box	Drop Down List Box	0
Code	Allows search for a benefit code.	Field	Character	0
Description	Allows search by description.	Field	Character	0
Type	Allows search for benefit type.	Combo Box	Drop Down List Box	0
Version	List of ICD versions. This drop down is visible only if benefit type is selected as "Diagnosis".	Combo Box	Drop Down List Box	0

6.273.4 Provider Contract - Benefit Coverage Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Code	Field	1	Either the code or partial description of a benefit must be specified to find it.	Enter code of a benefit and then click Find Button.

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Field	Field Type	Error Code	Error Message	To Correct
Description	Field	2	Either the code or partial description of a benefit must be specified to find it.	Enter partial description of benefit and then click Find button.

6.273.5 Provider Contract - Benefit Coverage Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.275.6 Provider Contract - Benefit Coverage Panel Accessibility

6.273.5.1 To Access the Provider Contract - Benefit Coverage Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Benefit Administration**.	Benefit Administration panel displays.
3	Select **Provider Contract**.	Provider Contract – Benefit Coverage panel is displayed at the bottom.

6.273.5.2 To Navigate on the Provider Contract - Benefit Coverage Panel

Step	Action	Response
1	Select **Classification** from drop down list box.	
2	Select **Type** from drop down list box.	
3	Select **Version** from drop down list box.	
4	Enter Code / Description or both in the text box.	
5	Click **Find**.	Provider Contract- Benefit Coverage information is displayed.

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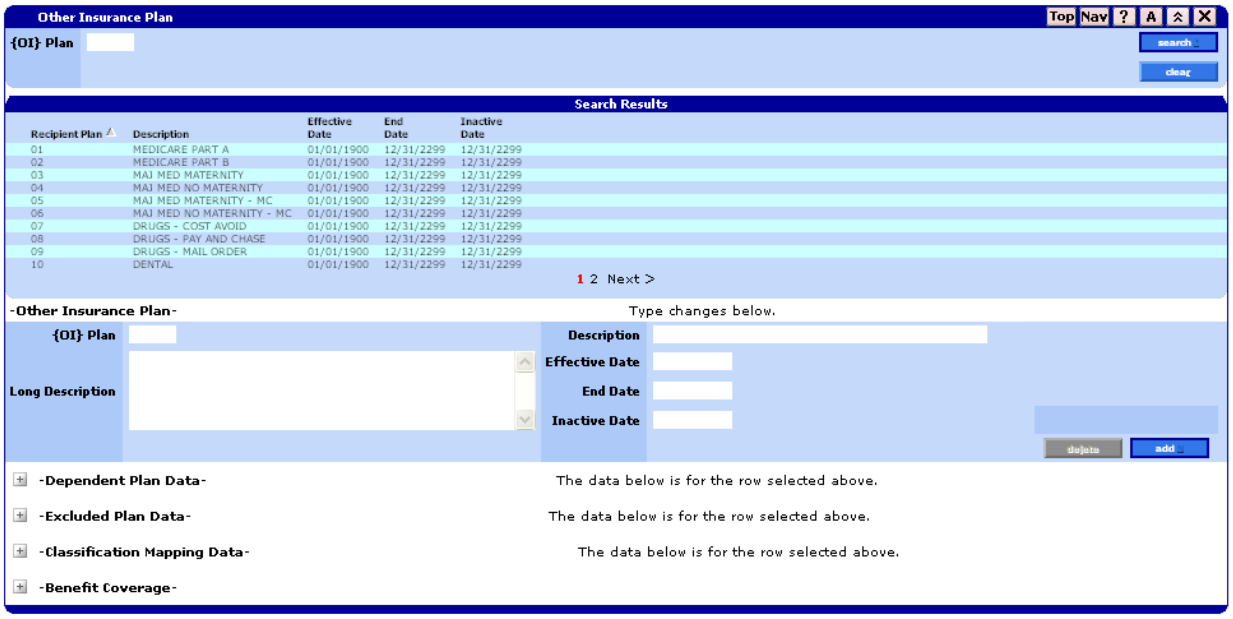
6.274 OTHER INSURANCE PLAN PANEL

6.274.1 Other Insurance Plan Panel Narrative

The Benefit Administration-Other Insurance Plan panel is used to maintain Other Insurance (OI) Plans. OI Plans identify third party health coverage for a member. There are five parts to the panel: (1) Dependent Plan Data, (2) Excluded Plan Data, (3) Classification Mapping Data, (4) Benefit Coverage. Only authorized users with update privileges have the capability to add new information or modify existing data.

Navigation Path: [Reference] – [Benefit Administration] – [Other Insurance]

6.274.2 Other Insurance Plan Panel Layout



6.274.3 Other Insurance Plan Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
{OI} Plan	Code that identifies the other insurance plan.	Field	Character	5
Add	Allows the user to add an OI plan.	Button	N/A	0
Clear	Clears all fields so the user may enter new search criteria.	Button	N/A	0
Delete	Allows the user to delete an OI Plan.	Button	N/A	0
Description	Text description of the OI Plan.	Field	Character	50
Effective Date	Date the OI Plan becomes valid for use in claims processing. The claim FDOS/TDOS date span is used when comparing the effective date.	Field	Date (MM/DD/CCYY)	8

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Field	Description	Field Type	Data Type	Length
End Date	Date the OI Plan becomes invalid for use in claims processing. The claim FDOS/TDOS date span is used when comparing the End Date.	Field	Date (MM/DD/CCYY)	8
Inactive Date	Date/Time the Other Insurance Plan can no longer be used regardless of dates of service on the claim. Time is not displayed but time will be defaulted to 00:00 when selecting a date for processing. Future Inactive Date restrictions prevent inactivating a segment while claims are processing.	Field	Date (MM/DD/CCYY)	8
Long Description	Text definition of OI plans describing who is eligible and what types of services are provided.	Field	Character	4000
Search	Initiates the search for an OI matching the given search criteria.	Button	N/A	0

6.274.4 Other Insurance Plan Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description of OI Plan.
Effective Date	Field	1	Effective Date is required.	Enter an Effective Date.
	Field	2	Invalid Date. Format is MM/DD/CCYY.	Enter an Effective Date in MM/DD/CCYY.
	Field	3	Effective Date must be less than or equal to the End Date.	Effective Date must be less than or equal to the End Date.
	Field	4	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date that is greater than or equal to 01/01/1900.
	Field	5	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	2	Invalid Date. Format is MM/DD/CCYY.	Enter an End Date in MM/DD/CCYY format.
	Field	3	End Date must be greater than or equal to 01/01/1900.	End Date that is greater than or equal to 01/01/1900.
	Field	4	End Date must be less than or equal to 12/31/2299.	End Date that is less than or equal to 12/31/2299.

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Field	Field Type	Error Code	Error Message	To Correct
Inactive Date	Field	1	Inactive Date is required.	Enter an Inactive Date.
	Field	2	Inactive Date must be after the current System Date.	Enter an Inactive Date that is after the current System Date.
	Field	3	Inactive Date must be less than or equal to 12/31/2299.	Enter an Inactive Date that is less than or equal to 12/31/2299.
	Field	4	Invalid Date. Format is MM/DD/CCYY.	Enter an Inactive Date in MM/DD/CCYY format.
	Field	5	Inactive Date must be greater than or equal to 01/01/1900.	Enter an Inactive Date that is greater than or equal to 1/1/1900.
Long Description	Field	1	Long Description is required.	Enter a Long Description of the OI Plan.
{OI} Plan	Field	1	OI Plan is required.	Enter an OI Plan code.
	Field	2	A duplicate record can not be saved.	Enter a unique OI Plan.

6.274.5 Other Insurance Plan Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.274.6 Other Insurance Plan Panel Accessibility

6.274.6.1 To Access the Other Insurance Plan Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference and** click **Benefit Administration**.	Benefit Administration panel displays.
3	Click **Other Insurance Plan** hyperlink.	Other Insurance Plan panel displays.

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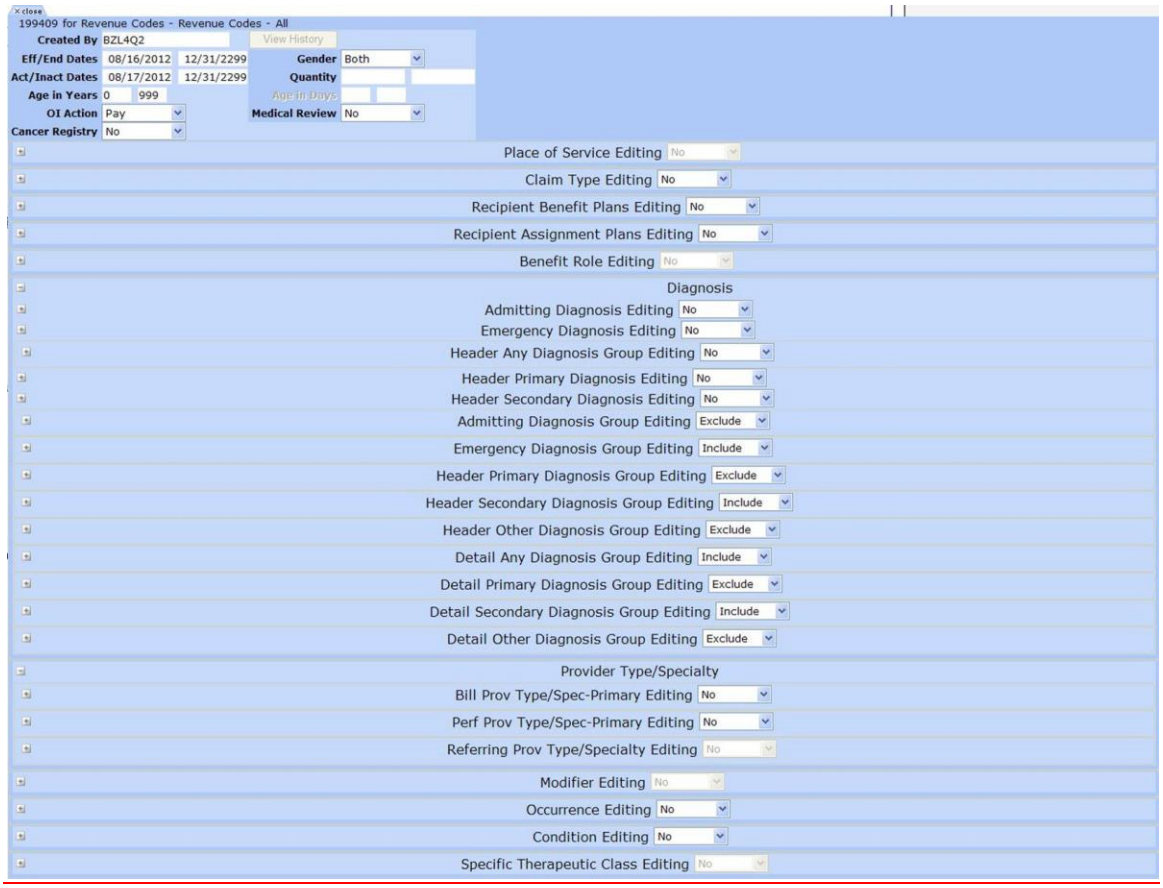
6.275 OTHER INSURANCE COVERAGE EDIT PANEL

6.275.1 Other Insurance Coverage Edit Panel Narrative

OI Coverage Edit Panel is used to create new and modify existing rule.

Navigation Path: [Reference] - [Benefit Administration] - [Other Insurance]

6.275.2 Other Insurance Coverage Edit Panel Layout



6.275.3 Other Insurance Coverage Edit Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Act/Inact Dates	Active and Inactive Dates requirement for claims. The date format is MM/DD/CCYY.	Field	Character	50
Admitting Diagnosis Editing	Any Admitting Diagnosis restriction for claims.	Combo Box	N/A	0
Admitting Diagnosis Group Editing	Any Admitting Diagnosis Group restriction for claims.	Combo Box	N/A	0
Age in Days	Age in Days requirement for claims.	Field	Character	50

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Field	Description	Field Type	Data Type	Length
Age in Years	Age in Years requirement for claims.	Field	Character	50
Benefit Role Editing	Any Benefit Role restriction for claims.	Combo Box	N/A	0
Bill Prov Type/Spec-Primary Editing	Any bill provider primary type/specialty restriction for claims.	Combo Box	N/A	0
Cancer Registry	Cancer Registry restriction for claims.	Combo Box	N/A	0
Claim Type Editing	Any Claim Type restriction for claims.	Combo Box	N/A	0
Condition Editing	Any condition restriction for claims.	Combo Box	N/A	0
Created By	Clerk Id	Field	Character	32
Detail Any Diagnosis Group Editing	Any Detail Any Diagnosis Group restriction for claims.	Combo Box	N/A	0
Detail Other Diagnosis Group Editing	Any Detail Other Diagnosis Group restriction for claims.	Combo Box	N/A	0
Detail Primary Diagnosis Group Editing	Any Detail Primary Diagnosis Group restriction for claims.	Combo Box	N/A	0
Detail Secondary Diagnosis Group Editing	Any Detail Secondary Diagnosis Group restriction for claims.	Combo Box	N/A	0
Diagnosis	Folder containing any diagnosis restriction for claims.	Label	N/A	0
Eff/End Dates	Effective and End Dates required for claims. The date format is MM/DD/CCYY.	Field	Character	50
Emergency Diagnosis Editing	Any Emergency Diagnosis restriction for claims.	Combo Box	N/A	0
Emergency Diagnosis Group Editing	Any Emergency Diagnosis Group restriction for claims.	Combo Box	N/A	0
Gender	Gender required for claims.	Combo Box	N/A	0
Header Any Diagnosis Group Editing	Group containing any header diagnosis restriction for claims.	Combo Box	N/A	0

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Field	Description	Field Type	Data Type	Length
Header Other Diagnosis Group Editing	Any Header Other Diagnosis Group restriction for claims.	Combo Box	N/A	0
Header Primary Diagnosis Editing	Any primary header diagnosis restriction for claims.	Combo Box	N/A	0
Header Primary Diagnosis Group Editing	Any Header Primary Diagnosis Group restriction for claims.	Combo Box	N/A	0
Header Secondary Diagnosis Editing	Any secondary header diagnosis restriction for claims.	Combo Box	N/A	0
Header Secondary Diagnosis Group Editing	Any Header Secondary Diagnosis Group restriction for claims.	Combo Box	N/A	0
Medical Review	Medical Review requirement for claims.	Combo Box	N/A	0
Modifier Editing	Any modifier restriction for claims.	Combo Box	N/A	0
OI Action	OI Action restriction for claims.	Combo Box	N/A	0
Occurrence Editing	Any occurrence restriction for claims.	Combo Box	N/A	0
Perf Prov Type/Spec-Primary Editing	Any pref provider primary type/specialty restriction for claims.	Combo Box	N/A	0
Place of Service Editing	Any Place of Service restriction for claims.	Combo Box	N/A	0
Quantity	Quantity requirement for claims.	Field	N/A	0
Provider Type/Specialty	Folder containing any provider type/specialty restriction for claims.	Label	N/A	0
Recipient Assignment Plans Editing	Any Recipient Assignment Plans restriction for claims.	Combo Box	N/A	0
Recipient Benefit Plans Editing	Any Recipient Benefit Plans restriction for claims.	Combo Box	N/A	0
Referring Prov Type/Specialty Editing	Any referring provider type/specialty restriction for claims.	Combo Box	N/A	0

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Field	Description	Field Type	Data Type	Length
Specific Therapeutic Class Editing	Any specific therapeutic class restriction for claims.	Combo Box	N/A	0
View History	Used to view the history of an existing rule.	Button	N/A	0

6.275.4 Other Insurance Coverage Edit Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Admitting Diagnosis Group Editing	Combo Box	1	Admitting Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Admitting Diagnosis Group" list box. If no value needs to be added to "Admitting Diagnosis Group" list box than set the value to "No" for the drop down.
Bill Prov Type/Spec-Primary Editing	Combo Box	2	Bill Prov Type/Spec-Primary must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Type Specialties Assigned" list box. If no value needs to be added to "Type Specialties Assigned" list box than set the value to "No" for the drop down.
Claim Type Editing	Combo Box	3	Claim Type must cover at least one value for this rule to apply.	If the value of drop down is "Include" then there must be some value in "Claim Types Assigned" list box. If no value needs to be added to "Claim Types Assigned" list box than set the value to "No" for the drop down.
Condition Editing	Combo Box	4	Condition must cover at least one value for this rule to apply.	If the value of drop down is "Yes" then there must be some value under Options. If no value needs to be added under Options than set the value to "No" for the drop down.
Detail Any Diagnosis Group Editing	Combo Box	5	Detail Any Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Detail Any Diagnosis Group" list box. If no value need to be added to "Detail Any Diagnosis Group" list box than set the value to "No" for the drop down.

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Field	Field Type	Error Code	Error Message	To Correct
Detail Other Diagnosis Group Editing	Combo Box	6	Detail Other Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Detail Other Diagnosis Group" list box. If no value needs to be added to "Detail Other Diagnosis Group" list box than set the value to "No" for the drop down.
Detail Primary Diagnosis Group Editing	Combo Box	7	Detail Primary Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Detail Primary Diagnosis Group" list box. If no value needs to be added to "Detail Primary Diagnosis Group" list box than set the value to "No" for the drop down.
Detail Secondary Diagnosis Group Editing	Combo Box	8	Detail Secondary Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Detail Secondary Diagnosis Group" list box. If no value needs to be added to "Detail Secondary Diagnosis Group" list box than set the value to "No" for the drop down.
Emergency Diagnosis Group Editing	Combo Box	9	Emergency Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Emergency Diagnosis Group" list box. If no value needs to be added to "Emergency Diagnosis Group" list box than set the value to "No" for the drop down.
Header Other Diagnosis Group Editing	Combo Box	10	Header Other Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Header Other Diagnosis Group" list box. If no value needs to be added to "Header Other Diagnosis Group" list box than set the value to "No" for the drop down.
Header Primary Diagnosis Group Editing	Combo Box	11	Header Primary Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Header Primary Diagnosis Group" list box. If no value needs to be added to "Header Primary Diagnosis Group" list box than set

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Field	Field Type	Error Code	Error Message	To Correct
				the value to "No" for the drop down.
Header Secondary Diagnosis Group Editing	Combo Box	12	Header Secondary Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Header Secondary Diagnosis Group" list box. If no value needs to be added to "Header Secondary Diagnosis Group" list box than set the value to "No" for the drop down.
Modifier Editing	Combo Box	13	Modifier must cover at least one value for this rule to apply.	If the value of drop down is "Yes" then there must be some value under Options. If no value needs to be added under Options than set the value to "No" for the drop down.
Occurrence Editing	Combo Box	14	Occurrence must cover at least one value for this rule to apply.	If the value of drop down is "Yes" then there must be some value under Options. If no value needs to be added under Options than set the value to "No" for the drop down.
Perf Prov Type/Spec-Primary Editing	Combo Box	15	Perf Prov Type/Spec-Primary must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Type Specialties Assigned" list box. If no value needs to be added to "Type Specialties Assigned" list box than set the value to "No" for the drop down.
Place of Service Editing	Combo Box	16	Place of Service must cover at least one value for this rule to apply	If the value of drop down is "Include" or "Exclude" then there must be some value in "Places Of Service Assigned" list box. If no value needs to be added to "Places Of Service Assigned" list box than set the value to "No" for the drop down.
Recipient Assignment Plans Editing	Combo Box	17	Recipient Assignment Plans must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Recipient Assignment Plans Assigned" list box. If no value needs to be added to "Recipient Assignment Plans Assigned" list box than set the value to "No" for the drop down.

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Field	Field Type	Error Code	Error Message	To Correct
Recipient Benefit Plans Editing	Combo Box	18	Recipient Benefit Plans must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Recipient Benefit Plans Assigned" list box. If no value needs to be added to "Recipient Benefit Plans Assigned" list box than set the value to "No" for the drop down.

6.275.5 Other Insurance Coverage Edit Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.275.6 Other Insurance Coverage Edit Panel Accessibility

6.275.6.1 To Access the Other Insurance Coverage Edit Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Reference and click Benefit Administration.	Benefit Administration panel displays.
3	Select Other Insurance.	Other Insurance Coverage Edit Plan panel displays.

6.275.6.2 To Add on the Other Insurance Coverage Edit Panel

Step	Action	Response
1	Select a plan and expand Benefit Coverage tree and select a Rule.	Other Insurance Coverage Edit Plan panel displays.
2	To create a new rule right click and select “Add Rule” from the menu.	
3	Click Save.	Other Insurance Coverage Edit Plan panel is saved.

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6.276 OTHER INSURANCE PLAN - BENEFIT COVERAGE PANEL

6.276.1 Other Insurance Plan - Benefit Coverage Panel Narrative

This panel is used to maintain benefit coverage by Other Insurance Plan.

Navigation Path: [Reference] - [Benefit Administration] – [Other Insurance] - (Select a Other Insurance Plan – Benefit Coverage) - (Expand the plan by clicking on the "+")

6.276.2 Other Insurance Plan - Benefit Coverage Panel Layout

6.276.3 Other Insurance Plan - Benefit Coverage Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Find	Initiates search on the database table for rows matching the criteria entered.	Button	N/A	0
Classification	Hierarchy of groupings.	Combo Box	Drop Down List Box	0
Code	Allows search for a benefit code.	Field	Character	0
Description	Allows search by description.	Field	Character	0
Type	Allows search for benefit type.	Combo Box	Drop Down List Box	0
Version	List of ICD versions. This drop down is visible only if benefit type is selected as "Diagnosis".	Combo Box	Drop Down List Box	0

6.276.4 Other Insurance Plan - Benefit Coverage Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Code	Field	1	Either the code or partial description of a benefit must be specified to find it.	Enter code of a benefit and then click Find Button.

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Field	Field Type	Error Code	Error Message	To Correct
Description	Field	2	Either the code or partial description of a benefit must be specified to find it.	Enter partial description of benefit and then click Find button.

6.276.5 Other Insurance Plan - Benefit Coverage Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.276.6 Other Insurance Plan - Benefit Coverage Panel Accessibility

6.276.6.1 To Access the Other Insurance Plan - Benefit Coverage Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Benefit Administration**.	Benefit Administration panel displays.
3	Select Other Insurance.	Other Insurance Plan panel displays.

6.276.6.2 To Navigate on the Other Insurance Plan - Benefit Coverage Panel

Step	Action	Response
1	Select **Classification** from drop down list box.	
2	Select **Type** from drop down list box.	
3	Select **Version** from drop down list box.	
4	Enter Code / Description or both in the text box.	
5	Click **Find**.	Other Insurance Plan- Benefit Coverage information is displayed.

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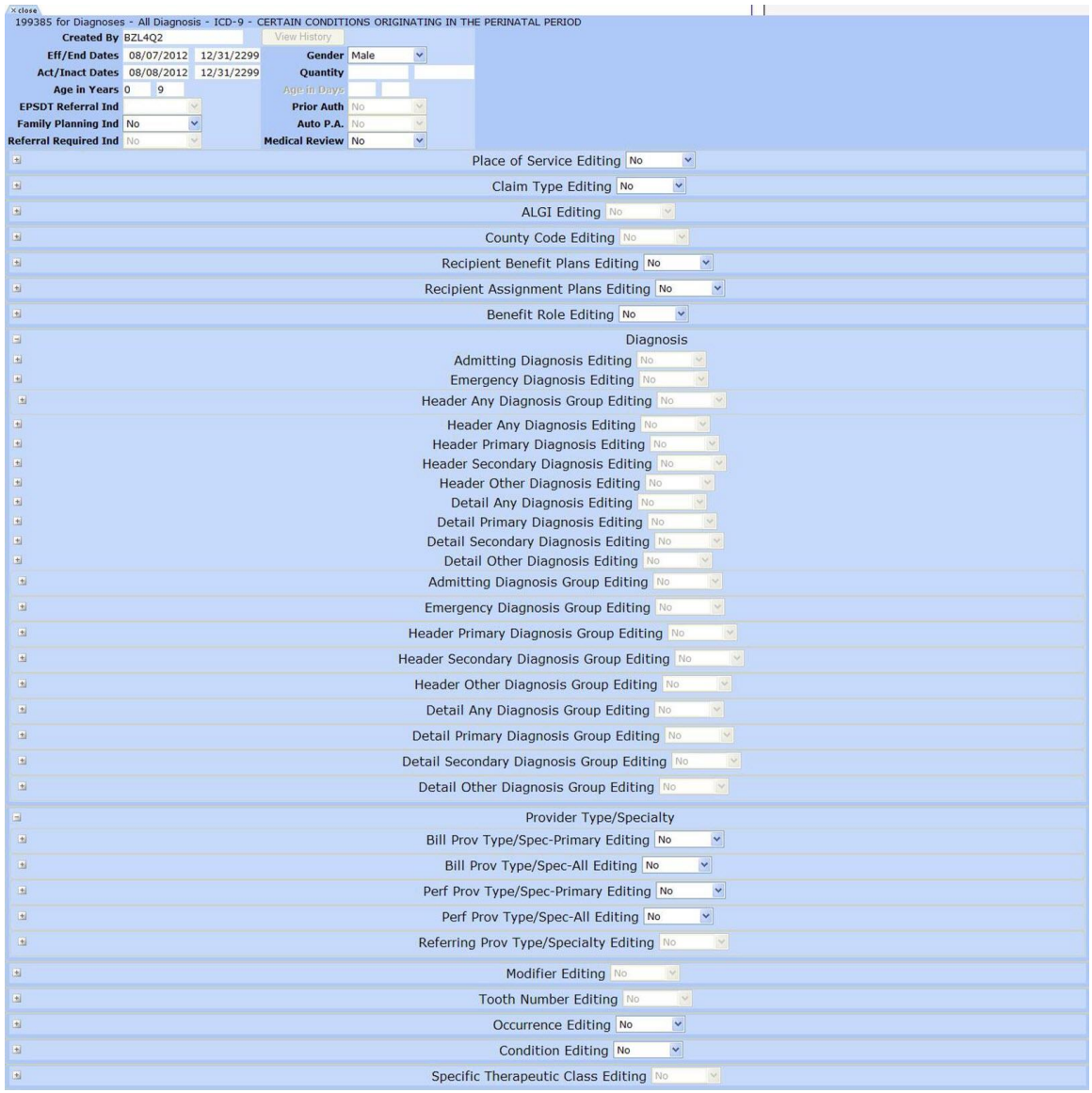
6.277 BENEFIT COVERAGE EDIT PANEL

6.277.1 Benefit Coverage Edit Panel Narrative

Benefit Coverage Edit Panel is used to create new and modify existing rule.

Navigation Path: [Reference] - [Benefit Administration] - [Recipient Plan]

6.277.2 Benefit Coverage Edit Panel Layout



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6.277.3 Benefit Coverage Edit Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Act/Inact Dates	Active and Inactive Dates requirement for claims. The date format is MM/DD/CCYY.	Field	Character	50
Age in Days	Age in Days requirement for claims.	Field	Character	50
Age in Years	Age in Years requirement for claims.	Field	Character	50
ALGI Editing	Any ALGI restriction for claims.	Combo Box	N/A	0
Admitting Diagnosis Editing	Any Admitting Diagnosis restriction for claims.	Combo Box	N/A	0
Admitting Diagnosis Group Editing	Any Admitting Diagnosis Group restriction for claims.	Combo Box	N/A	0
Auto P.A.	Auto Prior Authorization requirement for claims.	Combo Box	N/A	0
Benefit Role Editing	Any Benefit Role restriction for claims.	Combo Box	N/A	0
Bill Prov Type/Spec-All Editing	Any bill provider all type/specialty restriction for claims.	Combo Box	N/A	0
Bill Prov Type/Spec-Primary Editing	Any bill provider primary type/specialty restriction for claims.	Combo Box	N/A	0
Claim Type Editing	Any Claim Type restriction for claims.	Combo Box	N/A	0
Condition Editing	Any condition restriction for claims.	Combo Box	N/A	0
County Code Editing	Any County Code restriction for claims.	Combo Box	N/A	0
Created By	Clerk Id	Field	Character	32
Detail Any Diagnosis Editing	Any detail diagnosis restriction for claims.	Combo Box	N/A	0
Detail Any Diagnosis Group Editing	Any Detail Any Diagnosis Group restriction for claims.	Combo Box	N/A	0
Detail Other Diagnosis Editing	Any other detail diagnosis restriction for claims.	Combo Box	N/A	0
Detail Other Diagnosis Group Editing	Any Detail Other Diagnosis Group restriction for claims.	Combo Box	N/A	0

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Field	Description	Field Type	Data Type	Length
Detail Primary Diagnosis Editing	Any primary detail diagnosis restriction for claims.	Combo Box	N/A	0
Detail Primary Diagnosis Group Editing	Any Detail Primary Diagnosis Group restriction for claims.	Combo Box	N/A	0
Detail Secondary Diagnosis Editing	Any secondary detail diagnosis restriction for claims.	Combo Box	N/A	0
Detail Secondary Diagnosis Group Editing	Any Detail Secondary Diagnosis Group restriction for claims.	Combo Box	N/A	0
Diagnosis	Folder containing any diagnosis restriction for claims.	Label	N/A	0
Eff/End Dates	Effective and End Dates required for claims. The date format is MM/DD/CCYY.	Field	Character	50
EPSDT Referral Ind	EPSDT Referral requirement for claims.	Combo Box	N/A	0
Emergency Diagnosis Editing	Any Emergency Diagnosis restriction for claims.	Combo Box	N/A	0
Emergency Diagnosis Group Editing	Any Emergency Diagnosis Group restriction for claims.	Combo Box	N/A	0
Family Planning Ind	Family Planning requirement for claims.	Combo Box	N/A	0
Gender	Gender required for claims.	Combo Box	N/A	0
Header Any Diagnosis Editing	Any header diagnosis restriction for claims.	Combo Box	N/A	0
Header Any Diagnosis Group Editing	Group containing any header diagnosis restriction for claims.	Combo Box	N/A	0
Header Other Diagnosis Editing	Any other header diagnosis restriction for claims.	Combo Box	N/A	0
Header Other Diagnosis Group Editing	Any Header Other Diagnosis Group restriction for claims.	Combo Box	N/A	0
Header Primary Diagnosis Editing	Any primary header diagnosis restriction for claims.	Combo Box	N/A	0
Header Primary Diagnosis Group Editing	Any Header Primary Diagnosis Group restriction for claims.	Combo Box	N/A	0
Header Secondary Diagnosis Editing	Any secondary header diagnosis restriction for claims.	Combo Box	N/A	0

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Field	Description	Field Type	Data Type	Length
Header Secondary Diagnosis Group Editing	Any Header Secondary Diagnosis Group restriction for claims.	Combo Box	N/A	0
Medical Review	Medical Review requirement for claims.	Combo Box	N/A	0
Modifier Editing	Any modifier restriction for claims.	Combo Box	N/A	0
Occurrence Editing	Any occurrence restriction for claims.	Combo Box	N/A	0
Perf Prov Type/Spec-All Editing	Any pref provider all type/specialty restriction for claims.	Combo Box	N/A	0
Perf Prov Type/Spec-Primary Editing	Any pref provider primary type/specialty restriction for claims.	Combo Box	N/A	0
Place of Service Editing	Any Place of Service restriction for claims.	Combo Box	N/A	0
Prior Auth	Prior Authorization requirement for claims.	Combo Box	N/A	0
Provider Type/Specialty	Folder containing any provider type/specialty restriction for claims.	Label	N/A	0
Quantity	Quantity requirement for claims.	Field	Character	50
Recipient Assignment Plans Editing	Any Recipient Assignment Plans restriction for claims.	Combo Box	N/A	0
Recipient Benefit Plans Editing	Any Recipient Benefit Plans restriction for claims.	Combo Box	N/A	0
Referral Required Ind	Referral Required requirement for claims.	Combo Box	N/A	0
Referring Prov Type/Specialty Editing	Any referring provider type/specialty restriction for claims.	Combo Box	N/A	0
Specific Therapeutic Class Editing	Any specific therapeutic class restriction for claims.	Combo Box	N/A	0
Tooth Number Editing	Any tooth number restriction for claims.	Combo Box	N/A	0
View History	Used to view the history of an existing rule.	Button	N/A	0

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6.277.4 Benefit Coverage Edit Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Admitting Diagnosis Group Editing	Combo Box	14	Admitting Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Admitting Diagnosis Group" list box. If no value needs to be added to "Admitting Diagnosis Group" list box than set the value to "No" for the drop down.
Bill Prov Type/Spec-All Editing	Combo Box	7	Bill Prov Type/Spec-All must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Type Specialties Assigned" list box. If no value needs to be added to "Type Specialties Assigned" list box than set the value to "No" for the drop down.
Bill Prov Type/Spec-Primary Editing	Combo Box	6	Bill Prov Type/Spec-Primary must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Type Specialties Assigned" list box. If no value needs to be added to "Type Specialties Assigned" list box than set the value to "No" for the drop down.
Claim Type Editing	Combo Box	2	Claim Type must cover at least one value for this rule to apply.	If the value of drop down is "Include" then there must be some value in "Claim Types Assigned" list box. If no value needs to be added to "Claim Types Assigned" list box than set the value to "No" for the drop down.
Condition Editing	Combo Box	13	Condition must cover at least one value for this rule to apply.	If the value of drop down is "Yes" then there must be some value under Options. If no value needs to be added under Options than set the value to "No" for the drop down.
County Code Editing	Combo Box	3	County Code must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "County Codes Assigned" list box. If no value needs to be added to "County Codes Assigned" list box than set the

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Field	Field Type	Error Code	Error Message	To Correct
				value to "No" for the drop down.
Detail Any Diagnosis Group Editing	Combo Box	15	Detail Any Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Detail Any Diagnosis Group" list box. If no value needs to be added to "Detail Any Diagnosis Group" list box than set the value to "No" for the drop down.
Detail Other Diagnosis Group Editing	Combo Box	16	Detail Other Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Detail Other Diagnosis Group" list box. If no value needs to be added to "Detail Other Diagnosis Group" list box than set the value to "No" for the drop down.
Detail Primary Diagnosis Group Editing	Combo Box	17	Detail Primary Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Detail Primary Diagnosis Group" list box. If no value needs to be added to "Detail Primary Diagnosis Group" list box than set the value to "No" for the drop down.
Detail Secondary Diagnosis Group Editing	Combo Box	18	Detail Secondary Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Detail Secondary Diagnosis Group" list box. If no value needs to be added to "Detail Secondary Diagnosis Group" list box than set the value to "No" for the drop down.
Emergency Diagnosis Group Editing	Combo Box	20	Emergency Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Emergency Diagnosis Group" list box. If no value needs to be added to "Emergency Diagnosis Group" list box than set the value to "No" for the drop down.

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Field	Field Type	Error Code	Error Message	To Correct
Header Other Diagnosis Group Editing	Combo Box	19	Header Other Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Header Other Diagnosis Group" list box. If no value needs to be added to "Header Other Diagnosis Group" list box than set the value to "No" for the drop down.
Header Primary Diagnosis Group Editing	Combo Box	21	Header Primary Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Header Primary Diagnosis Group" list box. If no value needs to be added to "Header Primary Diagnosis Group" list box than set the value to "No" for the drop down.
Header Secondary Diagnosis Group Editing	Combo Box	22	Header Secondary Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Header Secondary Diagnosis Group" list box. If no value needs to be added to "Header Secondary Diagnosis Group" list box than set the value to "No" for the drop down.
Modifier Editing	Combo Box	10	Modifier must cover at least one value for this rule to apply.	If the value of drop down is "Yes" then there must be some value under Options. If no value needs to be added under Options than set the value to "No" for the drop down.
Occurrence Editing	Combo Box	12	Occurrence must cover at least one value for this rule to apply.	If the value of drop down is "Yes" then there must be some value under Options. If no value needs to be added under Options than set the value to "No" for the drop down.
Perf Prov Type/Spec-All Editing	Combo Box	9	Perf Prov Type/Spec-All must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Type Specialties Assigned" list box. If no value needs to be added to "Type Specialties Assigned" list box than set the value to "No" for the drop down.

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Field	Field Type	Error Code	Error Message	To Correct
Perf Prov Type/Spec-Primary Editing	Combo Box	8	Perf Prov Type/Spec-Primary must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Type Specialties Assigned" list box. If no value needs to be added to "Type Specialties Assigned" list box than set the value to "No" for the drop down.
Place of Service Editing	Combo Box	1	Place of Service must cover at least one value for this rule to apply	If the value of drop down is "Include" or "Exclude" then there must be some value in "Places Of Service Assigned" list box. If no value needs to be added to "Places Of Service Assigned" list box than set the value to "No" for the drop down.
Recipient Assignment Plans Editing	Combo Box	5	Recipient Assignment Plans must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Recipient Assignment Plans Assigned" list box. If no value needs to be added to "Recipient Assignment Plans Assigned" list box than set the value to "No" for the drop down.
Recipient Benefit Plans Editing	Combo Box	4	Recipient Benefit Plans must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Recipient Benefit Plans Assigned" list box. If no value needs to be added to "Recipient Benefit Plans Assigned" list box than set the value to "No" for the drop down.
Tooth Number Editing	Combo Box	11	Tooth Number must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Tooth Number Assigned" list box. If no value needs to be added to "Tooth Number Assigned" list box than set the value to "No" for the drop down.

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6.277.5 Benefit Coverage Edit Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.277.6 Benefit Coverage Edit Panel Accessibility

6.277.6.1 To Access the Benefit Coverage Edit Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **Benefit Administration**.	Benefit Administration panel displays.
3	Select **Recipient Plan**.	Recipient Plan panel displays with Benefit Coverage displayed at bottom.

6.277.6.2 To Add on the the Benefit Coverage Edit Panel

Step	Action	Response
1	Select a plan and expand Benefit Coverage tree and select a Rule.	Benefit Coverage Edit panel will be displayed.
2	To create a new rule right click and select “Add Rule” from the menu.	
3	Click **Save**.	Benefit Coverage Edit panel is saved.

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6.278 REIMBURSEMENT AGREEMENT PANEL

6.278.1 Reimbursement Agreement Panel Narrative

The Reimbursement Agreement panel is used to maintain the rules for which a Provider can be reimbursed for a service.

This panel is inquiry only.

Navigation Path: [Reference] - [Benefit Administration] - [Reimbursement Agreement]

6.278.2 Reimbursement Agreement Panel Layout

6.278.3 Reimbursement Agreement Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Code	Allows search for a benefit code.	Field	Alphanumeric	0
Description	Allows search by description.	Field	Alphanumeric	0
Find	Initiates search on the database table for rows matching the criteria entered.	Button	N/A	0
Type	Allows search for benefit type.	Combo Box	Drop Down List Box	0
Version	List of ICD versions. This drop down is visible only if benefit type is selected as "Diagnosis".	Combo Box	Drop Down List Box	0

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6.278.4 Reimbursement Agreement Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Code	Field	1	Either the code or partial description of a benefit must be specified to find it.	Enter code of a benefit and then click Find Button.
Description	Field	2	Either the code or partial description of a benefit must be specified to find it.	Enter partial description of benefit and then click Find button.

6.278.5 Reimbursement Agreement Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.278.6 Reimbursement Agreement Panel Accessibility

6.278.6.1 To Access the Reimbursement Agreement Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference and** click **Benefit Administration**.	Benefit Administration panel displays.
3	Click **Reimbursement Agreement** hyperlink.	Reimbursement Agreement panel displays.
4	Select **Type** from drop down list box.	
5	Select **Version** from drop down list box.	
6	Enter Code / Description or both in the text box.	
7	Click **Find**.	Reimbursement Agreement - Benefit Coverage information is displayed.

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6.276 REIMBURSEMENT AGREEMENT EDIT PANEL

6.276.1 Reimbursement Agreement Edit Panel Narrative

Reimbursement Agreement Edit Panel is used to create a new or modify an existing rule for which a Provider can be reimbursed for services.

