

ePAS Denial Resolution Reference

MMIS Denial Message	Business Explanation	Possible Resolution
CANNOT HAVE MORE THAN ONE REIMBURSEMENT RATE CODE.	DMAS95 - Question 5, too many recommendations selected	<p>Forms: DMAS95</p> <p>Section: This section is to be completed by the Pre-admission Screening Committee</p> <p>Question: 5. Recommendation (Either 'a' or 'b' must be checked.)*</p> <p>Action: Only one of the following can be checked:</p> <ul style="list-style-type: none"> ● MI (# 2 above is checked 'Yes') ● MR or Related Condition (# 3 or # 4 is checked 'Yes') ● Dual diagnosis (MI and MR/ID or Related Condition categories are checked) <p>Note: if a patient has a MI and MR diagnosis, only check the Dual Diagnosis check box, checking it along with the MI and MR usually causes this error message.</p>
DUPLICATE ASSESSMENT FOUND.	Another assessment for this member/assessment date combination has submitted and approved already	<p>No further action is needed.</p> <p>If approved assessment was done in error and is invalid in some way, contact Jeanette Trestrail (Jeanette.Trestrail@dmas.virginia.gov) with the member information and assessment date so she can void the previous assessment and claim.</p> <p>Once voided (Status of the assessment will be 'Void') you can enter the assessment with the corrected information.</p>

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INVALID FIPS CODE.	UAI - PART A - City /County Code is invalid	<p>Forms: UAI-Part A Section: Identification/Background Member Name & Vital Information Question: City/County Code*</p> <p>Action Needed: This error is usually seen with county's whose code is two digits. The preceding 0 is needed.</p> <p>Note: We've added a back end check to insert the preceding 0 so this error doesn't occur, but there may be some denials already made prior to this change.</p>
INVALID PROVIDER TYPE/SPECIALTY FOR LEVEL I SCREENER 2 PROVIDER.	DMAS-96 – NPI’s submitted for Level 1 Screener I and Level 1 Screener II do not have the necessary valid provider type/specialty combination.	<p>Forms: DMAS96 Section: Pre-Admission Screening Information (to be completed only by Level I, Level II or ALF screeners Question: Level I/ALF Screening Identification?*</p> <p>Action Needed: Review Level 1/ALF Screener 1 and Screener 2. In most cases, if it's an assessment completed by the localities, the issue is the order of the screeners. Level 1 Screener 1 should be the VDH screener's NPI and the Level 1 Screener 2 should be the DSS screener or other agencies NPI. In most cases the screeners just need to be reversed.</p> <p>Note: Level 1 Screener 1, according to the MMIS, has to be one of the following provider type/specialty combinations only:</p> <ul style="list-style-type: none"> • 051/000 • 051/032 • 051/036 • 053/000 • 053/032 • 056/036 <p>Level 1 Screener2, according to the MMIS , has to be one of the following provider type/specialty combinations:</p> <ul style="list-style-type: none"> • 073/000 • 073/034

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JOINT MOTION DISORDER CODE IS INVALID	UAI-Part B - Physical Status - Joint Motion selection missing	<p>Forms: UAI-Part B Section: Physical Status Question: Joint Motion (drop down)</p> <p>Action Needed: Ensure one of the options in the Joint Motion drop down is selected</p> <ul style="list-style-type: none"> ● Within normal limits or instability corrected (0) ● Limited Motion (1) ● Instability uncorrected or immobile (2)
LEVEL 1 PROVIDER IS INVALID.	DMAS96 Level 1 Provider Information is missing	<p>Forms: DMAS96 Section: Pre-Admission Screening Information (to be completed only by Level I, Level II or ALF screeners); Question: Level I/ALF Screening Identification?*</p> <p>Action Needed: Ensure response is Yes and the following two entries (at a minimum) are complete:</p> <ul style="list-style-type: none"> ● Name of Level 1/ALF screener agency: * ● Level 1/ALF screener provider number: *
LEVEL II SCREENER PROVIDER NUMBER IS INVALID.	DMAS96 Level II Provider Information is missing	<p>Forms: DMAS96 Section: Pre-Admission Screening Information (to be completed only by Level I, Level II or ALF screeners); Question: Complete for the screener who completed the Level II for a diagnosis of MI, MR/ID, or RC:</p> <p>Action Needed: Ensure the following two entries (at a minimum) are complete:</p> <ul style="list-style-type: none"> ● Name of Level II screener :* ● Level II screener provider number:*
MEDICAID AUTHORIZATION CODE IS INVALID IN CROSS EDIT VALIDATION.	Based on the DMAS96 Medicaid Authorization - Level of Care selection the data entered on the assessment is compared to the evaluation criteria.	Review answers on assessment for accuracy. If accurate, please see Med Auth Worksheet (Attachment A) to utilize in checking where the assessment data is failing against evaluation criteria.

