

Claims Screens

03/30/2016

Screens CP-S-001-00 On-line User Pend Location

General Information

This screen is used to add, update, delete and/or inquire User ID(s) for accessing Pend Resolution screens by Location Code and/or Provider ID. The user may inquire by selected criteria such as User ID, Location and/or Provider ID.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add, Delete
PROGRAM	CPA110
MAPSET	CP000VA
TRAN ID	VH07

SAMPLE	On-line User Pend Location (CP-S-001-00)
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MMIS
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Screen ID: CP-S-001-00
 Trans ID: VH07
 Program ID: CPA110VA

VIRGINIA MEDICAID
ONLINE PEND RESOLUTION
USER PEND LOCATION - INQUIRY

Date: 02/10/2010
 Time: 21:56
 Page: 01 of 40

Select Function: Change(for Add, Update and Deletes) Inquiry

Filter Criteria
 User ID: Location: Provider:

Filtered Rows

Command (FOR ADD)	User ID	Location	Provider	Date Added
	e6294	100	000000000	05/24/2004
	A0292	407	000000000	08/13/2003
	A0412	100	000000000	08/05/2003
	A0412	200	000000000	08/05/2003
	A0412	250	000000000	08/05/2003
	A0833	100	000000000	08/05/2003
	A0833	200	000000000	08/05/2003
	A0833	250	000000000	08/05/2003
	A2606	100	000000000	08/05/2003
	A3734	100	000000000	08/05/2003

EXISTING RECORDS DISPLAYED.

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Enter Function Screen Functional Selection (DE5854)	Messages: Add, Update, Delete, Inquiry	A radio button indicating the function you wish to perform. A radio button indicating the function you wish to perform. ADD(R/U) Select the Add radio button. UPDATE(R/U) Select the Update radio button. DELETE(R/U) Select the Delete radio button.
2	User ID User/Operator ID (DE0012)	Edits: Must be numeric. Must be a valid User ID.	A code uniquely identifying the VaMMIS user tracking user input and use of the system. A code uniquely identifying the VaMMIS user tracking user input and use of the system. Eight alphanumeric characters. ADD/UPDATE/DELETE(P) System displayed.
3	(Claim Pend To) Loca- tion Claim Pend To Loca- tion (DE2841)	Edits: Must be numeric. Must be a valid loca- tion.	A code identifying the location where a pended claim is transferred. Use the On-line HELP system to find valid codes for this field. A code identifying the location for a pended claim is transferred to. Three digits. Use the On-line HELP system to find valid codes for this field. ADD(P) Inquiry input only. UPDATE(P) Inquiry input only. DELETE(P) Inquiry input only.
5	Select Screen Functional Selection (DE5854)	Edits: Must be a valid alpha character value. Messages:	A code indicating the function you wish to perform. Use the On-line HELP system to find valid codes for this field. A code indicating the function you wish to perform. One alpha character. Use the On-line HELP system to find valid codes for this field.

			ADD(R/U) Enter 'A' - Add. UPDATE(R/U) Enter 'U'- Update. DELETE(R/U) Enter 'D' - Delete.
6	User ID User/Operator ID (DE0012)	Edits: Must be a valid alphanumeric User ID.	A code uniquely identifying the VaMMIS user tracking user input and use of the system. A code uniquely identifying the VaMMIS user tracking user input and use of the system. Eight alphanumeric characters. ADD(R/U) Enter a valid User ID. UPDATE(C/U) Enter a valid User ID. DELETE(P) System displayed.
8	Provider National Provider Identifier (DE4700)	Edits: Must be a valid numeric Provider ID. Messages:	A unique identification number assigned to the servicing or billing provider. A unique identification number assigned to the servicing or billing provider. ADD(P) Enter a valid Provider ID. UPDATE(P) Enter a valid Provider ID. DELETE(P) Enter a valid Provider ID.
9	Date Added Row Insert Date (DE0010)		The date on which the row was initially inserted and or changed. The date on which the row was initially inserted and or changed. MM/DD/CCYY format. Eight digits. ADD(P) System displayed. UPDATE(P) System displayed. DELETE(P) System displayed.
10	(MSG) (DE0000)	Edits: Displays error/informational messages to the operator. Messages: Displays error/informational messages to the operator.	Displays error/informational messages to the operator. Displays error/informational messages to the operator. ADD(P) System displayed. UPDATE(P) System displayed.

			DELETE(P) System displayed.
11	Page XXX of YYY (DE0000)	Messages: Displays the current page (XXX) and total number of pages (YYY). If page request XXX is changed, must be a numeric value less than or equal to YYY (Total number of pages).	Displays the current page (XXX) and total number of pages (YYY). Displays the current page (XXX) and total number of pages (YYY). ADD(P) System displayed. UPDATE(P) System displayed. DELETE(P) System displayed.

NAVIGATION		On-line User Pend Location (CP-S-001-00)
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Return	Returns to the previous screen accessed.	CP-S-001-01 (R)
Clear Form	Clears all the data entered in the screen and allows user to enter new data.	N/A
Enter	The Enter button has two functions: Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	N/A
Sub Menu	Displays the Claims Processing Main Menu.	CP-S-001-01 (R)
Scroll Up	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
Scroll Down	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
Refresh	Displays the last updated information (if any) from the database.	N/A
Main Menu	Returns to the VaMMIS Main System Menu.	RF-S-010 (R)
Update	Posts the data to the database.	N/A

Error Messages

Error	Description	Resolution
2435	'***' INDICATES RECORD SKIPPED DUE TO UPDATES BY ANOTHER USER	Information message.
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
2429	ADD OPERATION ALLOWED ONLY ON FIRST BLANK LINE	Information message.
2328	ALREADY ON BOTTOM PAGE	Information message. No action needed.
2327	ALREADY ON TOP PAGE	Information message.
3	DUPLICATE RECORD; NOT INSERTED	Information message. No action needed.
2426	EXISTING RECORDS DISPLAYED	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
2428	HIGHLIGHTED FIELD VALUE(S) IS INVALID	Change the highlighted field value.
2289	INTERNAL SYSTEM ERROR; ROLLBACK SUCCESSFUL ERROR LOGGED IN GLOBAL TABLE.	Contact ACS Operations for assistance.
2432	NO CHANGES ALLOWED DURING DELETE; PREVIOUS VALUE SUBSTITUTED	Information message.
2343	NO INFORMATION CHANGED FOR UPDATE	Information message.
2425	NO RECORDS FOUND	Information message. No action needed.
2332	UPDATE PENDING CHOOSE UPDATE.	Choose the Update button to update the record.
2430	UPDATES SUCCESSFUL	Information message.

Screen Access

1. Select the Invoice Processing icon from the VaMMIS Main Menu Screen.
2. The Claims Processing Main Menu Screen is displayed.
3. Choose the User Pend Location radio button.
4. You see the On-line Pend Resolution User Pend Location Screen.
5. Choose the radio button for the function you wish to perform.
If the Add function is chosen, a new line will open for the entry of the User information.
Enter the Filter Criteria to Update or Delete a user(s) security by typing over the existing record.
After entering data for an Update or Delete, choose Enter.
If no errors occur, choose Update to save the record.

If error messages appear on the bottom of the screen, make correction(s), choose Enter. When no error messages appear, choose Update save the data.

Use the Scroll Up and Scroll Down arrow buttons to scroll through additional pages of data.

Screens CP-S-001-01 Claims Processing Main Menu

General Information

This is the Claims Processing Main Menu. It will allow the user to invoke one of four different processes: Pend Resolution Menu, CHIRP Requests, Adjustments or User Pend Location.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update
PROGRAM	CPR010
MAPSET	CPS0101/CLMMENU
TRAN ID	VH95

SAMPLE	Claims Processing Main Menu (CP-S-001-01)
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MMIS

Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments
Reports												

Screen ID: CP-S-001-01
 Trans ID: VH95
 Program ID: CPR010

VIRGINIA MEDICAID CLAIMS PROCESSING MAIN MENU

Select Function

- Pend Resolution Menu
- Chirp Requests
- Adjustments
- User Pend Locations
- Claim Consent

Sub Menu

Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
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1	Pend Resolution Menu (DE0000)	Edits: Enter the value of 1 for CICS.	A radio button to access the On-line Pend Resolution Menu. A radio button to access the On-line Pend Resolution Menu. UPDATE(R/U) Select the Pend Resolution Menu radio button.
2	CHIRP Requests (DE0000)	Edits: Enter the value of 2 for CICS.	Radio button to access all the CHIRP Requests Screens. Radio button to access all the CHIRP Requests Screens.
3	Adjustment (DE0000)	Edits: Enter the value of 3 for CICS.	A radio button to access the Adjustment Screens. Radio button to access the Adjustment Screens. UPDATE(R/U) Select the Adjustments button.
4	User Pend Locations (DE0000)	Edits: Enter the value of 4 for CICS.	A radio button to access the User Pend Location Screen. A radio button to access the User Pend Location Screen. ADD/UPDATE/DELETE(R/U) Select the User Pend Location radio button.
5	Claim Consent (DE0000)	Edits: Choose 5 for CICS Messages:	A radio button to access the Claims Consent Screen. N/A