Navigation Path: [Reference] - [Benefit Administration] - [Reimbursement Agreement] – [Select a rule from any Benefit Type]

6.276.2 Reimbursement Agreement Edit Panel Layout

6.278.7 Reimbursement Agreement Edit Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Act/Inact Dates	Active and Inactive Dates requirement for claims.	Field	Date (MM/DD/CCYY)	0
AdjustmentFactor Sequence	Any adjustmentfactory sequence restriction for claims.	Listview	Character	0
Age in Days	Age in Days requirement for claims.	Field	Number (Integer)	0
Age in Years	Age in Years requirement for claims.	Field	Number (Integer)	0

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Field	Description	Field Type	Data Type	Length
ALGI Editing	Any ALGI restriction for claims.	Combo Box	N/A	0
Admitting Diagnosis Editing	Any Admitting Diagnosis restriction for claims.	Combo Box	N/A	0
Admitting Diagnosis Group Editing	Any Admitting Diagnosis Group restriction for claims.	Combo Box	N/A	0
Auto P.A.	Auto Prior Authorization requirement for claims.	Combo Box	N/A	0
Benefit Role Editing	Any Benefit Role restriction for claims.	Combo Box	N/A	0
Bill Prov Type/Spec-Primary Editing	Any bill provider primary type/specialty restriction for claims.	Combo Box	N/A	0
Claim Type Editing	Any Claim Type restriction for claims.	Combo Box	N/A	0
Condition Editing	Any condition restriction for claims.	Combo Box	N/A	0
Created By	Clerk identification number.	Field	Character	0
Current Benefit Plan Editing	Any current benefit plan restriction for claims.	Combo Box	N/A	0
Current Billing Provider Contract Editing	Any current billing provider contract restriction for claims.	Combo Box	N/A	0
Current Perform Provider Contract Editing	Any current perform provider contract restriction for claims.	Combo Box	N/A	0
Detail Any Diagnosis Editing	Any detail diagnosis restriction for claims.	Combo Box	N/A	0
Detail Any Diagnosis Group Editing	Any Detail Any Diagnosis Group restriction for claims.	Combo Box	N/A	0
Detail Other Diagnosis Editing	Any other detail diagnosis restriction for claims.	Combo Box	N/A	0
Detail Other Diagnosis Group Editing	Any Detail Other Diagnosis Group restriction for claims.	Combo Box	N/A	0
Detail Primary Diagnosis Editing	Any primary detail diagnosis restriction for claims.	Combo Box	N/A	0

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Field	Description	Field Type	Data Type	Length
Detail Primary Diagnosis Group Editing	Any Detail Primary Diagnosis Group restriction for claims.	Combo Box	N/A	0
Detail Secondary Diagnosis Editing	Any secondary detail diagnosis restriction for claims.	Combo Box	N/A	0
Detail Secondary Diagnosis Group Editing	Any Detail Secondary Diagnosis Group restriction for claims.	Combo Box	N/A	0
Diagnosis	Folder containing any diagnosis restriction for claims.	Label	N/A	0
Dispensed As Written Editing	Any dispensed as written restriction for claims.	Combo Box	N/A	0
Eff/End Dates	Effective and End Dates required for claims.	Field	Date (MM/DD/CCYY)	0
Emergency Diagnosis Editing	Any Emergency Diagnosis restriction for claims.	Combo Box	N/A	0
Emergency Diagnosis Group Editing	Any Emergency Diagnosis Group restriction for claims.	Combo Box	N/A	0
Gender	Gender required for claims.	Combo Box	N/A	0
Header Any Diagnosis Editing	Any header diagnosis restriction for claims.	Combo Box	N/A	0
Header Any Diagnosis Group Editing	Group containing any header diagnosis restriction for claims.	Combo Box	N/A	0
Header Other Diagnosis Editing	Any other header diagnosis restriction for claims.	Combo Box	N/A	0
Header Other Diagnosis Group Editing	Any Header Other Diagnosis Group restriction for claims.	Combo Box	N/A	0
Header Primary Diagnosis Editing	Any primary header diagnosis restriction for claims.	Combo Box	N/A	0
Header Primary Diagnosis Group Editing	Any Header Primary Diagnosis Group restriction for claims.	Combo Box	N/A	0

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Field	Description	Field Type	Data Type	Length
Header Secondary Diagnosis Editing	Any secondary header diagnosis restriction for claims.	Combo Box	N/A	0
Header Secondary Diagnosis Group Editing	Any Header Secondary Diagnosis Group restriction for claims.	Combo Box	N/A	0
Medical Review	Medical Review requirement for claims.	Combo Box	N/A	0
Modifier Editing	Any modifier restriction for claims.	Combo Box	N/A	0
Perf Prov Type/Spec-Primary Editing	Any pref provider primary type/specialty restriction for claims.	Combo Box	N/A	0
Place of Service Editing	Any Place of Service restriction for claims.	Combo Box	N/A	0
Pricing Modifier	Pricing Modifier requirement for claims. Possible values are N - Pay Billed Amount,Y - Pay greater than Billed Amount & Z - Zero Pay Billed Amount.	Combo Box	N/A	0
Pricing Indicator	Pricing Indicator requirement for claims.	Combo Box	N/A	0
Prior Auth	Prior Authorization requirement for claims.	Combo Box	N/A	0
Provider Type/Specialty	Folder containing any provider type/specialty restriction for claims.	Label	N/A	0
Quantity	Quantity requirement for claims.	Field	Number (Integer)	0
Rate Type	Rate Type requirement for claims.	Combo Box	N/A	0
Recipient Assignment Plans Editing	Any Recipient Assignment Plans restriction for claims.	Combo Box	N/A	0
Referring Prov Type/Specialty Editing	Any referring provider type/specialty restriction for claims.	Combo Box	N/A	0
Tooth Number Editing	Any tooth number restriction for claims.	Combo Box	N/A	0
Type of Bill Editing	Any type of bill restriction for claims.	Combo Box	N/A	0

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Field	Description	Field Type	Data Type	Length
Urban Rural Indicator Editing	Any urban rural indicator restriction for claims.	Combo Box	N/A	0
View History	Used to view the history of an existing rule.	Button	N/A	0

6.276.3 Reimbursement Agreement Edit Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Admitting Diagnosis Group Editing	Combo Box	15	Admitting Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Admitting Diagnosis Group" list box. If no value needs to be added to "Admitting Diagnosis Group" list box than set the value to "No" for the drop down.
Bill Prov Type/Spec-Primary Editing	Combo Box	10	Bill Prov Type/Spec-Primary must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Type Specialties Assigned" list box. If no value needs to be added to "Type Specialties Assigned" list box than set the value to "No" for the drop down.
Claim Type Editing	Combo Box	4	Claim Type must cover at least one value for this rule to apply.	If the value of drop down is "Include" then there must be some value in "Claim Types Assigned" list box. If no value needs to be added to "Claim Types Assigned" list box than set the value to "No" for the drop down.
Condition Editing	Combo Box	14	Condition must cover at least one value for this rule to apply.	If the value of drop down is "Yes" then there must be some value under Options. If no value needs to be added under Options than set the value to "No" for the drop down.
Current Benefit Plan Editing	Combo Box	6	Current Benefit Plan must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Recipient Benefit Plans Assigned" list box. If no value needs to be added to "Recipient Benefit Plans

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Field	Field Type	Error Code	Error Message	To Correct
				Assigned" list box than set the value to "No" for the drop down.
Current Billing Provider Contract Editing	Combo Box	8	Current Billing Provider Contract must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Provider Contracts Assigned" list box. If no value needs to be added to "Provider Contracts Assigned" list box than set the value to "No" for the drop down.
Current Perform Provider Contract Editing	Combo Box	9	Current Perform Provider Contract must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Provider Contracts Assigned" list box. If no value needs to be added to "Provider Contracts Assigned" list box than set the value to "No" for the drop down.
Detail Any Diagnosis Group Editing	Combo Box	16	Detail Any Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Detail Any Diagnosis Group" list box. If no value needs to be added to "Detail Any Diagnosis Group" list box than set the value to "No" for the drop down.
Detail Other Diagnosis Group Editing	Combo Box	17	Detail Other Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Detail Other Diagnosis Group" list box. If no value needs to be added to "Detail Other Diagnosis Group" list box than set the value to "No" for the drop down.
Detail Primary Diagnosis Group Editing	Combo Box	18	Detail Primary Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Detail Primary Diagnosis Group" list box. If no value needs to be added to "Detail Primary Diagnosis Group" listbox than set the value to "No" for the drop down.

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Field	Field Type	Error Code	Error Message	To Correct
Detail Secondary Diagnosis Group Editing	Combo Box	19	Detail Secondary Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Detail Secondary Diagnosis Group" list box. If no value needs to be added to "Detail Secondary Diagnosis Group" list box than set the value to "No" for the drop down.
Emergency Diagnosis Group Editing	Combo Box	21	Emergency Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Emergency Diagnosis Group" list box. If no value needs to be added to "Emergency Diagnosis Group" list box than set the value to "No" for the drop down.
Header Other Diagnosis Group Editing	Combo Box	20	Header Other Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Header Other Diagnosis Group" list box. If no value needs to be added to "Header Other Diagnosis Group" list box than set the value to "No" for the drop down.
Header Primary Diagnosis Group Editing	Combo Box	22	Header Primary Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Header Primary Diagnosis Group" list box. If no value needs to be added to "Header Primary Diagnosis Group" list box than set the value to "No" for the drop down.
Header Secondary Diagnosis Group Editing	Combo Box	23	Header Secondary Diagnosis Group must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Header Secondary Diagnosis Group" list box. If no value needs to be added to "Header Secondary Diagnosis Group" list box than set the value to "No" for the drop down.
Modifier Editing	Combo Box	12	Modifier must cover at least one value for this rule to apply.	If the value of drop down is "Yes" then there must be some value under Options. If no value needs to be added under

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Field	Field Type	Error Code	Error Message	To Correct
				Options than set the value to "No" for the drop down.
Perf Prov Type/Spec-Primary Editing	Combo Box	11	Perf Prov Type/Spec-Primary must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Type Specialties Assigned" list box. If no value needs to be added to "Type Specialties Assigned" list box than set the value to "No" for the drop down.
Place of Service Editing	Combo Box	3	Place of Service must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Places Of Service Assigned" list box. If no value needs to be added to "Places Of Service Assigned" list box than set the value to "No" for the drop down.
Pricing Indicator	Combo Box	1	Please choose a value for Pricing Indicator.	Select a value other than blank from for Pricing Indicator from the drop down.
Rate Type	Combo Box	2	Please choose a value for Rate Type.	Select a value other than blank from for Rate Type from the drop down.
Recipient Assignment Plans Editing	Combo Box	7	Recipient Assignment Plans must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Recipient Assignment Plans Assigned" list box. If no value needs to be added to "Recipient Assignment Plans Assigned" list box than set the value to "No" for the drop down.
Tooth Number Editing	Combo Box	13	Tooth Number must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in "Tooth Number Assigned" list box. If no values need to be added to "Tooth Number Assigned" list box than set the value to "No" for the drop down.
Urban Rural Indicator Editing	Combo Box	5	Urban rural Indicator must cover at least one value for this rule to apply.	If the value of drop down is "Include" or "Exclude" then there must be some value in

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Field	Field Type	Error Code	Error Message	To Correct
				"Urban Rural Indicators Assigned" list box. If no value needs to be added to "Urban Rural Indicators Assigned" list box than set the value to "No" for the drop down.

6.276.4 Reimbursement Agreement Edit Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.276.5 Reimbursement Agreement Edit Panel Accessibility

6.276.5.1 To Access the Reimbursement Agreement Edit Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference and** click **Benefit Administration**.	Benefit Administration panel displays.
3	Click **Reimbursement Agreement** hyperlink.	Reimbursement Agreement panel displays.
4	Select a rule from any benefit type.	Reimbursement Agreement Edit Panel is displayed.

6.269.5.1 To Add on the Reimbursement Agreement Edit Panel

Step	Action	Response
1	Select a plan and expand Benefit Coverage tree and select a Rule.	Reimbursement Agreement Edit panel displays.
2	To create a new rule right click and select “Add Rule” from the menu.	
3	Click **Save**.	Reimbursement Agreement Edit Plan panel is saved.

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6.279 PLAN PDL PLAN CRITERIA PANEL

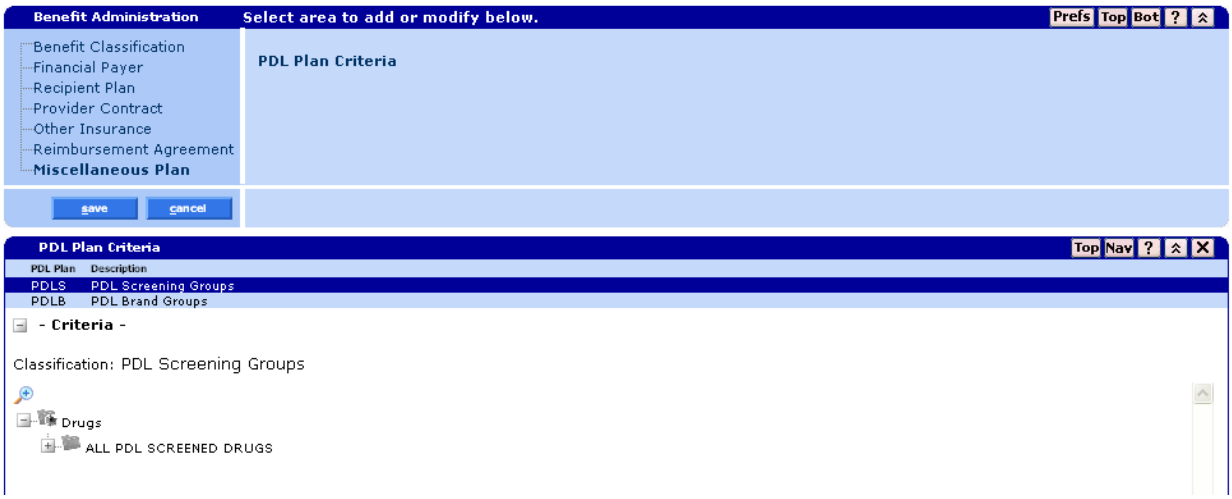
6.279.1 PDL Plan Criteria Panel Narrative

The PDL Plan Criteria panel purpose is to create the rules to be used when assigning a preferred drug status to an NDC.

This panel is display only.

Navigation Path: [Reference] - [Benefit Administration] - [Miscellaneous Plan] - [PDL Plan Criteria]

6.279.2 PDL Plan Criteria Panel Layout



6.279.3 PDL Plan Criteria Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Act/Inact Dates	The date ranges a drug can be set to active or inactive.	Field	Date (MM/DD/CCYY)	8
Brand From Date	The beginning date the brand name drug will be considered preferred.	Field	Date (MM/DD/CCYY)	8
Brand To Date	The last date the brand name drug will be considered preferred.	Field	Date (MM/DD/CCYY)	8
Cancel	Allows the user to cancel changes.	Button	N/A	0
Description	Description of the PDL Plan.	Field	Character	0
PDL Age From	The starting age range the drug will screen.	Field	Number (Integer)	3
PDL Age To	The ending age range the drug will screen.	Field	Number (Integer)	3
PDL Plan	Preferred Drug List (PDL) Plan.	Field	Character	0

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Field	Description	Field Type	Data Type	Length
PDL Plan Criteria	Link to the PDL Plan Criteria panel.	Hyperlink	N/A	0
Save	Allows the user to save changes.	Button	N/A	0
Screen To Date	The date the drug will end being screened.	Field	Date (MM/DD/CCYY)	8
Screen From Date	The date the drug will start being screened.	Listview	Date (MM/DD/CCYY)	8

6.279.4 PDL Plan Criteria Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Act/Inact Dates	Field	1	To must be greater than or equal to the From value for Act/Inact Dates.	Enter an Active date that is prior to or the same as the Inactive Date.
	Field	2	From must be less than or equal to the To value for Act/Inact Dates.	Enter an Active date that is prior to or the same as the Inactive Date.
	Field	3	Inactive Date cannot be before today.	Enter an Inactive date that is greater than today's date.
	Field	4	Invalid Date. Format is MM/DD/CCYY.	Enter date in the correct format MM/DD/CCYY.
Brand From Date	Field	1	From must be less than or equal to the To value for Brand To Date.	Enter a Brand From Date that is prior to or equal to the Brand To Date.
	Field	2	Invalid Date. Format is MM/DD/CCYY.	Enter date in the correct format MM/DD/CCYY.
Brand To Date	Field	1	To must be greater than or equal to the From value for Brand From Date.	Enter a Brand To Date that is greater or equal to the Brand From Date.
	Field	2	Invalid Date. Format is MM/DD/CCYY.	Enter date in the correct format MM/DD/CCYY.
PDL Age From	Field	1	From must be less than or equal to the To value for PDL Age To.	Enter a PDL Age From that is less than or equal to the PDL Age To.
PDL Age To	Field	1	To must be greater than or equal to the From value for PDL Age From. 5 Invalid Date. Format is MM/DD/CCYY.	Enter a PDL Age To that is greater or equal to the PDL Age From.

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Field	Field Type	Error Code	Error Message	To Correct
Screen To Date	Field	1	To must be greater than or equal to the From value for Screen From Date.	Enter a Screen Date To that is greater than or equal to the Screen From Date.
	Field	2	Invalid Date. Format is MM/DD/CCYY.	Enter date in the correct format MM/DD/CCYY.
Screen From Date	Listview	1	From must be less than or equal to the To value for Screen To Date.	Enter a Screen From Date that is prior to or equal to the Screen To Date.
	Listview	2	Invalid Date. Format is MM/DD/CCYY.	Enter date in the correct format MM/DD/CCYY.

6.279.5 PDL Plan Criteria Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.279.6 PDL Plan Criteria Panel Accessibility

6.279.6.1 To Access the PDL Plan Criteria Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference and** click **Benefit Administration**.	Benefit Administration panel displays.
3	Click **Miscellaneous Plan** hyperlink.	PDL Plan Criteria panel displays.

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6.280 BENEFIT LIMIT CATEGORY PANEL.

6.280.1 Benefit Limit Category Panel Narrative

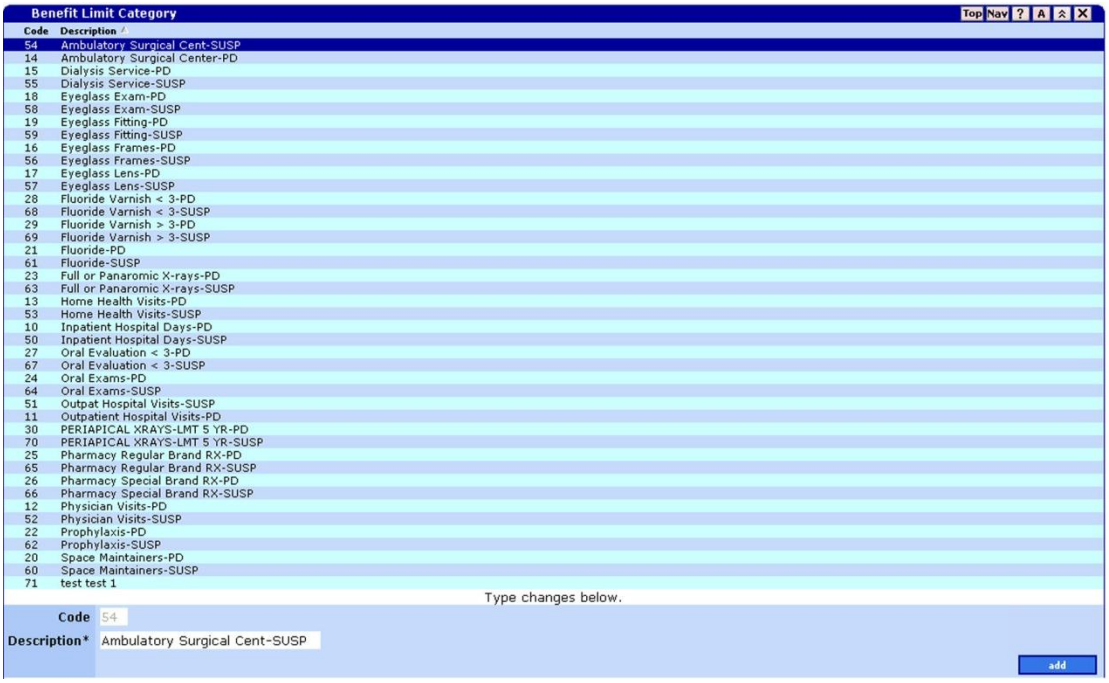
The Benefit Limit Category panel displays the list of all benefit limit categories in the system.

This panel allows adding new categories and updating the existing categories.

Only authorized users are allowed to perform maintenance tasks on this panel.

Navigation Path: [Reference] - [Related Data] - [Other] - [Benefit Limit Category]

6.280.2 Benefit Limit Category Panel Layout



6.280.3 Benefit Limit Category Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Button to add new Benefit Limit Category.	Button	N/A	N/A
Code	Field for Benefit Limit Category code.	Field	Character	2
Description	Field for Benefit Limit category description.	Field	Character	30

6.280.4 Benefit Limit Category Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Code	Field	1	Code is required.	Enter a valid code.

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Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a valid Description..

6.280.5 Benefit Limit Category Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.280.6 Benefit Limit Category Panel Accessibility

6.280.6.1 To Access the Benefit Limit Category Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference and** click **Related Data.**	Related data panel displays.
3	Click **Other** hyperlink.	Links under Other section displays.
4	Click **Benefit Limit Category** hyperlink.	Benefit Limit Category Panel displays.

6.280.6.2 To Add on the Benefit Limit Category Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Code**.	
3	Enter **Description**.	
4	Click **Save**.	Benefit Limit Category –Save was Successful.

6.280.6.3 To Update on the Price Update Indicators Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Benefit Limit Category –Save was Successful.

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6.281 ASSOCIATED ESC PANEL

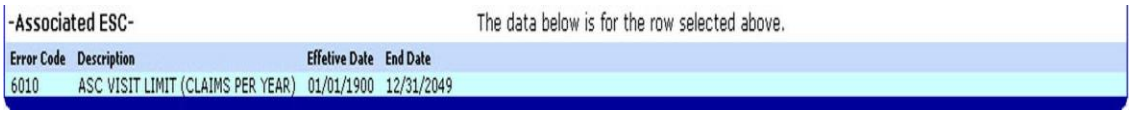
6.281.1 Associated ESC Panel Narrative

This panel lists all the associated ESCs for selected benefit limit category.

This is a view only panel.

Navigation Path: [Reference] - [Related Data] - [Other] - [Benefit Limit Category] – [Select a Benefit limit category]

6.281.2 Associated ESC Panel Layout



6.281.3 Associated ESC Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Description	Displays the error code description for the error codes associated with the selected Benefit limit category.	Field	Character	50
Effective Date	Displays the effective date for the error codes associated with the selected Benefit limit category.	Field	Date (MM/DD/CCYY)	8
End Date	Displays the end date for the error codes associated with the selected Benefit limit category.	Field	Date (MM/DD/CCYY)	8
Error Code	Displays the error code for the error codes associated with the selected Benefit limit category.	Field	Number (Integer)	4

6.281.4 Associated ESC Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel				

6.281.5 Associated ESC Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.281.6 Associated ESC Panel Accessibility

6.281.6.1 To Access the Associated ESC Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference and** click **Related Data.**	Related data panel displays.
3	Click **Other** hyperlink.	Links under Other section displays.
4	Click **Benefit Limit Category** hyperlink.	Benefit Limit Category Panel displays.
5	Select a record from benefit limit category list	Associated ESC panel displays.

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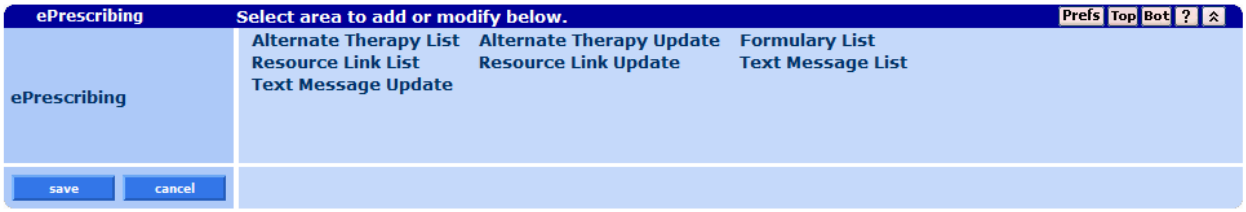
6.282 EPRESCRIBING

6.282.1 ePrescribing Panel Narrative

The ePrescribing panel provides links to other panels for maintaining tables used by the ePrescribing subsystem.

Navigation Path: [Reference] - [ePrescribing]

6.282.2 ePrescribing Panel Layout



6.282.3 ePrescribing Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Alternate Therapy List	Link to the "Alternate Therapy List" panel.	Hyperlink	N/A	0
Alternate Therapy Update	Link to the "Alternate Therapy Update" panel.	Hyperlink	N/A	0
Cancel	Cancels all changes applied to all panels on the page.	Button	N/A	0
Formulary List	Link to the "Formulary List" panel.	Hyperlink	N/A	0
Resource Link List	Link to the "Resource Link List" panel.	Hyperlink	N/A	0
Resource Link Update	Link to the "Resource Link Update" panel	Hyperlink	N/A	0
Save	Saves all changes to all panels on the page. If validation errors occur, an error message displays in the Task List panel.	Button	N/A	0
Text Message List	Link to the "Text Message List" panel.	Hyperlink	N/A	0
Text Message Update	Link to the "Text Message Update" panel.	Hyperlink	N/A	0

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6.282.4 ePrescribing Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.282.5 ePrescribing Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.282.6 ePrescribing Panel Accessibility

6.282.6.1 To Access the ePrescribing Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **ePrescribing**.	Reference ePrescribing panel displays.

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6.283 ALTERNATE THERAPY LIST PANEL

6.283.1 Alternate Therapy List Panel Narrative

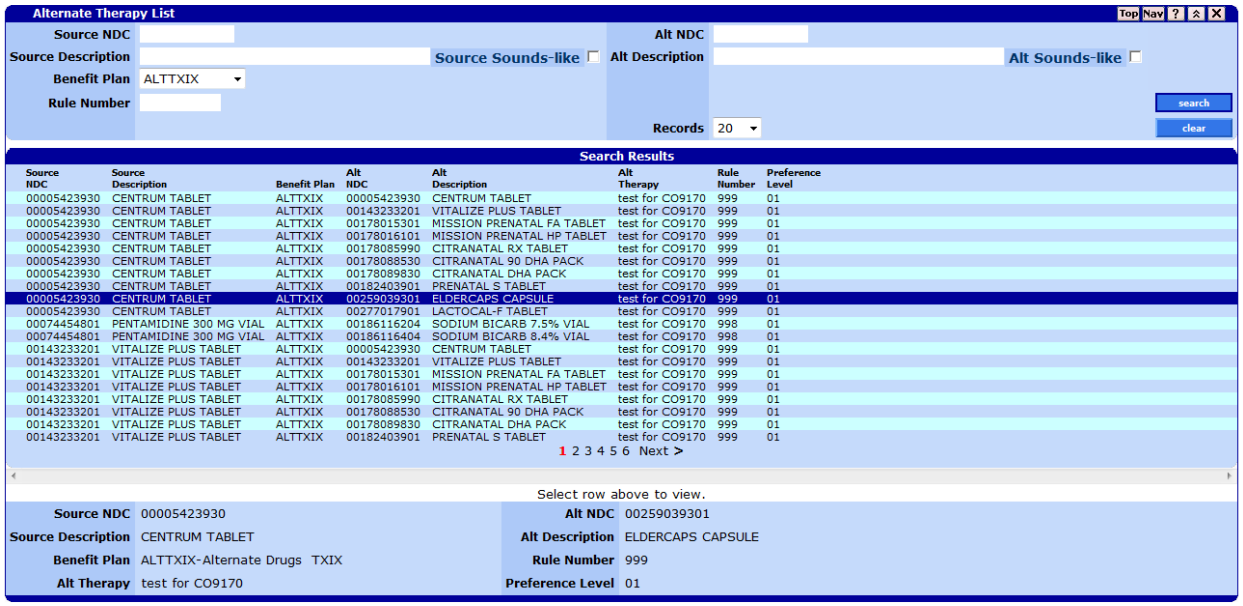
This is the ePrescribing Alternate Therapy List panel. This panel is set up to view the tables created using the Alternate Therapy Update panel.

The Benefit Plan drop down will have the following choices, Blank (for all) Medicaid, Planfirst, TXIX, and it will always default to TXIX.

This panel is inquiry only.

Navigation Path: [Reference] - [ePrescribing] - [Alternate Therapy List]

6.283.2 Alternate Therapy List Panel Layout



5.139.7 Alternate Therapy List Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Alt Sounds-like	Select this checkbox to perform a SOUNDEX based phonetic search on the Alt Description.	Check Box	Check Box	1
Source Sounds-like	Select this checkbox to perform a SOUNDEX based phonetic search on the Source Description.	Check Box	Check Box	1
Alt Description	The description of the alternate NDC--Drug name and strength.	Field	Character	40

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Field	Description	Field Type	Data Type	Length
Alt NDC	Enter the National Drug Code (NDC) to search for all records for the Alternate NDC. These are NDCs that have a Y on the PDL master file.	Field	Number (Integer)	11
Alt Therapy	This field contains the Description of the Alternate Therapy Rule number from the Alternate Therapy Update panel.	Field	Character	35
Benefit Plan	The Benefit Plan.	Field	Character	50
Clear	Clears the criteria fields so user may enter new criteria.	Button	N/A	0
Preference Level	The level of preference for the alternate NDC. Right now this value is always 01 for primary preference.	Field	Number (Integer)	2
Records	Allows the user to choose the number of records to be displayed on a page.	Field	Drop Down List Box	0
Rule Number	This field contains the Alternate Therapy Rule number from the Alternate Therapy Update panel.	Field	Number (Integer)	9
Search	Initiates search on the database table for records matching the criteria entered.	Button	N/A	0
Source Description	The description of the source NDC--Drug name and strength.	Field	Character	40
Source NDC	Enter the National Drug Code (NDC) to search for all records for the Source NDC. These are NDCs that have an N on the PDL master file.	Field	Number (Integer)	11

6.283.3 Alternate Therapy List Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Alt Description	Field	1	Please enter at least one search field.	Please enter at least one search field.
Alt NDC	Field	1	Please enter at least one search field.	Please enter at least one search field.

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Field	Field Type	Error Code	Error Message	To Correct
Benefit Plan	Field	1	Please enter at least one search field.	Please enter at least one search field.
Source Description	Field	1	Please enter at least one search field.	Please enter at least one search field.
Source NDC	Field	1	Please enter at least one search field.	Please enter at least one search field.

6.283.4 Alternate Therapy List Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.283.5 Alternate Therapy List Panel Accessibility

6.283.5.1 To Access the Alternate Therapy List Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **ePrescribing** and then click **Alternate Therapy List**.	Reference Alternate Therapy List panel displays.
3	Enter search criteria.	
4	Click **Search**.	Reference Alternate Therapy List details gets displayed.

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6.284 ALTERNATE THERAPY UPDATEPANEL

6.284.1 Alternate Therapy Update Panel Narrative

The ePrescribing Alternate Therapy Update Panel supports the ability to maintain preferred alternatives to specific drugs. This capability allows the Agency the option to explicitly state Alabama specific drug alternatives for non – preferred NDC's.

The Alabama specified alternatives from this panel will be communicated to Surescripts in Alternative Lists. This alternatives list will be placed in a batch file that will be sent to Surescripts weekly. The processing rules to capture the data from this panel and create the batch alternatives list file can be found in PDL Alternate Therapy Batch transaction. Point of Care vendors maintain regularly scheduled processes to download this information from Surescripts so that the information can be made available to the physicians. Depending on the schedule the Point of Care vendor has to download this information, there may be a delay with the information the physician has and the information that Surescripts has in their system.

It is important to realize that this information is a guideline to the physicians.

It is also important to note that Point of Care vendors, provide their own list of alternatives to the physicians based on therapeutic equivalents within their drug file. These vendors' specified alternatives will always display below any Alabama specific alternatives when the information is being presented to the physician.

Navigation Path: [Reference] - [ePrescribing] - [Alternate Therapy Update]

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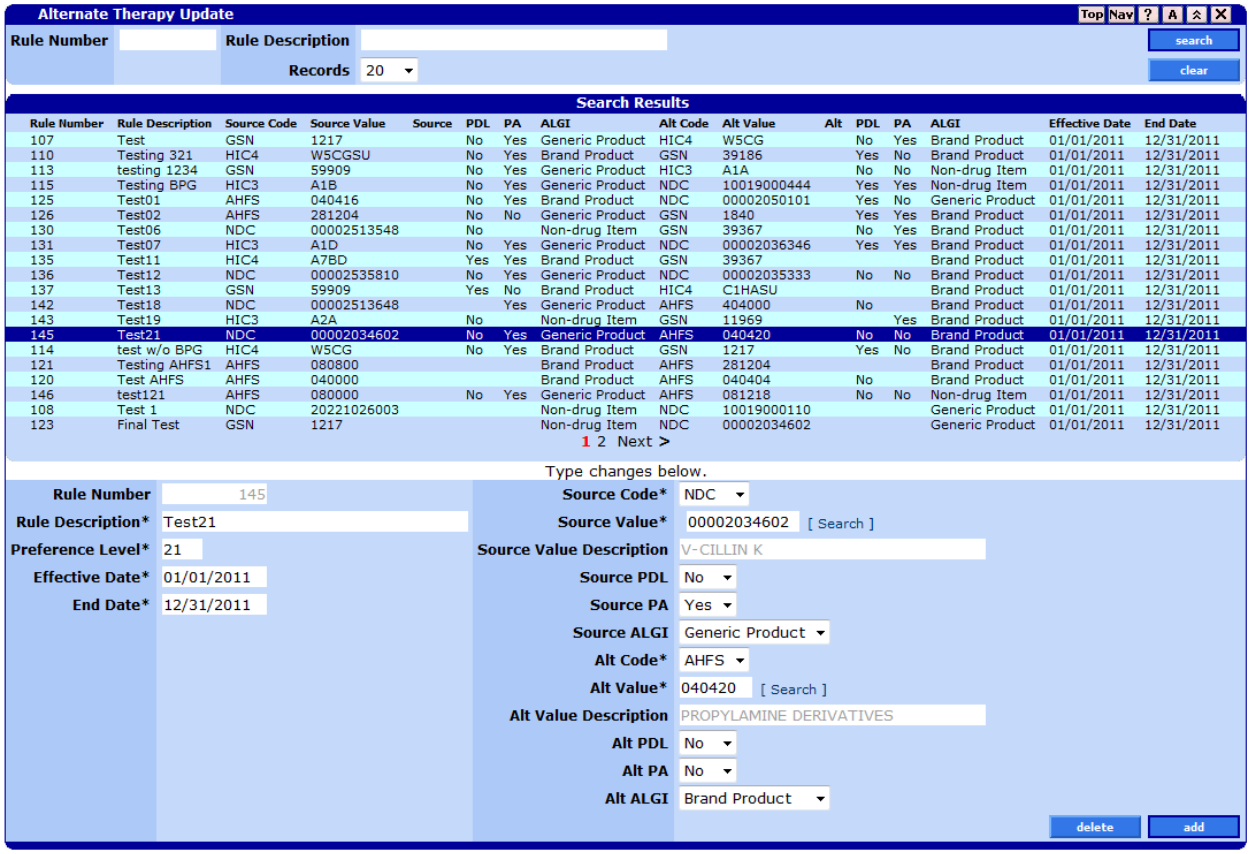
6.284.2 Alternate Therapy Update Panel Layout



6.284.3 Alternate Therapy Update Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a new Alternate Therapy record.	Button	N/A	0
Alt ALGI	Indicates whether the alternate drug is generic according to Agency defined criteria.	Field	Drop Down List Box	1
Alt Code	The Alternate Therapy Code. Valid values are AHFS, HIC3, GSN, HIC4 or NDC.	Field	Drop Down List Box	3
Alt PA	Indicates whether the alternate requires prior authorization.	Field	Drop Down List Box	3
Alt PA	Indicates whether the alternate is in the PDL.	Field	Drop Down List Box	3
Alt Value Description	This is the label name for the currently selected Alt Value. This field is display only.	Field	Character	35
Alt Value	This is the value associated with the Alternate Therapy Code	Field	Number (Integer)	11

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Field	Description	Field Type	Data Type	Length
	selected. For example, if the Alt Code selected is HIC, then the Alt Value is the actual HIC number.			
Clear	Clears the criteria fields so user may enter new criteria.	Button	N/A	0
Delete	Allows user to delete an existing Alternate Therapy record.	Button	N/A	0
Effective Date	First day the Alternate Therapy rule is effective.	Field	Date (MM/DD/CCYY)	8
End Date	Last day the Alternate Therapy rule is effective.	Field	Date (MM/DD/CCYY)	8
Preference Level	This field is available to allow a preference level to be assigned, if needed. If there are multiple alternatives for a particular NDC and one NDC has a higher preference than another drug, this is the field to indicate the order of the preference. A higher number equals a greater preference. The preference field defaults to 01.	Field	Character	2
Records	Allows the user to choose the number of records to be displayed on a page.	Field	Drop Down List Box	0
Rule Description	Description of the Alternate Therapy Rule.	Field	Character	35
Rule Number	System assigned key for an Alternate Therapy rule.	Field	Number (Integer)	10
Search	Initiates search on the database table for records matching the criteria entered.	Button	N/A	0
Source Code	The Alternate Therapy Source Code. Valid values are AHFS, HIC3, GSN, HIC4 or NDC.	Field	Drop Down List Box	3
Source ALGI	Indicates whether the source drug is generic according to Agency defined criteria.	Field	Drop Down List Box	1
Source PA	Indicates whether the source requires prior authorization.	Field	Drop Down List Box	3
Source PDL	Indicates whether the source is in the PDL.	Field	Drop Down List Box	3

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Field	Description	Field Type	Data Type	Length
Source Value Description	This is the label name for the currently selected Source Value. This field is display only.	Field	Character	35
Source Value	This is the value associated with the Source code. For example if the Source Code selected is HIC, then the Source Value is the actual HIC number.	Field	Number (Integer)	11

6.284.4 Alternate Therapy Update Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Alt Code	Field	1	Alt Code is required.	Please select and Alt Code from the drop down list.
Alt Value	Field	1	Alt Value is required.	Please enter an Alt Value.
	Field	2	Effective Date must be less than or equal to End Date.	Please correct either the Effective Date or the End Date.
	Field	3	Effective Date is required.	Please enter an Effective Date.
End Date	Field	1	Invalid date. Format is mm/dd/ccyy.	Please enter a valid date.
	Field	2	End Date is required.	Please enter an End Date.
Preference Level	Field	1	Preference Level is required.	Please enter a preference level 01-99.
	Field	2	Required input must be 2 characters in length.	Please enter a 2 digit Preference Level between 01 and 99.
	Field	3	Preference Level must be 01-99	Please enter a 2 digit Preference Level between 01 and 99.
	Field	4	Invalid Characters.	Please enter a 2 digit Preference Level between 01 and 99.
Rule Description	Field	1	Rule Description is required.	Please enter a Rule Description.
Rule Number	Field	1	Enter a valid value.	Please enter a valid numeric Rule number to search.

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Field	Field Type	Error Code	Error Message	To Correct
Source Code	Field	1	Source Code is required.	Please select a Source Code from the drop down list.
Source Value	Field	1	Source Value is required.	Please enter a Source Value.

6.284.5 Alternate Therapy Update Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.284.6 Alternate Therapy Update Panel Accessibility

6.284.6.1 To Access the Alternate Therapy Update Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **ePrescribing**. Then Click on **Alternate Therapy Update**.	Reference Alternate Therapy Update displays.
3	Enter search criteria.	
4	Click **Search**.	Reference Alternate Therapy Update Search Results displays.
5	Select row from list of results.	Alternate Therapy Update Maintenance panel gets displayed.

6.284.6.2 To Add on the Alternate Therapy Update Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Rule Description**, **Preference Level**, **Source Value** and **Alt Value**.	
3	Select **Source Code, Source PDL, Source PA, Source ALGI, Alt Code, Alt PDL, Alt PA** and **Alt ALGI** from drop down list box.	
4	Enter **Effective Date** in MM/DD/CCYY format.	
5	Enter **End Date** in MM/DD/CCYY format.	
6	Click **Save**.	Alternate Therapy information is saved.

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6.284.6.3 To Update on the Alternate Therapy Update Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Alternate Therapy information is saved.

6.284.6.4 To Delete on the Alternate Therapy Update Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.285 FORMULARY LIST PANEL

6.285.1 Formulary List Panel Narrative

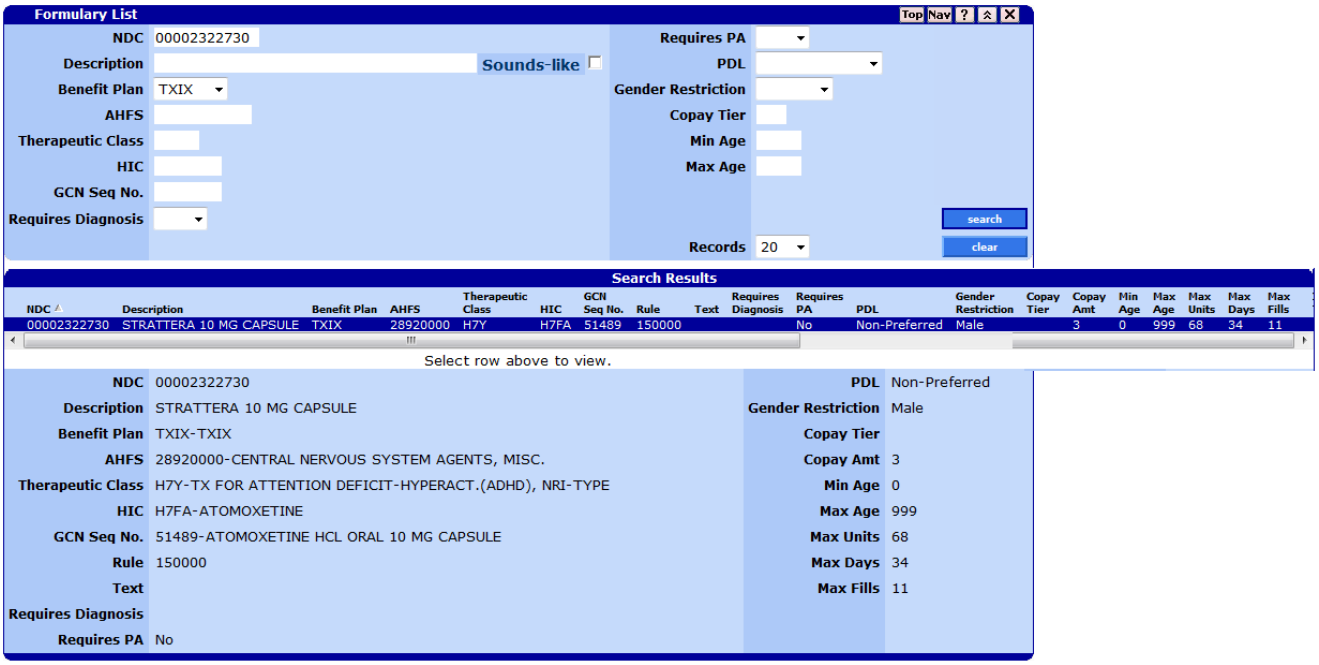
The Formulary List panel is used to view the formulary data being sent to Surescripts for ePrescribing.

The Benefit Plan drop down will have the following choices, blank (for all) Medicaid, Planfirst, TXIX, and it will always default to TXIX.

This panel is inquiry only.

Navigation Path: [Reference] - [ePrescribing] - [Formulary List]

6.285.2 Formulary List Panel Layout



6.285.3 Formulary List Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
AHFS	Identifies the pharmacologic therapeutic category of the drug product according to the American Hospital Formulary Service (AHFS) classification system.	Field	Character	10
Benefit Plan	The client Benefit Plan.	Field	Character	50
Clear	Clears the criteria fields so user may enter new criteria.	Button	N/A	0
Copay Amt	Copay amount that the recipient must pay.	Field	Number (Decimal)	10

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Field	Description	Field Type	Data Type	Length
Copay Tier	Surescripts tier ID. Values are 1 to 9, from lowest copay to highest copay amounts. The AMMIS has up to three levels of copay.	Field	Number (Integer)	1
Description	The description of the National Drug Code of the resource link rule that is being searched for.	Field	Character	40
GCN Seq No.	The GCN Sequence Number.	Field	Number (Integer)	6
Gender Restriction	Specifies the gender the recipient must be to receive this drug.	Field	Character	1
HIC	The HIC.	Field	Character	6
Max Age	Maximum age the recipient can be to obtain the drug. If zero, there is no maximum age.	Field	Number (Integer)	3
Max Days	Maximum days that can be supplied at a given fill.	Field	Number (Integer)	4
Max Fills	Maximum fills for this drug.	Field	Number (Integer)	4
Max Units	Maximum units that can be dispensed at a given fill.	Field	Number (Integer)	10
Min Age	Minimum age the recipient can be to obtain the drug.	Field	Number (Integer)	3
NDC	The National Drug Code of the resource link rule that is being searched for.	Field	Number (Integer)	11
PDL	Indicates preferred drug status.	Field	Character	1
Records	Allows the user to choose the number of records to be displayed on a page.	Field	Drop Down List Box	3
Requires Diagnosis	Indicates if the drug requires a Diagnosis. Currently this field is left blank for future use.	Field	Character	1
Requires PA	Indicates if the Drug requires a Prior Authorization.	Field	Character	1
Rule	The formulary list rule number.	Field	Number (Integer)	9
Search	Initiates search on the database table for records matching the criteria entered.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
Sounds-Like	Check this box for a search by Soundex of the string entered in the Description field.	Check Box	Check Box	1
Text	The text Message associated with the NDC. If no value in this field, then no text message is associated.	Field	Character	35
Therapeutic Class	The Therapeutic Class.	Field	Character	3

5.139.8 Formulary List Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
AHFS	Field	1	Please enter at least one search field.	Please enter at least one search field.
Benefit Plan	Field	1	Please enter at least one search field.	Please enter at least one search field.
Copay Tier	Field	1	Please enter at least one search field.	Please enter at least one search field.
Description	Field	1	Please enter at least one search field.	Please enter at least one search field.
GCN Seq No.	Field	1	Please enter at least one search field.	Please enter at least one search field.
Gender Restriction	Field	1	Please enter at least one search field.	Please enter at least one search field.
HIC	Field	1	Please enter at least one search field.	Please enter at least one search field.
Max Age	Field	1	Please enter at least one search field.	Please enter at least one search field.
Min Age	Field	1	Please enter at least one search field.	Please enter at least one search field.
NDC	Field	1	Please enter at least one search field.	Please enter at least one search field.
PDL	Field	1	Please enter at least one search field.	Please enter at least one search field.
Requires Diagnosis	Field	1	Please enter at least one search field.	Please enter at least one search field.
Requires PA	Field	1	Please enter at least one search field.	Please enter at least one search field.