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<p>REIMBURSEMENT RATE REQUIRED FOR THIS ASSESSMENT DETERMINATION CODE.</p>	<p>DMAS95 form is either missing or the appropriate recommendation was not checked.</p>	<p>Forms: DMAS96 Section: Pre-Admission Screening Information (to be completed only by Level I, Level II or ALF screeners); Question: Complete for the screener who completed the Level II for a diagnosis of MI, MR/ID, or RC:</p> <ul style="list-style-type: none"> • Name of Level II screener: [entry] • Level II screener provider number: [entry] • Level II Assessment: [selection] <p>Since there's an entry for a Level II Assessment and a valid Level II screener provider number for a diagnosis of MI, MR/ID or RC, the DMAS95 form is necessary. The reimbursement rate is determined from the DMAS95 form based on the response to question #5.</p> <p>Action: Be sure that the DMAS95 (and DMAS95 supplemental if necessary) are completed. This error can indicate the form is missing.</p> <p>If the DMAS95 was submitted, check question #5. Recommendation (Either 'a' or 'b' must be checked.)*</p> <p>One of the following must be checked:</p> <ul style="list-style-type: none"> • MI (# 2 above is checked 'Yes') • MR or Related Condition (# 3 or # 4 is checked 'Yes') • Dual diagnosis (MI and MR/ID or Related Condition categories are checked)
<p>TARGET CASE MANAGEMENT CODE IS INVALID.</p>	<p>Target Case Management selection on the DMAS96 is missing</p>	<p>Forms: DMAS96 Section: Pre-Admission Screening Information (to be completed only by Level I, Level II or ALF screeners); Question: Targeted Case Management for ALF?*</p> <p>Action Needed: Ensure yes or no radio button selection is made</p>

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<p>Multiple Denials</p> <p>Example: MEDICAID ELIGIBILITY CODE IS INVALID.MEDICAID APPLICATION CODE MUST BE 'Y' OR 'N'.MEDICAID AUTHORIZATION CODE IS INVALID.AUXILIARY GRANT APPLIED CODE IS INVALID.PATIENT EXPIRED CODE IS INVALID.PHYSICAL AUTHORIZATION DATE IS INVALID.FIRST NAME REQUIRED.LAST NAME REQUIRED.LEVEL 1 PROVIDER IS INVALID.</p>	<p>Depending on the error messages it could mean a missing form</p>	<p>Action Needed: With multiple error messages that indicate missing or invalid selections, first look at which form those fields are typically on and then make sure that the form was completed.</p> <p>In the case of this example, all of these fields are associated with the DMAS96 form. Make sure that the form was completed.</p> <p>If the error messages are from different forms and the forms were entered then they will need to be addressed individually</p>

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**Appendix A
Medicaid Authorization Cross Edit Validation Worksheet
Scoring Criteria UAI – Part A**

Bathing	Form UAI-A (Section 11)
00 No	Independent
10 mechanical help	Semi-dependent
21 human help, supervision	Dependent
22 human help, physical assistance	Dependent
31 mechanical help and human help, supervision	Dependent
32 mechanical help and human help, physical assistance	Dependent
40 performed by others	Dependent
50 Is Not Performed	Dependent

Dressing	Form UAI-A (Section 11)
00 No	Independent
10 mechanical help	Semi-dependent
21 human help, supervision	Dependent
22 human help, physical assistance	Dependent
31 mechanical help and human help, supervision	Dependent
32 mechanical help and human help, physical assistance	Dependent
40 performed by others	Dependent
50 Is Not Performed	Dependent

Toileting	Form UAI-A (Section 11)
00 No	Independent
10 mechanical help	Semi-dependent
21 human help, supervision	Dependent
22 human help, physical assistance	Dependent
31 mechanical help and human help, supervision	Dependent
32 mechanical help and human help, physical assistance	Dependent
40 performed by others	Dependent
50 Is Not Performed	Dependent

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Transferring	Form UAI-A (Section 11)
00 No	Independent
10 mechanical help	Semi-dependent
21 human help, supervision	Dependent
22 human help, physical assistance	Dependent
31 mechanical help and human help, supervision	Dependent
32 mechanical help and human help, physical assistance	Dependent
40 performed by others	Dependent
50 Is Not Performed	Dependent