NAVIGATION	Claims Processing Main Menu (CP-S-001-01)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Adjustment Selection	Displays the Adjustment Screen.	N/A
CHIRP Selection	Displays the CHIRP Primary Selection Criteria Screen	N/A
Claim consent	Displays the Claims consent Screen.	CP-S-001-11 (B)

Sub Menu	Returns to the VaMMIS Main System Menu.	RF-S-010 (R)
Pend Resolution	Displays the On-line Pend Resolution Menu.	N/A
Main Menu	Returns to the VaMMIS Main System Menu.	RF-S-010 (R)
User Pend Locations	Displays the On-line Pend Resolution User Pend Location Screen.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
2417	ALL FIELD INFORMATION OK	Informational message. No action needed.
2386	CLAIM ALREADY DENIED NO MORE PENDED CLAIMS.	Informational message. No action needed.
2385	CLAIM ALREADY PAID NO MORE PENDED CLAIMS.	Informational message. No action needed.
2383	CLAIM ALREADY PENDED TO A DIFFERENT LOCATION NO MORE PENDED CLAIMS.	Informational message. No action needed.
2384	CLAIM ALREADY REJECTED FOR TAD NO MORE PENDED CLAIMS.	Informational message. No action needed.
2380	CLAIM DENIED NEXT PENDED CLAIM DISPLAYED.	Informational message. No action needed.
2375	CLAIM DENIED NO MORE PENDED CLAIMS.	Informational message. No action needed.
2379	CLAIM PAID NEXT PENDED CLAIM DISPLAYED.	Informational message. No action needed.
2374	CLAIM PAID NO MORE PENDED CLAIMS.	Informational message. No action needed.
2295	CLAIM PENDED AGAIN; EDITS SHOWN ON SCREEN	Research the edits displayed, if necessary.
2378	CLAIM PENDED TO A DIFFERENT LOCATION NEXT PENDED CLAIM DISPLAYED.	Informational message. No action needed.
2373	CLAIM PENDED TO A DIFFERENT LOCATION NO MORE PENDED CLAIMS.	Informational message. No action needed.
2381	CLAIM REJECTED FOR TAD	Informational message. No action needed.

	NEXT PENDED CLAIM DISPLAYED.	
2376	CLAIM REJECTED FOR TAD NO MORE PENDED CLAIMS.	Informational message. No action needed.
2296	CLAIM TRANSFER PENDING CHOOSE ENTER TO COMPLETE THE TRANSFER.	Choose Enter to complete the transfer of the claim.
2433	CLAIM TRANSFERRED; SAME CLAIM PULLED FROM NEW LOCATION	Informational message. No action needed.
2369	COB CODE '3' NOT ALLOWED WITH ZERO TPL AMOUNT	Re-enter a valid TPL amount.
2370	COB CODE IS INVALID; MUST BE '2', '3', OR '5'	Enter a valid COB code.
2382	CURRENT CLAIM TRANSFERRED NEXT PENDED CLAIM DISPLAYED.	Informational message. No action needed.
2377	CURRENT CLAIM TRANSFERRED NO MORE PENDED CLAIMS.	Informational message. No action needed.
2422	DAYS/UNITS ENTERED MUST BE NUMERIC	Enter a numeric days/units value.
2321	DIAGNOSIS CODE SELECTED IS INVALID	Choose a new diagnosis code.
2312	DISPOSITION REQUIRED WITH ESC NUMBER	Informational message. No action needed.
2313	DUPLICATE ESC NUMBERS	Enter a valid ESC number. See the field definitions for valid formatting/data for this field.
2361	ENROLLEE INFORMATION NOT ON DATABASE	Enter a valid Enrollee ID. See the field definitions for valid formatting/data for this field.
2322	ENTERED DISPOSITION RESTRICTED FOR THE ESC NUMBER	Enter a valid Disposition Code valid for the ESC Number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
2314	ESC NUMBER ENTERED DOES NOT EXIST IN THE CURRENT ERRORS	Enter a valid ESC number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
2311	ESC NUMBER IS INVALID	Enter a valid ESC number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
2371	ESC NUMBER IS INVALID	Enter a valid ESC number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
2310	ESC NUMBER REQUIRED WITH	Enter a valid ESC number. See the Online Edit/ Audit

	DISPOSITION	Manual. See the field definitions for valid formatting/data for this field.
2318	ESC NUMBER SELECTED IS INVALID	Enter a valid ESC number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
2301	HIGHLIGHTED FIELD(S) CANNOT BE CHANGED WITH LOCATION TRANSFER	Informational message.
2299	HIGHLIGHTED FIELD(S) CANNOT BE CHANGED; OLD VALUE SUBSTITUTED	Informational message. No action needed.
2341	HIGHLIGHTED FIELD(S) INFORMATION MISSING/INVALID	Informational message. No action needed.
2289	INTERNAL SYSTEM ERROR; ROLLBACK SUCCESSFUL ERROR LOGGED IN GLOBAL TABLE.	Contact ACS Operations for assistance.
2309	INVALID DISPOSITION; MUST BE 'E', 'O', OR 'D'.	Enter a valid Disposition Code. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
2306	INVALID VALUE; MUST BE 'Y' OR 'N'	Enter a valid Attachment Indicator.
2096	LOCATION ENTERED DOES NOT EXIST ON THE DATABASE	Informational message. No action needed.
2300	LOCATION ENTERED SAME AS CURRENT LOCATION	Enter a valid Location Code. See the field definitions for valid formatting/data for this field.
2436	MANUAL PRICE CANNOT BE GREATER THAN BILLED AMOUNT	Informational message.
2305	MANUAL PRICE ENTERED MUST BE NUMERIC	Enter a numeric manual price.
2411	NO PROCEDURE INFORMATION	Enter a valid Procedure Code. See the field definitions for valid formatting/data for this field.
2323	PA NUMBER DOES NOT EXIST ON THE DATABASE	Enter a valid Prior Authorization number. See the field definitions for valid formatting/data for this field.
2320	PROCEDURE CODE SELECTED IS INVALID	Select a valid procedure code. or Contact ACS Operations for assistance.
2319	SELECT A DIAGNOSIS	The cursor must be on one of the Diagnosis in the Diagnosis field(s) field on the screen and choose Diagnosis.
2316	SELECT A PROVIDER NUMBER	The cursor must be on one of the Provider ID's in the Provider field(s) field on the screen and choose Pro-

		vider.
2317	SELECT ESC NUMBER	The cursor must be on one of the ESCs in the ESC field(s) field on the screen and choose Edit Text.
2315	SELECTED PROVIDER NUMBER IS INVALID	Enter a valid Provider number.
2395	TPL AMOUNT MUST BE NUMERIC	Enter a numeric value for the TPL amount.

Screen Access

1. Select the Invoice Processing icon from the VaMMIS Main Menu Screen.
2. Choose Enter to display Claims Processing Main Menu Screen.
3. Choose the desired radio button for the function you wish to display.
4. Choose Enter to see the desired screen to be displayed depending on the claim type you have chosen.

Screens CP-S-001-02 On-line Pend Resolution Master Menu

General Information

This screen allows the operator to enter the starting key for displaying pended payment requests. The operator may access the pended payment requests by location, ICN or Billing provider and/or claim type or ESC edit. Users in DMAS Pend Locations will be allowed to “skip” a claim (either UB, HCFA, or Dental) in the online Pend Resolution queue. This allows an authorized user to skip over a claim that has not been resolved or transferred.

Note: The claim that is skipped using this procedure will NOT be available for Pend Resolution processing until the next day.

SOURCE/ORIGINATOR	Pend Resolution Operator
USAGE	Update
PROGRAM	CPA130
MAPSET	CP001VA/PPP01
TRAN ID	VH38

SAMPLE	On-line Pend Resolution Master Menu (CP-S-001-02)
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MMIS

Screen ID: CP-S-001-02
 Trans ID: VH38
 Program ID: CPA130VA

VIRGINIA MEDICAID
ONLINE PEND RESOLUTION
--MENU--

Help | Print | Log
 Date: 02/11/2011
 Time: 10:33

Enter Pend File Starting Point

Location:

ICN:

Billing Provider ID:

Claim Type:

ESC Edit:

ENTER SELECTION CRITERIA.

- Enter
- Clear Form
- Return
- Sub Menu
- Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
5	LOCATION Claim Pend To Location (DE2841)	Edits: Location must be numeric. Must be a valid location. Must be other than 600. (Location 600 reserved for Auto-recycle). Messages:	A code identifying the location for a pending claim. Three digits. Use to the On-line HELP system to find valid code for this field. If an entry is made in the Location field, an ICN (Internal Control Number) is optional and no entry is made the Provider ID field and the Claim Type field. UPDATE(C/U) Enter a valid Pend Location Code.