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Field	Field Type	Error Code	Error Message	To Correct
Therapeutic Class	Field	1	Please enter at least one search field.	Please enter at least one search field.

6.285.4 Formulary List Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.285.5 Formulary List Panel Accessibility

6.285.5.1 To Access the Formulary List Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **ePrescribing**. Click on **Formulary List**.	Formulary List panel displays.
3	Enter search criteria.	
4	Click **Search**.	Formulary List Search Results panel displays.
5	Select row from list of results.	Formulary details get displayed.

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6.286 RESOURCE LINK LIST PANEL

6.286.1 Resource Link List Panel Narrative

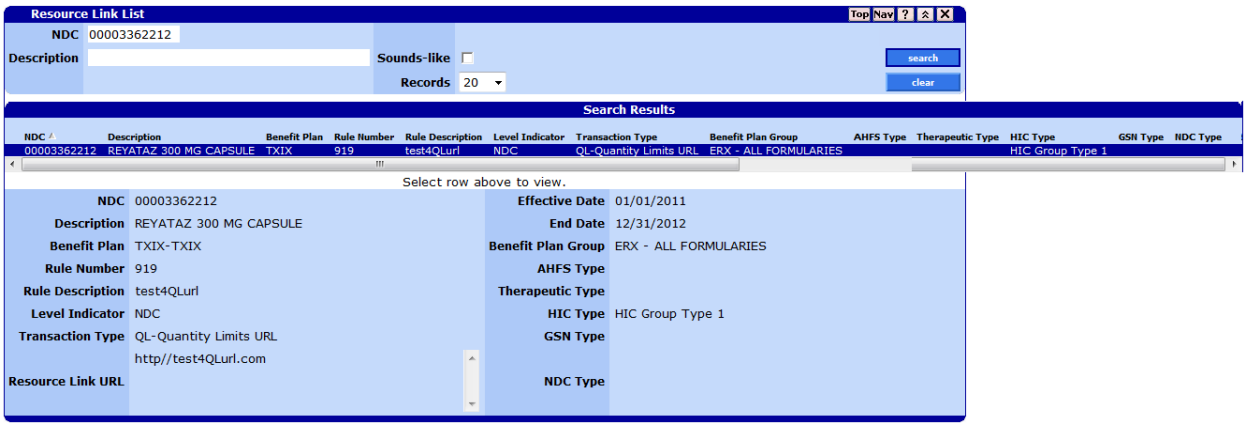
This panel is designed to view the Resource Link data set up for ePrescribing based on the Resource Link Update Panel.

The Resource Link Update panel shows the rules to apply to the NDCs on the Drug File. The Resource Link List panel shows the rules that have been applied to the NDCs on the Drug File.

This panel is inquiry only.

Navigation Path: [Reference] - [ePrescribing] - [Resource Link List]

6.286.2 Resource Link List Panel Layout



6.286.3 Resource Link List Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
AHFS Type	System assigned key for a unique AHFS type, which represents a single or collection of AHFS.	Field	Number (Integer)	9
Benefit Plan Group	The Benefit Plan Group Type selected for the rule on the Resource Link Update Panel. See Reference-->Related Data-->Benefit Plan Group Type.	Field	Character	50
Benefit Plan	Each Benefit Plan Group Type contains one or more Benefit Plans. There will be a record for each Benefit Plan in a Benefit Plan Group Type. The Benefit Plan Group Types and the Benefit Plans they contain are shown in Reference-->Related Data-->Benefit Plan Group Type. The Benefit Plan Group Type for each rule is selected on the Resource Link Update panel.	Field	Character	50

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Field	Description	Field Type	Data Type	Length
Clear	Clears the criteria fields so user may enter new criteria.	Button	N/A	0
Description	Enter the National Drug Code (NDC) description (name of the drug) to search for all Resource Link rules associated with that NDC.	Field	Alphanumeric	40
Effective Date	The Effective Date of the Rule set up on the Resource Link Update panel.	Field	Date (MM/DD/CCYY)	8
End Date	The End Date of the rule set up on the Resource Link Update panel.	Field	Date (MM/DD/CCYY)	8
GCN Type	This shows the GCN Sequence Number Group Type for the rule number. A GCN Sequence Number Group Type is a list of individual GCNs to which the rule applies. GCN Sequence Number Group Types are set up at Reference-->Related Data-->Other-->GCN Sequence Number Group Type. The GCN Sequence Number Group Types are linked to rules via the Resource Link Update panel.	Field	Character	25
HIC Type	This shows the HIC Group Type for the rule number. A HIC Group Type is a list of individual HICs to which the rule applies. HIC Group Types are set up at Reference-->Related Data-->Other-->HIC Group Type. The HIC Group Types are linked to rules via the Resource Link Update panel.	Field	Character	50
Level Indicator	An indicator of whether the Resource Link rule is to be set at the Summary or NDC level.	Field	Character	1
NDC	Enter the National Drug Code (NDC) to search for all Resource Link rules associated with that NDC.	Field	Number (Integer)	11

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Field	Description	Field Type	Data Type	Length
NDC Type	This shows the NDC Group Type for the rule number. An NDC Group Type is a list of individual NDCs to which the rule applies. NDC Group Types are set up at Reference-->Related Data-->Other-->NDC Group Type. The NDC Group Types are linked to rules via the Resource Link Update panel.	Field	Character	50
Records	Allows the user to choose the number of records to be displayed on a page.	Field	Drop Down List Box	0
Search	Initiates search on the database table for records matching the criteria entered.	Button	N/A	0
Resource Link URL	The Uniform Resource Locator (URL) set up for the rule. This is the URL that will be returned when the prescriber selects the associated drug.	Field	Character	0
Rule Description	The description of the Rule in effect for this Resource link record.	Field	Character	35
Rule Number	The Rule Number in effect for this Resource link record.	Field	Number (Integer)	9
Sounds-like	Check this box to search by a drug name if you are uncertain of the spelling. The spelling that you enter in the Description field must sound like the name of the drug.	Check Box	Check Box	1
Therapeutic Type	This shows the Therapeutic Group Type for the rule number. A Therapeutic Group Type is a list of individual HIC3 codes to which the rule applies. Therapeutic Group Types are set up at Reference-->Related Data-->Other-->Therapeutic Group Type. The Therapeutic Group Types are linked to rules via the Resource Link Update panel.	Field	Character	50

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Field	Description	Field Type	Data Type	Length
Transaction Type	The Surescripts Transaction Type that applies to this rule. Valid Values are: AL - Age; CP - Copay; FM - Formulary; GI - General Information; GL - Gender Limits; PA - Prior Authorization; QL - Quantity Limits.	Field	Character	25

6.286.4 Resource Link List Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	NDC or Description is required for search.	Enter NDC or Description for search.
NDC	Field	1	NDC or Description is required for search.	Enter NDC or Description for search.

6.286.5 Resource Link List Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.286.6 ePrescribing - Resource Link List Panel Accessibility

6.286.6.1 To Access the Resource Link List Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **ePrescribing**.Then click on **Resource Link List**.	Resource Link List panel displays.
3	Enter search criteria.	
4	Click **Search**.	Resource Link List Search Results panel displays.

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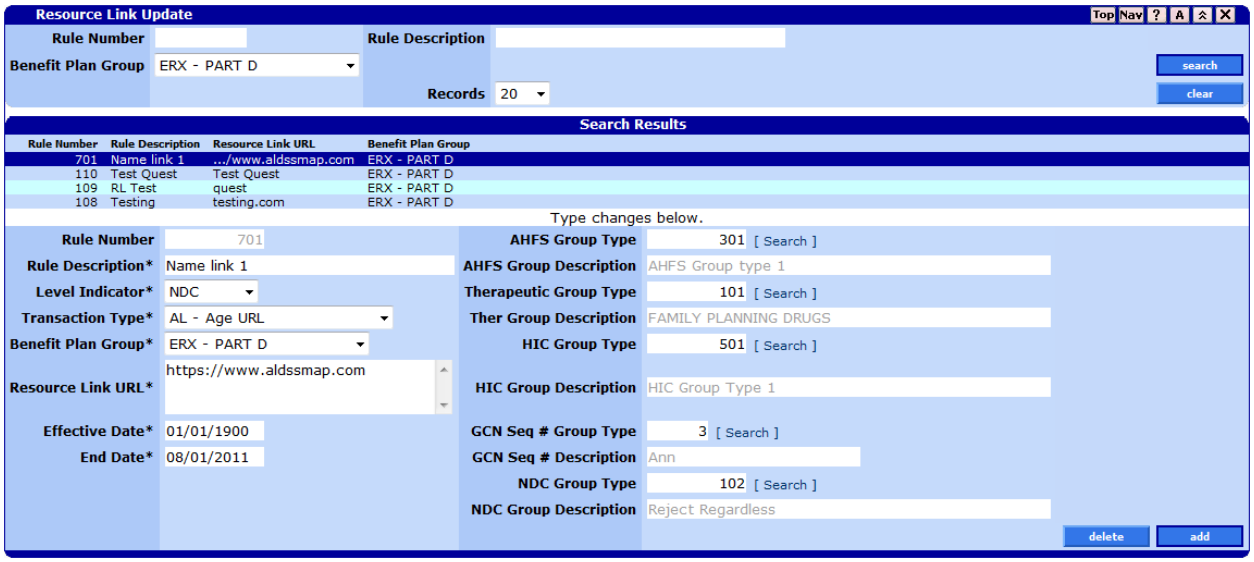
6.287 RESOURCE LINK UPDATE PANEL

6.287.1 Resource Link Update Panel Narrative

Resource Link Update panel supports entry, update and viewing of Resource Link (URL) rules. The rules explain which NDCs should have a Resource Link record in the Formulary Load to Surescripts.

Navigation Path: [Reference] - [ePrescribing] -[Resource Link Update]

6.287.2 Resource Link Update Panel Layout



5.139.9 Resource Link Update Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows user to add a new Resource Link record.	Button	N/A	0
AHFS Group Description	AHFS Group Description.	Field	Character	50
AHFS Group Type	Groups of AHFS by AHFS type.	Field	Number (Integer)	9
Benefit Plan Group	Benefit Plan Group	Field	Drop Down List Box	0
Delete	Allows user to delete an existing Resource Link record.	Button	N/A	0
Effective Date	First day this Resource Link is effective.	Field	Date (MM/DD/CCYY)	8
End Date	Last day this Resource Link is effective.	Field	Date (MM/DD/CCYY)	8

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Field	Description	Field Type	Data Type	Length
GCN Seq # Description	GCN Sequence number description.	Field	Character	30
GCN Seq # Group Type	Groups of GCN seqno by GCN sequence number type.	Field	Number (Integer)	4
HIC Group Description	HIC Group Description.	Field	Character	50
HIC Group Type	Groups of HIC by HIC type.	Field	Number (Integer)	9
Level Indicator	Indicates Resouce Link is associated with an NDC (N) or is a Summary level (S) link.	Field	Drop Down List Box	0
NDC Group Description	NDC Group description.	Field	Character	50
NDC Group Type	Groups drug by drug type. This will be used by various parts of the system for different processing methodologies.	Field	Number (Integer)	9
Records	Allows the user to choose the number of records to be displayed on a page.	Field	Drop Down List Box	0
Resource Link URL	The URL for this Resource Link.	Field	Character	255
Rule Description	Resource link name.	Field	Character	35
Rule Number	The Rule Number in effect for this Resource link record.	Field	Number (Integer)	9
Ther Group Description	Describes the therapeutic type.	Field	Character	50
Therapeutic Group Type	System assigned key for a unique therapeutic type, which represents a collection of therapeutic codes.	Field	Number (Integer)	9
Transaction Type	Type of Resource Link which may be associated with covered Drugs.	Field	Drop Down List Box	0

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6.287.3 Resource Link Update Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Benefit Plan Group	Field	1	A valid Benefit Plan Group is required.	Select a valid Benefit Plan Group.
Effective Date	Field	1	Effective Date is required.	Enter an Effective Date.
	Field	2	Effective Date must be less than or equal to 12/31/2299.	Verify keying. Effective Date must be less than or equal to 12/31/2299.
	Field	3	Effective Date must be greater than or equal to 1/1/1900.	Enter an Effective Date that is greater than or equal to 1/1/1900.
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	2	End Date must be less than or equal to 12/31/2299.	Verify keying. End Date must be less than or equal to 12/31/2299.
	Field	3	End Date must be greater than or equal to 1/1/1900.	Enter an End Date that is greater than or equal to 1/1/1900.
Level Indicator	Field	1	Level Indicator is required.	Select a Level Indicator.
Resource Link URL	Field	1	Resource Link URL is required.	Enter a Resource Link URL.
Rule Description	Field	1	Rule Description is required.	Enter a Rule Description.
Therapeutic Group Type	Field	1	At least one value is required in AHFS, Therapeutic, HIC, and GCN Seq Number or NDC Group Type field.	Enter a valid value in one of the following fields: AHFS Group Type, Therapeutic Group Type, HIC Group Type, GCN Seq # Group Type, or NDC Group Type.
Transaction Type	Field	1	Transaction Type is required.	Select a transaction type.

6.287.4 Resource Link Update Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.287.5 Resource Link Update Panel Accessibility

6.287.5.1 To Access the Resource Link Update Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **ePrescribing**. Then Click on **Resource Link Update**.	Reference Resource Link Update displays.
3	Enter search criteria.	
4	Click **Search**.	Reference Resource Link Update Search Results displays.
5	Select row from list of results.	Resource Link Update Maintenance panel gets displayed.

6.287.5.2 To Add on the Resource Link Update Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **AHFS Group Type**, **Rule Description**, **Therapeutic Group Type**, **Resource Link URL**, **GCN Seq # Group Type** and **NDC Group Type**.	
3	Select **Level Indicator**, **Transaction Type** and **Benefit Plan Group** from drop down list box.	
4	Enter **Effective Date** in MM/DD/CCYY format.	
5	Enter **End Date** in MM/DD/CCYY format.	
6	Click **Save**.	Resource Link information is saved.

6.287.5.3 To Update on the Resource Link Update Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Resource Link information is saved.

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6.287.5.4 To Delete on the Resource Link Update Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.288 TEXT MESSAGE LIST PANEL

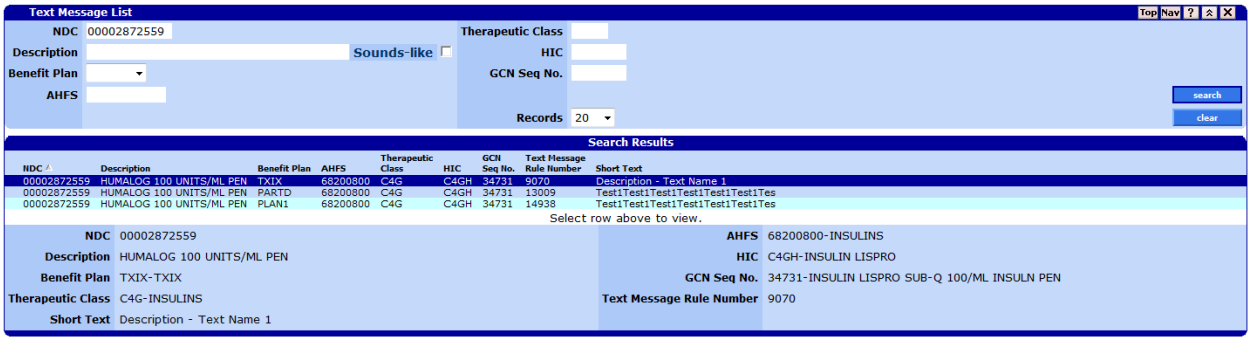
6.288.1 Text Message List Panel Narrative

ePrescribing Text Message List panel is set up to view the tables created using the Text Message Update panel.

This panel is inquiry only.

Navigation Path: [Reference] - [ePrescribing] - [Text Message List]

6.288.2 Text Message List Panel Layout



6.288.3 Text Message List Field Descriptions

Field	Description	Field Type	Data Type	Length
AHFS	Identifies the pharmacologic therapeutic category of the drug product according to the American Hospital Formulary Service (AHFS) classification system.	Field	Character	10
Benefit Plan	The Benefit Plan that the rule is applied to.	Field	Character	50
Clear	Clears the criteria fields so user may enter new criteria.	Button	N/A	0
Description	The NDC description.	Field	Character	40
GCN Seq No.	The GCN Sequence Number that the rule applies to.	Field	Number (Integer)	6
HIC	The HIC4 that the rule applies to.	Field	Character	6
NDC	The NDC (National Drug Code) that the rule applies to.	Field	Number (Integer)	11

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Field	Description	Field Type	Data Type	Length
Records	Allows the user to choose the number of records to be displayed on a page.	Field	Drop Down List Box	0
Search	Initiates search on the database table for records matching the criteria entered.	Button	N/A	0
Short Text	The short description of the text that will be displayed to the provider on the formulary inquiry for this drug.	Field	Character	100
Sounds-like	Select this checkbox to perform a SOUNDEX based search on the NDC Description.	Check Box	Check Box	1
Text Message Rule Number	The Text Message Rule Number.	Field	Number (Integer)	9
Therapeutic Class	The Therapeutic Class that the rule applies to.	Field	Character	3

6.288.4 Text Message List Field Edits

Field	Field Type	Error Code	Error Message	To Correct
AHFS	Field	1	Please enter at least one search field.	Please enter at least one search field.
Benefit Plan	Field	1	Please enter at least one search field.	Please enter at least one search field.
Description	Field	1	Please enter at least one search field.	Please enter at least one search field.
GCN Seq No.	Field	1	Please enter at least one search field.	Please enter at least one search field.
HIC	Field	1	Please enter at least one search field.	Please enter at least one search field.
NDC	Field	1	Please enter at least one search field.	Please enter at least one search field.
Therapeutic Class	Field	1	Please enter at least one search field.	Please enter at least one search field.

6.288.5 Text Message List Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.288.6 Text Message List Panel Accessibility

6.288.6.1 To Access the Text Message List Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **ePrescribing**. Then click on **Text Message List**.	Text Message List panel displays.
3	Enter search criteria.	
4	Click **Search**.	Text Message List Search Results panel displays.

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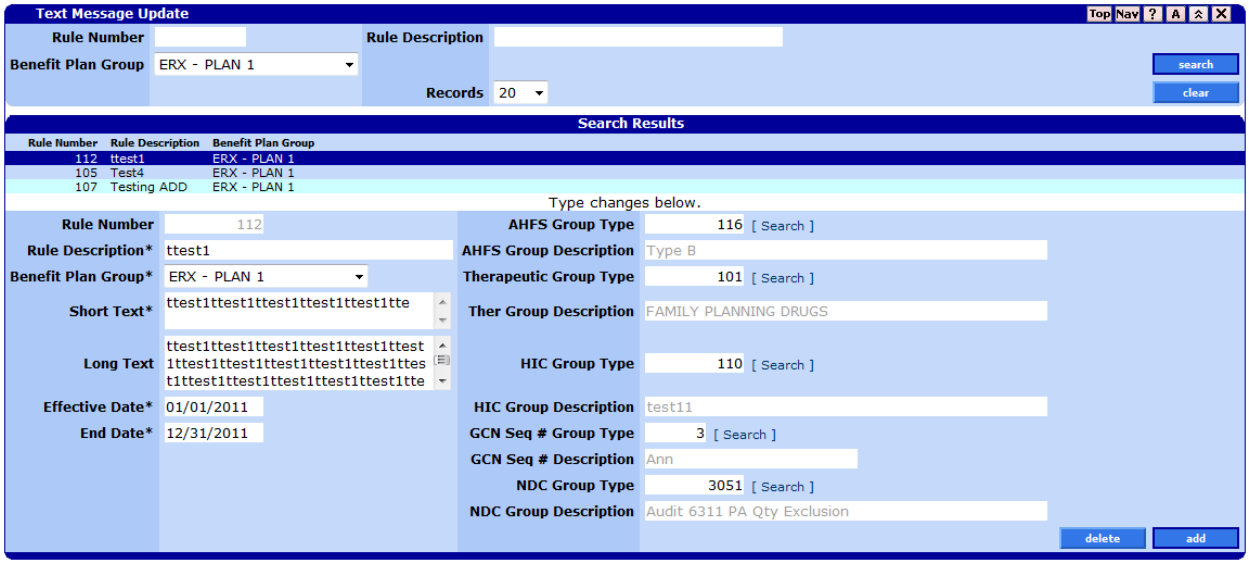
6.289 TEXT MESSAGE UPDATE PANEL

6.289.1 Text Message Update Panel Narrative

The Text Message Update panel supports entry, update and viewing of Text Messages. Text Messages are associated with NDCs or groups. Groups include AHFS, HIC3s, HIC4s, and GSNs.

Navigation Path: [Reference] - [ePrescribing] -[Text Message Update]

6.289.2 Text Message Update Panel Layout



6.289.3 Text Message Update Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows user to add a new Text Message record.	Button	N/A	0
AHFS Group Description	Succinct description (name) of the AHFS Group.	Field	Character	50
AHFS Group Type	System assigned key for a unique (FDB) AHFS Group type, which represents a single or collection of AHFS Therapeutic Class codes.	Field	Character	10
Delete	Allows user to delete an existing Text Message record.	Button	N/A	0
Benefit Plan Group	System assigned key for a unique Benefit Plan group that represents a single or collection of Benefit Plan codes.	Field	Drop Down List Box	0

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Field	Description	Field Type	Data Type	Length
Effective Date	First day this Text Message is effective.	Field	Date (MM/DD/CCYY)	8
End Date	Last day this Text Message is effective.	Field	Date (MM/DD/CCYY)	8
GCN Seq # Group Description	GCN Sequence Number Group Description.	Field	Character	30
GCN Seq # Group Type	Groups of GCN seqno by GCN seqno type	Field	Number (Integer)	4
HIC Group Description	HIC Group Description.	Field	Character	50
HIC Group Type	Groups of HIC by HIC type.	Field	Number (Integer)	9
Long Text	The long text for the Text Message.	Field	Character	255
NDC Group Description	NDC Group Description.	Field	Character	50
NDC Group Type	NDC Group Type.	Field	Number (Integer)	9
Records	Allows the user to choose the number of records to be displayed on a page.	Field	Drop Down List Box	0
Rule Description	Resource link name.	Field	Character	35
Rule Number	System assigned key for a Text message.	Field	Number (Integer)	9
Short Text	Short text for the Text Message. If entereing both long and short text, the short text should be a summary of the long text.	Field	Character	33
Therapeutic Group Description	Therapeutic Group Description	Field	Character	35
Therapeutic Group Type	System assigned key for a unique therapeutic type that represents a collection of therapeutic codes.	Field	Number (Integer)	9

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6.289.4 Text Message Update Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Benefit Plan Group	Field	1	A valid Benefit Plan Group is required.	Select a valid Benefit Plan Group.
Effective Date	Field	1	Effective Date is required.	Enter an Effective Date.
	Field	2	Effective Date must be less than or equal to 12/31/2299.	Verify keying. Effective Date must be less than or equal to 12/31/2299.
	Field	3	Effective Date must be greater than or equal to 1/1/1900.	Verify keying. Effective Date must be greater than or equal to 1/1/1900.
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	2	End Date must be less than or equal to 12/31/2299.	Verify keying. End Date must be less than or equal to 12/31/2299.
	Field	3	End Date must be greater than or equal to 1/1/1900.	Verify keying. End Date must be greater than or equal to 1/1/1900.
Rule Description	Field	1	Rule Description is required.	Enter a Rule Description.
Short Text	Field	1	Short Text is required.	Enter Short Text.
Therapeutic Group Type	Field	1	At least one value is required in Therapeutic, HIC, GCN Seq Number or NDC Group Type field.	Enter a valid value in one of the following fields: Therapeutic Group Type, HIC Group Type, GCN Seq # Group Type, or NDC Group Type. AHFS

6.289.5 Text Message Update Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.289.6 Text Message Update Panel Accessibility

6.289.6.1 To Access the Text Message Update Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.

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Step	Action	Response
2	Point to **Reference** and click **ePrescribing**. Then Click on **Resource Link Update**.	Reference Text Message Update displays.
3	Enter search criteria.	
4	Click **Search**.	Reference Text Message Update Search Results displays.
5	Select row from list of results.	Text Message Update Maintenance panel gets displayed.

6.289.6.2 To Add on the Text Message Update Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **AHFS Group Type**, **Rule Description**, **Therapeutic Group Type**, **Short Text**, **Long Text**, **GCN Seq # Group Type** and **NDC Group Type**.	
3	Select **Benefit Plan Group** from drop down list box.	
4	Enter **Effective Date** in MM/DD/CCYY format.	
5	Enter **End Date** in MM/DD/CCYY format.	
6	Click **Save**.	Resource Link information is saved.

6.289.6.3 To Update on the Text Message Update Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in desired field to update and perform update.	
3	Click **Save**.	Text Message information is saved.

6.289.6.4 To Delete on the Text Message Update Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.290 DRG-GROUP

6.290.1 DRG Group Panel Narrative

The Reference DRG Group Panel is used to view the groups to which the DRG belongs. These groups will then be used in pricing and processing logic. The groups are maintained on the DRG Group Type panel found in Related Data/Other.

Navigation Path: [Reference] – [DRG - Search] - [(select row from search results)] - [DRG Maintenance] - [Group]

6.290.2 DRG Group Panel Layout

Group

Group Type	Description	DRG Code From	DRG Code To	Effective Date	End Date
5	Type 3	494	494	12/30/2017	12/31/2017
5	Type 3	494	494	12/30/2015	12/31/2015
5	Type 3	494	494	12/30/2016	12/31/2016
5	Type 3	494	494	01/14/2016	12/31/2299
11	Group Type 10	494	494	01/22/2016	12/31/2299
9	New DRG Group Type 4	494	494	01/01/1900	01/01/1900
9	New DRG Group Type 4	494	497	02/05/2016	12/31/2016
9	New DRG Group Type 4	494	497	01/05/2016	01/31/2016

6.290.3 DRG Group Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
DRG Code From	Starting code in range of Diagnosis Related Group (DRG) Codes associated in the current Group.	Field	Character	4
DRG Code To	Ending code in range of Diagnosis Related Group (DRG) Codes associated in the current Group.	Field	Character	4
Description	Describes the current Diagnosis Related Group (DRG) Group.	Field	Character	50
Effective Date	The date the current group becomes effective.	Field	Date (MM/DD/CCYY)	8
End Date	The last date for the current group to remain effective.	Field	Date (MM/DD/CCYY)	8
Group Type	Unique code to identify a group of Diagnosis Related Group (DRGs) associated in a range of time.	Field	Number (Integer)	0

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6.290.4 DRG Group Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No extra edits found for this panel.				

6.290.5 DRG Group Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.290.6 DRG Group Panel Accessibility

6.290.6.1 To Access the DRG Group Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **DRG**.	DRG Search panel displays.
3	Enter search criteria.	
4	Click **Search**.	DRG Search Results panel displays.
5	Select row from list of results.	DRG Information and Maintenance panels display.
6	Click **Group**.	DRG Group panel displays.

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6.291 DRG-MDC PANEL

6.291.1 DRG MDC Panel Narrative

The Reference DRG MDC Panel is used to view the MDC (Major Diagnostic Category) with which a DRG is associated. The MDCs are found in Related Data/Other.

Navigation Path: [Reference] – [DRG - Search] - [(select row from search results)] - [DRG Maintenance] - [MDC List]

6.291.2 DRG MDC Panel Layout

6.291.3 DRG MDC Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Description	This is a forty byte character field used to describe a MDC.	Field	Alphanumeric	40
MDC	This is a two byte code field used to identify a MDC.	Field	Alphanumeric	2

6.291.4 DRG MDC Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No extra edits found for this panel.				

6.291.5 DRG MDC Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.291.6 DRG MDC Panel Accessibility

6.291.6.1 To Access the DRG MDC Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **DRG**.	DRG Search panel displays.
3	Enter search criteria.	
4	Click **Search**.	DRG Search Results panel displays.

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Step	Action	Response
5	Select row from list of results.	DRG Information and Maintenance panels display.
6	Click **MDC List**.	DRG MDC panel displays.

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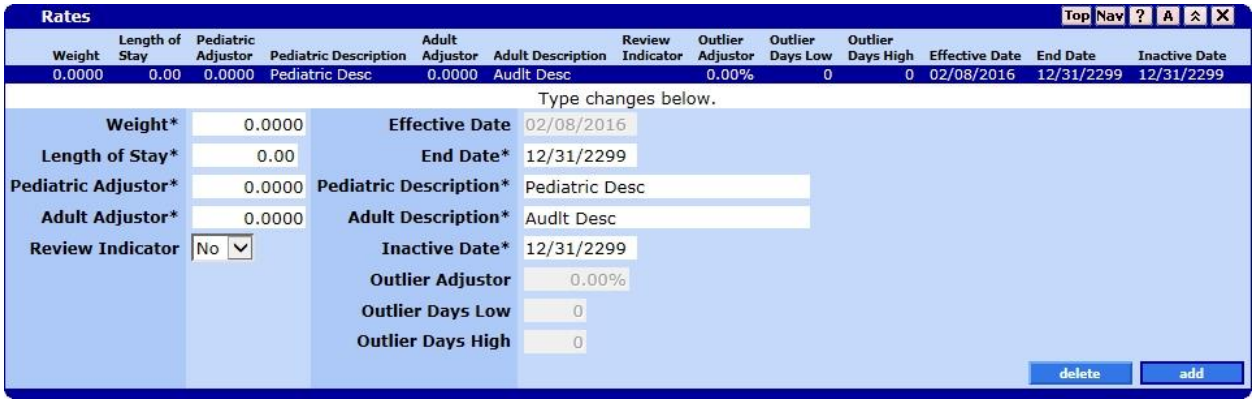
6.292 DRG-RATES

6.292.1 DRG Rates Panel Narrative

This panel is used to update, delete and add rates for the current DRG code. On an update the Effective Date cannot be changed.

Navigation Path: [Reference][- DRG - Search] - [(select row from search results)] - [Rates]

6.292.2 DRG Rates Panel Layout



6.292.3 DRG Rates Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add a DRG rate.	Button	N/A	0
Adult Adjustor	Amount we would adjust the DRG payment for adults.	Field	Number (Decimal)	7
Adult Description	Description for adjusted amount category for adults.	Field	Alphanumeric	30
Delete	Allows user to delete an existing DRG rate.	Button	N/A	0
Effective Date	The date the DRG Rate took effect. The Effective Date is not updatable.	Field	Date (MM/DD/CCYY)	8
End Date	The date the DRG Rate is no longer in effect.	Field	Date (MM/DD/CCYY)	8
Inactive Date	Rate segment inactive date. This is the date/time that the rate can no longer be used, regardless of the dates of service on the claim.	Field	Date (MM/DD/CCYY)	8

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Field	Description	Field Type	Data Type	Length
Length of Stay	This is the average length of stay associated to a particular DRG classification group.	Field	Number (Decimal)	5
Outlier Adjustor	This is the average length of stay associated to a particular DRG classification group.	Field	Number (Decimal)	5
Outlier Days High	High number of days used in outlier payment determination - This attribute will not be used at this time in the code, but it is necessary to prepare for future usage when the state is ready to develop some policy that uses the day outlier's logic.	Field	Number (Integer)	3
Outlier Days Low	Low number of days used in outlier payment determination - This attribute will not be used at this time in the code, but it is necessary to prepare for future usage when the state is ready to develop some policy that uses the day outlier's logic.	Field	Number (Integer)	3
Pediatric Adjustor	Amount we would adjust the DRG payment for children.	Field	Number (Decimal)	7
Pediatric Description	Description for adjusted amount for children.	Field	Alphanumeric	30
Review Indicator	Indicator for DRG should be suspended for review Poss values are Y or space (space is the default).	Field	Drop Down List Box	1
Weight	This is a date sensitive pricing factor expressed in the 9.9999 form, and is one of the primary components for the DRG calculation. Some DRGs will not be assigned weights, so for these the Level of Care pricing method will be used.	Field	Number (Decimal)	7

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6.292.4 DRG Rates Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Adult Adjustor	Field	1	Adult Adjustor is required.	Enter an Adult Adjustor.
	Field	2	Adult Adjustor must be less than or equal to 999.9999.	Enter a valid Adult Adjustor.
Adult Description	Field	1	Adult Description is required.	Enter an Adult Description.
Effective Date	Field	1	Effective Date must be greater than or equal to 1/1/1900.	Verify keying. Effective Date must be greater than or equal to 1/1/1900.
	Field	2	Effective Date is required.	Enter an Effective Date.
	Field	3	Effective Date must be less than or equal to 12/31/2299.	Verify keying. Effective Date must be less than or equal to 12/31/2299.
	Field	4	Effective Date must be less than or equal to End Date.	Verify keying. Effective Date must be less than or equal to End Date.
	Field	5	Invalid Date. Format is mm/dd/ccyy.	Enter a valid Effective Date.
	Field	6	Active Rate segments may not overlap.	Verify dates against list. Date segments cannot overlap.
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	2	End Date must be greater than or equal to 1/1/1900.	Verify keying. End Date must be greater than or equal to 1/1/1900.
	Field	3	End Date must be less than or equal to 12/31/2299.	Verify keying. End Date must be less than or equal to 12/31/2299.
	Field	4	Invalid Date. Format is mm/dd/ccyy.	Enter a valid End Date.
Inactive Date	Field	1	Inactive Date is required.	Enter an Inactive Date.
	Field	2	Inactive Date must be greater than or equal to 1/1/1900.	Verify keying. Inactive Date must be greater than or equal to 1/1/1900.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	3	Inactive Date must be less than or equal to 12/31/2299.	Verify keying. Inactive Date must be less than or equal to 12/31/2299.
	Field	4	Invalid Date. Format is mm/dd/ccyy.	Enter a valid Inactive Date.
Length of Stay	Field	1	Length of Stay is required.	Enter a Length of Stay.
	Field	2	Length of Stay must be less than or equal to 9999.99.	Enter a valid Length of Stay.
Outlier Adjustor	Field	1	Outlier Adjustor is required.	Enter an Outlier Adjustor.
	Field	2	Percent Outlier Adjustment cannot exceed 100%.	Enter a valid Outlier Adjustment.
Outlier Days High	Field	1	Outlier Days High is required.	Enter an Outlier Days High.
	Field	2	Outlier Days High must be less than or equal to 999.	Enter a valid Outlier Days High.
Outlier Days Low	Field	1	Outlier Days Low is required.	Enter an Outlier Days Low.
	Field	2	Outlier Days Low must be less than or equal to 999.	Enter a valid Outlier Days Low.
Pediatric Adjustor	Field	1	Pediatric Adjustor is required.	Enter a Pediatric Adjustor.
	Field	2	Pediatric Adjustor must be less than or equal to 999.9999.	Enter a valid Pediatric Adjustor.
Pediatric Description	Field	1	Pediatric Description is required.	Enter an Adult Description.
Weight	Field	1	Weight is required.	Enter a Weight.
	Field	2	Weight must be less than or equal to 999.9999.	Enter a valid Weight.

6.292.5 DRG Rates Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.292.6 DRG Rates Panel Accessibility

6.292.6.1 To Access the Rates Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Reference** and click **DRG**.	DRG Search panel displays.
3	Enter search criteria.	
4	Click **Search**.	DRG Search Results panel displays.
5	Select row from list of results.	DRG Information and Maintenance panels display.
6	Click **Rates**.	Rates-DRG panel displays.

6.292.6.2 To Add on the DRG Rates Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Weight**.	
3	Enter **Effective Date** in MM/DD/CCYY format.	
4	Enter **Length of Stay**.	
5	Enter **End Date** in MM/DD/CCYY format.	
6	Enter **Pediatric Adjustor**.	
7	Enter **Pediatric Description**.	
8	Enter **Adult Adjustor**.	
9	Enter **Adult Description**.	
10	Select **Review Indicator** from drop down list box.	
11	Enter **Inactive Date** in MM/DD/CCYY format.	
12	Enter **Outlier Adjustor**.	
13	Enter **Outlier Days Low**.	
14	Enter **Outlier Days High**.	
15	Click **Save**.	Rates information is saved.

6.292.6.3 To Update on the DRG Rates Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.

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Step	Action	Response
2	Click in desired field to update and perform update.	
3	Click **Save**.	Rates information is saved.

6.292.6.4 To Delete on the DRG Rates Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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7 REPORTS

The Reference user manual provides the following information for each report:

Narrative: Provides a brief description of the report functionality and usage

Layout: Provides a representation of the report and details the exact placement and format of the field names, values and heading information

Field Descriptions: Lists the fields included on the report, with a definition of each field

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7.1 REF-0001-A -- CMS HCPCS UPDATE - DISCONTINUED PROCEDURE CODES REPORT

7.1.1 REF-0001-A -- CMS HCPCS Update - Discontinued Procedure Codes Report Narrative

The Centers for Medicare and Medicaid Systems (CMS) Healthcare Common Procedure Coding System (HCPCS) Update - Discontinued Procedure Codes report lists the procedure codes that are to be discontinued according to the information received on the current CMS HCPCS Update file. They have an action code of 'D' on the HCPCS file meaning 'discontinued'.

Data Source: CMS HCPCS Update File.

Frequency: Annually (Additional updates/corrections may be received throughout the year as needed).

The CMS HCPCS Update File record layout can be found on the Reference Input/Output Files page in iTRACE.

7.1.2 REF-0001-A -- CMS HCPCS Update - Discontinued Procedure Codes Report Layout

```
Report  : REF-0001-A                                ALABAMA MEDCAID AGENCY                                  RUN DATE: MM/DD/CCYY
Process : REFJA105                       MEDICAID MANAGEMENT INFORMATION SYSTEM                           RUN TIME: HH:MM:SS
Location: REFP0105                   CMS HCPCS UPDATE - DISCONTINUED PROCEDURE CODES                         PAGE: 999,999
                                                    REPORT PERIOD: CCYY
-------------------------------------------------------------------------------------------------------------------------------
* HCPCS   PROCEDURE                     DATE          DATE          XREF      XREF      XREF      XREF      XREF
* CODE    DESCRIPTION                   ADDED         TERMINATED    CODE1     CODE2     CODE3     CODE4     CODE5
-------------------------------------------------------------------------------------------------------------------------------
  XXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY    MM/DD/CCYY    XXXXXX    XXXXXX    XXXXXX    XXXXXX    XXXXXX
  XXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY    MM/DD/CCYY    XXXXXX    XXXXXX    XXXXXX    XXXXXX    XXXXXX
  XXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY    MM/DD/CCYY    XXXXXX    XXXXXX    XXXXXX    XXXXXX    XXXXXX
  XXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY    MM/DD/CCYY    XXXXXX    XXXXXX    XXXXXX    XXXXXX    XXXXXX
  XXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY    MM/DD/CCYY    XXXXXX    XXXXXX    XXXXXX    XXXXXX    XXXXXX
  XXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY    MM/DD/CCYY    XXXXXX    XXXXXX    XXXXXX    XXXXXX    XXXXXX

                                                     * No Data This Report *
                                                        * End of Report *
```

7.1.3 REF-0001-A -- CMS HCPCS Update - Discontinued Procedure Codes Report Field Descriptions

Field	Description	Length	Data Type
Date Added	The date the HCPCS code was added to the Healthcare Common Procedure Coding System.	10	Date (MM/DD/CCYY)
Date Terminated	Last date for which the procedure code may be used by providers.	10	Date (MM/DD/CCYY)

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Field	Description	Length	Data Type
HCPCS Code	Code that represents procedures, supplies, products and services which may be provided to individuals enrolled in health insurance programs that has been discontinued according to the current CMS HCPCS file.	5	Character
Procedure Description	Short medical description of the procedure code.	28	Character
Xref Code1	An explicit reference cross walking a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes). There can be up to 5 cross reference codes for a deleted code.	6	Character
Xref Code2	An explicit reference cross walking a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes). There can be up to 5 cross reference codes for a deleted code.	6	Character
Xref Code3	An explicit reference cross walking a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes). There can be up to 5 cross reference codes for a deleted code.	6	Character
Xref Code4	An explicit reference cross walking a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes). There can be up to 5 cross reference codes for a deleted code.	6	Character
Xref Code5	An explicit reference cross walking a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes). There can be up to 5 cross reference codes for a deleted code.	6	Character

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7.2 REF-0002-A -- CMS HCPCS UPDATE - ADDED PROCEDURE CODES REPORT

7.2.1 REF-0002-A -- CMS HCPCS Update - Added Procedure Codes Report Narrative

The CMS HCPCS Update - Added Procedure Codes report lists procedure codes that are to be added according to the information received on the current CMS HCPCS Update file.

Data Source: CMS HCPCS Update File.

Frequency: Annually (Additional updates/corrections may be received throughout the year as needed).

The CMS HCPCS Update File record layout can be found on the Reference Input/Output Files page in iTrace.