Eating/Feeding	Form UAI-A (Section 11)
00 No	Independent
10 mechanical help	Semi-dependent
21 human help, supervision	Dependent
22 human help, physical assistance	Dependent
31 mechanical help and human help, supervision	Dependent
32 mechanical help and human help, physical assistance	Dependent
41 spoon fed	Dependent
42 syringe/tube fed	Dependent
43 fed by IV	Dependent

Bowel	Form UAI-A (Section 12)
0 No	Independent
1 incontinent, less than weekly	Semi-dependent
2 external device/indwelling/sotomy,self care	Semi-dependent
3 incontinent, weekly or more	Dependent
6 ostomy, not self care	Dependent

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Bladder	Form UAI-A (Section 12)
0 No	Independent
1 incontinent, less than weekly	Semi-dependent
2 external device/indwelling/ostomy,self care	Semi-dependent
3 incontinent, weekly or more	Dependent
4 external device not self care	Dependent
5 indwelling Catheter not self care	Dependent
6 ostomy not self care	Dependent

Total Dependent Count: _____

Total Semi-dependent Count: _____

Mobility	Form UAI-A (Section 13)
0 No	0
10 mechanical help	10
21 human help, supervision	21
22 human help, physical assistance	22
31 mechanical help and human help, supervision	31
32 mechanical help and human help, physical assistance	32
40 confined, moves about	40
50 confined, does not move about	50

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Scoring Criteria UAI – Part B

Physical Health Assessment - How do you take your medications	Form UAI-B (Section 3)
0 - Without assistance	0
1 - Administered/monitored by a lay person	1
2 - Administered/monitored by professional nursing staff	2

Physical Health Assessment - Joint Motion	Form UAI-B (Section 5)
0 within normal limits or instability corrected	0
1 limited motion	1
2 instability uncorrected or immobile	2

Physical Health Assessment - Are there ongoing medical/nursing needs?	Form UAI-B (Section 8)
No	0
Yes	1

Physical Health Assessment - Orientation	Form UAI-B (Section 9)
0 oriented	0
1 disoriented- some spheres, some of the time	1
2 disoriented- some spheres, all of the time	2
3 disoriented- all spheres, some of the time	3
4 disoriented- all spheres, all of the time	4
5 comatose	5

Behavior Pattern - Does the client ever wander without purpose	Form UAI-B (Section 11)
0 appropriate	0
1 wandering/passive- less than weekly	1
2 wandering/passive- weekly or more	2
3 abusive/aggressive/disruptive- less than weekly	3
4 abusive/aggressive/disruptive- weekly or more	4
5 comatose	5

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Evaluation Criteria

Evaluation criteria applicable to the following Medicaid Authorizations:

- 01 Nursing facility
- 02 PACE / LTCPHP
- 03 AIDS/HIV waiver services
- 04 EDCD
- 15 Technology Assisted Waiver
- 16 Alzheimer's Assisted Living Waiver

At least one of the following evaluation criteria must be completely met:

Evaluation Criteria 1		
Total Dependent Count > 1		AND
Ongoing medical/nursing needs = 1 (Yes)		AND
Does the client ever wander without purpose score > 2	OR	
Orientation score > 2	OR	
Does the client ever wander without purpose score > 1		
AND Orientation score > 0		AND
Joint Motion score > 0	OR	
Taking Medication score > 0		

Evaluation Criteria 2		
Total Dependent Count > 4 and < 8		AND
Ongoing medical/nursing needs = 1 (Yes)		AND
Mobility score > 10		

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Evaluation Criteria 3	
Total Dependent & Semi Count > 4 and < 8	AND
Ongoing medical/nursing needs = 1 (Yes)	AND
Does the client ever wander without purpose score > 2	AND
Orientation score > = 2	

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Evaluation criteria applicable for ALF Residential Living authorization:

At least one of the following evaluation criteria must be completely met:

ALF Residential Living Evaluation Criteria 1	
Total Dependent Count > 0	

ALF Residential Living Evaluation Criteria 2	
IADL - Meal - Prep = Yes	OR
IADL - Housekeeping = Yes	OR
IADL-Money-Mgmt = Yes	

ALF Residential Living Evaluation Criteria 3	
Taking Medications Count > 0	

Evaluation criteria applicable for ALF Regular Assisted Living authorization:

At least one of the following evaluation criteria must be completely met:

ALF Assisted Living Evaluation Criteria 1	
Total Dependent Count > 1	

ALF Assisted Living Evaluation Criteria 2	
Does the client ever wander without purpose score > 2	