6	Pending Claim ICN Claim Request ICN (DE2001)	<p>Edits:</p> <ol style="list-style-type: none"> 1. When field is not blank, then ICN must be a valid ICN for the location on the Claims Data Store. Highlight Key field. 2. When Claim Reference Number (DE # 2001) field not blank then Provider ID (Field 3) and Invoice Type (Field 4) must be blank. Highlight Key field <p>Messages:</p> <ol style="list-style-type: none"> 1. ICN not found on the Claims Data Store for Location displayed. 2. Billing Provider ID and Invoice Type fields must be blank when ICN is not blank. 	<p>A unique Internal Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number). Sixteen digits. If an entry is made in the ICN (Internal Control Number) field, the ICN must be valid for the location and no entry can be made in the Provider ID field and the Claim Type field.</p> <p>UPDATE(C/U) Enter a valid Internal Control Number (ICN).</p>
7	Billing Provider ID National Provider Identifier (DE4700)	<p>Edits:</p> <ol style="list-style-type: none"> 1. Must be a valid provider on the Provider Data Store (PS-F-001). Highlight Provider ID field. 2. When Provider Identification Number (DE # 4700) not blank then Key (Field 1-- DE #2001) must be blank. Highlight Provider ID field. <p>Messages:</p> <p>Provider ID may be NPI or Legacy</p> <ol style="list-style-type: none"> 1. Provider not found on the Provider Master File. 	<p>A unique identification number assigned to the billing provider. May be either a Legacy ID, NPI or API. If an entry is made in the Billing Provider ID field the ICN field must be blank.</p> <p>A unique identification number assigned to the billing provider. May be either a Legacy ID, NPI or API. If an entry is made in the Billing Provider ID field the ICN field must be blank.</p> <p>UPDATE(C/U) Enter a valid Provider Identification Number to select pended claims for the Billing Provider entered.</p>

		2. ICN field must be blank when Provider ID is not blank.	
8	CLAIM TYPE Claim Type (DE2002)	Edits: 1. Must be a valid Claim Type. Highlight Claim Type field. 2. When ClaimType (DE # 2002) field not blank then ICN (Field 1 -- DE # 2001) must be blank. Highlight Claim Type field. Messages: 1. Claim Type not valid. 2. ICN field must be blank when Claim Type field is not blank.	A code identifying the claim form document filed by a provider; depends on provider type and claim form type. Two digits. If an entry is made in the Claim Type field, the ICN field must be blank. Use the On-line HELP system to find valid codes for this field. UPDATE(C/U) Enter a valid Claim Type.
9	Edit Esc Selection Claim Error ESC Code (DE5506)	Edits: Can only be used in conjunction with Location, Claim-Type selection criteria Messages:	N/A Claim Error ESC Code. The ESC code may be entered as a selection, but only in conjunction with Location, Claim-Type selection criteria. Entering the ESC code will access claims pended for the ESC, Location and Claim Type entered. UPDATE(O/U) Enter a valid ESC code.
10	System Message Area Screen Informational, Warning or Error Message (DE99999)	Edits: Displays error/informational messages to the operator. Messages: Displays error/informational messages to the operator.	N/A Displays error/informational messages to the operator. UPDATE(P) System displayed.

NAVIGATION		
On-line Pend Resolution Master Menu (CP-S-001-02)		
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Return	Returns the user to the Claims Processing Main Menu.	CP-S-001-01 (R)

Clear Form	Clears all the data entered in the screen and allows the user to enter new data.	N/A
Enter	Navigation to the Pend Resolution Screen depending on the Claim Type.	N/A
Sub Menu	Returns to the Claims Processing Main Menu.	CP-S-001-01 (R)
Main Menu	Returns to the VaMMIS Main System Menu.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
2451	CAPITATION CLAIMS NOT ALLOWED	Information message.
2084	CLAIM BEING RESOLVED BY ANOTHER USER SELECT ANOTHER CLAIM.	Information message.
2074	CLAIM NOT PENDED TO SPECIFIED LOCATION	Enter a valid Pend Location number.
2390	CLAIM PENDED TO AUTO RECYCLE LOCATION (600)	Information message.
2434	CLAIM TIMED OUT AND ASSIGNED TO DIFFERENT USER	Information message.
2077	CLAIM TYPE IS INVALID	Enter a valid Claim Type. See the field definitions for valid data and formatting for this field.
2093	CLAIM TYPE NOT ALLOWED ALONG WITH ICN	Enter a valid Claim Type associated with the ICN.
2387	ENTER SELECTION CRITERIA	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
2073	ICN ENTERED IS NOT ON DATABASE	Contact ACS Operations for assistance.
2072	ICN IS INVALID	Enter a valid ICN. See the field definitions for formatting and requirements for this field.
2362	ICN NOT ALLOWED WITH CLAIM TYPE AND PROVIDER NUMBER	Enter a valid ICN only.
2389	LOCATION 600 RESERVED FOR AUTOMATIC PEND RECYCLE	Information message.
2215	LOCATION ENTERED DOES NOT EXIST ON THE DATABASE	Information message. No action needed.
2388	NO MORE PENDED CLAIMS	Information message.
2392	PEND LOCATION ON CLAIM NOT ASSIGNED TO USER	Enter a valid Location assigned to the user. Or Contact ACS Operations for assistance.

2098	PHARMACY CLAIMS MUST BE ACCESSED FROM THE PRN SYSTEM	Pharmacy claims must be accessed from the pharmacy reimbursement network system.
2076	PROVIDER NUMBER ENTERED NOT ON DATABASE	Contact ACS Operations for assistance.
2075	PROVIDER NUMBER NOT ALLOWED ALONG WITH ICN	Enter a valid ICN only.
2391	SERVICING PROVIDER ON CLAIM NOT ASSIGNED TO USER	Information message.
2097	USER NOT AUTHORIZED FOR THIS LOCATION	Enter a valid Location assigned to the user. or Contact ACS Operations for assistance.

Screen Access

1. Select the Invoice Processing icon from the VaMMIS Main System Menu Screen.
2. You see the Claims Processing Main Menu Screen.
3. Choose the Pend Resolution Menu radio button.
4. Choose Enter.
5. You see the On-line Pend Resolution Menu.

Screens CP-S-001-03 UB Pend Res-olution Screen

General Information

This screen is used to resolve UB pended payment requests for UB payment requests.

SOURCE/ORIGINATOR	Pend Resolution Operator
USAGE	Update
PROGRAM	CPA114
MAPSET	CP003VA/CP03
TRAN ID	VH15

SAMPLE	UB Pend Resolution Screen (CP-S-001-03)
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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessment	Drugs
Reports													

Screen ID: CP-S-001-03
Trans ID: VH15
Program ID: CPA114VA

VIRGINIA MEDICAID ONLINE PEND RESOLUTION --UB CLAIM--

Date: 06/28
Time: 15:38

ICN: [REDACTED]	Att Ind: N	Claim Type: 01	Modifier: 1	User ID: [REDACTED]
LOC-From: 333 To: [REDACTED]	Status: 4	From Date: 11/28/2012	Thru Date: 12/02/2012	Former ICN:
TAD#: [REDACTED]	NTP: 001	Adj Reason:	FCN:	Life Threatening: N
Payment Days: 0004	Pend Reduce: 0000	Cutback Days: 0000	Covered Days: 0004	Non-Covered Days: 0000
Reso Ind: [REDACTED]	Admt Date: 11/28/2012			Hour: 01
Attach #: [REDACTED]	Errors: 0835 P			

Member ID: [REDACTED]	Name: [REDACTED]	DOB: [REDACTED]	Gender: F
Provider ID: [REDACTED]	Name: [REDACTED]	Provider Type: 001	Zip Code: [REDACTED]
Attending: [REDACTED]	Other1: 0000000000	Other2: 0000000000	
Srv Auth#: [REDACTED]	Consent: N	Copay Ind: N	Manual Price: 0.00
COB Code: 82	TPL Ind: N	Discharge Status: 01	TPL Amount: 0.00
Type of Bill: 111	ACC Ind: N	Eligible Days: 00	Patient Pay Amount: 0.00
Admit Type: 3	LOA Days:	Employment Ind: N	Private Room Differential: 0.00
Determined Version: 9	MCARE Paid Amt:		Tentative Payment: 0.00
Diagnosis Code: 29690 29690 30981 31401 31381 317 V618 V623	Procedure Code/Date:		

UPDATE DATA AND CHOOSE ENTER.

Enter	Clear Form	Refresh	Image	Split Image	Attach	Member	Provider	Return	Sub Menu	Main Menu
Procedure	Edit Text	Comments	Adjudication	Consent	Service Auth	Conflict Claims	Diagnosis	Revenue	Value Code	CHIRP

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
5	Pending Claim ICN Claim Request ICN (DE2001)	Edits: Messages:	A unique Internal Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number). Sixteen digits. UPDATE(P) System displayed.
6	Att Ind Claim Attachments Indicator (DE2030)	Edits: 1. Must be a valid value. Highlight this field. Messages: Claim Attachment Indicator is not valid. Invalid Value. Enter 'Y' or 'N'.	A code indicating whether or not the claim has an attachment. One alpha character. Must be Y 'Yes' or N 'No'. UPDATE(C/U) Enter a valid Claim Attachment Indicator.
7	Claim Type Claim Type (DE2002)	Edits: Messages:	A code identifying the claim form document filed by a provider; depends on provider type and claim form type. Two digits. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
8	Claim Type Mod Claim Type Modifier (DE2003)	Edits: Messages:	A code indicating the type of claim transaction and the processing to be done. One digit. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.