7.2.2 REF-0002-A -- CMS HCPCS Update - Added Procedure Codes Report Layout

```
Report  : REF-0002-A                          ALABAMA MEDICAID AGENCY                                        RUN DATE: MM/DD/CCYY
Process : REFJA105                       MEDICAID MANAGEMENT INFORMATION SYSTEM                               RUN TIME: HH:MM:SS
Location: REFP0105                      CMS HCPCS UPDATE - ADDED PROCEDURE CODES                               PAGE    : 999,999
                                                  REPORT PERIOD: CCYY
-------------------------------------------------------------------------------------------------------------------------------------
* HCPCS   PROCEDURE                      DATE                      * HCPCS   PROCEDURE                      DATE
* CODE    DESCRIPTION                    ADDED                     * CODE    DESCRIPTION                    ADDED
-------------------------------------------------------------------------------------------------------------------------------------
  XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY                 XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY
  XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY                 XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY
  XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY                 XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY
  XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY                 XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY
  XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY                 XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY

                                                        No Data This Report *
                                                          * End of Report *
```

7.2.3 REF-0002-A -- CMS HCPCS Update - Added Procedure Codes Report Field Descriptions

Field	Description	Length	Data Type
Date Added	The date the HCPCS code was added to the Healthcare Common Procedure Coding System.	10	Date (MM/DD/CCYY)
HCPCS Code	Procedure code added.	5	Character
Procedure Description	Short description for the procedure code.	28	Character

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7.3 REF-0003-A -- CMS HCPCS UPDATE - ADDED MODIFIER CODES REPORT

7.3.1 REF-0003-A -- CMS HCPCS Update - Added Modifier Codes Report Narrative

The CMS HCPCS Update - Added Modifier Codes report lists the modifiers that are to be added beginning in the upcoming year according to the information received on the current CMS HCPCS Update file.

Data Source: CMS HCPCS Update File.

Frequency: Annually (Additional updates/corrections may be received throughout the year as needed)

The CMS HCPCS Update File record layout can be found on the Reference Input/Output Files page in iTrace.

7.3.2 REF-0003-A -- CMS HCPCS Update - Added Modifier Codes Report Layout

```
Report  : REF-0003-A                          ALABAMA MEDICAID AGENCY                                   RUN DATE: MM/DD/CCYY
Process : REFJA105                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           RUN TIME: HH:MM:SS
Location: REFP0105                      CMS HCPCS UPDATE - ADDED MODIFIER CODES                            PAGE   : 999,999
                                                 REPORT PERIOD : CCYY
-------------------------------------------------------------------------------------------------------------------------------
* MOD    MODIFIER                      DATE                    * MOD     MODIFIER                      DATE
* CODE   DESCRIPTION                   ADDED                    * CODE    DESCRIPTION                   ADDED
-------------------------------------------------------------------------------------------------------------------------------
  XX     XXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY                 XX      XXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY
  XX     XXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY                 XX      XXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY
  XX     XXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY                 XX      XXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY
  XX     XXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY                 XX      XXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY
  XX     XXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY                 XX      XXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY


                                                   *  No Data This Report *
                                                      * End of Report *
```


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7.3.3 REF-0003-A -- CMS HCPCS Update - Added Modifier Codes Report Field Descriptions

Field	Description	Length	Data Type
Date Added	The date the modifier code was added to the Healthcare Common Procedure Coding System.	10	Date (MM/DD/CCYY)
MOD Code	Code that indicates that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code. According to the current CMS HCPCS file, this code has been added to the HCPCS.	2	Character
Modifier Description	Short description of what the modifier code represents.	28	Character

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7.4 REF-0004-A -- CMS HCPCS UPDATE – SUMMARY REPORT

7.4.1 REF-0004-A -- CMS HCPCS Update - Summary Report Narrative

The CMS HCPCS Update - Summary Report summarizes what occurred during the current CMS HCPCS update process.

Data Source: CMS HCPCS Update File.

Frequency: Annually (Additional updates/corrections may be received throughout the year as needed).

The CMS HCPCS Update File record layout can be found on the Reference Input/Output Files page in iTrace.

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7.4.2 REF-0004-A -- CMS HCPCS Update - Summary Report Layout

```
Report  : REF-0004-A                          ALABAMA MEDICAID AGENCY                                    RUN DATE: MM/DD/CCYY
Process : REFJA105                       MEDICAID MANAGEMENT INFORMATION SYSTEM                          RUN TIME: HH:MM:SS
Location: REFP0105                         CMS HCPCS UPDATE - SUMMARY REPORT                              PAGE    : 999,999
                                                 REPORT PERIOD: CCYY
-------------------------------------------------------------------------------------------------------------------------------


                  *  TOTAL RECORDS READ                    ====================>       999999999



                  *  PROCEDURE RECORDS READ                ====================>       999999999
                                                                                       ==========

                  *  PROCEDURE CODES ADDED                 ====================>    =  999999999
                  *  PROCEDURE CODES DISCONTINUED          ====================>    =  999999999
                  *  PROCEDURE CODES REACTIVATED           ====================>    =  999999999
                  *  PROCEDURE CODES W/SHORT DESC CHANGE   ====================>    =  999999999
                  *  PROCEDURE CODES W/LONG DESC CHANGE    ====================>    =  999999999
                  *  PROCEDURE CODES W/NO ACTION TAKEN     ====================>    =  999999999

                  *  PROCEDURE CODE ERRORS                 ====================>    =  999999999
                                                                                       ----------
                  *  TOTAL                                 ====================>       999999999
                                                                                       ==========
                   * MODIFIER RECORDS READ                 ====================>       999999999
                                                                                       ==========

                  *  MODIFIERS ADDED                       ====================>    =  999999999
                  *  MODIDIERS DISCONTINUED                ====================>    =  999999999
                  *  MODIFIERS REACTIVATED                 ====================>    =  999999999
                  *  MODIFIERS W/SHORT DESC CHANGE         ====================>    =  999999999
                  *  MODIFIERS W/LONG DESC CHANGE          ====================>    =  999999999
                  *  MODIFIERS W/NO ACTION TAKEN           ====================>    =  999999999

                  *  MODIFIER ERRORS                       ====================>    =  999999999
                                                                                       ----------
                  *  TOTAL                                 ====================>       999999999
                                                                                       ==========

                                                   No Data This Report *
                                                     * END OF REPORT *
```


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7.4.3 REF-0004-A -- CMS HCPCS Update - Summary Report Field Descriptions

Field	Description	Length	Data Type
Modifier Errors	Number of modifier codes that encountered an error during the update process.	9	Number (Integer)
Modifier Records Read	Number of distinct modifier code records read.	9	Number (Integer)
Modifiers Added	Number of new modifier codes being added for the upcoming year.	9	Number (Integer)
Modifiers Discontinued	Number of modifier codes discontinued for the upcoming year.	9	Number (Integer)
Modifiers Reactivated	Number of modifier codes being reactivated for the upcoming year.	9	Number (Integer)
Modifiers W/Short Desc Changes	Number of modifier codes that encountered a change in their short description for the upcoming year.	9	Number (Integer)
Modifiers W/Long Desc Change	Number of modifier codes that encountered a change in their long description for the upcoming year.	9	Number (Integer)
Modifiers W/No Action Taken	Number of modifier codes with no action taken for the upcoming year.	9	Number (Integer)
Procedure Code Errors	Number of procedure codes that encountered an error during the update process.	9	Number (Integer)
Procedure Codes Added	Number of new procedure codes being added for the upcoming year.	9	Number (Integer)
Procedure Codes Discontinued	Number of procedure codes discontinued for the upcoming year.	9	Number (Integer)
Procedure Codes Reactivated	Number of procedure codes being reactivated for the upcoming year.	9	Number (Integer)
Procedure Codes W/Long Desc Change	Number of procedure codes that encountered a change in their long description for the upcoming year.	9	Number (Integer)
Procedure Codes W/No Action Taken	Number of procedure codes with no action taken for the upcoming year.	9	Number (Integer)

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Field	Description	Length	Data Type
Procedure Codes W/Short Desc Change	Number of procedure codes that encountered a change in their short description for the upcoming year.	9	Number (Integer)
Procedure Records Read	Number of distinct procedure code records read.	9	Number (Integer)
Total (Modifier)	Sum of modifier records from the above actions and errors.	9	Number (Integer)
Total (Procedure)	Sum of procedure records from the above actions and errors.	9	Number (Integer)
Total Records Read	Number of records read from HCPCS file. This number includes multiple records for the same procedure or modifier code when the long description requires multiple records.	9	Number (Integer)

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7.5 REF-0005-A -- CMS HCPCS UPDATE - ERROR

7.5.1 REF-0005-A -- CMS HCPCS Update - Error Narrative

The CMS HCPCS Update - Error report lists the errors generated during the current CMS HCPCS file update.

Data Source: CMS HCPCS Update File.

Frequency: Annually (Additional updates/corrections may be received throughout the year as needed).

The CMS HCPCS Update File record layout can be found on the Reference Input/Output Files page in iTrace.

7.5.2 REF-0005-A -- CMS HCPCS Update - Error Layout

```
Report  : REF-0005-A                          ALABAMA MEDICAID AGENCY                                  RUN DATE: MM/DD/CCYY
Process : REFJA105                      MEDICAID MANAGEMENT INFORMATION SYSTEM                         RUN TIME: HH:MM:SS
Location: REFP0105                          CMS HCPCS UPDATE - ERROR REPORT                               PAGE  : 999,999
                                                   REPORT PERIOD: CCYY
-------------------------------------------------------------------------------------------------------------------------------
                                                                                                   ERROR MESSAGE
PROC/   CMS                          CMS                                ON-FILE                L = Long Description  A = Added Date
MOD      PROCEDURE            ACT   DATE      DATE    MCARE    DATE      DATE   MCARE           S = Short Description T = Term Date
CODE     DESCRIPTION          CODE  ADDED     TERM    COVRG    ADDED     TERM  COVERAGE         C = Coverage Code (Medicare Covrg)
-------------------------------------------------------------------------------------------------------------------------------

XXXXX  XXXXXXXXXXXXXXXXXXXX  X  MM/DD/CCYY MM/DD/CCYY  X    MM/DD/CCYY MM/DD/CCYY  X  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXX  XXXXXXXXXXXXXXXXXXXX  X  MM/DD/CCYY MM/DD/CCYY  X    MM/DD/CCYY MM/DD/CCYY  X  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXX  XXXXXXXXXXXXXXXXXXXX  X  MM/DD/CCYY MM/DD/CCYY  X    MM/DD/CCYY MM/DD/CCYY  X  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXX  XXXXXXXXXXXXXXXXXXXX  X  MM/DD/CCYY MM/DD/CCYY  X    MM/DD/CCYY MM/DD/CCYY  X  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXX  XXXXXXXXXXXXXXXXXXXX  X  MM/DD/CCYY MM/DD/CCYY  X    MM/DD/CCYY MM/DD/CCYY  X  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXX  XXXXXXXXXXXXXXXXXXXX  X  MM/DD/CCYY MM/DD/CCYY  X    MM/DD/CCYY MM/DD/CCYY  X  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXX  XXXXXXXXXXXXXXXXXXXX  X  MM/DD/CCYY MM/DD/CCYY  X    MM/DD/CCYY MM/DD/CCYY  X  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXX  XXXXXXXXXXXXXXXXXXXX  X  MM/DD/CCYY MM/DD/CCYY  X    MM/DD/CCYY MM/DD/CCYY  X  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXX  XXXXXXXXXXXXXXXXXXXX  X  MM/DD/CCYY MM/DD/CCYY  X    MM/DD/CCYY MM/DD/CCYY  X  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXX  XXXXXXXXXXXXXXXXXXXX  X  MM/DD/CCYY MM/DD/CCYY  X    MM/DD/CCYY MM/DD/CCYY  X  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXX  XXXXXXXXXXXXXXXXXXXX  X  MM/DD/CCYY MM/DD/CCYY  X    MM/DD/CCYY MM/DD/CCYY  X  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXX  XXXXXXXXXXXXXXXXXXXX  X  MM/DD/CCYY MM/DD/CCYY  X    MM/DD/CCYY MM/DD/CCYY  X  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                                   No Data This Report *
                                                     * End of Report *
```


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7.5.3 REF-0005-A -- CMS HCPCS Update - Error Field Descriptions

Field	Description	Length	Data Type
Act Code	Code from the CMS HCPCS file that indicates what action is to be taken for the procedure or modifier code. A=Add B=Change in Admin data and Long Description C=Change in long description D=Discontinuation of code F=Change in Admin. Data. N=No maintenance for code P=Payment change R=Re-activated code S=Change in short description T=Miscellaneous change.	1	Character
CMS - Date Added	The date the HCPCS code was added to the Healthcare Common Procedure Coding System according to the current CMS HCPCS file.	10	Date (MM/DD/CCYY)
CMS - Date Term	According to the current CMS HCPCS file, this is the last date for which a procedure or modifier code may be used by providers.	10	Date (MM/DD/CCYY)
CMS - MCARE Covrg	The code denoting Medicare coverage status on the current CMS HCPCS file. CODES: D = Special coverage instructions apply I = Not payable by Medicare (no grace period) G = Not payable by Medicare (90 day grace period) M = Non-covered by Medicare S = Non-covered by Medicare statute C = Carrier judgment	1	Character
CMS Procedure Description	Short medical description of the procedure or modifier code.	20	Character

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Field	Description	Length	Data Type
Error Message	Short explanation of the reason for the error including difference indicators if applicable. Difference indicators will be present when the data coming in on the current CMS HCPCS file does not coincide with what the State currently has on file in the database, or when the incoming CMS action indicator does not substantiate the data on the incoming CMS HCPCS file or the data the State currently has on file in the database. Difference Indicators L = Difference in long description S = Difference in short description A = Difference in Added Date T = Difference in Termination Date C = Difference in HCPCS Coverage Code (Medicare Coverage Code)	45	Character
On File– Date Added	The date the State currently has on file in the database that signifies the date the HCPCS code was added to the Healthcare Common Procedure Coding System.	10	Date (MM/DD/CCYY)
On File – Date Term	The date the State currently has on file in the database that signifies the last date for which a procedure or modifier code may be used by providers.	10	Date (MM/DD/CCYY)
On File- MCARE Coverage	The code denoting Medicare coverage status that the Agency currently has on file in the database. CODES: D = Special coverage instructions apply I = Not payable by Medicare (no grace period) G = Not payable by Medicare (90 day grace period) M = Non-covered by Medicare S = Non-covered by Medicare statute C = Carrier judgment	1	Character

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Field	Description	Length	Data Type
PROC/MOD Code	Procedure code that represents procedures, supplies, products and services which may be provided to individuals enrolled in health insurance programs or modifier code that indicates that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code. These codes encountered an error during the HCPCS update process.	5	Character

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7.6 REF-0005-O - AUDIT FOR EOB TO BUSC/CARC/RARC/CAGC CROSS REFERENCE COMPLIANCE REPORT

The EOB to BUSC/CARC/RARC/CAGC Cross Reference Compliance Report shows Business Scenario/CARC/RARC combinations assigned to EOBs for which at least one issue has been detected for prospective correction. This ensures that each EOB associated to a business scenario has an active and valid code combination assigned. This report is run on request as part of the periodic maintenance of the CARC and RARC combinations and the EOB crosswalk to these combinations per procedures documented in the document entitled "Alabama ACA III EOB CARC RARC Maintenance Procedures".

The EOB code will be shown with the code and effective/end date of the currently cross-referenced CARC/RARC combination, along with verbiage identifying the detected issues / required actions.

7.6.1 REF-0005-O – Audit for EOB to BUSC/CARC/RARC/CAGC Cross Reference Compliance Report Layout

```
Report  : REF-0005-O                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : REFJO005                      MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: REFP0005              EOB TO BUSC/CARC/RARC/CAGC CROSS REFERENCE COMPLIANCE AUDIT                Page:    999,999


EOB   BUS  CARC  RARC   CAGC  EFFECTIVE AND END DATE       ACTION REQUIRED
CD    SC   CD    CD     CD  RANGE FOR THE COMBINATION
XXXX  XX   XXXX  XXXXX  XX  CCYY-MM-DD - CCYY-MM-DD  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXX  XX   XXXX  XXXXX  XX  CCYY-MM-DD - CCYY-MM-DD  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


                                                       ***   END OF REPORT   ***

                                                      ***   NO DATA THIS RUN   ***
```

7.6.2 REF-0005-O - Audit for EOB to BUSC/CARC/RARC/CAGC Cross Reference Compliance Report Descriptions

Field	Description	Data Type	Length
ACTION REQUIRED	Verbiage identifying the detected issue and required actions: Valid options can be one of 6 values per line for up to 6 lines per each EOB Code: • EOB NOT YET ASSIGNED (if no XREF found at all) • CARC/RARC COMBINATION HAS EXPIRED (XREF points to a combination that is no longer effective, i.e. the end date is before the current cycle date) • EOB TO CARC/RARC XREF HAS EXPIRED	Character	80

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Field	Description	Data Type	Length
	(if XREF record exists for the EOB but the run expiration date is before the current cycle date) • PENDING EXPIRATION OF CARC/RARC COMBINATION (if the expiration of the xref'd combination is before or equal to the upcoming compliance date and after the current cycle date) • PENDING EXPIRATION OF EOB TO CARC/RACR ASSIGNMENT (if the expiration of the cross reference to the combination is before or equal to the upcoming compliance date and after the current cycle date) • PENDING EXPIRATION OF DOS DATE RANGE • (if expiration of the usability of the xref for comparisons by date of service is before or equal to the upcoming compliance date and after the current cycle date) • **EOB TO CARC/RARC XREF ONLY FUTURE** (if the only xref that exists for the EOB is future dated) Note: Field may also be blank.		
BUS SC	A code to indicate the Business Scenario for the combination. May be empty.	Character	2
CAGC CD	Code identifying the general category of the payment adjustment (CAGC = Claim Adjustment Group Code). May be empty.	Character	2
CARC CD	HIPPA adjustment code. May be empty.	Character	4
EFFECTIVE RANGE BEGIN	The beginning date range for the CARC/RARC combination associated with this EOB. May be empty	Date (CCYY-MM-DD)	10
EFFECTIVE RANGE END	The effective date range end for the CARC/RARC combination associated with this EOB. May be empty.	Date (CCYY-MM-DD)	10
EOB CD	A code which represents a policy for Medicaid claim adjudication. Cannot be empty	Character	4
RARC CD	HIPAA remarks code. May be empty.	Character	5

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7.7 REF-0007-A -- CMS HCPCS UPDATE - CHANGED PROCEDURE CODES FOR CCYY

7.7.1 REF-0007-A -- CMS HCPCS Update - Changed Procedure Codes For CCYY Narrative

The CMS HCPCS Update - Changed Procedure Codes report lists the procedure codes that encountered a change in either long or short description or procedure codes that were re-activated by CMS for the current CMS HCPCS update file.

Data Source: CMS HCPCS Update File.

Frequency: Annually (Additional updates/corrections may be received throughout the year as needed).

The CMS HCPCS Update File record layout can be found on the Reference Input/Output Files page in iTrace.

7.7.2 REF-0007-A -- CMS HCPCS Update - Changed Procedure Codes For CCYY Layout

```
Report  : REF-0007-A                          ALABAMA MEDICAID AGENCY                                    RUN DATE: MM/DD/CCYY
Process : REFJA105                     MEDICAID MANAGEMENT INFORMATION SYSTEM                            RUN TIME: HH:MM:SS
Location: REFP0105                   CMS HCPCS UPDATE - CHANGED PROCEDURE CODES                           PAGE   : 999,999
                                                     REPORT PERIOD: CCYY
-------------------------------------------------------------------------------------------------------------------------------
* HCPCS   PROCEDURE                      DATE         DATE
* CODE    DESCRIPTION                    ADDED        TERMINATED    COMMENT
-------------------------------------------------------------------------------------------------------------------------------
  XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY   MM/DD/CCYY    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY   MM/DD/CCYY    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY   MM/DD/CCYY    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY   MM/DD/CCYY    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY   MM/DD/CCYY    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


                                                   No Data This Report *
                                                     * End of Report *
```


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7.7.3 REF-0007-A -- CMS HCPCS Update - Changed Procedure Codes For CCYY Field Descriptions

Field	Description	Length	Data Type
Comment	The field indicates whether the long or short description changed.	40	Character
Date Added	The date the HCPCS code was added to the Healthcare common procedure coding system. This data is taken from field 27 (HCPCS Code Added Date) on the CMS Update file.	10	Date (CCYY/MM/DD)
Date Terminated	Last date for which a procedure code may be used by providers. This data is taken from field 29 (HCPCS Termination Date) on the CMS Update file.	10	Date (CCYY/MM/DD)
HCPCS Code	HCPCS Procedure code that has been discontinued by CMS. This data is taken from field 1 (Healthcare Common Procedure Coding System Code) on the CMS Update file.	5	Character
Procedure Description	The short description of the procedure code. This data is taken from field 8 (HCPCS Short Description) on the CMS Update file.	28	Character

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7.8 REF-0009-A -- CMS HCPCS UPDATE - CHANGED MODIFIER CODES FOR CCYY REPORT

7.8.1 REF-0009-A -- CMS HCPCS Update - Changed Modifier Codes For CCYY Report Narrative

The CMS HCPCS Update - Changed Modifier Codes report lists the modifier codes that encountered a change in either long or short description or modifier codes that were re-activated by CMS for the current CMS HCPCS update file.

Data Source: CMS HCPCS Update File.

Frequency: Annually (Additional updates/corrections may be received throughout the year as needed).

The CMS HCPCS Update File record layout can be found on the Reference Input/Output Files page in iTrace.

7.8.2 REF-0009-A -- CMS HCPCS Update - Changed Modifier Codes For CCYY Report Layout

```
Report  : REF-0009-A                          ALABAMA MEDICAID AGENCY                                    RUN DATE: MM/DD/CCYY
Process : REFJA105                     MEDICAID MANAGEMENT INFORMATION SYSTEM                          RUN TIME: HH:MM:SS
Location: REFP0105                    CMS HCPCS UPDATE - CHANGED MODIFIER CODES                         PAGE    : 999,999
                                                   REPORT PERIOD : CCYY
-------------------------------------------------------------------------------------------------------------------------------
* MOD     MODIFIER                        DATE         DATE
* CODE    DESCRIPTION                     ADDED        TERMINATED    COMMENT
-------------------------------------------------------------------------------------------------------------------------------
  XX      XXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY   MM/DD/CCYY    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XX      XXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY   MM/DD/CCYY    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XX      XXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY   MM/DD/CCYY    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XX      XXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY   MM/DD/CCYY    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XX      XXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY   MM/DD/CCYY    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XX      XXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY   MM/DD/CCYY    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                                  * No Data This Report *
                                                     * End of Report *
```


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7.8.3 REF-0009-A -- CMS HCPCS Update - Changed Modifier Codes For CCYY Report Field Descriptions

Field	Description	Length	Data Type
Comment	Comment stating that the long description changed for the modifier code.	40	Character
Date Added	The date the HCPCS code was added to the Healthcare common procedure coding system. This data is taken from field 27 (HCPCS Code Added Date) on the CMS Update file.	10	Date (MM/DD/CCYY)
Date Terminated	Last date for which a procedure code may be used by providers. This data is taken from field 29 (HCPCS Termination Date) on the CMS Update file.	10	Date (MM/DD/CCYY)
MOD Code	Modifier to be added. This data is taken from field 4 (HCPCS Modifier Code) on the CMS Update file.	2	Character
Modifier Description	Short description of modifier. This data is taken from field 8 (HCPCS Short Description) on the CMS Update file.	28	Character

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7.9 REF-0011-A -- CMS HCPCS UPDATE - DISCONTINUED MODIFIER CODES REPORT

7.9.1 REF-0011-A -- CMS HCPCS Update - Discontinued Modifier Codes Report Narrative

The CMS HCPCS Update-Discontinued Modifier Codes report lists the modifier codes that are to be discontinued according to the information received on the current CMS HCPCS Update file. They have an action code of 'D' on the HCPCS file meaning 'discontinued'.

Data Source: CMS HCPCS Update File.

Frequency: Annually (Additional updates/corrections may be received throughout the year as needed)

The CMS HCPCS Update File record layout can be found on the Reference Input/Output Files page in iTrace.

7.9.2 REF-0011-A -- CMS HCPCS Update - Discontinued Modifier Codes Report Layout

```
Report  : REF-0011-A                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : REFJA105                     MEDICAID MANAGEMENT INFORMATION SYSTEM                              Run Time: HH:MM:SS
Location: REFP0105                  CMS HCPCS UPDATE - DISCONTINUED MODIFIER CODES                              Page: 999,999
                                                  REPORT PERIOD : CCYY
-------------------------------------------------------------------------------------------------------------------------------
* MOD     MODIFIER                          DATE           DATE
* CODE    DESCRIPTION                       ADDED          TERMINATED
-------------------------------------------------------------------------------------------------------------------------------
  XX      XXXXXXXXXXXXXXXXXXXXXXXXXXXX     MM/DD/CCYY     MM/DD/CCYY
  XX      XXXXXXXXXXXXXXXXXXXXXXXXXXXX     MM/DD/CCYY     MM/DD/CCYY
  XX      XXXXXXXXXXXXXXXXXXXXXXXXXXXX     MM/DD/CCYY     MM/DD/CCYY
  XX      XXXXXXXXXXXXXXXXXXXXXXXXXXXX     MM/DD/CCYY     MM/DD/CCYY
  XX      XXXXXXXXXXXXXXXXXXXXXXXXXXXX     MM/DD/CCYY     MM/DD/CCYY


                                                  * No Data This Report *

                                                    * End of Report *
```


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7.9.3 REF-0011-A -- CMS HCPCS Update - Discontinued Modifier Codes Report Field Descriptions

Field	Description	Length	Data Type
Date Added	The date the HCPCS code was added to the Healthcare Common Procedure Coding System.	10	Date (MM/DD/CCYY)
Date Terminated	Last date for which the modifier code may be used by providers.	10	Date (MM/DD/CCYY)
MOD Code	Code that indicates that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code.	2	Character
Modifier Description	Short medical description of the modifier code.	28	Character

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7.10 REF-0101-A -- ICD-10 ANNUAL UPDATE - NEW DIAGNOSIS CODES REPORT

7.10.1 REF-0101-A -- ICD-10 Annual Update - New Diagnosis Codes Report Narrative

This report lists the ICD-10 diagnosis codes and their description that are newly added as part of ICD-10 Annual Updates process for the upcoming year. Report is sorted by ICD-10 diagnosis code.

Data Source: Centers for Medicare & Medicaid Services (CMS) ICD-10 Diagnosis Update File.
Frequency: Annual

The CMS ICD-10 Annual Update file record layout for diagnosis codes can be found on the Reference Input/Output Files page in iTRACE.

7.10.2 REF-0101-A -- ICD-10 Annual Update - New Diagnosis Codes Report Layout

```
Report  : REF-0101-A                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : REFJA001                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time: HH:MM:SS
Location: REFP0101                           ICD-10: NEW DIAGNOSIS CODES                                 Page    : 999,999
                                                 REPORT PERIOD: CCYY

EFFECTIVE DATE OF CODES: MM/DD/CCYY

-------------------------------------------------------------------------------
         CODE      SHORT DESCRIPTION
-------------------------------------------------------------------------------
         XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
-------------------------------------------------------------------------------
         TOTAL NEW DIAGNOSIS CODES:   999,999

                                          ** NO DATA THIS RUN **
                                          ***  END OF REPORT  ***
```

7.10.3 REF-0101-A -- ICD-10 Annual Update - New Diagnosis Codes Report Field Descriptions

Field	Description	Data Type	Length
CODE	ICD-10 diagnosis code that is newly added into the system.	Character	7
EFFECTIVE DATE OF CODES	The date new ICD-10 diagnosis codes are effective.	Date (MM/DD/CCYY)	10

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Field	Description	Data Type	Length
REPORT PERIOD	Indicates the upcoming year for which Annual Update file is processed. Format is CCYY.	Number	4
SHORT DESCRIPTION	A short description of ICD-10 diagnosis code that is added into the system.	Character	60
TOTAL NEW DIAGNOSIS CODES	The total number of new ICD-10 diagnosis codes added into the system for the upcoming year.	Number (Integer)	6

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7.11 REF-0102-A -- ICD-10 ANNUAL UPDATE - REVISED DIAGNOSIS CODES REPORT

7.11.1 REF-0102-A -- ICD-10 Annual Update - Revised Diagnosis Codes Report Narrative

This report lists the ICD-10 diagnosis codes that are revised for change to its description as part of ICD-10 Annual Updates process for the upcoming year.
Report is sorted by ICD-10 diagnosis code.

Data Source: Centers for Medicare & Medicaid Services (CMS) ICD-10 Diagnosis Update File.
Frequency: Annual

The CMS ICD-10 Annual Update file record layout for diagnosis codes can be found on the Reference Input/Output Files page in iTRACE.

7.11.2 REF-0102-A -- ICD-10 Annual Update - Revised Diagnosis Codes Report Layout

```
Report  : REF-0102-A                          ALABAMA MEDICAID AGENCY                                   Run Date: MM/DD/CCYY
Process : REFJA001                      MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time: HH:MM:SS
Location: REFP0101                         ICD-10: REVISED DIAGNOSIS CODES                              Page    : 999,999
                                                 REPORT PERIOD: CCYY


-------------------------------------------------------------------------------------------------------------------------------
 CODE     BEFORE DESCRIPTION                                                AFTER DESCRIPTION
-------------------------------------------------------------------------------------------------------------------------------
 XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
-------------------------------------------------------------------------------------------------------------------------------
 TOTAL REVISED DIAGNOSIS CODES:   999,999

                                                 ** NO DATA THIS RUN **
                                                 ***  END OF REPORT  ***
```

7.11.3 REF-0102-A -- ICD-10 Annual Update - Revised Diagnosis Codes Report Field Descriptions

Field	Description	Data Type	Length
AFTER DESCRIPTION	A short description of ICD-10 diagnosis code from the system after revision.	Character	60

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Field	Description	Data Type	Length
BEFORE DESCRIPTION	A short description of ICD-10 diagnosis code from the system before revision.	Character	60
CODE	ICD-10 diagnosis code that is revised for change in code description.	Character	7
REPORT PERIOD	Indicates the upcoming year for which Annual Update file is processed. Format is CCYY.	Number	4
TOTAL REVISED DIAGNOSIS CODES	The total number of ICD-10 diagnosis codes that encountered change to their description for the upcoming year.	Number (Integer)	6

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7.12 REF-0103-A -- ICD-10 ANNUAL UPDATE - DISCONTINUED DIAGNOSIS CODES REPORT

7.12.1 REF-0103-A -- ICD-10 Annual Update - Discontinued Diagnosis Codes Report Narrative

This report lists the ICD-10 diagnosis codes that are end dated because they are marked for discontinuation as per the ICD-10 Annual Update file.
Report is sorted by ICD-10 diagnosis code.

Data Source: Centers for Medicare & Medicaid Services (CMS) ICD-10 Diagnosis Update File.
Frequency: Annual

The CMS ICD-10 Annual Update file record layout for diagnosis codes can be found on the Reference Input/Output Files page in iTRACE.

7.12.2 REF-0103-A -- ICD-10 Annual Update - Discontinued Diagnosis Codes Report Layout

```
Report  : REF-0103-A                          ALABAMA MEDICAID AGENCY                                   Run Date: MM/DD/CCYY
Process : REFJA001                     MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time: HH:MM:SS
Location: REFP0101                      ICD-10: DISCONTINUED DIAGNOSIS CODES                           Page    : 999,999
                                                 REPORT PERIOD: CCYY

END DATE OF CODES: MM/DD/CCYY

-------------------------------------------------------------------------------
         CODE      SHORT DESCRIPTION
-------------------------------------------------------------------------------
         XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
-------------------------------------------------------------------------------
         TOTAL DISCONTINUED DIAGNOSIS CODES:   999,999

                                            ** NO DATA THIS RUN **
                                            ***  END OF REPORT  ***
```

7.12.3 REF-0103-A -- ICD-10 Annual Update - Discontinued Diagnosis Codes Report Field Descriptions

Field	Description	Data Type	Length
CODE	ICD-10 diagnosis code that is discontinued.	Character	7

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Field	Description	Data Type	Length
END DATE OF CODES	The end date for discontinued ICD-10 diagnosis codes within the system.	Date (MM/DD/CCYY)	10
REPORT PERIOD	Indicates the upcoming year for which Annual Update file is processed. Format is CCYY.	Number	4
SHORT DESCRIPTION	A short description of discontinued ICD-10 diagnosis code from the system.	Character	60
TOTAL DISCONTINUED DIAGNOSIS CODES	The total number of ICD-10 diagnosis codes that are discontinued for the upcoming year.	Number (Integer)	6

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7.13 REF-0104-A -- ICD-10 ANNUAL UPDATE - DIAGNOSIS ERROR REPORT

7.13.1 REF-0104-A -- ICD-10 Annual Update - Diagnosis Error Report Narrative

This report lists the errors that occur during ICD-10 Annual Update process of diagnosis codes. It reports codes, its short description, an action on code while it is processed and a comment about error.
The report lists the errors on codes while it is processed for new addition, revision or discontinuation. It also lists error occurred while updating benefit classification for the diagnosis code.
Action on Code can be:
• A- ADD
• U- UPDATE
• D- DISCONTINUED

Possible comments on error description:
• Invalid Action Code
• Code is less than 3 characters in length
• ADD-Code Already Exists and is Active
• ADD-Code Already Exists and has prior End Date
• ADD-Code Already Exists and No Limits Record
• ADD-Code Already Exists and has Limits Record
• UPDATE-Code Doesn't Exist
• UPDATE-Both Old and New Record Required
• DISCONTINUE-Code Doesn't Exist
• DISCONTINUE-Code Exists but No Limits Record
• DISCONTINUE-Code Exists but has prior End Date
• DISCONTINUE-Error Updating Benefit Classification
• ADD-Error Updating Benefit Classification

Report is sorted by ICD-10 diagnosis code.

Data Source: Centers for Medicare & Medicaid Services (CMS) ICD-10 Diagnosis Update File.
Frequency: Annual

The CMS ICD-10 Annual Update file record layout for diagnosis codes can be found on the Reference Input/Output Files page in iTRACE.

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7.13.2 REF-0104-A -- ICD-10 Annual Update - Diagnosis Error Report Layout

```
Report  : REF-0104-A                          ALABAMA MEDICAID AGENCY                                   Run Date: MM/DD/CCYY
Process : REFJA001                     MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time: HH:MM:SS
Location: REFP0101                         ICD-10: DIAGNOSIS ERROR REPORT                              Page    : 999,999
                                                REPORT PERIOD: CCYY

-------------------------------------------------------------------------------------------------------------------------------
  CODE      SHORT DESCRIPTION                                                ACTION   COMMENT
-------------------------------------------------------------------------------------------------------------------------------
  XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
-------------------------------------------------------------------------------------------------------------------------------
  TOTAL DIAGNOSIS ERRORS: 999,999

                                                  ** NO DATA THIS RUN **
                                                  ***  END OF REPORT  ***
```

7.13.3 REF-0104-A -- ICD-10 Annual Update - Diagnosis Error Report Field Descriptions

Field	Description	Data Type	Length
ACTION	Action on ICD-10 diagnosis code while it is processed. Action on Code can be: A - ADD (for new codes) U - UPDATE (for revised codes) D - DISCONTINUED (for discontinued codes)	Character	1
CODE	ICD-10 diagnosis code for which error occurred.	Character	7
COMMENT	A description about error on code. Error description could be: • Invalid Action Code • Code is less than 3 characters in length • ADD-Code Already Exists and is Active • ADD-Code Already Exists and has prior End Date • ADD-Code Already Exists and No Limits Record • ADD-Code Already Exists and has Limits Record • UPDATE-Code Doesn't Exist • UPDATE-Both Old and New Record Required • DISCONTINUE-Code Doesn't Exist • DISCONTINUE-Code Exists but No Limits Record • DISCONTINUE-Code Exists but has prior End Date	Character	50

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Field	Description	Data Type	Length
	• DISCONTINUE-Error Updating Benefit Classification • ADD-Error Updating Benefit Classification		
REPORT PERIOD	Indicates the upcoming year for which Annual Update file is processed. Format is CCYY.	Number	4
SHORT DESCRIPTION	A short description of ICD-10 diagnosis code for which error occurred.	Character	60
TOTAL DIAGNOSIS ERRORS	The total number of diagnosis errors that are reported. This included errors while processing diagnosis code for addition, revision or discontinuation and errors while updating benefit classification for diagnosis codes.	Number (Integer)	6

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7.14 REF-0105-A -- ICD-10 ANNUAL UPDATE - DIAGNOSIS SUMMARY REPORT

7.14.1 REF-0105-A -- ICD-10 Annual Update - Diagnosis Summary Report Narrative

This report lists the summary of ICD-10 Annual Update process for diagnosis codes. It reports the number of records and transactions read from the annual update file for ICD-10 diagnosis codes, number of ICD-10 diagnosis codes added, revised for code description and discontinued. It also lists the number of codes that encountered error while processing it for new addition, revision or discontinuation and number of benefit classification errors.

Data Source: Centers for Medicare & Medicaid Services (CMS) ICD-10 Diagnosis Update File.
Frequency: Annual

The CMS ICD-10 Annual Update file record layout for diagnosis codes can be found on the Reference Input/Output Files page in iTRACE.

7.14.2 REF-0105-A -- -- ICD-10 Annual Update - Diagnosis Summary Report Layout

```
Report  : REF-0105-A                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : REFJA001                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time: HH:MM:SS
Location: REFP0101                          ICD-10: DIAGNOSIS SUMMARY REPORT                             Page    : 999,999
                                                 REPORT PERIOD: CCYY


                    *  TOTAL RECORDS READ                    ==================>       999999999
                    *  TOTAL TRANSACTIONS READ               ==================>       999999999


                    *  NUMBER OF CODES ADDED                 ==================>    =  999999999
                    *  NUMBER OF CODES UPDATED               ==================>    =  999999999
                    *  NUMBER OF CODES DISCONTINUED          ==================>    =  999999999
                    *  NUMBER OF CODES WITH ERRORS           ==================>    =  999999999
                    *  NUMBER OF BNFT CLASSIFICATION ERRORS  ==================>    =  999999999
                                                                                     ----------
                    *  TOTAL                                 ==================>       999999999
                                                                                    ==========

                                             ** NO DATA THIS RUN **
                                             ***  END OF REPORT  ***
```


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7.14.3 REF-0105-A -- -- ICD-10 Annual Update - Diagnosis Summary Report Field Descriptions

Field	Description	Data Type	Length
NUMBER OF BNFT CLASSIFICATION ERRORS	The total number of errors when updating benefit classification for ICD-10 diagnosis codes in annual update file for the upcoming year. Note: This count is not included in count of field TOTAL on this report.	Number (Integer)	9
NUMBER OF CODES ADDED	The total number of new ICD-10 diagnosis codes added for the upcoming year.	Number (Integer)	9
NUMBER OF CODES DISCONTINUED	The total number of ICD-10 diagnosis codes that are discontinued for the upcoming year.	Number (Integer)	9
NUMBER OF CODES UPDATED	The total number of ICD-10 diagnosis codes that encountered change to their description for the upcoming year	Number (Integer)	9
NUMBER OF CODES WITH ERRORS	The total number of ICD-10 diagnosis codes that encountered error while processing it for new addition, revision to its description or discontinuation for the upcoming year.	Number (Integer)	9
REPORT PERIOD	Indicates the upcoming year for which Annual Update file is processed. Format is CCYY.	Number	4
TOTAL	The total number of ICD-10 diagnosis codes that are processed from the annual update file for the upcoming year. This count will be sum of counts from: - NUMBER OF CODES ADDED - NUMBER OF CODES UPDATED - NUMBER OF CODES DISCONTINUED - NUMBER OF CODES WITH ERRORS Note: This count doesn't include count of field NUMBER OF BNFT CLASSIFICATION ERRORS.	Number (Integer)	9
TOTAL RECORDS READ	The total number of ICD-10 diagnosis records read from the annual update file for the upcoming year.	Number (Integer)	9
TOTAL TRANSACTIONS READ	The total number of ICD-10 diagnosis transactions read from the annual update file for upcoming year.	Number (Integer)	9

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7.15 REF-0106-A -- ICD-10 ANNUAL UPDATE - DIAGNOSIS BENEFIT CATEGORY GROUPINGS REPORT

7.15.1 REF-0106-A -- ICD-10 Annual Update - Diagnosis Benefit Category Groupings Report Narrative

This report lists the diagnosis benefit category created while processing the ICD-10 diagnosis code to update the benefit classification data. It reports ICD-10 diagnosis code, action on code while it is processed and name of benefit category grouping. Report is sorted by ICD-10 diagnosis code.

Data Source: Centers for Medicare & Medicaid Services (CMS) ICD-10 Diagnosis Update File.
Frequency: Annual

The CMS ICD-10 Annual Update file record layout for diagnosis codes can be found on the Reference Input/Output Files page in iTRACE.

7.15.2 REF-0106-A -- ICD-10 Annual Update - Diagnosis Benefit Category Groupings Report Layout

```
Report  : REF-0106-A                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : REFJA001                      MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time: HH:MM:SS
Location: REFP0101                   ICD-10: DIAGNOSIS BENEFIT CATEGORY GROUPINGS                      Page    : 999,999
                                                REPORT PERIOD: CCYY


-------------------------------------------------------------------------------------------------------------------------------
 CODE      ACTION      GROUPING
-------------------------------------------------------------------------------------------------------------------------------
 XXXXXXX     X         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXX     X         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXX     X         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXX     X         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXX     X         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
-------------------------------------------------------------------------------------------------------------------------------
 TOTAL OF NEW DIAGNOSIS BENEFIT CATEGORY GROUPINGS:  999,999

                                              ** NO DATA THIS RUN **
                                              ***  END OF REPORT  ***
```

7.15.3 REF-0106-A -- ICD-10 Annual Update - Diagnosis Benefit Category Groupings Report Field Descriptions

Field	Description	Data Type	Length
ACTION	Action of ICD-10 diagnosis code while it is processed. It can be: A- ADD (for new codes)	Character	1

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Field	Description	Data Type	Length
	D- DISCONTINUED (for discontinued codes)		
CODE	The ICD-10 diagnosis code for which a new diagnosis benefit category grouping is created.	Character	7
GROUPING	A diagnosis benefit category grouping that is created while processing ICD-10 diagnosis code for a given action.	Character	100
REPORT PERIOD	Indicates the upcoming year for which Annual Update file is processed. Format is CCYY.	Number	4
TOTAL OF NEW DIAGNOSIS BENEFIT CATEGORY GROUPINGS	The total number of diagnosis benefit category groupings that are created.	Number (Integer)	6

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7.16 REF-0107-A -- ICD-10 ANNUAL UPDATE - ASSOCIATED GROUPS FOR DISCONTINUED DIAGNOSIS CODES

7.16.1 REF-0107-A -- ICD-10 Annual Update - Associated Groups for Discontinued Diagnosis Codes Report Narrative

This report lists each diagnosis group that an ICD-10 diagnosis code that has been discontinued is part of. If the discontinued code is not part of any group, it is not reported. The report will contain the Group type, its long description, then each code within that group, and its short description.
Report is sorted by Group type and ICD-10 Diagnosis Code.

Data Source: Centers for Medicare & Medicaid Services (CMS) ICD-10 Diagnosis Update File.
Frequency: Annual

The CMS ICD-10 Annual Update file record layout for diagnosis codes can be found on the Reference Input/Output Files page in iTRACE.

7.16.2 REF-0107-A -- ICD-10 Annual Update - Associated Groups for Discontinued Diagnosis Codes Report Layout

```
Report  : REF-0107-A                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : REFJA001                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time: HH:MM:SS
Location: REFP0101             ICD-10: ASSOCIATED GROUPS FOR DISCONTINUED DIAGNOSIS CODES                Page    : 999,999
                                         REPORT PERIOD: CCYY


-------------------------------------------------------------------------------------------------------------------------------
 GROUP TYPE     LONG DESCRIPTION
-------------------------------------------------------------------------------------------------------------------------------
  XXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                 CODE      SHORT DESCRIPTION
                 ---------------------------------------------------------------------
                 XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                 XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                 XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                 XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
-------------------------------------------------------------------------------------------------------------------------------

*** This report only identifies codes associated with a group ***

                                                 ** NO DATA THIS RUN **
                                                 ***  END OF REPORT  ***
```


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7.16.3 REF-0107-A -- ICD-10 Annual Update - Associated Groups for Discontinued Diagnosis Codes Report Field Descriptions

Field	Description	Data Type	Length
CODE	ICD-10 discontinued diagnosis code that is associated to this group.	Character	7
GROUP TYPE	Indicates the diagnosis group.	Number (Integer)	9
LONG DESCRIPTION	Definition of where and/or how this diagnosis group is used.	Character	4000
REPORT PERIOD	Indicates the upcoming year for which Annual Update file is processed. Format is CCYY.	Number	4
SHORT DESCRIPTION	A short description of the ICD-10 discontinued diagnosis code.	Character	60

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7.17 REF-0120-A -- LAB FEE UPDATE EXCEPTIONS REPORT

7.17.1 REF-0120-A -- Lab Fee Update Exceptions Report Narrative

The Lab Fee Update Exceptions Report compares the Medicare Lab Fee Schedule and the Alabama Level 3 to determine matching codes. All of the procedures on the Medicare file are reported showing the equivalent Level 3 file pricing data. Asterisks on the report, flag the condition of the Medicare rate being less than the Medicaid rate.

Data Source: Cahaba Government Benefit Administration.

Frequency: Annually (Additional updates/corrections may be received throughout the year as needed).

7.17.2 REF-0120-A -- Lab Fee Update Exceptions Report Layout

```
Report  : REF-0120-A                          ALABAMA MEDICAID AGENCY                                    RUN DATE: MM/DD/CCYY
Process : REFJA0120                     MEDICAID MANAGEMENT INFORMATION SYSTEM                            RUN TIME: HH:MM:SS
Location: REFP0120                      ANNUAL LAB FEE UPDATE EXCEPTION REPORT                                   PAGE: 99999
                                                   REPORT PERIOD: CCYY

-------------------------------------------------------------------------------------------------------------------------------
PROC      MOD  CODE                                        ERROR
CODE           DESCRIPTION                                 DESCRIPTION
-------------------------------------------------------------------------------------------------------------------------------
XXXXX     XX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXX     XX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXX     XX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXX     XX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXX     XX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


                                                  **  END OF REPORT  **
                                                 ** NO DATA THIS RUN **
```


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7.17.3 REF-0120-A -- Lab Fee Update Exceptions Report Field Descriptions

Field	Description	Length	Data Type
Code Description	The description of the procedure code for which lab fee was being updated for.	38	Character
Error Description	Text describing the lab fee update exception.	72	Character
MOD	Procedure code modifier.	2	Character
PROC Code	HCPCS Procedure Code for which lab fee was being updated for.	5	Character

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7.18 REF-0126-Q--FEE SCHEDULE FOR LAB AND X-RAY CODES REPORT

7.18.1 REF-0126-Q--Fee Schedule for Lab and X-ray Codes Report Narrative

This Reference report is a Fee Schedule for providers for all the Lab and X-ray procedure codes. This report sorts in ascending order on the Procedure Code column.

Data Source: Reference

Frequency: Quarterly

7.18.2 REF-0126-Q--Fee Schedule for Lab and X-ray Codes Report Layout

```
                                MAXIMUM
      PROCEDURE CODE            ALLOWED         MAXIMUM
                                AMOUNT          QUANTITY
-------------------------------------------------------------------


         XXXXX                $999999.99          999
         XXXXX                $999999.99          999
         XXXXX                $999999.99          999
         XXXXX                $999999.99          999
         XXXXX                $999999.99          999
         XXXXX                $999999.99          999
         XXXXX                $999999.99          999


                                          ***   END OF REPORT   ***
```

7.18.3 REF-0126-Q--Fee Schedule for Lab and X-ray Codes Report Field Descriptions

Field	Description	Data Type	Length
Maximum Allowed Amount	Identifies the Medicaid maximum allowed amount.	Number (Decimal)	8
Maximum Quantity	Identifies the Medicaid maximum allowed quanitity.	Number (Decimal)	3
Procedure Code	Identifies the type of procedure.	Character	5

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7.19

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7.20 REF-0127-Q--FEE SCHEDULE FOR OUTPATIENT CODES REPORT

7.20.1 REF-0127-Q--Fee Schedule for Outpatient Codes Report Narrative

This Reference report is a Fee Schedule for providers for all the Outpatient procedure codes. This report sorts in ascending order on the Procedure Code column.

Data Source: Reference

Frequency: Quarterly

7.20.2 REF-0127-Q--Fee Schedule for Outpatient Codes Report Layout

```
                        MAXIMUM                      UNDER 21
      PROCEDURE         ALLOWED         REQUIRES    RESTRICTION
        CODE            AMOUNT             PA        INDICATOR
-------------------------------------------------------------------


      XXXXX             $999999.99         XXX          X
      XXXXX             $999999.99         XXX          X
      XXXXX             $999999.99         XXX          X
      XXXXX             $999999.99         XXX          X
      XXXXX             $999999.99         XXX          X
      XXXXX             $999999.99         XXX          X



                                      ***   END OF REPORT   ***
```


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7.20.3 REF-0127-Q--Fee Schedule for Outpatient Codes Report Field Descritions

Field	Description	Data Type	Length
Maximum Allowed Amount	Identifies the Medicaid maximum allowed amount.	Number (Decimal)	8
Procedure Code	Identifies the type of procedure.	Character	5
Requires PA	Indicates if a current prior authorization is required or if there was a previous prior authorization required. This indicator is either X for PA Required or Blank for No PA Required.	Character	1
Under 21 Restriction Indicator	Indicates if this procedure code has a restriction for those under the age of 21. Indicated by an X for restriction or blank if no restrictions.	Character	1

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7.21 REF-0128-Q--FEE SCHEDULE FOR DENTAL CODES REPORT

7.21.1 REF-0128-Q--Fee Schedule for Dental Codes Report Narrative

This Reference report is a Fee Schedule for providers for all the Dental procedure codes. This report sorts in ascending order on the Procedure Code column.

Data Source: Reference

Frequency: Quarterly

7.21.2 REF-0128-Q--Fee Schedule for Dental Codes Report Layout

```
                        MAXIMUM
      PROCEDURE         ALLOWED         REQUIRES      MAXIMUM
        CODE            AMOUNT             PA         QUANTITY
-------------------------------------------------------------------


      XXXXX              $999999.99       XXX             9
      XXXXX              $999999.99       XXX             9
      XXXXX              $999999.99       XXX             9
      XXXXX              $999999.99       XXX             9
      XXXXX              $999999.99       XXX             9
      XXXXX              $999999.99       XXX             9
      XXXXX              $999999.99       XXX             9


                                     ***   END OF REPORT   ***
```


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7.21.3 REF-0128-Q--Fee Schedule for Dental Codes Report Field Descriptions

Field	Description	Data Type	Length
Maximum Allowed Amount	The maximum amount that will pay.	Number (Decimal)	8
Maximum Quantity	Indicates the maximum number of units the allowable price is based.	Number (Integer)	3
Procedure Code	This field indicates the code that describes what procedure was performed by the provider.	Character	5
Requires PA	Indicates if a current prior authorization is required. This indicator is either YES for PA Required or Blank for NO PA Required.	Character	3

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7.22 REF-0129-Q--FEE SCHEDULE FOR PHYSICIAN CODES REPORT

7.22.1 REF-0129-Q--Fee Schedule for Physician Codes Report Narrative

This Reference report is a Fee Schedule for providers for all Physician procedure codes. This report sorts in ascending order on the Procedure Code column.

Data Source: Reference

Frequency: Quarterly

7.22.2 REF-0129-Q--Fee Schedule for Physician Codes Report Layout

```
                    MAXIMUM
       PROCEDURE          ALLOWED                    REQUIRES     MAXIMUM
         CODE             AMOUNT          MODIFIER       PA       QUANTITY
-------------------------------------------------------------------------


       XXXXX               $999999.99       XX           XXX           9
       XXXXX               $999999.99       XX           XXX           9
       XXXXX               $999999.99       XX           XXX           9
       XXXXX               $999999.99       XX           XXX           9
       XXXXX               $999999.99       XX           XXX           9
       XXXXX               $999999.99       XX           XXX           9




                                                 ***   END OF REPORT   ***
```


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7.22.3 REF-0129-Q--Fee Schedule for Physician Codes Report Fiedl Descriptions

Field	Description	Data Type	Length
Maximum Allowed Amount	Identifies the Medicaid maximum allowed amount.	Number (Decimal)	8
Maximum Quantity	Indicates the maximum number of units that the allowable price is based on.	Number (Integer)	4
Modifier	Indicates the modifier needed for this procedure code.	Character	2
Procedure Code	Identifies the type of procedure.	Character	7
Requires PA	Indicates if a current prior authorization is required. This indicator is either Y for PA Required or Blank for No PA Required.	Character	1

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7.23 REF-0130-Q--PHYSICIAN DRUG FEE SCHEDULE REPORT

7.23.1 REF-0130-Q--Physician Drug Fee Schedule Report Narrative

This Reference report is a Fee Schedule for providers for all the physician drug procedure codes.

This report sorts in ascending order on the Procedure Code column.

Data Source: Reference

Frequency: Quarterly

7.23.2 REF-0130-Q--Physician Drug Fee Schedule Report Layout

```
                                                        MAXIMUM
      PROCEDURE    PROCEDURE                            ALLOWED         REQUIRES      MAXIMUM
        CODE       DESCRIPTION                          AMOUNT             PA         QUANTITY
-------------------------------------------------------------------------------------------------------


      XXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       $999999.99        XXX           999
      XXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       $999999.99        XXX           999
      XXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       $999999.99        XXX           999
      XXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       $999999.99        XXX           999
      XXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       $999999.99        XXX           999
      XXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       $999999.99        XXX           999
      XXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       $999999.99        XXX           999



                                          ***   END OF REPORT   ***
```


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7.23.3 REF-0130-Q--Physician Drug Fee Schedule Report Field Descriptions

Field	Description	Data Type	Length
Maximum Allowed Amount	Identifies the Medicaid maximum allowed amount.	Number (Decimal)	8
Maximum Quantity	Indicates the number of units the allowable price is based.	Number (Integer)	3
Procedure Code	Identifies the type of procedure.	Character	5
Procedure Description	Provides a description of the procedure code.	Character	50
Requires PA	Indicates if a current prior authorization is required. This indicator is either 'YES' for PA Required or 'NO' for No PA Required.	Character	3

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7.24 REF-0131-Q--APPENDIX I REPORT

7.24.1 REF-0131-Q--Appendix I Report Narrative

This Reference report is an Appendix for providers with all the outpatient procedure codes. This report sorts in ascending order on the Procedure Code column.

Data Source: Reference

Frequency: Quarterly

7.24.2 REF-0131-Q--Appendix I Report Layout

```
                        MAXIMUM                                UNDER 21
      PROCEDURE         ALLOWED         REQUIRES    MAXIMUM    RESTRICTION
        CODE            AMOUNT             PA       QUANTITY    INDICATOR
-----------------------------------------------------------------------------


      XXXXX              $999999.99        XXX          9         X
      XXXXX              $999999.99        XXX          9         X
      XXXXX              $999999.99        XXX          9         X
      XXXXX              $999999.99        XXX          9         X
      XXXXX              $999999.99        XXX          9         X




                                          ***   END OF REPORT   ***
```


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7.24.3 REF-0131-Q--Appendix I Report Field Descriptions

Field	Description	Data Type	Length
Maximum Allowed Amount	Identifies the Medicaid maximum allowed amount.	Number (Decimal)	8
Maximum Quantity	Indicates the Medicaid maximum units of service allowed.	Number (Integer)	3
Procedure Code	Identifies the five digit HCPCS procedure code.	Character	5
Requires PA	Indicates if a current prior authorization is required. This indicator is either 'X' for PA Required or Blank for No PA Required.	Character	1
Under 21 Restriction Indicator	Indicates any procedure codes that have a restriction for recipients under the age of 21.	Character	1

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7.25 REF-0132-Q--FEE SCHEDULE FOR DME REPORT

7.25.1 REF-0132-Q--Fee Schedule for DME Report Narrative

This Reference report is a Fee Schedule for providers for all DME procedure codes. This report sorts in ascending order on the Procedure Code column.

Data Source: Reference

Frequency: Quarterly

7.25.2 REF-0132-Q--Fee Schedule for DME Report Layout

PROCEDURE CODE	PROCEDURE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT REFERRAL	REQUIRES PA
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	$999,999.99	999	X	X
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	$999,999.99	999	X	X
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	$999,999.99	999	X	X
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	$999,999.99	999	X	X
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	$999,999.99	999	X	X
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	$999,999.99	999	X	X
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	$999,999.99	999	X	X
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	$999,999.99	999	X	X

*** END OF REPORT ***

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7.25.3 REF-0132-Q--Fee Schedule for DME Report Field Descriptions

Field	Description	Data Type	Length
Allowed Amount	Identifies the Medicaid maximum allowed amount	Number (Decimal)	8
Benefit Limit	Indicates the number of units the allowable price is based.	Number	3
EPSDT Referral	Indicates if a current EPSDT referral is required. This indicator is either X for EPSDT referral required or blank for no EPSDT referral required	Character	1
Mod	Indicates the modifier needed for this procedure code.	Character	2
Procedure Code	Identifies the type of procedure.	Character	5
Procedure Description	Description of the procedure.	Character	30
Requires PA	Indicates if a current prior authorization is required. This indicator is either X for PA Required or Blank for No PA Required.	Character	1

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7.26 REF-0200-M -- AUDIT CRITERIA REPORT

7.26.1 REF-0200-M -- Audit Criteria Report Narrative

The Audit Criteria report lists the general audit criteria for each parameter driven audit in the system. It includes all of the different indicators that are used to define the criteria to be included and excluded on an audit such as claim type, procedure code, level of care, etc. The effective dates of the audit are also reported, as well as the type of audit.

Data Source: From the update process, information that is added, changed or deleted from the user.

Frequency: Monthly

7.26.2 REF-0200-M -- Audit Criteria Report Layout

```
Report  : REF-0200-M                          ALABAMA MEDICAID AGENCY                                          RUN DATE: MM/DD/CCYY
Process : REFJM200                       MEDICAID MANAGEMENT INFORMATION SYSTEM                                 RUN TIME: HH:MM:SS
Location: REFP0200                              AUDIT CRITERIA REPORT                                                   PAGE: 99999
                                                REPORT PERIOD: MM/CCYY

                                            --------INCLUDE/EXCLUDE ------  ---SAME/DIFF-----  --MISC--
                                                                                          T         T
                          D O                   P S     D            H P    P P P D T T Q        J D
                        P E V                 P   R P A M I R T N T G G I A  C A R R I N S U P  S   C I
ERROR            AUDT   R N E EFFECTIVE  END   G C T E G O A E O D C P C C Y  L Y O O A U F A O  E P D A
CODE DESCRIPTION TYPE LVL E Y R DATE       DATE  M T P C E D G V B C L I N L R  M R V C G M C D S  X A E G  ---REF OVERRIDE---
9999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                 XXXX XXX X X X CCYY/MM/DD CCYY/MM/DD X X X X X X X X X X X X X X X X  X X X X X X X X X  X X X X  XXXXXXXXXXXXXXXXXX
9999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                 XXXX XXX X X X CCYY/MM/DD CCYY/MM/DD X X X X X X X X X X X X X X X X  X X X X X X X X X  X X X X  XXXXXXXXXXXXXXXXXX
9999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                 XXXX XXX X X X CCYY/MM/DD CCYY/MM/DD X X X X X X X X X X X X X X X X  X X X X X X X X X  X X X X  XXXXXXXXXXXXXXXXXX
9999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                 XXXX XXX X X X CCYY/MM/DD CCYY/MM/DD X X X X X X X X X X X X X X X X  X X X X X X X X X  X X X X  XXXXXXXXXXXXXXXXXX


                                              ***   END OF REPORT   ***
                                             ***   NO DATA THIS RUN   ***
```


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7.26.3 REF-0200-M -- Audit Criteria Report Field Descriptions

Field	Description	Length	Data Type
Audit Type	Identifies the type of audit. This can be limit, contra-indicated, conflict, umbrella, bundling, unbundling, negative contra-indicated or Step Therapy.	4	Character
Deny	Indicates if the audit can be user-denied if it suspends for data correction or review.	1	Character
Description	The description of the error code.	40	Character
Effective Date	The date of service the audit criteria will apply for claims processing.	10	Date (CCYY/MM/DD)
End Date	The date of service the audit criteria ceases to apply for claims processing.	10	Date (CCYY/MM/DD)
Error Code	Indicates the error code for which the audit criteria pertains	4	Number (Integer)
Include/Exclude Age	Indicates if a recipient's age is included (I), excluded (E), or not considered (blank) in the audit criteria.	1	Character
Include/Exclude CT	Indicates if a claim type is included (I), excluded (E), or not considered (blank) in the audit criteria.	1	Character
Include/Exclude Diag	Indicates if a diagnosis code is included (I), excluded (E), or not considered (blank) in the audit criteria.	1	Character
Include/Exclude GCN	Indicates if a GCN sequence number is included (I), excluded (E), or not considered (blank) in the audit criteria.	1	Character
Include/Exclude GPI	Indicates if a generic price indicator is included (I), excluded (E), or not considered (blank) in the audit criteria.	1	Character
Include/Exclude HICL	Indicates if a HICL number is included (I), excluded (E), or not considered (blank) in the audit criteria.	1	Character
Include/Exclude Mod	Indicates if a procedure code is included (I), excluded (E), or not considered (blank) in the audit criteria.	1	Character

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Field	Description	Length	Data Type
Include/Exclude NDC	Indicates if a National Drug Code is included (I), excluded (E), or not considered (blank) in the audit criteria.	1	Character
Include/Exclude Payer	Indicates if a Payer is included (I), excluded (E), or not considered (blank) in the audit criteria.	1	Character
Include/Exclude PGM	Indicates if a program is included, excluded, or not considered in the audit criteria. It also indicates if claims in history for either the same, different, or all programs should be used for auditing. The valid values are: None/Audit All Programs - blank; Include/Audit All Programs - I; Exclude/Audit All Programs - E; None/Audit Same Program - P; Include/Audit Same Program- N; Exclude/Audit Same Program - X	1	Character
Include/Exclude PRTP	Indicates if a provider type is included (I), excluded (E), or not considered (blank) in the audit criteria.	1	Character
Include/Exclude REV	Indicates if a revenue code is included (I), excluded (E), or not considered (blank) in the audit criteria.	1	Character
Include/Exclude SPEC	Indicates if a provider specialty is included (I), excluded (E), or not considered (blank) in the audit criteria.	1	Character
Include/Exclude TCL	Indicates if a therapeutic class is included (I), excluded (E), or not considered (blank) in the audit criteria.	1	Character
Include/Exclude TOB	Indicates if a type of bill is included (I), excluded (E), or not considered (blank) in the audit criteria.	1	Character
LVL	Identifies whether the audit will be set at the header (HDR) or detail (DTL) level.	3	Character
Misc Jcde	Indicates if a HCPCS J code that corresponds to an NDC code is included in the audit criteria.	1	Character
Misc PA	Indicates if the audit can be overridden with a prior authorization.	1	Character
Misc Sex	Indicates which sex should be included in the audit criteria.	1	Character

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Field	Description	Length	Data Type
Misc T diag	Indicates whether the diagnosis code(s) to be checked is (A)dmit, (D)ischarge, (E)mergency, (P)rimary, (S)econdary, (space)any	1	Character
Over	Indicates if the audit can be overridden if it suspends for data correction or review.	1	Character
PRE	Indicates if the audit is considered a pre-emptive audit that will cause the system to bypass claims with this audit set for processing in Claim Check.	1	Character
Ref Override	Specifies criterion for bypassing an audit based on the presence of a referring provider on the claim being audited. Values are 'A' (any), 'P' (PCCM) and space (not considered).	18	Character
Same/Diff Clm	Indicates if auditing is performed only on details of the same claim (S), different claims (D), or both (same and different).	1	Character
Same/Diff Diag	Indication of whether the same or different primary diagnosis is to be used in the audit criteria.	1	Character
Same/Diff Payr	This code defines the Payer "scope" of the audit. A value of "S" indicates only services with the same payer as the current service are considered in the audit. A value of "D" indicates only services from different payers from the current service are considered in the audit. A value of "A" means all services are considered in the audit regardless of payer.	1	Character
Same/Diff Pos	Indication of whether same or different billing provider location is to be used in the audit criteria. The valid values are "S" - Same, "D" - Different and space - "BOTH".	1	Character
Same/Diff Proc	Indicates if the same (S) or different (D) procedure code must be on the history claim in order to be used in the audit criteria.	1	Character
Same/Diff Prov	Indicates if the same (S) or different (D) provider number must be on the history claim in order to be used in the audit criteria.	1	Character

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Field	Description	Length	Data Type
Same/Diff Tnum	Indicates if the same (S) or different (D) tooth number must be on the history claim in order to be used in the audit criteria.	1	Character
Same/Diff Tquad	Indication of whether matching should be done on quadrant between the current and history claim. Values are (C)omplete, (I)nclusive, (P)artial and (E)xclusive	1	Character
Same/Diff Tsfc	Indicates if the same (S) or different (D) tooth surface number must be on the history claim in order to be used in the audit criteria.	1	Character

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7.27 REF-0201-M -- LIMITATION AUDIT CRITERIA REPORT

7.27.1 REF-0201-M -- Limitation Audit Criteria Report Narrative

The Limitation Audit Criteria report contains the time, limitation, and procedure criteria used by limitation audits. This includes the unit type (units or dollars), time unit (months, days, years, etc), limit amounts (quantity or dollar amount), compensable day criteria for inpatient claims, and other information needed to define a limitation audit. Procedure code ranges and modifiers associated with the audit are also listed on the report. Report sorts by Error Code.

Data Source: From the update process, information that is added, changed or deleted from the user.

Frequency: Monthly

7.27.2 REF-0201-M -- Limitation Audit Criteria Report Layout

```
Report  : REF-0201-M                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : REFJM201                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: REFR201M                         LIMITATION AUDIT CRITERIA REPORT                                 Page:      99999
                                                   REPORT PERIOD: MM/CCYY
                 BENEFIT                                            RECALC          BENEFIT --- PROCEDURES --
ERROR              CAT  UNIT                 TIME UNITS  MONEY     COMP CONSEC 50% -LIMIT- FROM   TO            CONVERSION
CODE  DESCRIPTION  SUSP  TYPE   TIME UNIT     SPAN LIMIT  LIMIT   POS DAYS DAYS   RED CAT KEY PROC   PROC   MOD      FACTOR
9999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                    XX  XXXXXX  XXXXXXXXXXXXXX XXXX 999999 99999999  X  X     X     X   XX X   XXXXXX XXXXXX  XX     99999.9999
9999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                    XX  XXXXXX  XXXXXXXXXXXXXX XXXX 999999 99999999  X  X     X     X   XX X   XXXXXX XXXXXX  XX     99999.9999
9999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                    XX  XXXXXX  XXXXXXXXXXXXXX XXXX 999999 99999999  X  X     X     X   XX X   XXXXXX XXXXXX  XX     99999.9999
9999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                    XX  XXXXXX  XXXXXXXXXXXXXX XXXX 999999 99999999  X  X     X     X   XX X   XXXXXX XXXXXX  XX     99999.9999
9999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                    XX  XXXXXX  XXXXXXXXXXXXXX XXXX 999999 99999999  X  X     X     X   XX X   XXXXXX XXXXXX  XX     99999.9999
                                                  ***   END OF REPORT   ***
                                                 ***   NO DATA THIS RUN   ***
```


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7.27.3 REF-0201-M -- Limitation Audit Criteria Report Field Descriptions

Field	Description	Length	Data Type
50% Red	Indicates if the units should be halved if first claim is after July 1. This is used by limitations applied to leave days from nursing homes.	1	Character
Benefit Limit Cat	Benefit category	2	Character
Benefit Limit Key	Benefit limit key	1	Character
Consec Days	Indicates if the number of days must be consecutive	1	Character
Conversion Factor	Multiplier which transforms relative values into payment amounts during RBRVS pricing calculations. Format is 99999.9999.	9	Number (Decimal)
Description	The description of the error code	40	Character
Error Code	Indicates the error code for which the audit criteria pertains	4	Number (Integer)
MOD	The modifier value(s) that applies to the current procedure code range.	2	Character
Money Limit	Specifies the maximum dollar amount allowed in the time span of time units specified.	8	Number (Decimal)
POS	Indicates whether place of service will be used as a limit criteria.	1	Character
Procedures - From Proc	Related to both the current and history claims, it is the first procedure code in a range of procedure codes used to define audit the criteria.	5	Character
Procedures - Proc Mod	The modifier value(s) that applies to the current procedure code range.	2	Character
Procedures - To Proc	Related to both the current and history claims, it is the last procedure code in a range of procedure codes used to define audit the criteria.	5	Character

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Field	Description	Length	Data Type
Recalc Comp Days	Indicates if the number of compensable days should be recalculated.	1	Character
Time Span	The number of days, months, years, etc of history that needs to be examined and compared to the current detail when the audit is being performed.	4	Number (Integer)
Time Unit	Indicates which time unit of measure should be used for the audit. The values are Days, Months, Calendar Months, Years, Fiscal Year, 1st Trimester, 2nd Trimester, 3rd Trimester, Days From Discharge, and Per Pregnancy.	14	Character
Unit Type	Indicates the unit of measure to be used by the audit. The values are Units, Money, Days, Rx, and Both (units and money).	6	Character
Units Limit	Specifies the maximum number of units allowed in the time span of time units specified.	6	Number (Decimal)

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7.28 REF-0201-A -- ICD-10 ANNUAL UPDATE - NEW PROCEDURE CODES REPORT

7.28.1 REF-0201-A -- ICD-10 Annual Update - New Procedure Codes Report Narrative

This report lists the ICD-10 procedure codes and their description that are newly added as part of ICD-10 Annual Updates process for the upcoming year.

Report is sorted by ICD-10 procedure code.

Data Source: Centers for Medicare & Medicaid Services (CMS) ICD-10 Procedure Update File.
Frequency: Annual

The CMS ICD-10 Annual Update file record layout for procedure codes can be found on the Reference Input/Output Files page in iTRACE.

7.28.2 REF-0201-A -- ICD-10 Annual Update - New Procedure Codes Report Layout

```
Report  : REF-0201-A                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : REFJA002                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time: HH:MM:SS
Location: REFP0102                           ICD-10: NEW PROCEDURE CODES                                 Page    : 999,999
                                                 REPORT PERIOD: CCYY

EFFECTIVE DATE OF CODES: MM/DD/CCYY

-------------------------------------------------------------------------------
         CODE      SHORT DESCRIPTION
-------------------------------------------------------------------------------
         XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
-------------------------------------------------------------------------------
         TOTAL NEW PROCEDURE CODES:   999,999

                                          ** NO DATA THIS RUN **
                                          ***  END OF REPORT  ***
```

7.28.3 REF-0201-A -- ICD-10 Annual Update - New Procedure Codes Report Field Descriptions

Field	Description	Data Type	Length
CODE	ICD-10 procedure code that is newly added into the system	Character	7
EFFECTIVE DATE OF CODES	The date new ICD-10 procedure codes are effective.	Date (MM/DD/CCYY)	10

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Field	Description	Data Type	Length
REPORT PERIOD	Indicates the upcoming year for which Annual Update file is processed. Format is CCYY.	Number (Integer)	4
SHORT DESCRIPTION	A short description of ICD-10 procedure code that is added into the system.	Character	60
TOTAL NEW PROCEDURE CODES	The total number of new ICD-10 procedure codes added into the system for the upcoming year.	Number (Integer)	6

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7.29 REF-0202-M -- CONTRA-INDICATED AUDIT CRITERIA REPORT

7.29.1 REF-0202-M -- Contra-Indicated Audit Criteria Report Narrative

The Contra Indicated Audit Criteria report contains the time, units, and procedure criteria used by contra-indicated audits. This includes the time unit (months, days, years, etc), number of days before/after the current service, and direction of the audit needed to define a contra-indicated audit. Procedure code ranges and modifiers associated with the audit are also listed on the report for both the current and history claims.

Data Source: From the update process, information that is added, changed or deleted from the user.

Frequency: Monthly

7.29.2 REF-0202-M -- Contra-Indicated Audit Criteria Report Layout

```
Report  : REF-0202-M                          ALABAMA MEDICAID AGENCY                                  RUN DATE: MM/DD/CCYY
Process : REFJM202                     MEDICAID MANAGEMENT INFORMATION SYSTEM                           RUN TIME: HH:MM:SS
Location: REFP0202                    CONTRA-INDICATED AUDIT CRITERIA REPORT                                   PAGE: 99999
                                              REPORT PERIOD: MM/CCYY

                                                                                          ------------- PROCEDURES ------------
                                                                                          ----- CURRENT ---- ----- HISTORY ----
ERROR                                      AUDT            BEFORE BEFORE AFTER            FROM   TO     PROC FROM   TO     PROC
CODE  DESCRIPTION                          TYPE TIME UNIT  AFTER  UNITS  UNITS DIRECTION  PROC   PROC   MOD  PROC   PROC   MOD

9999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXX  XXXXXXXXXX  XXXXX  9999   9999   XXXXXX    XXXXX  XXXXX   XX   XXXXX  XXXXX   XX
                                                                                          XXXXX  XXXXX   XX   XXXXX  XXXXX   XX

                                                  ***   END OF REPORT   ***
                                                ***   NO DATA THIS RUN   ***
```

7.29.3 REF-0202-M -- Contra-Indicated Audit Criteria Report Field Descriptions

Field	Description	Length	Data Type
After Units	Specifies the number of units in history that should be checked after a claim's dates of service.	4	Number (Integer)
Audit Type	Identifies the type of audit. This can be either contra-indicated (CONT) or negative contra-indicated (NCON).	4	Character
Before After	Indicates when the time limit specified should be checked for the claim's dates of service in history.	6	Character

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Field	Description	Length	Data Type
Before Units	Specifies the number of units in history that should be checked before a claim's dates of service.	4	Number (Integer)
Description	The description of the error code.	40	Character
Direction	Indicates whether the audit is a one-way (history against current) or two-way audit (history against current and current against history).	7	Character
Error Code	Indicates the error code for which the audit criteria pertains.	4	Number (Integer)
Procedures - Current - From Proc	Related to the current claim, it is the first procedure code in a range of procedure codes used to define audit the criteria.	5	Character
Procedures - Current - Proc Mod	The modifier value(s) that applies to the current procedure code range.	2	Character
Procedures - Current - To Proc	Related to the current claim, it is the last procedure code in a range of procedure codes used to define audit the criteria.	5	Character
Procedures - History - From Proc	Related to the claim in history, it is the first procedure code in a range of procedure codes used to define audit the criteria.	5	Character
Procedures - History - Proc Mod	The modifier value(s) that applies to the history procedure code range.	2	Character
Procedures - History - To Proc	Related to the claim in history, it is the last procedure code in a range of procedure codes used to define audit the criteria.	5	Character
Time Unit	Indicates which unit of measure should be used for the audit. The values are Days, Months, and Years.	11	Character

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7.30 REF-0202-A -- ICD-10 ANNUAL UPDATE - REVISED PROCEDURE CODES REPORT

7.30.1 REF-0202-A -- ICD-10 Annual Update - Revised Procedure Codes Report Narrative

This report lists the ICD-10 procedure codes that are revised for change to its description as part of ICD-10 Annual Updates process for the upcoming year.

Report is sorted by ICD-10 procedure code.

Data Source: Centers for Medicare & Medicaid Services (CMS) ICD-10 Procedure Update File.
Frequency: Annual

The CMS ICD-10 Annual Update file record layout for procedure codes can be found on the Reference Input/Output Files page in iTRACE.

7.30.2 REF-0202-A -- ICD-10 Annual Update - Revised Procedure Codes Report Layout

```
Report  : REF-0202-A                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : REFJA002                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time: HH:MM:SS
Location: REFP0102                         ICD-10: REVISED PROCEDURE CODES                               Page    : 999,999
                                                 REPORT PERIOD: CCYY


-------------------------------------------------------------------------------------------------------------------------------
 CODE     BEFORE DESCRIPTION                                                AFTER DESCRIPTION
-------------------------------------------------------------------------------------------------------------------------------
 XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
-------------------------------------------------------------------------------------------------------------------------------
 TOTAL REVISED PROCEDURE CODES:   999,999

                                                 ** NO DATA THIS RUN **
                                                 ***  END OF REPORT  ***
```

7.30.3 REF-0202-A -- ICD-10 Annual Update - Revised Procedure Codes Report Field Descriptions

Field	Description	Data Type	Length
AFTER DESCRIPTION	A short description of ICD-10 procedure code from the system after revision.	Character	60
BEFORE DESCRIPTION	A short description of ICD-10 procedure code from the system before revision.	Character	60

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Field	Description	Data Type	Length
CODE	ICD-10 procedure code that is revised for change in code description.	Character	7
REPORT PERIOD	Indicates the upcoming year for which Annual Update file is processed. Format is CCYY.	Number (Integer)	4
TOTAL REVISED PROCEDURE CODES	The total number of ICD-10 procedure codes that encountered change to their description for the upcoming year.	Number (Integer)	6

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7.31 REF-0203-A -- ICD-10 ANNUAL UPDATE - DISCONTINUED PROCEDURE CODES REPORT

7.31.1 REF-0203-A -- ICD-10 Annual Update - Discontinued Procedure Codes Report Narrative

This report lists the ICD-10 procedure codes that are end dated because they are marked for discontinuation as per the ICD-10 Annual Update file.
Report is sorted by ICD-10 procedure code.

Data Source: Centers for Medicare & Medicaid Services (CMS) ICD-10 Procedure Update File.
Frequency: Annual

The CMS ICD-10 Annual Update file record layout for procedure codes can be found on the Reference Input/Output Files page in iTRACE.

7.31.2 REF-0203-A -- ICD-10 Annual Update - Discontinued Procedure Codes Report Layout

```
Report  : REF-0203-A                          ALABAMA MEDICAID AGENCY                                   Run Date: MM/DD/CCYY
Process : REFJA002                     MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time: HH:MM:SS
Location: REFP0102                      ICD-10: DISCONTINUED PROCEDURE CODES                           Page    : 999,999
                                                 REPORT PERIOD: CCYY

END DATE OF CODES: MM/DD/CCYY

-------------------------------------------------------------------------------
         CODE      SHORT DESCRIPTION
-------------------------------------------------------------------------------
         XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
-------------------------------------------------------------------------------
         TOTAL DISCONTINUED PROCEDURE CODES:   999,999

                                                ** NO DATA THIS RUN **
                                                ***  END OF REPORT  ***
```

7.31.3 REF-0203-A -- ICD-10 Annual Update - Discontinued Procedure Codes Report Field Descriptions

Field	Description	Data Type	Length
CODE	ICD-10 procedure code that is discontinued.	Character	7
END DATE OF CODES	The end date for discontinued ICD-10 procedure codes within the system.	Date (MM/DD/CCYY)	10

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Field	Description	Data Type	Length
REPORT PERIOD	Indicates the upcoming year for which Annual Update file is processed. Format is CCYY.	Number (Integer)	4
SHORT DESCRIPTION	A short description of discontinued ICD-10 procedure code from the system.	Character	60
TOTAL DISCONTINUED PROCEDURE CODES	The total number of ICD-10 procedure codes that are discontinued for the upcoming year.	Number (Integer)	6

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7.32 REF-0204-A -- ICD-10 ANNUAL UPDATE - PROCEDURE ERROR REPORT

7.32.1 REF-0204-A -- ICD-10 Annual Update - Procedure Error Report Narrative

This report lists the errors that occur during ICD-10 Annual Update process of procedure codes. It reports codes, its short description, an action on code while it is processed and a comment about error.
The report lists the errors on codes while it is processed for new addition, revision or discontinuation. It also lists error occurred while updating benefit classification for the procedure code.
Action on Code can be:
• A- ADD
• U- UPDATE
• D- DISCONTINUED

Possible comments on error description:
• Invalid Action Code
• Code is less than 7 characters in length
• ADD-Code Already Exists and is Active
• ADD-Code Already Exists and No Limits Record
• ADD-Code Already Exists and has prior End Date
• ADD-Code Already Exists and has Limits Record
• UPDATE-Code Doesn't Exist
• UPDATE-Both Old and New Record Required
• DISCONTINUE-Code Doesn't Exist
• DISCONTINUE-Code Exists but No Limits Record
• DISCONTINUE-Code Exists but has prior End Date
• ADD-Error Updating Benefit Classification

Report is sorted by ICD-10 procedure code.

Data Source: Centers for Medicare & Medicaid Services (CMS) ICD-10 Procedure Update File.
Frequency: Annual

The CMS ICD-10 Annual Update file record layout for procedure codes can be found on the Reference Input/Output Files page in iTRACE.

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7.32.2 REF-0204-A -- ICD-10 Annual Update - Procedure Error Report Layout

```
Report  : REF-0204-A                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : REFJA002                     MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time: HH:MM:SS
Location: REFP0102                         ICD-10: PROCEDURE ERROR REPORT                              Page    : 999,999
                                                REPORT PERIOD: CCYY

-------------------------------------------------------------------------------------------------------------------------------
  CODE      SHORT DESCRIPTION                                                ACTION   COMMENT
-------------------------------------------------------------------------------------------------------------------------------
  XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
-------------------------------------------------------------------------------------------------------------------------------
  TOTAL PROCEDURE ERRORS: 999,999

                                                ** NO DATA THIS RUN **
                                                ***  END OF REPORT  ***
```

7.32.3 REF-0204-A -- ICD-10 Annual Update - Procedure Error Report Field Descriptions

Field	Description	Data Type	Length
ACTION	Action on ICD-10 procedure code while it is processed. Action on Code can be: A - ADD (for new codes) U - UPDATE (for revised codes) D - DISCONTINUED (for discontinued codes)	Character	1
CODE	ICD-10 procedure code for which error occurred.	Character	7
COMMENT	A description about error on code. Error description could be: • Invalid Action Code • Code is less than 7 characters in length • ADD-Code Already Exists and is Active • ADD-Code Already Exists and No Limits Record • ADD-Code Already Exists and has prior End Date • ADD-Code Already Exists and has Limits Record • UPDATE-Code Doesn't Exist • UPDATE-Both Old and New Record Required • DISCONTINUE-Code Doesn't Exist • DISCONTINUE-Code Exists but No Limits Record • DISCONTINUE-Code Exists but has prior End Date • ADD-Error Updating Benefit Classification	Character	50

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Field	Description	Data Type	Length
REPORT PERIOD	Indicates the upcoming year for which Annual Update file is processed. Format is CCYY.	Number (Integer)	4
SHORT DESCRIPTION	A short description of ICD-10 procedure code for which error occurred.	Character	60
TOTAL PROCEDURE ERRORS	The total number of procedure errors that are reported. This included errors while processing procedure code for addition, revision or discontinuation and errors while updating benefit classification for procedure codes.	Number (Integer)	6

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7.33 REF-0205-A -- ICD-10 ANNUAL UPDATE - PROCEDURE SUMMARY REPORT

7.33.1 REF-0205-A -- ICD-10 Annual Update - Procedure Summary Report Narrative

This report lists the summary of ICD-10 Annual Update process for procedure codes. It reports the number of records and transactions read from the annual update file for ICD-10 procedure codes, number of ICD-10 procedure codes added, revised for code description and discontinued. It also lists the number of codes that encountered error while processing it for new addition, revision or discontinuation and number of benefit classification errors.

Data Source: Centers for Medicare & Medicaid Services (CMS) ICD-10 Procedure Update File.
Frequency: Annual

The CMS ICD-10 Annual Update file record layout for procedure codes can be found on the Reference Input/Output Files page in iTRACE.

7.33.2 REF-0205-A -- -- ICD-10 Annual Update - Procedure Summary Report Layout

```
Report  : REF-0205-A                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : REFJA002                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time: HH:MM:SS
Location: REFP0102                          ICD-10: PROCEDURE SUMMARY REPORT                             Page    : 999,999
                                                 REPORT PERIOD: CCYY


                    *  TOTAL RECORDS READ                    ====================>       999999999
                    *  TOTAL TRANSACTIONS READ               ====================>       999999999


                    *  NUMBER OF CODES ADDED                 ====================>    =  999999999
                    *  NUMBER OF CODES UPDATED               ====================>    =  999999999
                    *  NUMBER OF CODES DISCONTINUED          ====================>    =  999999999
                    *  NUMBER OF CODES WITH ERRORS           ====================>    =  999999999
                    *  NUMBER OF BNFT CLASSIFICATION ERRORS  ====================>    =  999999999
                                                                                       ----------
                    *  TOTAL                                 ====================>       999999999
                                                                                       ==========

                                             ** NO DATA THIS RUN **
                                             ***  END OF REPORT  ***
```


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7.33.3 REF-0205-A -- -- ICD-10 Annual Update - Procedure Summary Report Field Descriptions

Field	Description	Data Type	Length
NUMBER OF BNFT CLASSIFICATION ERRORS	The total number of errors when updating benefit classification for ICD-10 procedure codes in annual update file for the upcoming year. Note: This count is not included in count of field TOTAL on this report.	Character	9
NUMBER OF CODES ADDED	The total number of new ICD-10 procedure codes added for the upcoming year.	Number (Integer)	9
NUMBER OF CODES DISCONTINUED	The total number of ICD-10 procedure codes that are discontinued for the upcoming year.	Number (Integer)	9
NUMBER OF CODES UPDATED	The total number of ICD-10 procedure codes that encountered change to their description for the upcoming year	Number (Integer)	9
NUMBER OF CODES WITH ERRORS	The total number of ICD-10 procedure codes that encountered error while processing it for new addition, revision to its description or discontinuation for the upcoming year.	Number (Integer)	9
REPORT PERIOD	Indicates the upcoming year for which Annual Update file is processed. Format is CCYY.	Number (Integer)	4
TOTAL	The total number of ICD-10 procedure codes that are processed from the annual update file for the upcoming year. This count will be sum of counts from: - NUMBER OF CODES ADDED - NUMBER OF CODES UPDATED - NUMBER OF CODES DISCONTINUED - NUMBER OF CODES WITH ERRORS Note: This count doesn't include count of field NUMBER OF BNFT CLASSIFICATION ERRORS.	Character	9
TOTAL RECORDS READ	The total number of ICD-10 procedure records read from the annual update file for the upcoming year.	Number (Integer)	9
TOTAL TRANSACTIONS READ	The total number of ICD-10 procedure transactions read from the annual update file for upcoming year.	Number (Integer)	9

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7.34 REF-0206-A -- ICD-10 ANNUAL UPDATE - ASSOCIATED GROUPS FOR DISCONTINUED PROCEDURE CODES REPORT

7.34.1 REF-0206-A -- ICD-10 Annual Update - Associated Groups For Discontinued Procedure Codes Report Narrative

This report lists each procedure group that an ICD-10 procedure code that has been discontinued is part of. If the discontinued code is not part of any group, it is not reported. The report will contain the Group type, its long description, then each code within that group, and its short description.