9	User ID User/Operator ID (DE0012)	Edits: Messages:	A code uniquely identifying the VaMMIS user tracking user input and use of the system. Eight alphanumeric characters. UPDATE(P) System displayed.
10	Pend Location From Claim Pend From Location (DE2840)	Edits: Messages:	A code identifying the location a pended claim was transferred from. Three digits. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
11	Pend Location To Claim Pend To Location (DE2841)	Edits: 1. Must be a valid location. Highlight the Claim Pend Location Field. Messages: Not a valid To Location. Location does not exist on the database.	A code identifying the location for a pended claim is transferred to. Three digits. Use the On-line HELP system to find valid codes for this field. UPDATE(O/U) Enter a valid Pend Location Code.
12	Claim Status Claim Status (DE2039)	Edits: Messages:	A code indicating the status of a claim after adjudication. One digit. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
13	From Dt Claim Service From Date (DE2010)	Edits: Messages:	The date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format. Eight digits.

			UPDATE(P) System displayed.
14	Thru Dt Claim Service Thru Date (DE2011)	Edits: Messages:	The date on which the service was ended; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format. Eight digits. UPDATE(P) System displayed.
15	Pending Claim Former ICN Claim Related Document Number (DE2034)	Edits: Messages:	The Internal Control Number of the claim which is to be altered by this adjustment or void (previously called former reference number) or the reference number submitted on the claim from the previous processor in the case of encounters. Sixteen alphanumeric characters. UPDATE(P) System displayed.
17	NTP Calculated (DE0002)	Edits: Messages:	The number of times the claim has pended. Three digits. UPDATE(P) System displayed.
18	Adj Reason Adjustment/Void Reason (DE2033)	Edits: Messages:	A code specifying the reason for adjusting or voiding an individual claim. Four digits. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
19	FCN Financial Control Number (DE9874)	Edits: Messages:	A unique number identifying a financial transaction. Twelve digits. UPDATE(P) System displayed.
20	Life Threatening Claim Life Threatening Indicator	Edits: Messages:	A code identifying the situation was life threat-

	(DE2996)		ening based on documentation with the consent form. One character. Must be Y 'Yes' or N 'No'. UPDATE(P) System displayed.
21	Payment Days Claim Payment days (DE2315)	Edits: Messages:	The number of payment days is system calculated and is the sum of the accommodation revenue units less the cutback days for UB92 claims. Four digits. UPDATE(P) System displayed.
22	Pend Reduced Days Claim Reduced Payment Days (DE2358)	Edits: If this field is entered then the value is moved into AWA-N-REDUCD-PYMT-DAYS and AWA-N-CUTBACK-UNITS-29 before performing adjudication. Messages:	The number of days that represent the reduction in payment days. Four digits. UPDATE(C/U) Enter a valid number of pend reduced Payment Days.
23	Cutback Days Claim Cutback Days/Units (DE2065)	Edits: Messages:	The number of days reduced on the claim so that it could be paid without exceeding service limits, prior authorization limits, etc. Four digits. UPDATE(P) System displayed.
24	Covered Days Claim Covered Days (DE2108)	Edits: Messages:	The number of days/visits covered by the primary payer, as qualified by the payer organization. Four digits. UPDATE(P) System displayed.
25	Non-Covered Days Claim Non-Covered Days (DE2109)	Edits: Messages:	The number of days of care not covered by the payer. Four digits. UPDATE(P) System displayed.
26	Reso Ind Claim Error ESC Code (DE5506)	Edits: 1 Must be a valid	

		<p>value. Highlight Reso Code Field</p> <p>2. If Reso Code entered, Reso Ind Code also must be entered.</p> <p>3. When claim current errors (DE#5501) has a value entered into the associated 'Disposition Indicator', and that value indicates 'Override, or Deny, or 'EOB' the program must read the Error Text Data Store to verify the validity. If the edit errors Override, or Deny indicators are not set to the value of 'Y', for the disposition indicator assigned, highlight the specific RESO IND and Disposition Indicator.</p> <p>Messages:</p> <p>1. Error Code not valid.</p> <p>2. The Disposition Indicator is not valid for this error code.</p>	<p>A code identifying the number of the Claim Error ESC Code. Four digits. Up to ten ESC Codes may be displayed. Use the On-line HELP system to find valid codes for this field. UPDATE(C/U)</p> <p>1. To override an edit, enter the 4 digit ESC code of the edit that is to be overridden, followed by O in the next space. Example: If the claim set for edit 0209 and you wish to override this edit to allow payment, enter 0209 in the Reso Ind field and O (the letter) in the 1 digit space that follows the 4 digit field.</p> <p>2. To deny the claim with the edit that set, enter the 4 digit ESC code of the edit that is to be used to deny (the same edit that set or another edit if resolution instructions so indicate) followed by a D in the next space. Example: If the claim set for edit 0302 and you wish to deny the claim as a duplicate, enter 0302 in the Reso Ind field and D in the 1 digit space that follows the 4 digit field.</p> <p>3. Enter values only for those edits that show a P following the ESC code as displayed in the Errors field. Do not enter values for codes that are followed by T, or E.</p> <p>4. If there are multiple edits with the P indicator displayed in the Errors field, work each P edit. However, if you deny the claim with any one edit, it is not necessary to work the rest of the P edits.</p>
27	(Reso Indicator) Error Text Disposition Attachments (DE5603)	<p>Edits:</p> <p>Must be 'E', 'O', or 'D'. If Reso Code is entered then the Edit Reso Code must be entered.</p> <p>Messages:</p>	<p>A code indicating the Disposition of the Error Text ESC Code. One alphanumeric character. Up to ten Error Text ESC Codes may be displayed. Required, if there is an entry in the Error ESC Code field(s). Use the On-line HELP system to find valid codes for this field. UPDATE(C/U)</p> <p>Enter a valid Error Text Disposition Code(s).</p>
28	Admit Date Claim Admission Date (DE2105)	<p>Edits:</p> <p>Messages:</p>	<p>The date upon which a recipient was admitted to a medical facility or the date on which</p>

			the service began; MM/DD/CCYY format. Eight digits. UPDATE(P) System displayed.
29	ATCH# Claim EDI Attachment Control Number (DE2013)	Edits: Messages:	N/A The attachment control number is submitted on the EDI 837 transaction. It consists of the patient account number, the date of service, and a sequence number. It is used to access attachments that may be submitted later. UPDATE)P) System Displayed
30	Errors Claim Error ESC Code (DE5506)	Edits: Messages:	A code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. Four digits. Up to ten Error Text ESC Codes may be displayed. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
31	(Error Disposition) Error Text Disposition Attachments (DE5603)	Edits: Messages:	A code indicating the Disposition of the Error Text ESC Code. One alphanumeric character. Up to ten Error Text ES Codes may be displayed. Use the On-line HELP system to find value codes for this field. UPDATE(P) System displayed.
32	Admit Hour Claim Hour of Admission (DE2136)	Edits: Messages:	The hour during which the patient was admitted for inpatient or outpatient care. Two digits. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
33	Enrollee ID Enrollee Identification Number (DE3001)	Edits: Messages:	A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID which is DE

			3093. Twelve digits. UPDATE(P) System displayed.
34	Enrollee Name Enrollee Last Name (DE3110)	Edits: Messages:	The last name of the individual eligible for a DMAS-administered medical care program. Up to nineteen alphanumeric characters. UPDATE(P) System displayed.
34.1	(Enrollee Name First) Enrollee First Name (DE3111)	Edits: Messages:	The first name of the individual eligible for a DMAS-administered medical care program. Up to twelve alphanumeric characters. UPDATE(P) System displayed.
34.2	(Enrollee Middle Initial) Enrollee Middle Initial (DE3112)	Edits: Messages:	The middle initial of the individual eligible for a DMAS-administered medical care program. One alphanumeric character. UPDATE(P) System displayed.
35	Enrollee DOB Enrollee Birth Date (DE3005)	Edits: Messages:	The date of birth of the enrollee; MM/DD/CCYY format. Eight digits. UPDATE(P) System displayed.
36	Enrollee Sex Enrollee Sex Code (DE3007)	Edits: Messages:	N/A A code indicating the sex of the enrollee. One alpha character. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
37	Billing Provider ID National Provider Identifier (DE4700)	Edits: Messages: Provider ID may be NPI or Legacy	A unique identification number assigned to the billing or servicing provider who submitted the claim document for adjudication. A unique identification number assigned to the billing or servicing provider who submitted the claim document for adjudication. UPDATE(P) System displayed.

38	Billing Provider Name Provider Name (DE4085)	Edits: Messages:	The name of the billing or servicing provider who submitted the claim document for adjudication. Up to forty alpha characters. UPDATE(P) System displayed.
39	Billing Provider Type Provider Type (DE4006)	Edits: Messages:	A code identifying the classification of a provider under the State plan (e.g., Dentist, Pharmacy). Three digits. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
40	Provider ID: Attending National Provider Identifier (DE4700)	Edits: Messages: Provider ID may be NPI or Legacy	A unique identification number assigned to the attending provider that is assigned to the claim admitting provider. A unique identification number assigned to the attending provider that is assigned to the claim admitting provider. UPDATE(P) System displayed.
41	Provider ID: Other1 National Provider Identifier (DE4700)	Edits: Messages: Provider ID may be NPI or Legacy	A unique identification number assigned to the admitting provider that is assigned to the claim admitting provider. A unique identification number assigned to the admitting provider that is assigned to the claim admitting provider. UPDATE(P) System displayed.
42	Provider ID: Other2 National Provider Identifier (DE4700)	Edits: Messages: Provider ID may be NPI or Legacy	A unique identification number assigned to the admitting provider that is assigned to the claim admitting provider. A unique identification number assigned to the admitting provider that is assigned to the claim admitting provider. UPDATE(P) System displayed.
43	Servicing Zip Code Submitted Provider Address ZIP Code (DE4099)	Edits: Messages:	The ZIP code in the address of the provider. N/A
44	PA # Prior Authorization	Edits: 1. Must be a valid	

	Control Number (DE2024)	value. Highlight PA# field. Messages: PA Number not valid. PA Number does not exist on the Data Base.	A unique authorization number for a pre-approved service, procedure or supply. Twelve digits. UPDATE(C/U) Enter a valid Prior Authorization Number.
45	Consent Claim Consent Indicator (DE2246)	Edits: Messages:	A code indicating whether or not there is a consent record on file. One alpha character. Must be Y 'Yes' or N 'No'. UPDATE(P) System displayed.
46	Co-pay Ind Claim Co-pay Indicator (DE2599)	Edits: Messages:	The co-payment indicator identifying if the recipient has paid or is to pay on the claim. One alpha character. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
47	Manual Price Amt Claim Manual Price Amount (DE2158)	Edits: Must be numeric.Highlight Man Price field. Should not be greater than the billed amount. Messages: Manual Price entered must be numeric. Manual Price cannot be greater than the Billed Amount.	The amount of a claim priced by hand due to the special nature of the service. Up to nine digits. Manual price must not be greater than the Allowed Amount. UPDATE(C/U) Enter a valid Manual Price.
48	COB Code Claim COB Indicator (DE2544)	Edits: Must be a valid value. Highlight the COB CODE field. Must be numeric. Messages: The COB Code is not valid. The COB Code '83'	A code identifying the Coordination of benefits; primary carrier information other than Medicare - Title XVIII form. Two digits. The COB Code '83' not allowed with zero TPL Amount Code. Use the On-line HELP system to find valid codes for this field. UPDATE (C/U) Enter a valid COB Code.

		not allowed with zero TPL Amount Code.	
49	TPL Ind Claim TPL Flag (DE2674)	Edits: Messages:	A code indicating the enrollee had TPL coverage on the claim's date of service. One alpha character. Must be Y 'Yes' or N 'No'. UPDATE(P) System displayed.
50	Discharge Status Claim Discharge Status (DE2869)	Edits: Messages:	A code indicating the status of the patient for facility claims. Two digits. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
51	TPL Amt Claim Third Party Payment (DE2018)	Edits: Messages: TPL Amount must be numeric.	The amount of payment made by third party sources toward a medical claim. Up to nine digits. UPDATE(C/U) Enter a valid TPL Amount.
52	Type Bill Claim Facility Bill Type (DE2102)	Edits: Messages:	A code indicating the bill type of a facility claim. This code is composed of three values, the first position being the facility type, the second being the billing classification of the provider billing the claim, and the third being the billing frequency or type of bill. Three digits. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
53	ACC Ind Claim Other Accident Indicator (DE2028)	Edits: Messages:	A code indicating whether or not the enrollee's condition is related to an accident other than auto or employment. The other accident indicator is from the input claim form. One alpha character. Must be Y 'Yes' or N 'No'. UPDATE(P) System displayed.
54	Eligible Days Calculated (DE0002)	Edits: Messages: Number of DAYS-STAY minus AWA-N-ELIGIBLE-DAYS	The number of days of stay minus AWA-Non Eligible Days. Three digits.

		Messages:	UPDATE(P) System displayed.
55	Patient Pay Amt Claim Patient Pay Amount (DE2083)	Edits: Messages:	The amount of money a recipient is scheduled to pay per month while confined to a nursing home or other long-term care facility. Nine digits. UPDATE(P) System displayed.
56	Admit Type Claim Nature of Admission (DE2107)	Edits: Messages:	A code indicating the priority of this admission. One digit. Use the On-line HELP system to find valid values for this field. UPDATE(P) System displayed.
57	LOA Days Calculated (DE0002)	Edits: When the revenue code = 0183, Leave of Absence Days = revenue units. Messages:	The number of days the enrollee is not in a facility. (Leave of Absence Days) Three digits. When the revenue code = 0183, Leave of Absence Days = revenue units. UPDATE(P) System displayed.
58	EmploymentInd Claim Employment Indicator (DE2074)	Edits: Messages:	A code indicating whether or not the enrollee's condition is the result of employment. One alpha character. Must be Y 'Yes' or N 'No'. UPDATE(P) System displayed.
59	Private Room Differ Claim Private Room Differential (DE2077)	Edits: Messages:	The additional amount paid to a provider for having a recipient in a private room. Nine digits. UPDATE(P) System displayed.
59.1	Determined Version Determined Surgical Procedure/Diagnosis Code Version (DE2151)	Edits: Messages:	The ICD version based on criteria such as date of service, claim type, bill type. System displayed.

60	Medicare Paid Amount Claim Title XVIII Medicare Paid Amount (DE2254)	Edits: Messages:	Amount paid by Medicare if applicable The amount paid by Medicare entered on the Title 18 claim. UPDATE(P) System displayed.
61	Tentative Pymt Amt Claim Payment Amount (DE2023)	Edits: Messages:	The amount of claim payment amount for any claim. This field is calculated by Payment Allowed minus TPL Amount and Copay Amount/Patient Payment. Nine digits. UPDATE(P) System displayed.
62	Diagnosis Diagnosis Code (DE5301)	Edits: Messages:	The ICD-9 CM (International Classification of Diseases Ninth Revision Clinical Modification) code identifying each service, procedure or supply to describe the diagnosis, symptom complaint, condition, problem and circumstances other than disease or injury. Up to five alphanumeric characters. Up to eight Diagnosis Codes may be displayed. UPDATE(P) System displayed.
63	Procedure Code Procedure Code (DE5002)	Edits: Messages:	A CPT (Current Procedural Terminology), HCPCS (CMS Common Procedure Coding System) or an internal state specific code identifying a specific procedure. Five alphanumeric characters. Up to six Procedure Codes may be displayed. UPDATE(P) System displayed.
64	Procedure Cd Date Claim Procedure Code Date (DE2021)	Edits: Messages:	The date that coincides with the Principal Procedure Code; MM/DD/CCYY format. Eight digits. Up to six dates may be displayed. UPDATE(P) System displayed.

NAVIGATION	UB Pend Resolution Screen (CP-S-001-03)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Adjudication	Submits Claim for Adjudication	N/A
Attach	Opens up the claim attachment in secondary window.	N/A
Return	Returns the user to the Online Pend Resolution screen.	CP-S-001-02 (R)
CHIRP	Displays the CHIRP On-line Claim Inquiry: Detailed Claims Display Screen.	CP-S-008-02 (B)
Clear Form	Clears all the data entered in the screen and allows the user to enter new data.	N/A
Conflict Claims	Displays the Pend Resolution Conflicting Claims Inquiry Screen.	CP-S-001-09 (B)
Consent	Displays the On-line Pend Resolution Consent Entry Screen.	CP-S-001-11 (B)
Diagnosis	Displays to ICD Diagnosis/Length of Stay	RF-S-015 (B)
Edit Text	Displays the Edit Text Screen.	N/A
Member	Displays to the Member Demographics Screen.	RS-S-018 (B)
Enter	The Enter button has three functions: Enter displays the Remarks Entry Screen, if the claim is to be transferred. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until all edits are passed and the Adjudication button is chosen.	N/A
SUB MENU	Returns to the Claims Processing Main Menu Screen.	CP-S-001-01 (R)
Image	For the claim record that is displayed in the MMIS, display the associated paper image or EMC proof report from DARS.	N/A
Service Auth	Displays the Service Authorization Detail (Header Level) Screen.	CP-S-004-05 (B)
Procedure	Branch to the Reference Procedure Codes Screens depending on Procedure Type. (Medical, Dental, Home Health/Hospice/Revenue Codes, ICD-10-CM Procedure/LOS).	RF-S-001-10 (B)
Provider	Displays the Provider Information Screen.	PS-S-001-03 (B)
Refresh	Displays the last updated information (if any)	N/A