Data Source: Centers for Medicare & Medicaid Services (CMS) ICD-10 Procedure Update File.
Frequency: Annual

The CMS ICD-10 Annual Update file record layout for procedure codes can be found on the Reference Input/Output Files page in iTRACE.

7.34.2 REF-0206-A -- ICD-10 Annual Update - Associated Groups For Discontinued Procedure Codes Report Layout

```
Report  : REF-0206-A                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : REFJA002                      MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time: HH:MM:SS
Location: REFP0102             ICD-10: ASSOCIATED GROUPS FOR DISCONTINUED PROCEDURE CODES              Page    : 999,999
                                             REPORT PERIOD: CCYY


-------------------------------------------------------------------------------------------------------------------------------
 GROUP TYPE     LONG DESCRIPTION
-------------------------------------------------------------------------------------------------------------------------------
  XXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                CODE      SHORT DESCRIPTION
                ---------------------------------------------------------------------
                XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                XXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
-------------------------------------------------------------------------------------------------------------------------------


*** This report only identifies codes associated with a group ***

                                                ** NO DATA THIS RUN **
                                                ***  END OF REPORT  ***
```


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7.34.3 REF-0206-A -- ICD-10 Annual Update - Associated Groups For Discontinued Procedure Codes Report Field Descriptions

Field	Description	Data Type	Length
CODE	ICD-10 discontinued procedure code that is associated to this group.	Character	7
GROUP TYPE	Indicates the procedure group.	Number (Integer)	9
LONG DESCRIPTION	Definition of where and/or how this procedure group is used.	Character	4000
REPORT PERIOD	Indicates the upcoming year for which Annual Update file is processed. Format is CCYY.	Number (Integer)	4
SHORT DESCRIPTION	A short description of the ICD-10 discontinued procedure code.	Character	60

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7.35 REF-0207-M -- INCLUDE-EXCLUDE AUDIT CRITERIA REPORT

7.35.1 REF-0207-M -- Include-Exclude Audit Criteria Report Narrative

The Include-Exclude Audit Criteria report contains the various parameters that are used to define the audit criteria. The include/exclude values will either be ranges of values or individual values, depending on the type of criteria being defined. The program, claim type, provider type, provider specialty, level of care, type of bill, POS, and GPI are all single values that will be listed on the report. The diagnosis, GCN, NDC, HICL, therapeutic class, age, and revenue code are represented by ranges of values. This report is sorted on the Error Code.

Data Source: From the update process, information that is added, changed or deleted from the user.

Frequency: Monthly

7.35.2 REF-0207-M -- Include-Exclude Audit Criteria Report Layout

```
 Report  : REF-0207-M                          ALABAMA MEDICAID AGENCY                                        RUN DATE: MM/DD/CCYY
Process : REFJM207                           MEDICAID MANAGEMENT INFORMATION SYSTEM                           RUN TIME: HH:MM:SS
Location: REFP0207                             INCLUDE/EXCLUDE AUDIT CRITERIA REPORT                                 PAGE: 99999
                                                     REPORT PERIOD: MM/CCYY


ERROR                                        AUDT INCLUDE/EXCLUDE   T
CODE  DESCRIPTION                            TYPE TYPE              P  ----------------- INCLUDE/EXCLUDE VALUES ------------------


9999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXX  XXXXXXXXXXXXXXXXX  X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                 XXXXXXXXXXXXXXXXX  X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


                                                  ***   END OF REPORT   ***
                                                ***   NO DATA THIS RUN   ***
```


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7.35.3 REF-0207-M -- Include-Exclude Audit Criteria Report Field Descriptions

Field	Description	Length	Data Type
Audit Type	Identifies the type of audit. This can be limit, contra-indicated, conflict, umbrella, bundling, unbundling, or negative contra-indicated.	4	Character
Description	The description of the error code.	50	Character
Error Code	Indicates the error code number for which the audit criteria pertains	4	Number (Integer)
Include Exclude Type	Indicates the type of audit criteria that the listed values represent. The following values will appear in this column: Program, Claim Type, Prov Type, Prov Spec, Recip Loc, Recip Age, Diagnosis, Rev Code, Type Of Bill, NDC, Thera Class, GPI, GCN Seq No, Payer and HICL.	12	Character
Include/Exclude Values	Contains the values that are associated with the audit criteria type.	59	Character
TP	Indicates if the audit criteria is set up to be included (I), excluded (E), or none (blank). For the PROGRAM audit type, the valid values are: None/Audit All Programs - blank; Include/Audit All Programs - I; Exclude/Audit All Programs - E; None/Audit Same Program - P; Include/Audit Same Program - N; Exclude/Audit Same Program - X.)	1	Character

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7.36 REF-0208-M -- PROCEDURE TO AUDIT CROSS REFERENCE REPORT

7.36.1 REF-0208-M -- Procedure to Audit Cross Reference Report Narrative

The Procedure to Audit Cross Reference report contains a listing of all procedure codes that are linked to audits. For each procedure code on the report, a list of all audits that use the procedure code is included. This report is sorted by the Procedure Code.

Data Source: From the update process, information that is added, changed or deleted from the user.

Frequency: Monthly

7.36.2 REF-0208-M -- Procedure to Audit Cross Reference Report Layout

```
Report  : REF-0208-M                          ALABAMA MEDICAID AGENCY                                    RUN DATE: MM/DD/CCYY
Process : REFJM208                      MEDICAID MANAGEMENT INFORMATION SYSTEM                            RUN TIME: HH:MM:SS
Location: REFP0208                    PROCEDURE TO AUDIT CROSS REFERENCE REPORT                                 PAGE: 99999
                                                 REPORT PERIOD: MM/CCYY



PROC   ---------------------------------------- AUDITS REFERENCING PROCEDURE CODE ----------------------------------------
CODE   AUD1 AUD2 AUD3 AUD4 AUD5 AUD6 AUD7 AUD8 AUD9 AUD10 AUD11 AUD12 AUD13 AUD14 AUD15 AUD16 AUD17 AUD18 AUD19 AUD20 AUD21 AUD22

99999  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999  9999  9999  9999  9999  9999  9999  9999  9999  9999  9999  9999  9999
       9999 9999 9999 9999 9999 9999 9999 9999 9999 9999  9999  9999  9999  9999  9999  9999  9999  9999  9999  9999  9999  9999



                                                  ***   END OF REPORT   ***
                                                ***   NO DATA THIS RUN   ***
```

7.36.3 REF-0208-M -- Procedure to Audit Cross Reference Report Field Descriptions

Field	Description	Length	Data Type
AUD1	The first audit that is linked to the procedure code.	4	Number (Integer)
AUD2	The second audit that is linked to the procedure code.	4	Number (Integer)
AUD3	The third audit that is linked to the procedure code.	4	Number (Integer)
AUD4	The fourth audit that is linked to the procedure code.	4	Number (Integer)
AUD5	The fifth audit that is linked to the procedure code.	4	Number (Integer)

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Field	Description	Length	Data Type
AUD6	The sixth audit that is linked to the procedure code.	4	Number (Integer)
AUD7	The seventh audit that is linked to the procedure code.	4	Number (Integer)
AUD8	The eighth audit that is linked to the procedure code.	4	Number (Integer)
AUD9	The ninth audit that is linked to the procedure code.	4	Number (Integer)
AUD10	The tenth audit that is linked to the procedure code.	4	Number (Integer)
AUD11	The eleventh audit that is linked to the procedure code.	4	Number (Integer)
AUD12	The twelfth audit that is linked to the procedure code.	4	Number (Integer)
AUD13	The thirteenth audit that is linked to the procedure code.	4	Number (Integer)
AUD14	The fourteenth audit that is linked to the procedure code.	4	Number (Integer)
AUD15	The fifteenth audit that is linked to the procedure code.	4	Number (Integer)
AUD16	The sixteenth audit that is linked to the procedure code.	4	Number (Integer)
AUD17	The seventeenth audit that is linked to the procedure code.	4	Number (Integer)
AUD18	The eighteenth audit that is linked to the procedure code.	4	Number (Integer)
AUD19	The nineteenth audit that is linked to the procedure code.	4	Number (Integer)
AUD20	The twentieth audit that is linked to the procedure code.	4	Number (Integer)
AUD21	The twenty-first audit that is linked to the procedure code.	4	Number (Integer)
AUD22	The twenty-second audit that is linked to the procedure code.	4	Number (Integer)
PROC Code	The procedure code that is linked to the audits listed on this report detail line.	5	Character

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7.37 REF-0209-M -- REVENUE CODE TO AUDIT CROSS REFERENCE REPORT

7.37.1 REF-0209-M -- Revenue Code to Audit Cross Reference Report Narrative

The Revenue Code to Audit Cross Reference report contains a listing of all revenue codes that are linked to audits. For each revenue code on the report, a list of all audits that use the revenue code is included.

Data Source: From the update process, information that is added, changed or deleted from the user.

Frequency: Monthly

7.37.2 REF-0209-M -- Revenue Code to Audit Cross Reference Report Layout

```
Report  : REF-0209-M                          ALABAMA MEDICAID AGENCY                                    RUN DATE: MM/DD/CCYY
Process : REFJM209                       MEDICAID MANAGEMENT INFORMATION SYSTEM                           RUN TIME: HH:MM:SS
Location: REFP0209                    REVENUE CODE TO AUDIT CROSS REFERENCE REPORT                              PAGE: 99999
                                            REPORT PERIOD: MM/CCYY




REV  ---------------------------------------- AUDITS REFERENCING REVENUE CODE ----------------------------------------------
CODE AUD1 AUD2 AUD3 AUD4 AUD5 AUD6 AUD7 AUD8 AUD9 AUD10 AUD11 AUD12 AUD13 AUD14 AUD15 AUD16 AUD17 AUD18 AUD19 AUD20 AUD21 AUD22

9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999  9999  9999  9999  9999  9999  9999  9999  9999  9999  9999  9999  9999
     9999 9999 9999 9999 9999 9999 9999 9999 9999 9999  9999  9999  9999  9999  9999  9999  9999  9999  9999  9999  9999  9999


                                                 ***   END OF REPORT   ***
                                               ***   NO DATA THIS RUN   ***
```

7.37.3 REF-0209-M -- Revenue Code to Audit Cross Reference Report Field Descriptions

Field	Description	Length	Data Type
AUD1	The first audit that is linked to the revenue code.	4	Number (Integer)
AUD2	The second audit that is linked to the revenue code.	4	Number (Integer)
AUD3	The third audit that is linked to the revenue code.	4	Number (Integer)
AUD4	The fourth audit that is linked to the revenue code.	4	Number (Integer)
AUD5	The fifth audit that is linked to the revenue code.	4	Number (Integer)

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Field	Description	Length	Data Type
AUD6	The sixth audit that is linked to the revenue code.	4	Number (Integer)
AUD7	The seventh audit that is linked to the revenue code.	4	Number (Integer)
AUD8	The eighth audit that is linked to the revenue code.	4	Number (Integer)
AUD9	The ninth audit that is linked to the revenue code.	4	Number (Integer)
AUD10	The tenth audit that is linked to the revenue code.	4	Number (Integer)
AUD11	The eleventh audit that is linked to the revenue code.	4	Number (Integer)
AUD12	The twelfth audit that is linked to the revenue code.	4	Number (Integer)
AUD13	The thirteenth audit that is linked to the revenue code.	4	Number (Integer)
AUD14	The fourteenth audit that is linked to the revenue code.	4	Number (Integer)
AUD15	The fifteenth audit that is linked to the revenue code.	4	Number (Integer)
AUD16	The sixteenth audit that is linked to the revenue code.	4	Number (Integer)
AUD17	The seventeenth audit that is linked to the revenue code.	4	Number (Integer)
AUD18	The eighteenth audit that is linked to the revenue code.	4	Number (Integer)
AUD19	The nineteenth audit that is linked to the revenue code.	4	Number (Integer)
AUD20	The twentieth audit that is linked to the revenue code.	4	Number (Integer)
AUD21	The twenty-first audit that is linked to the revenue code.	4	Number (Integer)
AUD22	The twenty-second audit that is linked to the revenue code.	4	Number (Integer)
REV CODE	The revenue code that is linked to the audits listed on this report detail line.	4	Number (Integer)

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7.38 REF-04300-W -- WEEKLY DRUG UPDATE SUMMARY REPORT

7.38.1 REF-04300-W -- Weekly Drug Update Summary Report Narrative

The Weekly Drug Update Summary lists totals for errors, records read, added, updated, etc.

Data Source: First DataBank

Frequency: Weekly

7.38.2 REF-04300-W -- Weekly Drug Update Summary Report Layout

```
Report  : REFW04300                                ALABAMA MEDICAID AGENCY                                    RUN DATE: MM/DD/CCYY
Process : REFJW043                       MEDICAID MANAGEMENT INFORMATION SYSTEM                               RUN TIME:   HH:MM:SS
Location: REFP0043                           FDB DRUG UPDATE SUMMARY REPORT                                       PAGE:      99999
                                               REPORT PERIOD: MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------------------------------------
                    *  AHFS THERAPEUTIC CLASS NOT FOUND  ====================>    =  9999999999
                    *  DRUG ROUTE NOT FOUND              ====================>    =  9999999999
                    *  GCN SEQUENCE NUMBER INVALID       ====================>    =  9999999999
                    *  LABELER INVALID                   ====================>    =  9999999999
                    *  MANUFACTURER INVALID              ====================>    =  9999999999
                    *  PREVIOUS NDC INVALID              ====================>    =  9999999999
                    *  NO DRUG LIMITS FOR EXISTING NDC   ====================>    =  9999999999
                                                                                     -----------

                    *  TOTAL ERRORS            ==============================>    =  9999999999
                                                                                     ===========

                    *  TOTAL ADDED RECORDS     ==============================>    =  9999999999

                    *  TOTAL UPDATED RECORDS   ==============================>    =  9999999999

                    *  TOTAL BYPASSED RECORDS  ==============================>    =  9999999999

                    *  TOTAL UNCHANGED RECORDS ==============================>    =  9999999999
                                                                                     -----------

                    *  TOTAL RECORDS READ      ==============================>    =  9999999999
                                                                                     ===========
                                                  *  * END OF REPORT *  *
```


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7.38.3 REF-04300-W -- Weekly Drug Update Summary Report Field Descriptions

Field	Description	Length	Data Type
AHFS Therapeutic Class Not Found	Number of records that have a therapeutic class not found on file.	10	Number (Integer)
Drug Route Not Found	Number of records with drug route not found on file.	10	Number (Integer)
GCN Sequence Number Invalid	Number of records with a general control number (GCN) sequence number not found on file. The Generic Code Number Sequence Number of a drug that represents a unique combination of ingredient(s), strength, dosage form and route of administration for a generic drug formulation. Aggregates drug products that share like ingredient sets, route of administration, dosage form, and strength of drug but are marketed by multiple manufacturers.	10	Number (Integer)
Labeler Invalid	Number of labeler codes not found on file.	10	Number (Integer)
Manufacturer Invalid	Number of records with labeler id not found on file.	10	Number (Integer)
No Drug Limits For Existing NDC	Number of records without limit values.	10	Number (Integer)
Previous NDC Invalid	Number of records with the previous National Drug Code on the First DataBank file that differs from that currently in the database T_DRUG_PREV table.	10	Number (Integer)
Total Added Records	Total number of records added.	10	Number (Integer)
Total Bypassed Records	Total number of records bypassed.	10	Number (Integer)
Total Errors	Total number of errors identified during update.	10	Number (Integer)
Total Records Read	Total number of records read.	10	Number (Integer)
Total Unchanged Records	Total number of records from input file that did not result in a change in the database.	10	Number (Integer)
Total Updated Records	Total number of records updated.	10	Number (Integer)

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7.39 REF-04301-W -- WEEKLY DRUG UPDATE ERROR LISTING REPORT

7.39.1 REF-04301-W -- Weekly Drug Update Error Listing Report Narrative

The Weekly Drug Update Error Listing report lists all error transactions identified during the weekly First DataBank drug update process.

Data Source: First DataBank (FDBV)

Frequency: Weekly

7.39.2 REF-04301-W -- Weekly Drug Update Error Listing Report Layout

```
 Report  : REFW04301                          ALABAMA MEDICAID AGENCY                                  RUN DATE: MM/DD/CCYY
 Process : REFJW043                   MEDICAID MANAGEMENT INFORMATION SYSTEM                          RUN TIME:   HH:MM:SS
 Location: REFP0043                        FDB DRUG UPDATE ERROR REPORT                                   PAGE:      99999
                                                REPORT PERIOD: MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------------------------------

                                                 GCN     THER   DRUG STATUS
TRX NDC           BRAND NAME                    SEQ NO   CLASS   OLD/NEW    ERROR MESSAGE
 X  XXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXX   XX        X/X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 X  XXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXX   XX        X/X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 X  XXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXX   XX        X/X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 X  XXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXX   XX        X/X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 X  XXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXX   XX        X/X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


 TRX Legend:                                     Totals:
     A = Added NDC                                GCN Seq No not on AHFS Thera Cls file:     999,999
     U = Updated NDC                              Drug Route not on file:                    999,999
     B = Bypassed by FDB Update                   GCN Sequence Number not on file:           999,999
     N = No Change to NDC                         Labeler code not on file:                  999,999
                                                  Drug Manufacturer not on file:             999,999
                                                  Previous NDC/nddf file do not match:       999,999
                                                  No Drug Limits for existing NDC:           999,999
                                                                     ------------------------------
                                                                     Total Exceptions:      9999,999

                                                     * * NO ERRORS THIS RUN * *
                                                       * * END OF REPORT * *
```


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7.39.3 REF-04301-W -- Weekly Drug Update Error Listing Report Field Descriptions

Field	Description	Length	Data Type
Brand Name	Commercial brand name of the drug	30	Character
Drug Status Old/New	Indicates whether a drug is active (A) or inactive (I) for payment. Old indicates the status before the drug update ran; New indicates the status after the update ran.	2	Character
Error Message	Error message- Descriptive Error Message.	52	Character
GCN Seq No.	General Control Number (GCN) sequence number- Clinical Formulation identification number. The Generic Code Number Sequence Number of a drug that represents a unique combination of ingredient(s), strength, dosage form and route of administration for a generic drug formulation. Aggregates drug products that share like ingredient sets, route of administration, dosage form, and strength of drug but are marketed by multiple manufacturers.	6	Number (Integer)
NDC	Unique code assigned to a drug product by the FDA and the manufacturer or distributor. It identifies the manufacturer/distributor, drug, dosage form, strength, and package size. The NDC is represented in an 11-digit 5-4-2 format: A 5 digit labeler code, a 4 digit product code and a 2 digit package code.	11	Character
Ther Class	Identifies the Standard Therapeutic Class code- This information is obtained from First DataBank.	2	Character
TRX	Transaction indicator identifies the type of action (add, change) to be applied for the National Drug Code (NDC) per the First DataBank (FDB) file.	1	Character
GCN Seq No. not on AHFS Thera Cls file	Total amount of GCN Sequence Numbers not on American Hospital Formulary Service (AHFS) Therapeutic Class file.	6	Number (Decimal)
Drug Route not on file	Total amount of drug routes not on file.	6	Number (Decimal)
GCN Sequence Number not on file	Total amount of GCN Sequence numbers not on file.	6	Number (Decimal)

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Field	Description	Length	Data Type
Labeler code not on file	Total amount of labeler codes not on file.	6	Number (Decimal)
Drug Manufacturer not on file	Total amount of manufacturers not on file.	6	Number (Decimal)
Previous NDC/NDDF file do not match	Total amount of previous National Drug Codes/ National Drug Data File (NDDF) files that do not match.	6	Number (Decimal)
No Drug Limits for existing NDC	Total amount of no drug limits for existing national drug codes.	6	Number (Decimal)
Total Exceptions	Total amount of exceptions.	7	Number (Decimal)

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7.40 REF-04302-W -- WEEKLY DRUG UPDATE REPORT

7.40.1 REF-04302-W -- Weekly Drug Update Report Narrative

The Weekly Drug Update report displays a list of individual add and update transactions performed as a result of REFP0043 FDB Drug Reference Update.

Data Source: First DataBank (FDB)

Frequency: Weekly

7.40.2 REF-04302-W -- Weekly Drug Update Report Layout

```
 Report  : REFW04302                          ALABAMA MEDICAID AGENCY                                    RUN DATE: MM/DD/CCYY
 Process : REFJW043                     MEDICAID MANAGEMENT INFORMATION SYSTEM                           RUN TIME:   HH:MM:SS
 Location: REFP0043                              FDB DRUG UPDATE REPORT                                       PAGE:      99999
                                                   REPORT PERIOD: MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------------------------------

TRX   NDC           BRAND NAME                        GENERIC NAME                      BEFORE/AFTER STATUS
X     XXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    X/X
X     XXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    X/X
X     XXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    X/X
X     XXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    X/X
X     XXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    X/X


TRX Legend:                                                                Totals:
A = Added NDC                                                             Added:      999,999
U = Updated NDC                                                           Updated:    999,999
B = Bypassed by FDB Update                                                Bypassed:   999,999
N = No Change to NDC                                                      No Change:  999,999
------------------------------
Total NDCs Processed:  9999,999

                                                   * * NO ERRORS THIS RUN * *
                                                     * * END OF REPORT * *
```


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7.40.3 REF-04302-W -- Weekly Drug Update Report Field Descriptions

Field	Description	Length	Data Type
Added	Total number of records added this run.	6	Number (Decimal)
Before/After Status	Indicates whether a drug is active (A) or inactive (I) for payment, both before and after this transaction.	2	Character
Brand Name	Commercial brand name of the drug.	30	Character
Bypassed	Total number of records flagged to be bypassed by the First DataBank input file.	6	Number (Decimal)
Generic Name	Generic name of the drug.	30	Character
NDC	Unique code assigned to a drug product by the FDA and the manufacturer or distributor. It identifies the manufacturer/distributor, drug, dosage form, strength, and package size. The NDC is represented in an 11-digit 5-4-2 format: A 5 digit labeler code, a 4 digit product code and a 2 digit package code.	11	Character
No Change	Total number of records in the input file that did not change in the database. Does not include "bypass" records.	6	Number (Decimal)
Total NDCs Processed	Total number of National Drug Codes processed this run.	7	Number (Decimal)
TRX	Transaction indicator identifies the type of action (add, change) to be applied for the National Drug Code per the First DataBank file.	1	Character
Updated	Total number of records updated this run.	6	Number (Decimal)

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7.41 REF-044U-W – DRUG PRICING UPDATE DETAIL REPORT

7.41.1 REF-044U-W – Drug Pricing Update Detail Report Narrative

This report contains the pricing updates applied during the weekly processing of the First Data Bank pricing transactions.

Data Source: First DataBank (FDB)

Frequency: Weekly

7.41.2 REF-044U-W – Drug Pricing Update Detail Report Layout

```
Report  : REF-044U-W                          ALABAMA MEDICAID AGENCY                                    Run Date:
MM/DD/YYYY
Process : REFJW044                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:
HH:MM:SS
Location: REFP0044                         DRUG PRICING UPDATE DETAIL REPORT                                 Page:
999,999
                                                REPORT PERIOD: MM/DD/YYYY

TRX TYPE     DRUG NAME                          NDC            PRICE TYPE/DESCRIPTION          EFFECTIVE DATE      COST

C            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     99999999999         99 - XXXXXX                  MM/DD/YYYY        999999.99999
D            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     99999999999         99 - XXXXXX                  MM/DD/YYYY        999999.99999
             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
C            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     99999999999         99 - XXXXXX                  MM/DD/YYYY        999999.99999
C            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     99999999999         99 - XXXXXX                  MM/DD/YYYY        999999.99999
C            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     99999999999         99 - XXXXXX                  MM/DD/YYYY        999999.99999

     PRICE TYPE LEGEND:

     PRICE TYPE   DEFINITION
     ----------   ------------------------------------------------------------------------------------------------------
       BB         Blue Book AWP Unit Price
       WHN        Wholesale Acquisition Cost (WAC) Unit Price
       FFPUL      Federal Financing Participation Upper Limits
       MBBX       Medicaid Blue Book Price/Department of Justice (DOJ) Price

                                                   ** End of Report **

                                                 ** No Data This Report *
```


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7.41.3 REF-044U-W – Drug Pricing Update Detail Report Field Descriptions

Field	Description	Data Type	Length
Cost	The Price on the pricing transaction.	Number (Decimal)	14
Drug Name	The NDC Description. When the transaction is a Delete, there will be an additional line following the Delete line. This line will show the input file Delete record in the Drug Name column.	Character	30
Effective Date	The Effective Date of the Price on the Pricing Update transaction.	Date (MM/DD/CCYY)	10
NDC	The National Drug Code for the price being updated.	Number (Integer)	11
Price Description	The Price Type description code for the Price Type code on the pricing transaction.	Character	6
Price Type	The Price Type code for the price on the pricing transaction.	Character	2
TRX Type	Transaction Type will be 'C' to indicate Change or ‘D’ to indicate Delete on this report.	Character	1

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7.42 REF-044-W -- DRUG PRICING UPDATE SUMMARY REPORT

7.42.1 REF-044-W -- Drug Pricing Update Summary Report Narrative

The Drug Pricing Update Summary report is generated weekly with the FDB update and provide a summary of record counts related to the Federal MAC and AWP pricing update process.

Data Source: First DataBank (FDB)

Frequency: Weekly

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7.42.2 REF-044-W -- Drug Pricing Update Summary Report Layout

```
Report  : REF-044-W                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : REFJW043                     MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time: HH:MM:SS
Location: REFP044                        DRUG PRICING UPDATE SUMMARY REPORT                           Page:      99999
 ---------------------------------------------------------------------------------------------------------------------------
 ---------------------------------------------------------------------------------------------------------------------------
                              TOTAL RECORDS READ ================================>   99999999

                              TOTAL ERRORS FOUND ================================>   99999999

                                     RECORDS ADDED  RECORDS UPDATED  RECORDS NO CHANGE  RECORDS INACTIVATED

          *  AWP ====================>     9999999         9999999           9999999

          *  FEDERAL MAC ============>     9999999         9999999           9999999             9999999

          *  AWP PKG ================>     9999999         9999999           9999999

          *  DIR ====================>     9999999         9999999           9999999

          *  DIR PKG ================>     9999999         9999999           9999999

          *  WAC ====================>     9999999         9999999           9999999             9999999

          *  WAC PKG ================>     9999999         9999999           9999999

          *  DOJ ====================>     9999999         9999999           9999999

          *  ABP PKG ================>     9999999         9999999           9999999

          *  TOTAL RECORDS ==========>    99999999        99999999          99999999            99999999
                                                   ** END OF REPORT **
```


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7.42.3 REF-044-W -- Drug Pricing Update Summary Report Field Descriptions

Field	Description	Data Type	Length
ABP PKG Records Added	The total number of Alternative Benchmark Pricing Package (ABP PKG) records added.	Number (Integer)	7
ABP PKG Records No Change	The total number of Alternative Benchmark Pricing Package (ABP PKG) records not changed.	Number (Integer)	7
ABP PKG Records Updated	The total number of Alternative Benchmark Pricing Package (ABP PKG) records updated.	Number (Integer)	7
AWP PKG Records Added	The total number of Average Wholesale Price Package (AWP PKG) records added.	Number (Integer)	7
AWP PKG Records No Change	The total number of Average Wholesale Price Package (AWP PKG) records not changed.	Number (Integer)	7
AWP PKG Records Updated	The total number of Average Wholesale Price Package (AWP PKG) records updated.	Number (Integer)	7
AWP Records Added	The total number of Average Wholesale Price (AWP) records added.	Number (Integer)	7
AWP Records Updated	The total number of Average Wholesale Price (AWP) records updated.	Number (Integer)	7
AWP Records No Change	The total number of Average Wholesale Price (AWP) records not changed.	Number (Integer)	7
DIR PKG Records Added	The total number of Direct Package (DIR PKG) records added.	Number (Integer)	7
DIR PKG Records No Change	The total number of Direct Package (DIR PKG) records not changed.	Number (Integer)	7
DIR PKG Records Updated	The total number of Direct Package (DIR PKG) records updated.	Number (Integer)	7
DIR Records Added	The total number of Direct (DIR) records added.	Number (Integer)	7
DIR Records No Change	The total number of Direct (DIR) records not changed.	Number (Integer)	7
DIR Records Updated	The total number of Direct (DIR) records updated.	Number (Integer)	7
DIR Records No Change	The total number of Direct (DIR) records not changed.	Number (Integer)	7
DOJ Records Added	The total number of DOJ records added.	Number (Integer)	7

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Field	Description	Data Type	Length
DOJ Records No Change	The total number of DOJ records not changed.	Number (Integer)	7
DOJ Records Updated	The total number of DOJ records updated.	Number (Integer)	7
Federal Mac Records Added	The total number of Federal Maximum Allowable Cost (FMAC) records added.	Number (Integer)	7
Federal Mac Records Inactivated	The total number of Federal Maximum Allowable Cost (FMAC) records inactivated.	Number (Integer)	7
Federal Mac Records No Change	The total number of Federal Maximum Allowable Cost (FMAC) records not changed.	Number (Integer)	7
Federal Mac Records Updated	The total number of Federal Maximum Allowable Cost (FMAC) records updated.	Number (Integer)	7
Federal Mac Records No Change	The total number of Federal Maximum Allowable Cost (FMAC) records not changed.	Number (Integer)	7
Total Errors Found	The total number of errors encountered.	Number (Integer)	8
Total Records Added	The total number of all records added.	Number (Integer)	8
Total Records Read	The total number of records read from the file.	Number (Integer)	8
WAC PKG Records Added	The total number of Wholesale Acquisition Cost Package (WAC PKG) records added.	Number (Integer)	7
WAC PKG Records No Change	The total number of Wholesale Acquisition Cost Package (WAC PKG) records not changed.	Number (Integer)	7
WAC PKG Records Updated	The total number of Wholesale Acquisition Cost Package (WAC PKG) records updated.	Number (Integer)	7
WAC Records Added	The total number of Wholesale Acquisition Cost (WAC) records added.	Number (Integer)	7
WAC Records Inactivated	The total number of Wholesale Acquisition Cost (WAC) records inactivated.	Number (Integer)	7
WAC Records No Change	The total number of Wholesale Acquisition Cost (WAC) records not changed.	Number (Integer)	7
WAC Records Updated	The total number of Wholesale Acquisition Cost (WAC) records updated.	Number (Integer)	7

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7.43 REF-044E-W -- DRUG PRICING UPDATE ERROR REPORT

7.43.1 REF-044E-W -- Drug Pricing Update Error Report Narrative

The Drug Pricing Update Error report is generated each week with the FDB update process runs. It lists any errors encountered during the update process.

Data Source: First DataBank (FDB)

Frequency: Weekly

7.43.2 REF-044E-W -- Drug Pricing Update Error Report Layout

```
Report  : REF-044E-W                                ALABAMA MEDICAID AGENCY                                  RUN DATE: MM/DD/CCYY
Process : REFJW043                               MEDICAID MANAGEMENT INFORMATION SYSTEM                         RUN TIM: HH:MM:SS
Location: REFP0044                                  DRUG PRICING UPDATE ERROR REPORT                               PAGE:    99999

-------------------------------------------------------------------------------------------------------------------------------------
 NDC            PRICING        EFF            ERR
*CODE           TYPE           DATE           MSG
-------------------------------------------------------------------------------------------------------------------------------------

* XXXXXXXXXXX    XXXXXXX        MM/DD/CCYY     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
* XXXXXXXXXXX    XXXXXXX        MM/DD/CCYY     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
* XXXXXXXXXXX    XXXXXXX        MM/DD/CCYY     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
* XXXXXXXXXXX    XXXXXXX        MM/DD/CCYY     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXX    NDC DESC : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
* XXXXXXXXXXX    XXXXXXX        MM/DD/CCYY     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                               XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

  PRICE TYPE ERROR LEGEND:

  PRICE TYPE   PRICE DESC  DEFINITION
  ----------   ----------  ------------------------------------------------------------------------------------------------
   01          BB          Blue Book AWP Unit Price
   02          BBPKG       Blue Book AWP Package Price
   05          DIR         Direct Unit Price
   06          DIRPKG      Direct Package Price
   09          WHN         Wholesale Acquisition Cost (WAC) Unit Price
   10          WHNPKG      Wholesale Acquisition Cost (WAC) Package Price
   11          FFPUL       Federal Financing Participation Upper Limits
   12          ABP         Alternative Benchmark Price (ABP) Unit Price
   13          ABPPKG      Alternative Benchmark Price (ABP) Package Price
   99          MBBX        Medicaid Blue Book Price/Department of Justice (DOJ) Price
                                                        ** End of Report **
                                                    *** NO DATA THIS RUN ***
```

Note: This is a Line Type 3 line displaying an input file Delete Record.

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7.43.3 REF-044E-W -- Drug Pricing Update Error Report Field Descriptions

Field	Description	Length	Data Type
Err Msg	Description as to why the National Drug Code's rate segment could not be updated in the database.	76	Character
Eff Date	The date the rate becomes effective for claims processing.	10	Date (MM/DD/CCYY)
NDC CODE	Unique code assigned to a drug product by the FDA and the manufacturer or distributor. It identifies the manufacturer/distributor, drug, dosage form, strength, and package size. The NDC is represented in an 11-digit 5-4-2 format: A 5 digit labeler code, a 4 digit product code and a 2 digit package code.	11	Character
Pricing Type	This indicator identifies how the National Drug Code is to be priced.	7	Character

Line Type 2 **For certain errors encountered, a second line will be printed after the first error line.** **The second line displays the NDC Description.**			
Field	**Description**	**Length**	**Data Type**
NDC CODE	Unique code assigned to a drug product by the FDA and the manufacturer or distributor. It identifies the manufacturer/distributor, drug, dosage form, strength, and package size. The NDC is represented in an 11-digit 5-4-2 format: A 5-digit labeler code, a 4-digit product code and a 2-digit package code.	11	Character
NDC DESC	Description of the NDC.	35	Character

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Line Type 3 For errors encountered while processing an input Delete record, a second line will be printed after the first error line. The second line displays the input Delete record.			
Field	**Description**	**Length**	**Data Type**
Delete Record	The Delete Record that is currently being processed from the input file.	33	Character

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7.44 REF-046A-Q -- CMS NDC-HCPCS CROSSWALK ACTIVITY REPORT

7.44.1 REF-046A-Q -- CMS NDC-HCPCS Crosswalk Activity Report Narrative

The CMS-NDC-HCPCS Crosswalk Activity report contains the details of all database activity during the NDC/HCPCS data load process. Either a new record was added to T_DRUG_HCPCS or an existing t_drug_hcpcs record was no longer effective (end-dated).

Data Source: First DataBank (FDB)

Frequency: Quarterly

7.44.2 REF-046A-Q -- CMS NDC-HCPCS Crosswalk Activity Report Layout

```
Report  : REF0046A                                  AMMIS                                                    RUN DATE: MM/DD/CCYY
Process : REFJQ046                       MEDICAID MANAGEMENT INFORMATION SYSTEM                                  RUN TIME:   HH:MM:SS
Location: REFP0046                  CMS NDC/HCPCS Crosswalk Update - Activity Listing                            PAGE:        999
-------------------------------------------------------------------------------------------------------------------------------------

         New Record Effective Date: MM/DD/CCYY
      End-Dated Record Ending Date: MM/DD/CCYY
-------------------------------------------------------
 NDC CODE    HCPCS CODE       ACTIVITY DESCRIPTION
-------------------------------------------------------
99999999999     XXXXX     Added new T_DRUG_HCPCS record
99999999999     XXXXX     End-dated T_DRUG_HCPCS record

                                                  *** END OF REPORT ***
                                                *** NO DATA THIS RUN ***
```


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7.44.3 REF-046A-Q -- CMS NDC-HCPCS Crosswalk Activity Report Field Descriptions

Field	Description	Data Type	Length
Activity Description	The Activity Description field will either indicate a new record was added to T_DRUG_HCPCS or an existing t_drug_hcpcs record was no longer effective (end-dated).	Character	30
HCPCS Code	Code that represents procedures, supplies, products and services which may be provided to individuals enrolled in health insurance programs that has been discontinued according to the current CMS HCPCS file.	Character	5
NDC Code	Unique code assigned to a drug product by the FDA and the manufacturer or distributor. It identifies the manufacturer/distributor, drug, dosage form, strength, and package size. The NDC is represented in an 11-digit 5-4-2 format: A 5 digit labeler code, a 4 digit product code and a 2 digit package code.	Number (Integer)	11
New Record Effective Date	Date the new record became effective.	Date (MM/DD/CCYY)	10
End-Dated Record Ending Date	Date the record was end dated.	Date (MM/DD/CCYY)	10

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7.45 REF-046E-Q -- CMS NDC-HCPCS CROSSWALK ERROR REPORT

7.45.1 REF-046E-Q -- CMS NDC-HCPCS Crosswalk Error Report Narrative

The CMS NDC-HCPCS Crosswalk Error report contains all errors found while loading the CMS NDC/HCPCS data to the t_drug_hcpcs table.

Data Source: First DataBank

Frequency: Quarterly

7.45.2 REF-046E-Q -- CMS NDC-HCPCS Crosswalk Error Report Layout

```
Report  : REFQ046E                                  AMMIS                                                    RUN DATE: MM/DD/CCYY
Process : REFJQ046                       MEDICAID MANAGEMENT INFORMATION SYSTEM                                RUN TIME:   HH:MM:SS
Location: REFP0046                    CMS NDC/HCPCS Crosswalk Update - Error Listing                              PAGE:        999
-------------------------------------------------------------------------------------------------------------------------------------

 NDC CODE    HCPCS CODE          ERROR DESCRIPTION
-------------------------------------------------------------

99999999999     XXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

99999999999     XXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                                     *** END OF REPORT ***
                                                  *** NO DATA THIS RUN ***
```


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7.45.3 REF-046E-Q -- CMS NDC-HCPCS Crosswalk Error Report Field Descriptions

Field	Description	Data Type	Length
Error Description	Description of the errors found while loading the CMS NDC/HCPCS data to the t_drug_hcpcs table.	Character	30
HCPCS Code	Code that represents procedures, supplies, products and services which may be provided to individuals enrolled in health insurance programs that has been discontinued according to the current CMS HCPCS file.	Character	5
NDC Code	Unique code assigned to a drug product by the FDA and the manufacturer or distributor. It identifies the manufacturer/distributor, drug, dosage form, strength, and package size. The NDC is represented in an 11-digit 5-4-2 format: A 5 digit labeler code, a 4 digit product code and a 2 digit package code.	Number (Integer)	11

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7.46 REF-048E-Q -- CMS NDC-HCPCS CROSSWALK EDIT ERROR REPORT

7.46.1 REF-048E-Q -- CMS NDC-HCPCS Crosswalk Edit Error Report Narrative

The CMS NDC-HCPCS Crosswalk Edit Error report contains all of the errors found while editing the input CMS NDC/HCPCS Crosswalk file.

Data Source: First DataBank (FDB)

Frequency: Quarterly

7.46.2 REF-048E-Q -- CMS NDC-HCPCS Crosswalk Edit Error Report Layout

```
Report  : REF0048E                                  AMMIS                                                  RUN DATE: MM/DD/CCYY
Process : REFJQ046                       MEDICAID MANAGEMENT INFORMATION SYSTEM                                RUN TIME:   HH:MM:SS
Location: REFP0048                     CMS NDC/HCPCS Crosswalk Edit - Error Listing                             PAGE:       9999
-------------------------------------------------------------------------------------------------------------------------------------
                  All records listed below have a Non-Standard format, the expected format is HHHHH,NNNNN-NNNN-NNN.
-------------------------------------------------------------------------------------------------------------------------------------

Input Record: HHHHH,NNNNN-NNNN-NNN
Input Record: HHHHH,NNNNN-NNNN-NNN
Input Record: HHHHH,NNNNN-NNNN-NNN
                                                        *** END OF REPORT ***
                                                      *** NO DATA THIS RUN ***
```

7.46.3 REF-048E-Q -- CMS NDC-HCPCS Crosswalk Edit Error Report Field Descriptions

Field	Description	Data Type	Length
Input Record	A list of all the records that have a Non-Standard format, the expected format is HHHHH,NNNNN-NNNN-NNN.	Character	20

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7.47 REF-050A-W - PHARMACY STANDARD CLASSIFICATION REVIEW REPORT

7.47.1 REF-050A-W - Pharmacy Standard Classification Review Report Narrative

The Pharmacy Standard Classification Review Report is designed to report on codes which require additional review from the pharmacy analyst to ensure that the groupings are appropriate.

Purpose: This report is produced out of the Pharmacy Classification Engine (PCE) process. The goal of the PCE process is to automatically update the standard drug benefit classification that is used in rule development. FDB provides updates to drug data which may affect the classification for the updated products. In addition, new products will also be introduced and will need to be classified. The groups that the new products need to go into may or may not exist in the current classification. This report will show all drugs that were ***not successfully*** classified and all updated drugs that needed to reclassified that could not be. A pharmacy analyst will review this report and determine if any change to the classification is necessary.