	from the database.	
Comments	Displays the On-line Pend Resolution Remarks Entry Screen.	CP-S-001-10 (B)
Revenue	Displays to the On-line Pend Resolution UB Revenue Data Screen.	CP-S-001-04 (B)
Main Menu	Returns to the VaMMIS Main System Menu.	RF-S-010 (R)
Value Code	Transfer control to the Value Codes Screen (CP-S-008-13).	CP-S-008-13 (B)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
2417	ALL FIELD INFORMATION OK	Information message. No action needed.
2386	CLAIM ALREADY DENIED NO MORE PENDED CLAIMS.	Information message. No action needed.
2385	CLAIM ALREADY PAID NO MORE PENDED CLAIMS.	Information message. No action needed.
2383	CLAIM ALREADY PENDED TO A DIFFERENT LOCATION NO MORE PENDED CLAIMS.	Information message. No action needed.
2380	CLAIM DENIED NEXT PENDED CLAIM DISPLAYED.	Information message. No action needed.
2375	CLAIM DENIED NO MORE PENDED CLAIMS.	Information message. No action needed.
2379	CLAIM PAID NEXT PENDED CLAIM DISPLAYED.	Information message. No action needed.
2374	CLAIM PAID NO MORE PENDED CLAIMS.	Information message. No action needed.
2295	CLAIM PENDED AGAIN; EDITS SHOWN ON SCREEN	Research the edits displayed, if necessary.
2378	CLAIM PENDED TO A DIFFERENT LOCATION NEXT PENDED CLAIM DISPLAYED.	Information message. No action needed.
2373	CLAIM PENDED TO A DIFFERENT LOCATION NO MORE PENDED CLAIMS.	Information message. No action needed.
2296	CLAIM TRANSFER PENDING CHOOSE ENTER TO COMPLETE THE TRANSFER.	Choose Enter to complete the transfer of the claim.
2433	CLAIM TRANSFERRED; SAME	Information message. No action needed.

	CLAIM PULLED FROM NEW LOCATION	
2303	COB CODE '83' NOT ALLOWED WITH ZERO TPL AMOUNT	Enter a valid COB Code when entering a zero TPL amount. See the field definitions for valid formatting/data for this field.
2304	COB CODE VALUE IS INVALID; MUST BE '82', '83', OR '85'	Enter a valid COB code.
2382	CURRENT CLAIM TRANSFERRED NEXT PENDED CLAIM DISPLAYED.	Information message. No action needed.
2377	CURRENT CLAIM TRANSFERRED NO MORE PENDED CLAIMS.	Information message. No action needed.
2321	DIAGNOSIS CODE SELECTED IS INVALID	Choose a new diagnosis code.
2312	DISPOSITION REQUIRED WITH ESC NUMBER	Information message. No action needed.
2313	DUPLICATE ESC NUMBERS	Enter a valid ESC number. See the field definitions for valid formatting/data for this field.
2361	ENROLLEE INFORMATION NOT ON DATABASE	Enter a valid Enrollee ID. See the field definitions for valid formatting/data for this field.
2322	ENTERED DISPOSITION RESTRICTED FOR THE ESC NUMBER	Enter a valid Disposition Code valid for the ESC Number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
2314	ESC NUMBER ENTERED DOES NOT EXIST IN THE CURRENT ERRORS	Enter a valid ESC number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
2371	ESC NUMBER IS INVALID	Enter a valid ESC number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
2311	ESC NUMBER IS INVALID	Enter a valid ESC number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
2310	ESC NUMBER REQUIRED WITH DISPOSITION	Enter a valid ESC number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
2318	ESC NUMBER SELECTED IS INVALID	Enter a valid ESC number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
2301	HIGHLIGHTED FIELD(S) CANNOT BE CHANGED WITH LOCATION TRANSFER	Information message.

2299	HIGHLIGHTED FIELD(S) CANNOT BE CHANGED; OLD VALUE SUBSTITUTED	Information message. No action needed.
2289	INTERNAL SYSTEM ERROR; ROLLBACK SUCCESSFUL ERROR LOGGED IN GLOBAL TABLE.	Contact ACS Operations for assistance.
2309	INVALID DISPOSITION; MUST BE 'E', 'O', OR 'D'.	Enter a valid Disposition Code. See the Online Edit/ Audit Manual. See the field definitions for valid format- ting/data for this field.
2306	INVALID VALUE; MUST BE 'Y' OR 'N'	Enter a valid Attachment Indicator.
2096	LOCATION ENTERED DOES NOT EXIST ON THE DATABASE	Information message. No action needed.
2300	LOCATION ENTERED SAME AS CURRENT LOCATION	Enter a valid Location Code. See the field definitions for valid formatting/data for this field.
2436	MANUAL PRICE CANNOT BE GREATER THAN BILLED AMOUNT	Information message.
2305	MANUAL PRICE ENTERED MUST BE NUMERIC	Enter a numeric manual price.
2514	MULTIPLE OVERRIDES FOR SAME EDIT NOT SUPPORTED	Remove Error Esc Override that is Duplicate of another Error Esc
2411	NO PROCEDURE INFORMATION	Enter a valid Procedure Code. See the field definitions for valid formatting/data for this field.
2323	PA NUMBER DOES NOT EXIST ON THE DATABASE	Enter a valid Prior Authorization number. See the field definitions for valid formatting/data for this field.
2320	PROCEDURE CODE SELECTED IS INVALID	Select a valid procedure code. or Contact ACS Oper- ations for assistance.
2531	PROVIDER TYPE LOCATION ID IS FAILED, HIT ENTER	Click on Enter Key
2530	PROVIDER TYPE LOCATION ID IS REQUIRED, HIT ENTER	Click on the Enter key
2424	REDUCED DAYS CANNOT BE GREATER THAN PAYMENT DAYS	Enter a valid number of Reduce Days and resubmit.
2423	REDUCED DAYS ENTERED MUST BE NUMERIC	Enter a numeric value for reduced days.
2515	RESO EDIT OVERRIDE MUST MATCH A CURRENT CLAIM EDIT	Change Edit Esc Value to Match a Current Error Esc
2319	SELECT A DIAGNOSIS	The cursor must be on one of the Diagnosis in the Dia- gnosis field(s) field on the screen and choose Dia- gnosis.

2324	SELECT A PROCEDURE CODE	The cursor must be on one of the Procedures in the Procedure field(s) field on the screen and choose Procedure.
2316	SELECT A PROVIDER NUMBER	The cursor must be on one of the Provider ID's in the Provider field(s) field on the screen and choose Provider.
2317	SELECT ESC NUMBER	The cursor must be on one of the ESCs in the ESC field(s) field on the screen and choose Edit Text.
2315	SELECTED PROVIDER NUMBER IS INVALID	Enter a valid Provider number.
2395	TPL AMOUNT MUST BE NUMERIC	Enter a numeric value for the TPL amount.

Screen Access

1. Select the Invoice Processing icon from the VaMMIS Main System Menu Screen.
2. You see Claims Processing Main Menu Screen.
3. Choose the Pend Resolution Menu radio button.
4. Choose Enter to see the On-line Pend Resolution Menu.
5. Enter the Pend Resolution criteria to display the desired type of Pend Resolution Screen.

Screens CP-S-001-04 UB REVENUE DATA PEND RESOLUTION SCREEN

General Information

This screen is used to resolve pended payment requests for UB92 revenue data.

SOURCE/ORIGINATOR	Pend Resolution Operator
USAGE	Update
PROGRAM	CPA120
MAPSET	CP004VA/CP04
TRAN ID	VH27

* REVISIONS *

* DATE INITIAL DESCRIPTION *

* XX/XX/XXXX XXX XX *

* 04/10/2012 VLM ISR 2011-033-001(ADDITION OF MODIFIERS *

* TO AWR) AND DISPLAY ON THIS WINDOW *

* *

SAMPLE	UB Revenue Data Pend Resolution Screen (CP-S-001-04)
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			System displayed.
6	Claim Type Claim Type (DE2002)	Edits: Messages:	A code identifying the claim form document filed by a provider; depends on provider type and claim form type. Two digits. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
7	Claim Type Modifier Claim Type Modifier (DE2003)	Edits: Messages:	A code indicating the type of claim transaction and the processing to be done. One digit. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
8	Line Nbr Calculated (DE0002)	Edits: Claim Revenue Code Line Number. Messages:	A number identifying the Claim Revenue Code Line Number. Three digits. UPDATE(P) System displayed.
9	Revenue Code Claim Revenue Code (DE2122)	Edits: Messages:	A code identifying a specific accommodation and/or ancillary service or billing calculation. Four digits. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
10	Revenue Units Claim Revenue Units (DE2123)	Edits: 1. Must be numeric. Highlight Units field. 2. When Claim Revenue Code (DE # 2122) is not blank then Claims Revenue Units (DE # 2123) must be greater than zero. Highlight Units field. Messages: Highlighted field(s) cannot be blank. Highlighted field invalid, enter numeric value. Cutback Units must be	A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood or renal dialysis treatments etc. Three digits. If there is not an entry in the Claim Revenue Code field, the Claims Revenue Units must be greater than zero. Cutback Units must be less than the Claims Units. UPDATE(O/U) Enter a valid number of Units for the Revenue Code.

		less than Claim Units.	
11	Total Charges Claim Billed Charge (DE2016)	Edits: Messages:	The amount of the charge submitted on a claim. Nine digits. UPDATE(P) System displayed.
12	Prov Non-Covered Amt Claim Non-Covered Amount (DE2139)	Edits: Messages:	The amount of the revenue billed charges that is not covered. Nine digits. UPDATE(P) System displayed.
13	System Cutback Amt Claim Cutback Days/Units (DE2065)	Edits: Messages: Highlighted field(s) invalid, enter numeric value. Cutback amount must equal either Billed or Non-Covered Amount.	The number of units or days reduced on the claim so that it could be paid without exceeding service limits, prior authorization limits, etc. Three digits. The Cutback Amount must equal either the Billed or Non-Covered Amount. UPDATE(R/U) Enter a valid number of the Cutback Units/Days.
14	System Cutback Units Claim Cutback Amount (DE2066)	Edits: Messages: Cutback Units must be less than Claim Units. Highlighted field(s) invalid, enter numeric value.	N/A The charge amount reduced on the claim so that it could be paid without exceeding service limits, prior authorization limits, eligibility dates, etc. Nine digits. The Cutback Units must be less than the Claim Units. UPDATE(R/U) Enter a valid dollar amount for the Cutback Amount.
15	Allowed Amt Claim Allowed Amount (DE2073)	Edits: Messages:	The calculated claim payment amount before reduction due to copay, TPL, patient liability, cutbacks (other than pricing) or denial. Nine digits. UPDATE(P) System displayed.
16	Procedure Code (DE5002)	Edits: May specify multiple procedure codes	A CPT (Current Procedural Terminology), HCPCS (HCFA Common Procedure Coding System) or an internal state specific code identifying a specific procedure. Use the on-line HELP system to find valid codes for this field.
17	Procedure Modifier 1 (DE2171)	Edits: May specify multiple modifier codes	The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z. See Value Set "VALID-MODIFIERS".

18	Procedure Modifier 2 (DE2171)	Edits: May specify multiple modifier codes	The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z. See Value Set "VALID-MODIFIERS".
19	Procedure Modifier 3 (DE2171)	Edits: May specify multiple modifier codes	The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z. See Value Set "VALID-MODIFIERS".
20	Procedure Modifier 4 (DE2171)	Edits: May specify multiple modifier codes	The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z. See Value Set "VALID-MODIFIERS".

NAVIGATION UB Revenue Data Pend Resolution Screen (CP-S-001-04)		
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Return	Returns to the previous screen accessed.	N/A
Enter	The Enter button has two functions: Edits the data on the screen for correctness and displays the appropriate error message when necessary. Posts the data to the database.	N/A
SUB MENU	Returns to the UB92 Pend Resolution Screen.	RF-S-012-11 (R)
Image	For the claim record that is displayed in the MMIS, display the associated paper image or the EMC proof report from DARS.	N/A
SCROLL DOWN	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SCROLL UP	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
Refresh	Displays the information (if any) on the last update of the database.	N/A
Main Menu	Returns to the VaMMIS Main System Menu.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the

		screens chosen.
2417	ALL FIELD INFORMATION OK	Information message. No action needed.
2328	ALREADY ON BOTTOM PAGE	Information message. No action needed.
2327	ALREADY ON TOP PAGE	Information message.
2418	CUTBACK AMOUNT MUST EQUAL EITHER BILLED OR NON-COVERED AMOUNT	Enter a cutback amount to match the billed or non-covered amount.
2419	CUTBACK UNITS MUST BE LESS THAN CLAIM UNITS	Enter a cutback unit amount less than the claim unit amount.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
2326	HIGHLIGHTED FIELD IS INVALID ENTER A NUMERIC VALUE.	Enter a numeric value in the highlighted field.
2346	HIGHLIGHTED FIELD(S) CANNOT BE BLANK; OLD VALUE SUBSTITUTED	Information message. No action needed.
5120	INQUIRIES ONLY; NO UPDATES ALLOWED	Switch to the maintenance screen to complete the update task.
2289	INTERNAL SYSTEM ERROR; ROLLBACK SUCCESSFUL ERROR LOGGED IN GLOBAL TABLE.	Contact ACS Operations for assistance.

Screen Access

1. Select the Invoice Processing icon from the VA DMAS Main System Menu Screen.
2. You see Claims Processing Main Menu Screen.
3. Choose the Pend Resolution Menu radio button.
4. Choose Enter to see the On-line Pend Resolution Menu.
5. Enter the Pend Resolution criteria to display the desired type of Pend Resolution Screen.
6. Enter the desired information to resolve the pending claim.
7. Choose the Revenue button to display the UB92 Data Pend Resolution Screen.

	(DE2001)		A unique Internal Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number). Sixteen digits. UPDATE(P) System displayed.
6	Claim Type Claim Type (DE2002)	Edits: Messages:	N/A A two digit code identifying the claim form document filed by a provider; depends on provider type and claim form type. Use the On-line Help system to find valid codes for this field. UPDATE(P) System displayed.
7	Claim Type Mod Claim Type Modifier (DE2003)	Edits: Messages:	N/A A one digit code indicating the type of claim transaction and the processing to be done. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
8	User ID User/Operator ID (DE0012)	Edits: Messages:	A code uniquely identifying the VaMMIS user tracking user input and use of the system. Eight alphanumeric characters. UPDATE(P) System displayed.
9	Pend Location From Claim Pend From Location (DE2840)	Edits: Messages:	A code identifying the location a pended claim was transferred from. Three digits. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
10	Pend Location To Claim Pend To Location (DE2841)	Edits: 1. Must be a valid value . Highlight Loc-To field. Messages:	A code identifying the location a pended claim is being transferred. Three digits. Use the On-line HELP system to find codes for this field.

		Location does not exist on the database.	Update(C/U) Enter a valid Location Code.
11	Claim Status Claim Status (DE2039)	Edits: Messages:	A code identifying the status of a claim after adjudication. One digit. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
12	From Dt Claim Service From Date (DE2010)	Edits: Messages:	The date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date; MM/DD/CCYY format. Eight digits. UPDATE(P) System displayed.
13	Thru Dt Claim Service Thru Date (DE2011)	Edits: Messages:	The date on which the service was ended; for a claim covering only one service (e.g., a prescription), this is the only service date; MM/DD/CCYY format. Eight digits. UPDATE(P) System displayed.
15	NTP Calculated (DE0002)	Edits: Messages:	The number of times the claim pended. Three digits. UPDATE(P) System displayed.
16	Attach Ind Claim Attachments Indicator (DE2030)	Edits: 1. Must be a valid value . Highlight this field. Messages: Claim Attachments Indicator not valid. Invalid value, Must be 'Y' or 'N'.	A code indicating whether or not the claim has an attachment. One alpha character. Must be Y 'Yes' or N 'No'. UPDATE(C/U) Enter a valid Attachment Indicator.
17	Adj Reason Adjustment/Void Reason (DE2033)	Edits: Messages:	A code specifying the reason for adjusting or voiding an individual claim. Four digits. Use

			the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
18	FCN Financial Control Number (DE9874)	Edits: Messages:	A unique number identifying a financial transaction. Twelve digits. UPDATE(P) System displayed.
19	Pending Claim Former ICN Claim Related Document Number (DE2034)	Edits: Messages:	The Internal Control Number of the claim which is to be altered by this adjustment or void (previously called former reference number) or the reference number submitted on the claim from the previous processor in the case of encounters. Sixteen alphanumeric characters. UPDATE(P) System displayed.
20	Life Threatening Claim Life Threatening Indicator (DE2996)	Edits: Messages:	A code identifying the situation was life threatening based on documentation with the consent form. One character. Must be Y 'Yes' or N 'No'. UPDATE(P) System displayed.
21	ATCH# Claim EDI Attachment Control Number (DE2013)	Edits: Messages:	N/A The attachment control number is submitted on the EDI 837 transaction. It consists of the patient account number, the date of service, and a sequence number. It is used to access attachments that may be submitted later. UPDATE (P)
22	Reso IND Claim Error ESC Code (DE5506)	Edits: 1. Must be a valid value. Highlight RESOCODE field. 2. When Claim Current Errors (DE # 5501) has a value entered into the associated 'Disposition Indicator', and that	A code identifying the number of the Claim Error ESC Code. Four digits. If RESO IND field entered the Claim Disposition Code also must be entered. Up to ten Claim Error ESC Codes may be displayed. Use the On-line HELP system to find valid codes for this field. UPDATE(C/U) 1. To override an edit, enter the 4 digit ESC