Data Source: First DataBank (FDB)

Frequency: Weekly

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7.47.2 REF-050A-W - Pharmacy Standard Classification Review Report Layout

```
Report  : REF-050A-W                          ALABAMA MEDICAID AGENCY                                   Run Date: MM/DD/CCYY
Process : REFJW050                       MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: REFP0050                    PHARMACY STANDARD CLASSIFICATION REVIEW REPORT                       Page:       9999


  Level Records Inserted / Updated          999             Level Records Bypassed          999

  Level Records Inserted / Updated          999             Level Records Bypassed          999

  Level Records Inserted / Updated          999             Level Records Bypassed          999

  Level Records Inserted / Updated          999             Level Records Bypassed          999

  Code and Description: 99999999999 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Parent Code and Desc: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Level:  9  Action: XXXXXXXXXXXX   Message: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
             Current XXXX - XX   Calculated XXXX - XX


  Code and Description: 99999999999 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Parent Code and Desc: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Level:  9  Action: XXXXXXXXXXXX   Message: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
             Current XXXX - XX Calculated XXXX - XX


  Code and Description: 99999999999 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Parent Code and Desc: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Level:  9  Action: XXXXXXXXXXXX   Message: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                  ***   END OF REPORT   ***
```

7.47.3 REF-050A-W - Pharmacy Standard Classification Review Report Field Descriptions

Field	Description	Data Type	Length
Action	Field indicating if whether or not the code was added to the benefit classification group. Values are: 'Inserted' and 'Not Inserted'.	Character	12
Calculated	The group the Classification Engine has determined the code belongs in.	Character	10
Code and Description	The current code that is being added to the classification. Examples of code types are HIC3, HIC4, GCN Sequence Number, and NDC.	Number (Integer)	100
Current	The actual group the code currently resides in.	Character	4

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Field	Description	Data Type	Length
Level	Field indicating of the level in the pharmacy classification this code belongs to.	Number (Integer)	1
Level Records Inserted/Updated	This field indicates the number of records that were inserted or updated within the specified benefit classification hierarchy level.	Number (Integer)	3
Message	Descriptive message indicating which condition this record hit which caused it to be reported.	Character	80
Parent Code and Description	The code value and description of the CALCULATED parent for the code attempting to be written to the pharmacy classification panel.	Character	100

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7.48 REF-050B-W - PHARMACY PART D CLASSIFICATION REVIEW REPORT

7.48.1 REF-050B-W - Pharmacy Part D Classification Review Report Narrative

The Pharmacy Part D Classification Review Report is designed to report on codes which require additional review from the pharmacy analyst to ensure that the groupings are appropriate.

Purpose: This report is produced out of the Part D Pharmacy Classification Engine (PCE) process. The goal of the PCE process is to automatically update the Part D drug benefit classification that is used in rule development. FDB provides updates to Part D drug data which may affect the Part D classification for the updated products. In addition, new products will also be introduced that may need to be inserted into the Part D classification. Only drugs that meet the current Part D classification groups will be inserted into the appropriate level - This report will show all drugs that were ***not successfully*** classified. A pharmacy analyst will review this report and determine if any change to the classification is necessary.

Data Source: First DataBank (FDB)

Frequency: Weekly

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7.48.2 REF-050B-W - Pharmacy Part D Classification Review Report Layout

```
Report  : REF-050B-W                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : REFJW050                       MEDICAID MANAGEMENT INFORMATION SYSTEM                        Run Time:   HH:MM:SS
Location: REFP0050                    PHARMACY PART D CLASSIFICATION REVIEW REPORT                        Page:       9999


  Level Records Inserted / Updated          999            Level Records Bypassed          999


  Code and Description: 99999999999 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Parent Code and Desc: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Level:  9  Action: XXXXXXXXXXXX   Message: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
             Current XXXX - XX   Calculated XXXX - XX

  Code and Description: 99999999999 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Parent Code and Desc: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Level:  9  Action: XXXXXXXXXXXX   Message: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                                        ***   END OF REPORT   ***
```

7.48.3 REF-050B-W - Pharmacy Part D Classification Review Report Field Descriptions

Field	Description	Data Type	Length
Action	Field indicating if whether or not the code was added to the benefit classification group. Values are: 'Inserted' and 'Not Inserted'.	Character	12
Calculated	The group the Classification Engine has determined the code belongs in.	Character	10
Code and Description	The current code that is being added to the classification. Examples of code types are HIC3, HIC4, GCN Sequence Number, and NDC.	Character	100
Current	The actual group the code currently resides in.	Character	4
Level	Field indicating of the level in the pharmacy classification this code belongs to.	Number (Integer)	1
Level Records Inserted/Updated	This field indicates the number of records that were inserted or updated within the specified benefit classification hierarchy level.	Number (Integer)	3
Message	Message.	Character	100
Parent Code and Description	The code value and description of the CALCULATED parent for the code attempting to be written to the pharmacy classification panel.	Character	100

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7.49 REF-050C-W – PHARMACY PDL SCREENING CLASSIFICATION REVIEW REPORT

7.49.1 REF-050C-W – Pharmacy PDL Screening Classification Review Report Narrative

The Pharmacy PDL Classification Review Report is designed to report on codes which require additional review from the pharmacy analyst to ensure that the groupings are appropriate.

Purpose: This report is produced out of the PDL Pharmacy Classification Engine (PCE) process. The goal of the PCE process is to automatically update the PDL Screening drug benefit classification that is used in rule development for PDL. FDB provides updates to PDL drug data which may affect the PDL classification for the updated products. In addition, new products will also be introduced that may need to be inserted into the PDL screen classification. Only drugs that meet the current PDL Screened classification of drugs will be inserted into the appropriate group - This report will show all drugs that were ***not successfully*** classified. A pharmacy analyst will review this report and determine if any change to the classification is necessary.

Data Source: First DataBank (FDB)

Frequency: Weekly

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7.49.2 REF-050C-W – Pharmacy PDL Screening Classification Review Report Layout

```
Report  : REF-050C-W                          ALABAMA MEDICAID AGENCY                                   Run Date: MM/DD/CCYY
Process : REFJW050                      MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: REFP0050                 PHARMACY PDL SCREENING CLASSIFICATION REVIEW REPORT                      Page:       9999


  Code and Description: 99999999999 - XXXXXXXXXXXXXXXXXXXXXXX
  Parent Code and Desc: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Level:  9  Action: XXXXXXXXXXXX   Message: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

  Code and Description: 99999999999 - XXXXXXXXXXXXXXXXXXXXXXX
  Parent Code and Desc: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Level:  9  Action: XXXXXXXXXXXX   Message: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


  Code and Description: 99999999999 - XXXXXXXXXXXXXXXXXXXXXXX
  Parent Code and Desc: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Level:  9  Action: XXXXXXXXXXXX   Message: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX



                                                                  ***   END OF REPORT   ***
```

7.49.3 REF-050C-W – Pharmacy PDL Screening Classification Review Report Field Descriptions

Field	Description	Data Type	Length
Action	Field indicating if whether or not the code was added to the benefit classification group. Values are: 'Inserted' and 'Not Inserted'.	Character	12
Calculated	The group the Classification Engine has determined the code belongs in.	Character	10
Code and Description	The current code that is being added to the classification. Examples of code types are HIC3, HIC4, GCN Sequence Number, and NDC.	Character	100
Current	The actual group the code currently resides in.	Character	4
Level	Field indicating of the level in the pharmacy classification this code belongs to.	Number	1
Level Records Inserted/Updated	This field indicates the number of records that were inserted or updated within the specified benefit classification hierarchy level.	Number	3
Message	Descriptive message indicating which condition this record hit which caused it to be reported.	Character	80

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Field	Description	Data Type	Length
Parent Code and Description	The code value and description of the CALCULATED parent for the code attempting to be written to the pharmacy classification panel.	Character	100

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7.50 REF-051A-W – PHARMACY STANDARD CLASSIFICATION UPDATE REPORT

7.50.1 REF-051A-W – Pharmacy Standard Classification Update Report Narrative

The Pharmacy Standard Classification Update Report is designed to report on codes which require additional review from the pharmacy analyst to ensure that the groupings are appropriate.

Purpose: his report is produced out of the Pharmacy Classification Engine (PCE) process. The goal of the PCE process is to automatically update the standard drug benefit classification that is used in rule development. FDB provides updates to drug data which may affect the classification for the updated products. In addition, new products will also be introduced and will need to be classified. The groups that the new products need to go into may or may not exist in the current classification. This report will show all new drugs that were ***successfully*** classified and all updated drugs that needed to reclassified that could not be. A pharmacy analyst will review this report and determine if any change to the classification is necessary.

Data Source: First DataBank (FDB)

Frequency: Weekly

7.50.2 REF-051A-W – Pharmacy Standard Classification Update Report Layout

```
Report  : REF-051A-W                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : REFJW050                       MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: REFP0050                    PHARMACY STANDARD CLASSIFICATION UPDATE REPORT                        Page:       9999



  Code and Description: 999999999999 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Parent Code and Desc: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Level:  9  Action: XXXXXXXXXXXX       Message: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Level Records Inserted / Updated           999

  Code and Description: 999999999999 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Parent Code and Desc: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Level:  9  Action: XXXXXXXXXXXX       Message: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

  Code and Description: 999999999999 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Parent Code and Desc: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Level:  9  Action: XXXXXXXXXXXX       Message: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                          ***   END OF REPORT   ***
```


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7.50.3 REF-051A-W – Pharmacy Standard Classification Update Report Field Descriptions

Field	Description	Data Type	Length
Action	Field indicating if whether or not the code was added to the benefit classification group. Values are: 'Inserted' and 'Not Inserted'.	Character	12
Calculated	The group the Classification Engine has determined the code belongs in.	Character	10
Codes and Description	The current code that is being added to the classification. Examples of code types are HIC3, HIC4, GCN Sequence Number, and NDC.	Character	100
Current	The actual group the code currently resides in.	Character	4
Level	Field indicating of the level in the pharmacy classification this code belongs to.	Character	1
Level Records Inserted/Updated	This field indicates the number of records that were inserted or updated within the specified benefit classification hierarchy level.	Number	3
Message	Descriptive message indicating which condition this record hit which caused it to be reported.	Character	80
Parent Code and Description	The code value and description of the CALCULATED parent for the code attempting to be written to the pharmacy classification panel.	Character	100

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7.51 REF-051B-W – PHARMACY PART D CLASSIFICATION UPDATE REPORT

7.51.1 REF-051B-W – Pharmacy Part D Classification Update Report Narrative

The Pharmacy Part D Classification Update Report is designed to report on codes which require additional review from the pharmacy analyst to ensure that the groupings are appropriate.

Purpose: This report is produced out of the Part D Pharmacy Classification Engine (PCE) process. The goal of the PCE process is to automatically update the Part D drug benefit classification that is used in rule development. FDB provides updates to Part D drug data which may affect the Part D classification for the updated products. In addition, new products will also be introduced that may need to be inserted into the Part D classification. Only drugs that meet the current Part D classification groups will be inserted into the appropriate level - this report will show the ***successfully*** Insertion of these updates to the Part D classification. A pharmacy analyst will review this report and determine if any change to the classification is necessary.

Data Source: First DataBank (FDB)

Frequency: Weekly

7.51.2 REF-051B-W – Pharmacy Part D Classification Update Report Layout

```
Report  : REF-051B-W                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : REFJW050                     MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: REFP0050                   PHARMACY PART D CLASSIFICATION UPDATE REPORT                          Page:       9999



  Code and Description: 999999999999 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Parent Code and Desc: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Level:  9  Action: XXXXXXXXXXXX      Message: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

  Code and Description: 999999999999 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Parent Code and Desc: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Level:  9  Action: XXXXXXXXXXXX      Message: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

  Level Records Inserted / Updated           999

  Code and Description: 999999999999 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Parent Code and Desc: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Level:  9  Action: XXXXXXXXXXXX      Message: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                          ***   END OF REPORT   ***
```


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7.51.3 REF-051B-W – Pharmacy Part D Classification Update Report Field Descriptions

Field	Description	Data Type	Length
Action	Field indicating if whether or not the code was added to the benefit classification group. Values are: 'Inserted' and 'Not Inserted'.	Character	12
Calculated	The group the Classification Engine has determined the code belongs in.	Character	10
Code and Description	The current code that is being added to the classification. Examples of code types are HIC3, HIC4, GCN Sequence Number, and NDC.	Number	100
Current	The actual group the code currently resides in.	Character	4
Level	Field indicating of the level in the pharmacy classification this code belongs to.	Character	1
Level Records Inserted/Updated	This field indicates the number of records that were inserted or updated within the specified benefit classification hierarchy level.	Number	3
Message	Descriptive message indicating which condition this record hit which caused it to be reported.	Character	80
Parent Code	Parent Code.	Character	4
Parent Code and Description	The code value and description of the CALCULATED parent for the code attempting to be written to the pharmacy classification panel.	Character	100

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7.52 REF-051C-W – PHARMACY PDL SCREENING CLASSIFICATION UPDATE REPORT

7.52.1 REF-051C-W – Pharmacy PDL Screening Classification Update Report Narrative

The Pharmacy PDL Classification Update Report is designed to report on codes which require additional review from the pharmacy analyst to ensure that the groupings are appropriate.

Purpose: This report is produced out of the PDL Pharmacy Classification Engine (PCE) process. The goal of the PCE process is to automatically update the PDL Screening drug benefit classification that is used in rule development for PDL. FDB provides updates to PDL drug data which may affect the PDL classification for the updated products. In addition, new products will also be introduced that may need to be inserted into the PDL screen classification. Only drugs that meet the current PDL Screened classification of drugs will be inserted into the appropriate level - this report will show the ***successfully*** Insertion of these updates to the PDL classification.. A pharmacy analyst will review this report and determine if any change to the classification is necessary.

Data Source: First DataBank (FDB)

Frequency: Weekly

7.52.2 REF-051C-W – Pharmacy PDL Screening Classification Update Report Layout

```
Report  : REF-051C-W                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : REFJW050                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: REFP0050                  PHARMACY PDL SCREENING CLASSIFICATION UPDATE REPORT                      Page:       9999



  Code and Description: 999999999999 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Parent Code and Desc: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Level:  9  Action: XXXXXXXXXXXX       Message: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

  Code and Description: 999999999999 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Parent Code and Desc: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Level:  9  Action: XXXXXXXXXXXX       Message: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Level Records Inserted / Updated          999

  Code and Description: 999999999999 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Parent Code and Desc: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Level:  9  Action: XXXXXXXXXXXX       Message: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                          ***   END OF REPORT   ***
```


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7.52.3 REF-051C-W – Pharmacy PDL Screening Classification Update Report Field Descriptions

Field	Description	Data Type	Length
Action	Field indicating if whether or not the code was added to the benefit classification group. Values are: 'Inserted' and 'Not Inserted'.	Character	12
Calculated	The group the Classification Engine has determined the code belongs in.	Character	10
Codes and Description	The current code that is being added to the classification. Examples of code types are HIC3, HIC4, GCN Sequence Number, and NDC.	Character	100
Current	The actual group the code currently resides in.	Character	4
Level	Field indicating of the level in the pharmacy classification this code belongs to.	Number (Integer)	1
Level Records Inserted/Updated	This field indicates the number of records that were inserted or updated within the specified benefit classification hierarchy level.	Number (Integer)	3
Message	Descriptive message indicating which condition this record hit which caused it to be reported.	Character	80
Parent Code and Description	The code value and description of the CALCULATED parent for the code attempting to be written to the pharmacy classification panel.	Character	100

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7.53 REF-04303-W – FDB UPDATE ADDED DRUGS DETAIL REPORT

7.53.1 REF-04303-W – FDB Update Added Drugs Detail Report Narrative

This report contains the Alabama covered drugs added to the drug file during the current First Data Bank update process.

Data Source: First DataBank (FDB)

Frequency: Weekly and Sunday

7.53.2 REF-04303-W – FDB Update Added Drugs Detail Report Layout

```
Report  : REF-04303-W                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/YYYY
Process : REFJW043                   MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: REFP0043                   FDB UPDATE - ADDED DRUGS DETAIL REPORT                               Page:      99999
                                            REPORT PERIOD: MM/DD/YYYY

DRUG NDC:    DRUG NAME                              CHEMICAL NAME
         GSN      AHFS       SCH  RP  PA  DC   ALGI   NDA   ANDA  GPI    PK SIZE    EFF DATE   MIN-U            MAX-U           PTD
         ------  --------  ---  --  --  --   ----   ----  ----  ---    ---------  --------   --------------   --------------  ---

99999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XXXXXX  99999999  XX   X   X   X    X      X     X    X   99999999.999  YYYYMMDD    9999999.999      9999999.999     X

99999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XXXXXX  99999999  XX   X   X   X    X      X     X    X   99999999.999  YYYYMMDD    9999999.999      9999999.999     X

99999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XXXXXX  99999999  XX   X   X   X    X      X     X    X   99999999.999  YYYYMMDD    9999999.999      9999999.999     X

99999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XXXXXX  99999999  XX   X   X   X    X      X     X    X   99999999.999  YYYYMMDD    9999999.999      9999999.999     X

                                                 * * END OF REPORT * *
                                               * * NO DATA THIS RUN  * *
```


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7.53.3 REF-04303-W – FDB Update Added Drugs Detail Report Field Descriptions

Field	Description	Data Type	Length
AHFS	The pharmacologic therapeutic category of the drug product according to the American Hospital Formulary Service (AHFS) classification system of the drug being added.	Number (Integer)	8
ALGI	The Alabama-specific Generic Product Indicator for the drug being added.	Character	1
ANDA	The Abbreviated New Drug Application Indicator for the drug being added.	Character	1
Chemical Name	The generic drug name of the drug being added.	Character	75
DC	The Drug Class of the drug being added.	Character	1
Drug Name	The description of the drug being added.	Character	35
Drug NDC	The National Drug Code of the drug being added.	Number (Integer)	11
Eff Date	The Friday date following the weekend that the update process is run.	Date (CCYY/MM/DD)	8
GPI	The Generic Product Indicator for the drug being added.	Character	1
GSN	The GCN Sequence Number of the drug being added.	Character	6
MAX-U	The Maximum Quantity that can be dispensed for the drug being added.	Number (Decimal)	10
MIN-U	The Minimum Quantity that can be dispensed for the drug being added.	Number (Decimal)	10
NDA	The New Drug Application Indicator for the drug being added.	Character	1
PA	The Prior Authorization Indicator for the drug being added.	Character	1
PK SIZE	The Drug Package Size of the drug being added.	Number (Decimal)	11
PTD	The Part D Indicator for the drug being added. Set to 'Y' if the drug is covered under the Part D Benefit Plan for the current processing date.	Character	1
RP	The Repack Indicator of the drug being added.	Character	1
SCH	The Alabama specific drug schedule of the drug being added.	Character	2

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7.54 REF-04304-W – FDB UPDATE UPDATED DRUGS DETAIL REPORT

7.54.1 REF-04304-W – FDB Update Updated Drugs Detail Report Narrative

This report contains the Alabama covered drugs updated on the drug file during the current First Data Bank update process.

Data Source: First DataBank (FDB)

Frequency: Weekly

7.54.2 REF-04304-W – FDB Update Updated Drugs Detail Report Layout

```
Report  : REF-04304-W                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/YYYY
Process : REFJW043                      MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: REFP0043                     FDB UPDATE - UPDATED DRUGS DETAIL REPORT                             Page:      99999
                                               REPORT PERIOD: MM/DD/YYYY

DRUG NDC:    DRUG NAME                                CHEMICAL NAME
         GSN     AHFS      SCH  RP  PA  DC   ALGI   NDA   ANDA  GPI    PK SIZE    EFF DATE   MIN-U            MAX-U           PTD
         ------  --------  ---  --  --  --   ----   ----  ----  ---    ---------  --------   --------------   --------------  ---
99999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
BEFORE   XXXXXX  99999999  XX   X   X   X     X      X     X     X   99999999.999  YYYYMMDD    9999999.999      9999999.999     X
AFTER    XXXXXX  99999999  XX   X   X   X     X      X     X     X   99999999.999  YYYYMMDD    9999999.999      9999999.999     X

99999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
BEFORE   XXXXXX  99999999  XX   X   X   X     X      X     X     X   99999999.999  YYYYMMDD    9999999.999      9999999.999     X
AFTER    XXXXXX  99999999  XX   X   X   X     X      X     X     X   99999999.999  YYYYMMDD    9999999.999      9999999.999     X
99999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
BEFORE   XXXXXX  99999999  XX   X   X   X     X      X     X     X   99999999.999  YYYYMMDD    9999999.999      9999999.999     X
AFTER    XXXXXX  99999999  XX   X   X   X     X      X     X     X   99999999.999  YYYYMMDD    9999999.999      9999999.999     X
99999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
BEFORE   XXXXXX  99999999  XX   X   X   X     X      X     X     X   99999999.999  YYYYMMDD    9999999.999      9999999.999     X
AFTER    XXXXXX  99999999  XX   X   X   X     X      X     X     X   99999999.999  YYYYMMDD    9999999.999      9999999.999     X

                                          * * END OF REPORT * *
                                        * * NO DATA THIS RUN  * *
```


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7.54.3 REF-04304-W – FDB Update Updated Drugs Detail Report Field Descriptions

Field	Description	Data Type	Length
AHFS	The pharmacologic therapeutic category of the drug product according to the American Hospital Formulary Service (AHFS) classification system of the drug being updated.	Number (Integer)	8
ALGI	The Alabama-specific Generic Product Indicator for the drug being updated.	Character	1
ANDA	The Abbreviated New Drug Application Indicator for the drug being updated.	Character	1
Chemical Name	The generic drug name of the drug being updated.	Character	75
DC	The Drug Class of the drug being updated.	Character	1
Drug Name	The description of the drug being updated.	Character	35
Drug NDC	The National Drug Code of the drug being updated.	Number (Integer)	11
Eff Date	The current date that the update process is run.	Date (CCYY/MM/DD)	8
GPI	The Generic Product Indicator for the drug being updated.	Character	1
GSN	The GCN Sequence Number of the drug being updated.	Character	6
MAX-U	The Maximum Quantity that can be dispensed for the drug being updated.	Number (Decimal)	10
MIN-U	The Minimum Quantity that can be dispensed for the drug being updated.	Number (Decimal)	10
NDA	The New Drug Application Indicator for the drug being updated.	Character	1
PA	The Prior Authorization Indicator for the drug being updated.	Character	1
PK SIZE	The Drug Package Size of the drug being updated.	Number (Decimal)	11
PTD	The Part D Indicator for the drug being updated. Set to 'Y' if the drug is covered under the Part D Benefit Plan for the current processing date.	Character	1
RP	The Repack Indicator of the drug being updated.	Character	1
SCH	The Alabama specific drug schedule of the drug being updated.	Character	2

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7.55 REF-04305-W - FDB UPDATE REJECTED DRUGS ADDED REPORT

7.55.1 REF-04305-W - FDB Update Rejected Drugs Added Report Narrative

This report contains the Alabama non-covered drugs added to the drug file during the current First Data Bank update process.

Data Source: First DataBank (FDB)

Frequency: Weekly and Sunday

7.55.2 REF-04305-W - FDB Update Rejected Drugs Added Report Layout

```
Report  : REF-04305-W                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/YYYY
Process : REFJW043                      MEDICAID MANAGEMENT INFORMATION SYSTEM                            Run Time:   HH:MM:SS
Location: REFP0043                     FDB UPDATE - REJECTED DRUGS ADDED REPORT                               Page:      99999
                                               REPORT PERIOD: MM/DD/YYYY

Report  : REF-04305-W                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/YYYY
Process : REFJW043                      MEDICAID MANAGEMENT INFORMATION SYSTEM                            Run Time:   HH:MM:SS
Location: REFP0043                     FDB UPDATE - REJECTED DRUGS ADDED REPORT                               Page:      99999
                                               REPORT PERIOD: MM/DD/YYYY

DRUG NDC:    LABEL NAME                            CHEMICAL NAME
         GSN     AHFS      SCH  RP  PA  DC   ALGI NDA  ANDA  GPI    PK SIZE    EFF DATE   MIN-U            MAX-U           PTD  RI
         ------  --------  ---  --  --  --   ---- ---  ----  ---    ---------  --------   ---------------  ---------------  ---  ---

99999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XXXXXX  99999999  XX   X   X   X     X    X    X    X   99999999.999  YYYYMMDD      9999999.999      9999999.999  X    XXX

99999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XXXXXX  99999999  XX   X   X   X     X    X    X    X   99999999.999  YYYYMMDD      9999999.999      9999999.999  X    XXX

99999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XXXXXX  99999999  XX   X   X   X     X    X    X    X   99999999.999  YYYYMMDD      9999999.999      9999999.999  X    XXX

99999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XXXXXX  99999999  XX   X   X   X     X    X    X    X   99999999.999  YYYYMMDD      9999999.999      9999999.999  X    XXX

                                                 * * END OF REPORT * *
                                               * * NO DATA THIS RUN  * *
```


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7.55.3 REF-04305-W - FDB Update Rejected Drugs Added Report Field Descriptions

Field	Description	Data Type	Length
AHFS	The pharmacologic therapeutic category of the drug product according to the American Hospital Formulary Service (AHFS) classification system of the rejected drug being added.	Number (Integer)	8
ALGI	The Alabama-specific Generic Product Indicator for the rejected drug being added.	Character	1
ANDA	The Abbreviated New Drug Application Indicator for the rejected drug being added.	Character	1
CHEMICAL NAME	The generic drug name of the rejected drug being added.	Character	75
DC	The Drug Class of the rejected drug being added.	Character	1
DRUG NAME	The description of the rejected drug being added.	Character	35
DRUG NDC	The National Drug Code of the rejected drug being added.	Number (Integer)	11
EFF DATE	The Friday date following the weekend that the update process is run.	Date (CCYY/MM/DD)	8
GPI	The Generic Product Indicator for the rejected drug being added.	Character	1
GSN	The GCN Sequence Number of the rejected drug being added.	Character	6
MAX-U	The Maximum Quantity that can be dispensed for the rejected drug being added.	Number (Decimal)	10
MIN-U	The Minimum Quantity that can be dispensed for the rejected drug being added.	Number (Decimal)	10
NDA	The New Drug Application Indicator for the rejected drug being added.	Character	1
PA	The Prior Authorization Indicator for the rejected drug being added.	Character	1
PK SIZE	The Drug Package Size of the rejected drug being added.	Number (Integer)	11
PTD	The Part D Indicator for the rejected drug being added. Set to 'Y' if the drug is covered under the Part D Benefit Plan for the current processing date.	Character	1
RI	Drug Rebate Indicator. YES if the manufacturer participates in the Drug Rebate program. NO if the manufacturer does not participate in the Drug Rebate program.	Character	3
RP	The Repack Indicator of the rejected drug being added.	Character	1
SCH	The Alabama specific drug schedule of the rejected drug being added.	Character	2

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7.56 REF-05501-W -- WEEKLY AL SMAC PRICE UPDATE REPORT

7.56.1 REF-05501-W -- Weekly AL SMAC Price Update Report Narrative

The Weekly AL SMAC Price Update report displays information about the drugs that have been assigned new SMAC price or change in State Maximum Allowable Cost (SMAC) Price.

Data Source: First DataBank (FDB)

Frequency: Weekly

7.56.2 REF-05501-W -- Weekly AL SMAC Price Update Report Layout

```
Report  : REF-05501-W                          ALABAMA MEDICAID AGENCY                          RUN DATE: MM/DD/CCYY
Process : REFJW055                   MEDICAID MANAGEMENT INFORMATION SYSTEM                     RUN TIME:   HH:MM:SS
Location: REFP0055                        STATE MAC PRICE UPDATE REPORT                              PAGE:   999,999
                                           REPORT PERIOD: MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------------------------
                                                                                        PREVIOUS          NEW
NDC           BRAND NAME                          LABEL NAME                             PRICE           PRICE
-------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   9999999.99999   9999999.99999
XXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   9999999.99999   9999999.99999
XXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   9999999.99999   9999999.99999
XXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   9999999.99999   9999999.99999
XXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   9999999.99999   9999999.99999


                                          * * END OF REPORT * *
                                        *** NO DATA THIS RUN ***
```


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7.56.3 REF-05501-W -- Weekly AL SMAC Price Update Report Field Descriptions

Field	Description	Length	Data Type
Brand Name	This field shows the brand name of the drug.	35	Character
Label Name	This field shows long description of a drug.	40	Character
NDC	Unique code assigned to a drug product by the FDA and the manufacturer or distributor. It identifies the manufacturer/distributor, drug, dosage form, strength, and package size. The NDC is represented in an 11-digit 5-4-2 format: A 5 digit labeler code, a 4 digit product code and a 2 digit package code.	11	Character
New Price	This field shows new State Maximum Allowable Cost (SMAC) Price assigned to a drug.	13	Number (Decimal)
Previous Price	This field shows old State Maximum Allowable Cost (SMAC) Price of a drug.	13	Number (Decimal)

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7.57 REF-084B-W -- DRUG UPDATE ACCEPTANCE REPORT

7.57.1 REF-084B-W -- Drug Update Acceptance Report Narrative

The Drug Update Acceptance report shows what will happen when the process is run, and show the additional drugs that will apply when the FDB process are applied to the Production tables.

Data Source: First DataBank

Frequency: Weekly

7.57.2 REF-084B-W -- Drug Update Acceptance Report Layout

```
REPORT   :  REF-084B                                ALABAMA MEDICAID AGENCY                                          RUN DATE: MM/DD/CCYY
PROCESS  :  REFJW084                            MEDICAID MANAGEMENT INFORMATION SYSTEM                                 RUN TIME: HH:MM:SS
LOCATION :  REFP0084                        FIRST DATA BANK - DRUG UPDATE ACCEPTANCE REPORT                             PAGE    : 999,999
                                                      REPORT PERIOD: MM/DD/CCYY

NDC/DRUG ADDITIONS                                                      GCN                                  HCFA     HCFA
FDB ACD LABEL NAME                          NDC             AHFS       SEQNO     GPI    D/C   PA    RI    DESI     TERM DATE     OBSOLETE
X       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    99999999999      XXXXXXXXXX 999999     9      X     X     X     9        MM/DD/CCYY    MM/DD/CCYY
        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    PACK SIZE: 999999999.999              MIN UNITS: 999999999.999        MAX: 999999999.999

X       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    99999999999      XXXXXXXXXX 999999     9      X     X     X     9        MM/DD/CCYY    MM/DD/CCYY
        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    PACK SIZE: 999999999.999              MIN UNITS: 999999999.999        MAX: 999999999.999

X       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    99999999999      XXXXXXXXXX 999999     9      X     X     X     9        MM/DD/CCYY    MM/DD/CCYY
        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    PACK SIZE: 999999999.999              MIN UNITS: 999999999.999        MAX: 999999999.999

                                                      * * NO ERRORS THIS RUN * *

                                                         * * END OF REPORT * *
```

7.57.3 REF-084B-W -- Drug Update Acceptance Report Field Descriptions

Field	Description	Length	Data Type
AHFS	Identifies the pharmacological therapeutic category of the drug product according to the American Hospital Formulary Service (AHFS) classification system.	10	Character
D/C (Drug Class)	Record type indicator. Valid values include: O = OTC and F = Brand.	1	Character
FDB ACD	The transaction Code A = Add and C = Change	1	Character

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Field	Description	Length	Data Type
GCN Seq No	The Generic Code Number Sequence Number of a drug that represents a unique combination of ingredient(s), strength, dosage form and route of administration for a generic drug formulation. Aggregates drug products that share like ingredient sets, route of administration, dosage form, and strength of drug but are marketed by multiple manufacturers.	6	Number (Integer)
GPI	Generic Price Indicator (GPI). Distinguishes a product as either generically priced or priced as a brand.	1	Number (Integer)
HCFA DESI	HCFA Drug Efficacy Study Implementation (DESI) Effective Date.	10	Date (MM/DD/CCYY)
HCFA Term Date	Centers for Medicare and Medicaid Services termination date.	10	Date (MM/DD/CCYY)
Label Name	Drug Label Name, strength and package type.	30	Character
Min Units	The minimum quantity of the drug which can be dispensed.	10	Number (Decimal)
Max	The maximum quantity of the drug which can be dispensed.	10	Number (Decimal)
NDC	Unique code assigned to a drug product by the FDA and the manufacturer or distributor. It identifies the manufacturer/distributor, drug, dosage form, strength, and package size. The NDC is represented in an 11-digit 5-4-2 format: A 5 digit labeler code, a 4 digit product code and a 2 digit package code.	11	Character
Obsolete	The date the drug is no longer available for purchase from the manufacturer.	10	Date (MM/DD/CCYY)
PA	Prior Authorization Indicator. Valid values include: Y = Yes and N = No.	1	Character
Pack Size	Identifies the number of billing units in the labeled quantity from which the pharmacist dispenses; for example, 100 tablets, 1000 capsules, or 20 ml vial.	11	Number (Decimal)
RI (Rebate Indicator)	Rebate indicator. Valid values include: Y = Yes and N = No.	1	Character

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7.58 REF-086B-W -- DRUG PRICE UPDATE ACCEPTANCE REPORT

7.58.1 REF-086B-W -- Drug Price Update Acceptance Report Narrative

The Drug Price Update Acceptance report shows what will happen, when the process is run, and show the additional drug pricing that will apply when the FDB process are applied to the Production tables.

Data Source: First DataBank (FDB)

Frequency: Weekly

7.58.2 REF-086B-W -- Drug Price Update Acceptance Report Layout

```
REPORT  : REF-086B-W                          ALABAMA MEDICAID AGENCY                                    RUN DATE: MM/DD/CCYY
PROCESS : REFJW084                     MEDICAID MANAGEMENT INFORMATION SYSTEM                            RUN TIME: HH:MM:SS
LOCATION: REFP084                  FIRST DATA BANK - PRICE UPDATE ACCEPTANCE REPORT                          PAGE: 999,999
                                             REPORT PERIOD: MM/DD/CCYY

FDB ACD   DRUG NAME                          NDC              PRICE TYPE    EFFECTIVE DATE                    COST
X         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXX      XX            MM/DD/CCYY                        9999999.99999
X         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXX      XX            MM/DD/CCYY                        9999999.99999
X         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXX      XX            MM/DD/CCYY                        9999999.99999
X         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXX      XX            MM/DD/CCYY                        9999999.99999
X         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXX      XX            MM/DD/CCYY                        9999999.99999
X         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXX      XX            MM/DD/CCYY                        9999999.99999
X         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXX      XX            MM/DD/CCYY                        9999999.99999
X         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXX      XX            MM/DD/CCYY                        9999999.99999
X         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXX      XX            MM/DD/CCYY                        9999999.99999


                                                  * * NO ERRORS THIS RUN * *

                                                    * * END OF REPORT * *
```


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7.58.3 REF-086B-W -- Drug Price Update Acceptance Report Field Descriptions

Field	Description	Length	Data Type
Cost	National Drug Code price table rate.	12	Number (Decimal)
Drug Name	Drug Brand Name- The drug name, strength and package type.	30	Character
Effective Date	Effective Price Date. The date the price becomes effective.	10	Date (MM/DD/CCYY)
FDB ACD	First DataBank record type identifier. Valid values include: C = Change A = Add D = Delete	1	Character
NDC	Unique code assigned to a drug product by the FDA and the manufacturer or distributor. It identifies the manufacturer/distributor, drug, dosage form, strength, and package size. The NDC is represented in an 11-digit 5-4-2 format: A 5 digit labeler code, a 4 digit product code and a 2 digit package code.	11	Character
Price Type	The National Drug Code (NDC) Price Type.	2	Character

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7.59 REF-091B-W -- DRUG AND PRICING UPDATE ACCEPTANCE ERROR REPORT

7.59.1 REF-091B-W -- Drug And Pricing Update Acceptance Error Report Narrative

The Drug and Pricing Update Acceptance Error report displays all errors encountered during the actual processing of the FDB Drug and FDB Pricing files.

Data Source: First DataBank (FDB)

Frequency: Weekly

7.59.2 REF-091B-W -- Drug And Pricing Update Acceptance Error Report Layout

```
REPORT  : REF-091B-W                          ALABAMA MEDICAID AGENCY                                    RUN DATE: MM/DD/CCYY
PROCESS : REFJW084                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           RUN TIME: HH:MM:SS
LOCATION: REFP084             FIRST DATA BANK - DRUG AND PRICING UPDATE ACCEPTANCE ERROR REPORT              PAGE: 999,999
                                             REPORT PERIOD: MM/DD/CCYY

FDB NDC          DRUG NAME                        GCN       THER    iC    DRUG     ERROR MESSAGE
ACD                                               SEQNO     CLASS   TRX   STATUS
 X  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXX    XXX      X     X        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 X  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXX    XXX      X     X        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 X  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXX    XXX      X     X        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 X  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXX    XXX      X     X        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 X  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXX    XXX      X     X        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 X  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXX    XXX      X     X        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 X  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXX    XXX      X     X        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 X  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXX    XXX      X     X        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 X  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXX    XXX      X     X        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                                 * * NO ERRORS THIS RUN * *

                                                   * * END OF REPORT * *
```


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7.59.3 REF-091B-W -- Drug And Pricing Update Acceptance Error Report Field Descriptions

Field	Description	Length	Data Type
FDB ACD	First DataBank record type indicator. Valid values include: C = Change A = Add D = Delete	1	Character
Drug Name	Drug Brand Name.	30	Character
Drug Status	Indicates if Drug is A = active, I = inactive for payment.	1	Character
Error Message	Descriptive Error Message.	50	Character
GCN Seqno	The Generic Code Number Sequence Number of a drug that represents a unique combination of ingredient(s), strength, dosage form and route of administration for a generic drug formulation. Aggregates drug products that share like ingredient sets, route of administration, dosage form, and strength of drug but are marketed by multiple manufacturers.	6	Number (Integer)
iC TRX	AMMIS database type transaction update type. Valid values include: U = Update A = Add	1	Character
NDC	Unique code assigned to a drug product by the FDA and the manufacturer or distributor. It identifies the manufacturer/distributor, drug, dosage form, strength, and package size. The NDC is represented in an 11-digit 5-4-2 format: A 5 digit labeler code, a 4 digit product code and a 2 digit package code.	11	Character
Ther Class	State Specific Drug Class.	3	Character

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7.60 REF-0400D-C-Q - QUARTERLY DURABLE MEDICAL EQUIPMENT NCCI UPDATE REPORT

7.49.1 REF-0400D-C-Q - Quarterly Durable Medical Equipment NCCI Update Report

Report of updates for DME file – NCCI.

7.49.2 REF-0400D-C-Q - Quarterly Durable Medical Equipment NCCI Update Report

```
Report  : REF-0400D-C-Q                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : REFJQ400                        MEDICAID MANAGEMENT INFORMATION SYSTEM                            Run Time:   HH:MM:SS
Location: REFP0400                       QUARTERLY DURABLE MEDICAL EQUIPMENT NCCI UPDATE REPORT                 Page:    999,999
                                                 QUARTER BEGINNING: MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------
 HCPCS/CPT  HCPCS/CPT  EFFECTIVE    END           MOD    STATUS
 CODE 1     CODE 2     DATE         DATE          IND    MESSAGE
-------------------------------------------------------------------------------------------------------------------------------
 XXXXX      XXXXX      MM/DD/CCYY   MM/DD/CCYY    X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX      XXXXX      MM/DD/CCYY   MM/DD/CCYY    X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX      XXXXX      MM/DD/CCYY   MM/DD/CCYY    X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX      XXXXX      MM/DD/CCYY   MM/DD/CCYY    X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX      XXXXX      MM/DD/CCYY   MM/DD/CCYY    X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                              TOTAL RECORDS READ       ================================>    999,999
                              TOTAL RECORDS ADDED      ================================>    999,999
                              TOTAL RECORDS UPDATED    ================================>    999,999
                              TOTAL ERROR RECORDS      ================================>    999,999
                              TOTAL DUPLICATE RECORDS  ================================>    999,999


                                                 ** End of Report **


                                              ** No Data This Report **
```


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7.49.3 REF-0400D-C-Q - Quarterly Practitioner NCCI Update Report Field Descriptions

Field	Description	Data Type	Length
EFFECTIVE DATE	The Effective Date of the segment.	Date (MM/DD/CCYY)	10
END DATE	The End Date of the segment.	Date (MM/DD/CCYY)	10
HCPCS/CPT CODE 1	HCPCS/CPT CODE for greater procedure.	Character	5
HCPCS/CPT CODE 2	HCPCS/CPT CODE for lesser procedure.	Character	10
MOD IND	Modifier Indicator.	Character	1
STATUS MESSAGE	Reports the status of the input record processed.	Character	74
TOTAL DUPLICATE RECORDS	Total number of duplicated segments in input file.	Number (Integer)	6
TOTAL ERROR RECORDS	Total input segment that was errored out.	Number (Integer)	6
TOTAL RECORDS ADDED	Total segments that were added to database.	Number (Integer)	6
TOTAL RECORDS READ	Total input segments read.	Number (Integer)	6
TOTAL RECORDS UPDATED	Total input segment that caused the database update.	Number (Integer)	6

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7.61 REF-0400D-E-Q - QUARTERLY DURABLE MEDICAL EQUIPMENT NCCI ERROR REPORT

7.50.1 REF-0400D-E-Q - Quarterly Durable Medical Equipment NCCI Error Report

Report of errors for DME file – NCCI.

7.50.2 REF-0400D-E-Q - Quarterly Durable Medical Equipment NCCI Error Report

```
Report  : REF-0400D-E-Q                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : REFJQ400                       MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: REFP0400                      QUARTERLY DURABLE MEDICAL EQUIPMENT NCCI ERROR REPORT               Page:    999,999
                                              QUARTER BEGINNING: MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------
  HCPCS/CPT  HCPCS/CPT  EFFECTIVE    END          CLEID           MOD  INPUT FILE REC /
  CODE 1     CODE 2     DATE         DATE                         IND  ERROR MESSAGE  /
-------------------------------------------------------------------------------------------------------------------------------

                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXX   XXXXXXXX    MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXX   XXXXXXXX    MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXX   XXXXXXXX    MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXX   XXXXXXXX    MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXX   XXXXXXXX    MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXX   XXXXXXXX    MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXX   XXXXXXXX    MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXX   XXXXXXXX    MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                                 ** End of Report **

                                              ** No Data This Report **
```


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7.49.3 REF-0400D-E-Q - Quarterly Practitioner NCCI Update Report Field Descriptions

Field	Description	Data Type	Length
EFFECTIVE DATE	The Effective Date of the segment.	Date (MM/DD/CCYY)	10
END DATE	The End Date of the segment.	Date (MM/DD/CCYY)	10
ERROR MESSAGE	Reports the error reason for the input record processed.	Character	82
HCPCS/CPT CODE 1	HCPCS/CPT CODE for greater procedure.	Character	5
HCPCS/CPT CODE 2	HCPCS/CPT CODE for lesser procedure.	Character	5
INPUT FILE REC	Displays the input file segment causing the error.	Character	100
CLEID	Correspondence Language Example Identification Number.	Character	12
MOD IND	Modifier Indicator.	Character	1

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7.62 REF-0400O-C-Q - QUARTERLY HOSPITAL NCCI UPDATE REPORT

7.62.1 REF-0400O-C-Q - Quarterly Hospital NCCI Update Report Narrative

Report of changes for HOS file – NCCI.

7.62.2 REF-0400O-C-Q - Quarterly Hospital NCCI Update Report Layout

```
Report  : REF-0400O-C-Q                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : REFJQ400                       MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: REFP0400                        QUARTERLY HOSPITAL NCCI UPDATE REPORT                             Page:    999,999
                                              QUARTER BEGINNING: MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------
 HCPCS/CPT  HCPCS/CPT  EFFECTIVE    END           MOD    STATUS
 CODE 1     CODE 2     DATE         DATE          IND    MESSAGE
-------------------------------------------------------------------------------------------------------------------------------
 XXXXX      XXXXX      MM/DD/CCYY   MM/DD/CCYY    X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX      XXXXX      MM/DD/CCYY   MM/DD/CCYY    X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX      XXXXX      MM/DD/CCYY   MM/DD/CCYY    X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX      XXXXX      MM/DD/CCYY   MM/DD/CCYY    X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX      XXXXX      MM/DD/CCYY   MM/DD/CCYY    X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                              TOTAL RECORDS READ       ==============================>    999,999
                              TOTAL RECORDS ADDED      ==============================>    999,999
                              TOTAL RECORDS UPDATED    ==============================>    999,999
                              TOTAL ERROR RECORDS      ==============================>    999,999
                              TOTAL DUPLICATE RECORDS  ==============================>    999,999


                                                 ** End of Report **


                                              ** No Data This Report **
```


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7.62.3 REF-0400O-C-Q - Quarterly Hospital NCCI Update Report Field Descriptions

Field	Description	Data Type	Length
EFFECTIVE DATE	The Effective Date of the segment.	Date (MM/DD/CCYY)	10
END DATE	The End Date of the segment.	Date (MM/DD/CCYY)	10
HCPCS/CPT CODE 1	HCPCS/CPT CODE for greater procedure.	Character	5
HCPCS/CPT CODE 2	HCPCS/CPT CODE for lesser procedure.	Character	5
MOD IND	Modifier Indicator.	Character	1
STATUS MESSAGE	Reports the status of the record processed.	Character	74
TOTAL DUPLICATE RECORDS	Total number of duplicated segments in input file.	Number (Integer)	6
TOTAL ERROR RECORDS	Total input segment that was errored out.	Number (Integer)	6
TOTAL RECORDS ADDED	Total segments that were added to database.	Number (Integer)	6
TOTAL RECORDS READ	Total input segments read.	Number (Integer)	6
TOTAL RECORDS UPDATED	Total input segment that caused the database update.	Number (Integer)	6

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7.63 REF-0400O-E-Q - QUARTERLY HOSPITAL NCCI ERROR REPORT

7.63.1 REF-0400O-E-Q - Quarterly Hospital NCCI Error Report Narrative

Report of errors for HOS file – NCCI.

7.63.2 REF-0400O-E-Q - Quarterly Hospital NCCI Error Report Layout

```
Report  : REF-0400O-E-Q                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : REFJQ400                       MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: REFP0400                        QUARTERLY HOSPITAL NCCI ERROR REPORT                                Page:    999,999
                                                 QUARTER BEGINNING: MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------
  HCPCS/CPT  HCPCS/CPT  EFFECTIVE    END          CLEID           MOD  INPUT FILE REC /
  CODE 1     CODE 2     DATE         DATE                         IND  ERROR MESSAGE  /
-------------------------------------------------------------------------------------------------------------------------------

                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXX   XXXXXXXX    MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXX   XXXXXXXX    MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXX   XXXXXXXX    MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXX   XXXXXXXX    MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXX   XXXXXXXX    MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXX   XXXXXXXX    MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXX   XXXXXXXX    MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXX   XXXXXXXX    MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                 ** End of Report **

                                              ** No Data This Report **
```


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7.63.3 REF-0400O-E-Q - Quarterly Hospital NCCI Error Report Field Descriptions

Field	Description	Data Type	Length
EFFECTIVE DATE	The Effective Date of the segment.	Date (MM/DD/CCYY)	10
END DATE	The End Date of the segment.	Date (MM/DD/CCYY)	10
ERROR MESSAGE	Reports the error reason for the input record processed.	Character	82
HCPCS/CPT CODE 1	HCPCS/CPT CODE for greater procedure.	Character	5
HCPCS/CPT CODE 2	HCPCS/CPT CODE for lesser procedure.	Character	5
INPUT FILE REC	Displays the input file segment causing the error.	Character	100
CLEID	Correspondence Language Example Identification Number.	Character	12
MOD IND	Modifier Indicator.	Character	1

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7.64 REF-0400P-C-Q - QUARTERLY PRACTITIONER NCCI UPDATE REPORT

7.64.1 REF-0400P-C-Q - Quarterly Practitioner NCCI Update Report

Report of updates for PR file – NCCI.

7.64.2 REF-0400P-C-Q - Quarterly Practitioner NCCI Update Report

```
Report  : REF-0400P-C-Q                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : REFJQ400                        MEDICAID MANAGEMENT INFORMATION SYSTEM                            Run Time:   HH:MM:SS
Location: REFP0400                       QUARTERLY PRACTITIONER NCCI UPDATE REPORT                              Page:    999,999
                                                 QUARTER BEGINNING: MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------
 HCPCS/CPT  HCPCS/CPT  EFFECTIVE    END           MOD    STATUS
 CODE 1     CODE 2     DATE         DATE          IND    MESSAGE
-------------------------------------------------------------------------------------------------------------------------------
 XXXXX      XXXXX      MM/DD/CCYY   MM/DD/CCYY    X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX      XXXXX      MM/DD/CCYY   MM/DD/CCYY    X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX      XXXXX      MM/DD/CCYY   MM/DD/CCYY    X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX      XXXXX      MM/DD/CCYY   MM/DD/CCYY    X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX      XXXXX      MM/DD/CCYY   MM/DD/CCYY    X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                              TOTAL RECORDS READ       ================================>    999,999
                              TOTAL RECORDS ADDED      ================================>    999,999
                              TOTAL RECORDS UPDATED    ================================>    999,999
                              TOTAL ERROR RECORDS      ================================>    999,999
                              TOTAL DUPLICATE RECORDS  ================================>    999,999


                                                 ** End of Report **


                                              ** No Data This Report **
```


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7.64.3 REF-0400P-C-Q - Quarterly Practitioner NCCI Update Report Field Descriptions

Field	Description	Data Type	Length
EFFECTIVE DATE	The Effective Date of the segment.	Date (MM/DD/CCYY)	10
END DATE	The End Date of the segment.	Date (MM/DD/CCYY)	10
HCPCS/CPT CODE 1	HCPCS/CPT CODE for greater procedure.	Character	5
HCPCS/CPT CODE 2	HCPCS/CPT CODE for lesser procedure.	Character	10
MOD IND	Modifier Indicator.	Character	1
STATUS MESSAGE	Reports the status of the input record processed.	Character	74
TOTAL DUPLICATE RECORDS	Total number of duplicated segments in input file.	Number (Integer)	6
TOTAL ERROR RECORDS	Total input segment that was errored out.	Number (Integer)	6
TOTAL RECORDS ADDED	Total segments that were added to database.	Number (Integer)	6
TOTAL RECORDS READ	Total input segments read.	Number (Integer)	6
TOTAL RECORDS UPDATED	Total input segment that caused the database update.	Number (Integer)	6

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7.65 REF-0400P-E-Q - QUARTERLY PRACTITIONER NCCI ERROR REPORT

7.65.1 REF-0400P-E-Q - Quarterly Practitioner NCCI Error Report

Report of errors for PR file – NCCI.

7.65.2 REF-0400P-E-Q - Quarterly Practitioner NCCI Error Report

```
Report  : REF-0400P-E-Q                        ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : REFJQ400                      MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: REFP0400                     QUARTERLY PRACTITIONER NCCI ERROR REPORT                             Page:    999,999
                                             QUARTER BEGINNING: MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------
  HCPCS/CPT  HCPCS/CPT  EFFECTIVE    END          CLEID           MOD  INPUT FILE REC /
  CODE 1     CODE 2     DATE         DATE                         IND  ERROR MESSAGE  /
-------------------------------------------------------------------------------------------------------------------------------

                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXX   XXXXXXXX    MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXX   XXXXXXXX    MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXX   XXXXXXXX    MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXX   XXXXXXXX    MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXX   XXXXXXXX    MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXX   XXXXXXXX    MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXX   XXXXXXXX    MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXX   XXXXXXXX    MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                                 ** End of Report **

                                              ** No Data This Report **
```


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7.65.3 REF-0400P-E-Q - Quarterly Practitioner NCCI Error Report Field Descriptions

Field	Description	Data Type	Length
EFFECTIVE DATE	The Effective Date of the segment.	Date (MM/DD/CCYY)	10
END DATE	The End Date of the segment.	Date (MM/DD/CCYY)	10
ERROR MESSAGE	Reports the error reason for the input record processed.	Character	82
HCPCS/CPT CODE 1	HCPCS/CPT CODE for greater procedure.	Character	5
HCPCS/CPT CODE 2	HCPCS/CPT CODE for lesser procedure.	Character	5
INPUT FILE REC	Displays the input file segment causing the error.	Character	100
CLEID	Correspondence Language Example Identification Number.	Character	12
MOD IND	Modifier Indicator.	Character	1

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7.66 REF-0401D-C-Q - QUARTERLY DURABLE MEDICAL EQUIPMENT MUE UPDATE REPORT

7.66.1 REF-0401D-C-Q - Quarterly Durable Medical Equipment MUE Update Report

Report of changes for the DME file - MUE.

7.66.2 REF-0401D-C-Q - Quarterly Durable Medical Equipment MUE Update Report

```
Report  : REF-0401D-C-Q                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : REFJQ401                       MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: REFP0401                 QUARTERLY DURABLE MEDICAL EQUIPMENT MUE UPDATE REPORT                    Page:    999,999
                                             QUARTER BEGINNING: MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------
 HCPCS/CPT       EFFECTIVE    END            QTY  IND      STATUS
 CODE            DATE         DATE                PUBLISH  MESSAGE
-------------------------------------------------------------------------------------------------------------------------------
 XXXXX          MM/DD/CCYY    MM/DD/CCYY   99999     X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX          MM/DD/CCYY    MM/DD/CCYY   99999     X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX          MM/DD/CCYY    MM/DD/CCYY   99999     X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX          MM/DD/CCYY    MM/DD/CCYY   99999     X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX          MM/DD/CCYY    MM/DD/CCYY   99999     X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                              TOTAL RECORDS READ       ================================>    999,999
                              TOTAL RECORDS ADDED      ================================>    999,999
                              TOTAL RECORDS UPDATED    ================================>    999,999
                              TOTAL ERROR RECORDS      ================================>    999,999
                              TOTAL DUPLICATE RECORDS  ================================>    999,999

                                                 ** End of Report **

                                            ** No Data This Report **
```


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7.66.3 REF-0401D-C-Q - Quarterly Durable Medical Equipment MUE Update Report Field Descriptions

Field	Description	Data Type	Length
EFFECTIVE DATE	The Effective Date of the segment.	Date (MM/DD/CCYY)	10
END DATE	The End Date of the segment.	Date (MM/DD/CCYY)	10
HCPCS/CPT CODE	HCPCS/CPT CODE.	Character	5
IND PUBLISH	Indicates whether the code can be made public.	Character	1
QTY	Quantity of units.	Number (Integer)	5
STATUS MESSAGE	Reports the status of the record processed.	Character	72
TOTAL DUPLICATE RECORDS	Total number of duplicated segments in input file.	Number (Integer)	6
TOTAL ERROR RECORDS	Total input segment that was errored out.	Number (Integer)	6
TOTAL RECORDS ADDED	Total segments that were added to database.	Number (Integer)	6
TOTAL RECORDS READ	Total input segments read.	Number (Integer)	6
TOTAL RECORDS UPDATED	Total input segment that caused the database update.	Number (Integer)	6

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7.67 REF-0401D-E-Q - QUARTERLY DURABLE MEDICAL EQUIPMENT MUE ERROR REPORT

7.67.1 REF-0401D-E-Q - Quarterly Durable Medical Equipment MUE Error Report

Report of Error for the DME file - MUE.

7.67.2 REF-0401D-E-Q - Quarterly Durable Medical Equipment MUE Error Report

```
Report  : REF-0401D-E-Q                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : REFJQ401                       MEDICAID MANAGEMENT INFORMATION SYSTEM                             Run Time:   HH:MM:SS
Location: REFP0401                 QUARTERLY DURABLE MEDICAL EQUIPMENT MUE ERROR REPORT                         Page:    999,999
                                              QUARTER BEGINNING: MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------------
 HCPCS/CPT      QTY  CLEID            EFFECTIVE    END          IND       INPUT FILE REC /
 CODE                                 DATE         DATE         PUBLISH   ERROR MESSAGE  /
-------------------------------------------------------------------------------------------------------------------------------------


                                                                          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX        99999  XXXXXXXXXXXX     MM/DD/CCYY   MM/DD/CCYY   x         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX        99999  XXXXXXXXXXXX     MM/DD/CCYY   MM/DD/CCYY   x         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX        99999  XXXXXXXXXXXX     MM/DD/CCYY   MM/DD/CCYY   x         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX        99999  XXXXXXXXXXXX     MM/DD/CCYY   MM/DD/CCYY   x         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX        99999  XXXXXXXXXXXX     MM/DD/CCYY   MM/DD/CCYY   x         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX        99999  XXXXXXXXXXXX     MM/DD/CCYY   MM/DD/CCYY   x         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                                   ** End of Report **


                                                 ** No Data This Report **
```


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7.67.3 REF-0401D-E-Q - Quarterly Durable Medical Equipment MUE Error Report Field Descriptions

Field	Description	Data Type	Length
EFFECTIVE DATE	The Effective Date of the segment.	Date (MM/DD/CCYY)	10
END DATE	The End Date of the segment.	Date (MM/DD/CCYY)	10
ERROR MESSAGE	Reports the error reason for the input record processed.	Character	81
HCPCS/CPT CODE	HCPCS/CPT CODE.	Character	5
INPUT FILE REC	Displays the input file segment causing the error.	Character	39
CLEID	Correspondence Language Example Identification Number.	Character	12
QTY	Quantity of units.	Number (Integer)	5
IND PUBLISH	Indicates whether the code can be made public.	Character	1

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7.68 REF-0401O-C-Q - QUARTERLY HOSPITAL MUE UPDATE REPORT

7.68.1 REF-0401O-C-Q - Quarterly Hospital MUE Update Report

Report of changes for HOS file - MUE.

7.68.2 REF-0401O-C-Q - Quarterly Hospital MUE Update Report

```
Report  : REF-0401O-C-Q                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : REFJQ401                       MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: REFP0401                        QUARTERLY HOSPITAL MUE UPDATE REPORT                              Page:    999,999
                                              QUARTER BEGINNING: MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------
 HCPCS/CPT       EFFECTIVE    END            QTY  IND      STATUS
 CODE            DATE         DATE                PUBLISH  MESSAGE
-------------------------------------------------------------------------------------------------------------------------------
 XXXXX          MM/DD/CCYY    MM/DD/CCYY   99999     X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX          MM/DD/CCYY    MM/DD/CCYY   99999     X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX          MM/DD/CCYY    MM/DD/CCYY   99999     X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX          MM/DD/CCYY    MM/DD/CCYY   99999     X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX          MM/DD/CCYY    MM/DD/CCYY   99999     X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                              TOTAL RECORDS READ       ==============================>    999,999
                              TOTAL RECORDS ADDED      ==============================>    999,999
                              TOTAL RECORDS UPDATED    ==============================>    999,999
                              TOTAL RECORDS UPDATED(Calculated)   ====================>    999,999
                              TOTAL ERROR RECORDS      ==============================>    999,999
                              TOTAL DUPLICATE RECORDS  ==============================>    999,999


                                                 ** End of Report **


                                              ** No Data This Report **
```


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7.68.3 REF-0401O-C-Q - Quarterly Hospital MUE Update Report Field Descriptions

Field	Description	Data Type	Length
EFFECTIVE DATE	The Effective Date of the segment.	Date (MM/DD/CCYY)	10
END DATE	The End Date of the segment.	Date (MM/DD/CCYY)	10
HCPCS/CPT CODE	HCPCS/CPT CODE.	Character	5
IND PUBLISH	Indicates whether the code can be made public.	Character	1
QTY	Quantity units.	Number (Integer)	5
STATUS MESSAGE	Reports the status of the record processed.	Character	72
TOTAL DUPLICATE RECORDS	Total number of duplicated segments in input file.	Number (Integer)	6
TOTAL ERROR RECORDS	Total input segment that was errored out.	Number (Integer)	6
TOTAL RECORDS ADDED	Total segments that were added to database.	Number (Integer)	6
TOTAL RECORDS READ	Total input segments read.	Number (Integer)	6
TOTAL RECORDS UPDATED	Total input segment that caused the database update.	Number (Integer)	6
TOTAL RECORDS UPDATED(Calculated)	Total input segment that end dated most recent segment and added a new segment.	Number (Integer)	6

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7.69 REF-0401O-E-Q - QUARTERLY HOSPITAL MUE ERROR REPORT

7.69.1 REF-0401O-E-Q - Quarterly Hospital MUE Error Report

Report of errors for HOS file - MUE.

7.69.2 REF-0401O-E-Q - Quarterly Hospital MUE Error Report

```
Report  : REF-0401O-E-Q                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : REFJQ401                       MEDICAID MANAGEMENT INFORMATION SYSTEM                             Run Time:   HH:MM:SS
Location: REFP0401                         QUARTERLY HOSPITAL MUE ERROR REPORT                                  Page:    999,999
                                                QUARTER BEGINNING: MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------------
 HCPCS/CPT      QTY  CLEID            EFFECTIVE    END          IND       INPUT FILE REC /
 CODE                                 DATE         DATE         PUBLISH   ERROR MESSAGE  /
-------------------------------------------------------------------------------------------------------------------------------------


                                                                          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX        99999  XXXXXXXXXXXX     MM/DD/CCYY   MM/DD/CCYY   x         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX        99999  XXXXXXXXXXXX     MM/DD/CCYY   MM/DD/CCYY   x         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX        99999  XXXXXXXXXXXX     MM/DD/CCYY   MM/DD/CCYY   x         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX        99999  XXXXXXXXXXXX     MM/DD/CCYY   MM/DD/CCYY   x         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX        99999  XXXXXXXXXXXX     MM/DD/CCYY   MM/DD/CCYY   x         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX        99999  XXXXXXXXXXXX     MM/DD/CCYY   MM/DD/CCYY   x         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                                   ** End of Report **


                                                ** No Data This Report **
```


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7.69.3 REF-0401O-E-Q - Quarterly Hospital MUE Error Report Field Descriptions

Field	Description	Data Type	Length
EFFECTIVE DATE	The Effective Date of the segment.	Date (MM/DD/CCYY)	10
END DATE	The End Date of the segment.	Date (MM/DD/CCYY)	10
ERROR MESSAGE	Reports the error reason for the input record processed.	Character	81
HCPCS/CPT CODE	HCPCS/CPT CODE.	Character	5
INPUT FILE REC	Displays the input file segment causing the error.	Character	39
CLEID	Correspondence Language Example Identification Number.	Character	12
QTY	Quantity of units.	Number (Integer)	5
IND PUBLISH	Indicates whether the code can be made public.	Character	1

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7.70 REF-0401P-C-Q - QUARTERLY PRACTITIONER MUE UPDATE REPORT

7.70.1 REF-0401P-C-Q - Quarterly Practitioner MUE Update Report

Report of changes for PR file - MUE.

7.70.2 REF-0401P-C-Q - Quarterly Practitioner MUE Update Report

```
Report  : REF-0401P-C-Q                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : REFJQ401                       MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: REFP0401                      QUARTERLY PRACTITIONER MUE UPDATE REPORT                             Page:    999,999
                                                 QUARTER BEGINNING: MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------
 HCPCS/CPT       EFFECTIVE    END            QTY  IND      STATUS
 CODE            DATE         DATE                PUBLISH  MESSAGE
-------------------------------------------------------------------------------------------------------------------------------
 XXXXX          MM/DD/CCYY    MM/DD/CCYY   99999     X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX          MM/DD/CCYY    MM/DD/CCYY   99999     X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX          MM/DD/CCYY    MM/DD/CCYY   99999     X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX          MM/DD/CCYY    MM/DD/CCYY   99999     X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX          MM/DD/CCYY    MM/DD/CCYY   99999     X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                              TOTAL RECORDS READ       ==============================>    999,999
                              TOTAL RECORDS ADDED      ==============================>    999,999
                              TOTAL RECORDS UPDATED    ==============================>    999,999
                              TOTAL ERROR RECORDS      ==============================>    999,999
                              TOTAL DUPLICATE RECORDS  ==============================>    999,999

                                                 ** End of Report **

                                              ** No Data This Report **
```


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7.70.3 REF-0401P-C-Q - Quarterly Practitioner MUE Update Report Field Descriptions

Field	Description	Data Type	Length
EFFECTIVE DATE	The Effective Date of the segment.	Date (MM/DD/CCYY)	10
END DATE	The End Date of the segment.	Date (MM/DD/CCYY)	10
HCPCS/CPT CODE	HCPCS/CPT CODE.	Character	5
IND PUBLISH	Indicates whether the code can be made public.	Character	1
QTY	Quantity of units.	Number (Integer)	5
STATUS MESSAGE	Reports the status of the record processed.	Character	72
TOTAL DUPLICATE RECORDS	Total number of duplicated segments in input file.	Number (Integer)	6
TOTAL ERROR RECORDS	Total input segment that was errored out.	Number (Integer)	6
TOTAL RECORDS ADDED	Total segments that were added to database.	Number (Integer)	6
TOTAL RECORDS READ	Total input segments read.	Number (Integer)	6
TOTAL RECORDS UPDATED	Total input segment that caused the database update.	Number (Integer)	6

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7.71 REF-0401P-E-Q - QUARTERLY PRACTITIONER MUE ERROR REPORT

7.71.1 REF-0401P-E-Q - Quarterly Practitioner MUE Error Report

Report of errors for PR file - MUE.

7.71.2 REF-0401P-E-Q - Quarterly Practitioner MUE Error Report

```
Report  : REF-0401P-E-Q                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : REFJQ401                       MEDICAID MANAGEMENT INFORMATION SYSTEM                             Run Time:   HH:MM:SS
Location: REFP0401                       QUARTERLY PRACTITIONER MUE ERROR REPORT                                Page:    999,999
                                                QUARTER BEGINNING: MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------------
 HCPCS/CPT      QTY  CLEID            EFFECTIVE    END          IND       INPUT FILE REC /
 CODE                                 DATE         DATE         PUBLISH   ERROR MESSAGE  /
-------------------------------------------------------------------------------------------------------------------------------------


                                                                          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX        99999  XXXXXXXXXXXX     MM/DD/CCYY   MM/DD/CCYY   x         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX        99999  XXXXXXXXXXXX     MM/DD/CCYY   MM/DD/CCYY   x         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX        99999  XXXXXXXXXXXX     MM/DD/CCYY   MM/DD/CCYY   x         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX        99999  XXXXXXXXXXXX     MM/DD/CCYY   MM/DD/CCYY   x         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX        99999  XXXXXXXXXXXX     MM/DD/CCYY   MM/DD/CCYY   x         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXX        99999  XXXXXXXXXXXX     MM/DD/CCYY   MM/DD/CCYY   x         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                                   ** End of Report **


                                                 ** No Data This Report **
```


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7.71.3 REF-0401P-E-Q - Quarterly Practitioner MUE Error Report Field Descriptions

Field	Description	Data Type	Length
EFFECTIVE DATE	The Effective Date of the segment.	Date (MM/DD/CCYY)	10
END DATE	The End Date of the segment.	Date (MM/DD/CCYY)	10
ERROR MESSAGE	Reports the error reason for the input record processed.	Character	81
HCPCS/CPT CODE	HCPCS/CPT CODE.	Character	5
INPUT FILE REC	Displays the input file segment causing the error.	Character	39
CLEID	Correspondence Language Example Identification Number.	Character	12
QTY	Quantity of units.	Number (Integer)	5
IND PUBLISH	Indicates whether the code can be made public.	Character	1

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7.72 REF-0900-O - CARC RARC COMBINATIONS UPDATE AUDIT REPORT

The CARC RARC Combinations Update Audit Report shows Added/Changed/Deleted values for the table of valid CARC/RARC combinations, as it is being updated from the spreadsheet from CAQH/CORE. This report was generated by the initial load of the combinations during implementation of ACA Rule 360, and then thrice-yearly on an ongoing basis as updates are received from CAQH/CORE in spreadsheet form.

7.72.1 REF-0900-O – CARC RARC Combinations Update Audit Report Layout

```
Report  : REF-0900-O                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : REFJO900                     MEDICAID MANAGEMENT INFORMATION SYSTEM                        Run Time: HH:MM:SS
Location: REFP0900                       CARC RARC COMBINATIONS UPDATE AUDIT                         Page: 99999


FUNCTION (ADD/CHANGE/DELETE): XXX

CLAIM ADJUSTMENT REASON CODE: XXXX
CLAIM ADJUSTMENT REASON DESCRIPTION:
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

REMITTANCE ADVICE REMARK CODE: XXXXX
REMITTANCE ADVICE REMARK DESCRIPTION:
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CLAIM ADJUSTMENT GROUP CODE: XX     CLAIM ADJUSTMENT GROUP DESCRIPTION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

BUSINESS SCENARIO CODE: XX          BUSINESS SCENARIO DESCRIPTION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                                  ***   END OF REPORT   ***

                                                ***   NO DATA THIS RUN   ***
```


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7.72.2 REF-0900-O - CARC RARC Combinations Update Audit Report Descriptions

Field	Description	Data Type	Length
BUSINESS SCENARIO CODE	A code to indicate the Business Scenario for the combination (BuSc).	Character	2
BUSINESS SCENARIO DESCRIPTION	Description of the Business Scenario (BuSc).	Character	50
CLAIM ADJUSTMENT GROUP CODE	Code identifying the general category of the payment adjustment (CAGC = Claim Adjustment Group Code).	Character	2
CLAIM ADJUSTMENT GROUP DESCRIPTION	Description of the Claim Adjustment Group Code (CAGC).	Character	50
CLAIM ADJUSTMENT REASON CODE	HIPAA Claims Adjustment Reason Code (CARC).	Character	4
CLAIM ADJUSTMENT REASON DESCRIPTION	Description of the HIPAA Claims Adjustment Reason Code (CARC). This description comes from the thrice-yearly spreadsheet from CAQH/CORE.	Character	700
FUNCTION (ADD/CHANGE/DELETE)	Each of the three characters is "A", "C", or "D" indicating an Add, Change, or Delete action. The first character relates to CARC/RARC combination. The second character relates to the CARC/description. The third character relates to the RARC/description. An underscore means no action. **Legend:** • **A__** The combo was added, and the CARC and RARC already exist and their descriptions match, current DB value versus spreadsheet line (combo inserted into DB). • **AC_** The combo was added, and the CARC and RARC already exist and the RARC description matches, current DB value versus spreadsheet line, but not the CARC description (combo inserted, CARC updated on DB). • **A_C** The combo was added, and the CARC and RARC already exist and the CARC description matches, current DB value versus spreadsheet line, but not the RARC description (combo inserted, RARC updated on DB). • **ACC** The combo was added, and the CARC and RARC already exist and the neither the CARC nor the RARC description matches, current DB value versus spreadsheet line (combo inserted, CARC and RARC updated on DB).	Character	3

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Field	Description	Data Type	Length
	• **AA_** The combo was added, and the RARC already existed but not the CARC, which was added (combo inserted, CARC inserted into DB). • **A_A** The combo was added, and the CARC already existed but not the RARC, which was added (combo inserted, RARC inserted into DB). • **AAA** The combo was added, and neither the CARC nor the RARC already existed, so both were added (combo inserted, CARC and RARC inserted into DB). • **D__** The combo was deleted. Any updates to CARC and RARC were skipped (combo inactivated in DB). • **_C_** The combo already existed, and the CARC and RARC already exist and the RARC description matches, current DB value versus spreadsheet line, but not the CARC description (CARC updated in DB). • **__C** The combo already existed, and the CARC and RARC already exist and the CARC description matches, current DB value versus spreadsheet line, but not the RARC description (RARC updated in DB). • **_CC** The combo already existed, and the CARC and RARC already exist but neither description matches, current DB value versus spreadsheet line, but not the RARC description (CARC and RARC updated in DB). • **_A_** The combo already existed, and the RARC already existed but not the CARC, which was added (CARC inserted into DB). • **__A** The combo already existed, and the CARC already existed but not the RARC, which was added (RARC inserted into DB). • **_AA** The combo already existed, and neither the CARC nor the RARC already existed, so both were added (CARC and RARC inserted into DB). **NOTE:** If the combination is detected as duplicated on the data base, "** DUPLICATE **" will appear to the right of the FUNCTION. This is most likely caused by a UI panel entry error, and should be fixed using the UI panel.		
REMITTANCE ADVICE REMARK CODE	HIPAA Remittance Advice Remark Code (RARC). "NULL" indicates a combination without a RARC.	Character	5
REMITTANCE ADVICE REMARK DESCRIPTION	Description of the HIPAA Remittance Advice Remark Code (RARC). This description comes from the thrice-yearly spreadsheet from CAQH/CORE. "NULL" indicates a combination without a RARC.	Character	700

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7.73 REF-FCA-R – FUND CODE ASSIGNMENT CRITERIA REPORT

7.73.1 REF-FCA-R – Fund Code Assignment Criteria Report Narrative

Fund Code assignment criteria report.

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7.73.2 REF-FCA-R – Fund Code Assignment Criteria Report Layout

```
Report  : REF-FCA-R                              ALABAMA MEDICAID AGENCY                                    Run Date: 05/11/2010
Process : REFJR001                         MEDICAID MANAGEMENT INFORMATION SYSTEM                            Run Time:   15:53:47
Location: REFPFCAR                          FUND CODE ASSIGNMENT CRITERIA REPORT                               Page:          1
                                                  REPORT PERIOD: 05/11/2010
SEQ   FC  FUND CODE DESCRIPTION
===== === ==================================================
    CLM TYPE PROVIDER ID          PT   PS    FP AID  CNTY DIAG    ICD     PROC    MOD  NDC           GI CONTRACT EFF DATE END DATE
    ======== ==================== ==== ===== == ==== ==== ======= ======= ======= ==== ============= == ======== ======== ========
   10 372 FP1115 WVR DYS ED
                                                  50 I 69 I                 5010 I                                20000101 22991231
-------------------------------------------------------------------------------------------------------------------------------------
   20 172 FP1115 WVR ED
                                                  50 I                      5010 I                                20000101 22991231
-------------------------------------------------------------------------------------------------------------------------------------
   30 373 FP1115 WVR DRG DYS
      PQ     I                                    50 I 69 I                                                       20000101 22991231
-------------------------------------------------------------------------------------------------------------------------------------
   40 173 FP1115 WVR DRG
      PQ     I                                    50 I                                                            20000101 22991231
-------------------------------------------------------------------------------------------------------------------------------------
   50 371 FP1115 WVR DYS
                                                  50 I 69 I                                                       20000101 22991231
-------------------------------------------------------------------------------------------------------------------------------------
   60 171 FP1115 WVR
                                                  50 I                                                            20000101 22991231
-------------------------------------------------------------------------------------------------------------------------------------
   70 355 STERILZ-PHYS DYS
      MB     I                                    5  I 69 I                 5000 I                                20000101 22991231
-------------------------------------------------------------------------------------------------------------------------------------
   80 155 STERILZ-PHYS
      MB     I                                                            5000 I                                20000101 22991231
-------------------------------------------------------------------------------------------------------------------------------------
   90 224 STERILZ-HOSP DYS
      O      I                                    5  I 69 I                 5000 I                                20000101 22991231
-------------------------------------------------------------------------------------------------------------------------------------
  100 024 STERILZ-HOSP
      O      I                                                            5000 I                                20000101 22991231
-------------------------------------------------------------------------------------------------------------------------------------
  110 224 STERILZ-HOSP DYS
      IAC    I                                    5  I 69 I         5002 I                                       20000101 22991231
-------------------------------------------------------------------------------------------------------------------------------------
  120 024 STERILZ-HOSP
      IAC    I                                                     5002 I                                       20000101 22991231
-------------------------------------------------------------------------------------------------------------------------------------
  130 221 FP-FQHC DYS
                                    56 I          5  I 69 I                 5003 I                                20000101 22991231
-------------------------------------------------------------------------------------------------------------------------------------
  140 221 FP-FQHC DYS
                                    56 I          5  I 69 I 5034 I          5035 I  90 I                          20000101 22991231
-------------------------------------------------------------------------------------------------------------------------------------
  150 221 FP-FQHC DYS
                                    56 I          5  I 69 I                 5001 I  FP I                          20000101 22991231
-------------------------------------------------------------------------------------------------------------------------------------
  160 021 FP-FQHC
                                    56 I                                    5003 I                                20000101 22991231
                                                   * * END OF REPORT * *
```


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```
Report  : REF-FCA-R                          ALABAMA MEDICAID AGENCY                                    Run Date: 05/11/2010
Process : REFJR001                     MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   15:53:47
Location: REFPFCAR                      FUND CODE ASSIGNMENT CRITERIA REPORT                                Page:          1
                                              REPORT PERIOD: 05/11/2010
```

PROCEDURE GROUP	PROCEDURE CODE FROM	PROCEDURE CODE TO	EFFECTIVE DATE	END DATE
5000	55250	55250	19000101	22991231
5000	55450	55450	19000101	22991231
5000	58565	58565	19000101	22991231
5000	58600	58600	19000101	22991231
5000	58605	58605	19000101	22991231
5000	58611	58611	19000101	22991231
5000	58615	58615	19000101	22991231
5000	58670	58671	19000101	22991231
5001	99205	99205	19000101	22991231
5001	99212	99212	19000101	22991231
5001	99213	99213	19000101	22991231
5001	99214	99214	19000101	22991231
5001	99347	99347	19000101	22991231
5001	S4993	S4993	19000101	22991231
5003	11975	11977	19000101	22991231
5003	11980	11980	19000101	22991231
5003	55250	55250	19000101	22991231
5003	55450	55450	19000101	22991231
5003	56302	56302	19000101	22991231
5003	57170	57170	19000101	22991231
5003	58300	58301	19000101	22991231
5003	58600	58600	19000101	22991231
5003	58605	58605	19000101	22991231
5003	58611	58611	19000101	22991231
5003	58615	58615	19000101	22991231
5003	58670	58671	19000101	22991231
5003	99401	99402	19000101	22991231
5003	J1055	J1056	19000101	22991231
5003	J7300	J7300	19000101	22991231
5003	J7302	J7304	19000101	22991231
5003	Q0111	Q0111	19000101	22991231
5032	G9008	G9008	19000101	22991231
5032	Z5385	Z5385	19000101	22991231
5033	G9002	G9002	19000101	22991231
5033	Z5393	Z5393	19000101	22991231
5035	36415	36416	19000101	22991231
5036	S9123	S9124	19000101	22991231
5036	T1019	T1019	19000101	22991231
5036	T2028	T2029	19000101	22991231
5039	H0049	H0049	19900101	22991231
5039	H0050	H0050	19900101	22991231

```
                                  * * END OF REPORT * *
```


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```
Report  : REF-FCA-R                          ALABAMA MEDICAID AGENCY                                    Run Date: 07/12/2012
Process : REFJR001                     MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   19:13:34
Location: REFPFCAR                      FUND CODE ASSIGNMENT CRITERIA REPORT                                Page:          1
                                              REPORT PERIOD: 07/12/2012
```

DIAGNOSIS GROUP	ICD VER	DIAGNOSIS CODE FROM	DIAGNOSIS CODE TO	EFFECTIVE DATE	END DATE
2009	0	G0439	G0439	20141031	22991231
2009	0	G132	G132	20141031	22991231
2009	9	04082	04082	19900101	22991231
2009	9	0664	0664	19900101	22991231
2009	9	2501	2501	19900101	22991231
2009	9	25010	25010	19900101	22991231
2009	9	25011	25011	19900101	22991231
2009	9	25012	25012	19900101	22991231
2009	9	25013	25013	19900101	22991231
2009	9	25020	25020	19900101	22991231
2009	9	25021	25021	19900101	22991231
2009	9	25022	25022	19900101	22991231
2009	9	25023	25023	19900101	22991231
2009	9	25030	25030	19900101	22991231
2009	9	25031	25031	19900101	22991231
2009	9	25032	25032	19900101	22991231
2009	9	25033	25033	19900101	22991231
2009	9	251	251	19900101	22991231
2009	9	2510	2510	19900101	22991231
2009	9	27702	27702	19900101	22991231
2009	9	27703	27703	19900101	22991231
2009	9	27709	27709	19900101	22991231
2009	9	28262	28262	19900101	22991231
2009	9	2903	2903	19900101	22991231
2009	9	2904	2904	19900101	22991231
2009	9	29040	29040	19900101	22991231
2009	9	29041	29041	19900101	22991231
2009	9	29042	29042	19900101	22991231
2009	9	29043	29043	19900101	22991231
2009	9	2910	2910	19900101	22991231
2009	9	2912	2912	19900101	22991231
2009	9	2913	2913	19900101	22991231
2009	9	2914	2914	19900101	22991231
2009	9	2915	2915	19900101	22991231
2009	9	2918	2918	19900101	22991231
2009	9	29181	29181	19900101	22991231

```
                                        * * END OF REPORT * *
```


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```
Report  : REF-FCA-R                          ALABAMA MEDICAID AGENCY                                    Run Date: 07/12/2012
Process : REFJR001                     MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   19:13:34
Location: REFPFCAR                      FUND CODE ASSIGNMENT CRITERIA REPORT                                Page:          2
                                              REPORT PERIOD: 07/12/2012

                          ICD          ICD     ICD          ICD          EFFECTIVE   END
                          GROUP        VER     CODE FROM    CODE TO      DATE        DATE
                          ---------    ---     ---------    ---------    ---------   --------

                              5008      9      6652         6652         19000101    22991231
                              5008      9      6692         6692         19000101    22991231
                              5008      9      697          697          19000101    22991231
                              5008      9      9617         9617         19000101    22991231
                              5008      9      9724         9724         19000101    22991231
                              5009      9      6651         6651         19000101    22991231
                              5009      9      6652         6652         19000101    22991231
                              5009      9      6663         6663         19000101    22991231
                              5009      9      6669         6669         19000101    22991231
                              5009      9      9771         9771         19000101    22991231
                              5009      9      9773         9773         19000101    22991231
                              5013      0      0016072      0016073      20131001    22991231
                              5013      9      6909         6909         19000101    22991231
                              5013      9      7022         7022         19000101    22991231
                                                 * * END OF REPORT * *
```

7.73.3 REF-FCA-R – Fund Code Assignment Criteria Report Field Descriptions

Field	Description	Data Type	Length
AID	Identifies the Aid Category and code identifying whether the Aid Category associated with this entry is included (I) or excluded (E).	Character	4
CLM TYPE	Value for the type of claim that can be processed in the MMIS system and code identifying whether the Claim Types associated with this entry are included (I) or excluded (E).	Character	8
CNTY	The County Code used to identify a geographical/political area in the state and code identifying whether the Recipient County associated with this entry is included (I) or excluded (E).	Character	4
CONTRACT	A code that represents a provider enrollment contract and code identifying whether the Provider Contract associated with this entry is included (I) or excluded (E).	Character	8
DIAG	A Diagnosis group which represents a single or collection of Diagnosis Codes and code identifying whether the Diagnosis associated with this entry is included (I) or excluded (E).	Character	7
Diagnosis Code From	Upper limit of the diagnosis code range associated to the group.	Character	9

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Field	Description	Data Type	Length
Diagnosis Code To	Lower limit of the diagnosis code range associated to the group.	Character	9
Diagnosis Group	A Diagnosis Group which represents a single or collection of Diagnosis Codes.	Character	9
Effective Date	First date of service the corresponding Code becomes effective within the designated Group Type.	Date (MM/DD/CCYY)	8
End Date	Last date of service the corresponding Code is effective within the designated Group Type.	Date (MM/DD/CCYY)	8
FC	This is the fund code that is used in financial reporting to correctly categorize funds (money).	Character	3
FP	A value of 'Y' indicates a family planning service.	Character	1
FUND CODE DESCRIPTION	Description of the fund code that is used in financial reporting to correctly categorize funds (money).	Character	50
GI	Generic Drug Indicator - Indicates whether a drug product is generic product or branded product. Values: '0 - Non-Drug'; '1 - Generic'; '2 - Brand' and blank.	Character	1
ICD	ICD Procedure group, which represents a collection of ICD or ICD 10 Procedure Codes and Code identifying whether ICD 10 Procedure associated with this entry is included (I) or excluded (E).	Character	7
ICD Code From	Upper limit of the ICD Procedure range associated to the group.	Character	9
ICD Code To	Lower limit of the ICD Procedure range associated to the group.	Character	9
ICD Group	ICD Procedure group, which represents a collection of ICD Procedure Codes.	Character	9
ICD VER	Code to denote which version of the ICD Diagnosis or ICD Procedure code set that is being referenced. The valid values will be ‘9’ for ICD-9 and ‘0’ for ICD-10.	Character	1
MOD	The Modifier Code used to further describe a procedure and code identifying whether the Proc Mod associated with this entry is included (I) or excluded (E).	Character	4
NDC	National Drug Code used to uniquely identify a drug. The box directly next to this is used to identify the original 10-character format of the NDC and code identifying whether the Drug Code associated with this entry is included (I) or excluded (E).	Character	13

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Field	Description	Data Type	Length
PROC	Procedure group, that represents a single or collection of procedures and code identifying whether the Procedure Code associated with this entry is included (I) or excluded (E).	Character	7
PROVIDER ID	The Provider ID value and code identifying whether the Provider ID associated with this entry is included (I) or excluded (E).	Character	20
PS	A code representing the specialized area of practice for a provider and code identifying whether the Provider Specialty associated with this entry is included (I) or excluded (E).	Character	5
PT	The Provider Type Code that a provider is licensed for and code identifying whether the Provider Type associated with this entry is included (I) or excluded (E).	Character	4
Procedure Code From	Lower limit of the Procedure Code range associated to the group.	Character	9
Procedure Code To	Upper limit of the Procedure Code range associated to the group.	Character	9
Procedure Group	Represents a single or collection of procedures.	Character	9
SEQ	The sequence in which the FCA rows should be processed.	Character	5

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