		<p>value indicates 'Override, or Deny, or 'EOB" the program must read the Error Text Data Store to verify the validity. If the edit errors Override, or Deny indicators are not set to the value of 'Y', for the disposition indicator assigned, highlight the specific RESOLUTION IND and Disposition Indicator.</p> <p>If RESO IND field entered also must be entered.</p> <p>Messages:</p>	<p>code of the edit that is to be overridden, followed by O in the next space. Example: If the claim set for edit 0209 and you wish to override this edit to allow payment, enter 0209 in the Reso Ind field and O (the letter) in the 1 digit space that follows the 4 digit field.</p> <p>2. To deny the claim with the edit that set, enter the 4 digit ESC code of the edit that is to be used to deny (the same edit that set or another edit if resolution instructions so indicate) followed by a D in the next space. Example: If the claim set for edit 0302 and you wish to deny the claim as a duplicate, enter 0302 in the Reso Ind field and D in the 1 digit space that follows the 4 digit field.</p> <p>3. Enter values only for those edits that show a P following the ESC code as displayed in the Errors field. Do not enter values for codes that are followed by T, or E.</p> <p>4. If there are multiple edits with the P indicator displayed in the Errors field, work each P edit. However, if you deny the claim with any one edit, it is not necessary to work the rest of the P edits.</p>
23	(Resolution Indicator) Error Text Disposition Attachments (DE5603)	<p>Edits:</p> <p>Messages:</p>	<p>N/A</p> <p>A code indicating that the Disposition of the Error Text Code. Up to ten Error Text Disposition Codes may be displayed. On the Pend Resolution Screens, this field is the disposition entered with an ESC number when the operator is denying, rejecting, or overriding an edit.</p> <p>Use the On-line HELP system to find valid codes for this field.</p> <p>UPDATE(C/U)</p> <p>Enter a valid Claims Disposition Code.</p>
24	Errors Claim Error ESC Code (DE5506)	<p>Edits:</p> <p>Messages:</p>	<p>A code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. Four digits.</p> <p>Use the On-line HELP system to find valid codes for this field.</p> <p>UPDATE(P)</p> <p>System displayed.</p>
25	(Error Disposition)	<p>Edits:</p>	

	Error Text Disposition Attachments (DE5603)	Messages:	A code indicating the Disposition of the Error Text ESC Code. One alphanumeric character. Up to ten Edit Text Disposition Codes may be displayed. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
26	Enrollee ID Enrollee Identification Number (DE3001)	Edits: Messages:	A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID which is DE 3093. Twelve digits. UPDATE(P) System displayed.
27	Enrollee Name Enrollee Last Name (DE3110)	Edits: Messages:	The last name of the individual eligible for a DMAS-administered medical care program. Up to nineteen alphanumeric characters. UPDATE(P) System displayed.
27.1	(Enrollee First Name) Enrollee First Name (DE3111)	Edits: Messages:	The first name of the individual eligible for a DMAS-administered medical care program. Up to twelve characters. UPDATE(P) System displayed.
27.2	(Enrollee Middle Initial) Enrollee Middle Initial (DE3112)	Edits: Messages:	The middle initial of the individual eligible for a DMAS-administered medical care program. One alphanumeric character. UPDATE(P) System displayed.
28	Enrollee DOB Enrollee Birth Date (DE3005)	Edits: Messages:	The date of birth of the enrollee; MM/DD/CCYY format. Eight digits. UPDATE(P) System displayed.
29	Enrollee Sex Enrollee Sex Code	Edits: Messages:	

	(DE3007)		A code indicating the sex of the enrollee. One character. Use the On-HELP system to find valid codes for this field. UPDATE(P) System displayed.
30	Provider ID Service National Provider Identifier (DE4700)	Edits: Messages: Provider ID may be NPI or Legacy	A unique identification number assigned to the billing or servicing provider who submitted the claim document for adjudication. A unique identification number assigned to the billing or servicing provider who submitted the claim document for adjudication. UPDATE(P) System displayed.
31	Service Provider Name Provider Name (DE4085)	Edits: Messages:	The name of the billing or servicing provider who submitted the claim document for adjudication. Up to forty alphanumeric characters. UPDATE(P) System displayed.
32	Service Provider Type Provider Type (DE4006)	Edits: Messages:	A code indicating the classification of a provider under the State plan (e.g., Dentist, Pharmacy). Three digits. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
33	Referring Prov National Provider Identifier (DE4700)	Edits: Messages: Provider ID may be NPI or Legacy	A unique identification number assigned to the referring provider that is assigned to the claim servicing provider. A unique identification number assigned to the referring provider that is assigned to the claim servicing provider. UPDATE(P) System displayed.
34	Billing Prov National Provider Identifier (DE4700)	Edits: Messages: Provider ID may be NPI or Legacy	A unique identification number assigned to the billing provider who submitted the claim document for adjudication. A unique identification number assigned to the billing provider who submitted the claim document for adjudication. UPDATE(P) System displayed.
35	Service Zip Code Sub-	Edits:	The ZIP code in the address of the provider.

	mit Provider Address ZIP Code (DE4099)	Messages:	N/A
36	PA # Prior Authorization Control Number (DE2024)	Edits: 1. Must be a valid value . Highlight the PA# field Messages: PA Number does not exist on the database.	A unique authorization number for a pre-approved service, procedure or supply. Twelve digits. UPDATE(C/U) Enter a valid Prior Authorization Number for the Pended Claim.
37	Consent Ind Claim Consent Indicator (DE2246)	Edits: Messages:	N/A A code indicating whether or not there is a consent record on file. One alpha character. Must be Y 'Yes' or N 'No'. UPDATE(P) System displayed.
38	Co-pay Claim Co-pay Indicator (DE2599)	Edits: Messages:	The co-payment amount that the recipient has paid or is to pay on the claim. One alpha character. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
39	Manual Price Amt Claim Manual Price Amount (DE2158)	Edits: If entered must be numeric.Highlight Man Price field. Should not be greater than the billed amount. Messages: Manual Price must be numeric. Manual Price cannot be greater than Billed Amount.	The amount of a claim priced by hand due to the special nature of the service. Nine digits. Must be greater than the Allowed Amount. UPDATE(O/U) Enter a valid Manual Price Amount.
40	COB Code Claim COB Indicator (DE2544)	Edits: 1. Must be a valid value. Highlight COB Code field. Messages: 1. COB Code not valid	A code identifying the coordination of benefits; primary carrier information other than Medicare - Title XVIII form. One digit. Use the On-line HELP system to find valid codes for this field. UPDATE(C/U)

			Enter a valid COB Code.
41	TOS Claim Type of Service (DE2072)	Edits: Messages:	A code indicating the type of service billed. One alphanumeric character. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
42	TPL Ind Claim TPL Flag (DE2674)	Edits: Messages:	A code indicating that the enrollee had TPL coverage on the claim's date of service. One alpha character. Must be Y 'Yes' or N 'No'. UPDATE(P) System displayed.
43	TPL Amt Claim Third Party Payment (DE2018)	Edits: If entered, must be numeric. Messages: TPL Amount must be numeric.	The amount of payment made by third party sources toward a medical claim. Nine digits. UPDATE(C/U) Enter a valid TLP Amount.
44	Cutbk Dys/Unts Claim Units Used (DE2346)	Edits: If entered, must be numeric. Messages: Cutback Days/Units must be numeric.	The number of days of units of service billed on this claim line. Four digits. UPDATE(C/U) Enter a valid number of Cutback Days/Units.
45	Place of Treatment Claim Professional Place of Service (DE2173)	Edits: Messages:	A code identifying the type of place where service was rendered. Two digits. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
46	ACC Ind Claim Accident Indicator (DE2027)	Edits: Messages:	A code indicating whether or not the service was the result of an accident . One alpha character. Must be Y 'Yes' or N 'No'. UPDATE(P) System displayed.
47	Tentative Pymt	Edits: Messages:	

	Claim Payment Amount (DE2023)		The claim payment amount for any claim. This field is calculated from Payment Amount minus TPL Amount/Co-Pay/Patient Pay. Nine digits. UPDATE(P) System displayed.
48	City/Cnty Enrollee FIPS Code (DE3008)	Edits: Messages:	A code indicating the geographic or geopolitical statistical reporting area in which the enrollee resides. The county is a sub-division within the Commonwealth of Virginia. Use the Federal Standard County Codes (FIPS Pub. 6-1). Three digits. UPDATE(P) System displayed.
49	Unit/Visit/Study Claim Number of Units/Visits/Studies (DE2009)	Edits: Messages:	The number of units/visits/study allowed. Four digits. UPDATE(P) System displayed.
50	FP Ind Claim Family Planning/EPSTDT Indicator (DE2075)	Edits: Messages:	A code indicating whether any diagnosis, treatment, drugs, supplies, devices, counseling services, or other billed services or materials are for the purpose of family planning. One alpha character. Must be Y 'Yes' or N 'No'. UPDATE(P) System displayed.
51	Billed Charges Claim Billed Charge (DE2016)	Edits: Messages:	The charge submitted on a claim. Nine digits. UPDATE(P) System displayed.
52	Ans Min Anesthesia Minutes (DE2084)	Edits: Messages:	The number of anesthesia minutes for a practitioner claim, up to four digits. UPDATE(P) System displayed
53	No. of Passengers Claim Number of Passengers (DE2085)	Edits: Messages:	The number of passengers riding with a trans-

			portation provider. Four digits. UPDATE(P) System displayed.
54	Emp Ind Claim Employment Indicator (DE2074)	Edits: Messages:	A code indicating whether or not the enrollee's condition is the result of employment. One alpha character. Must be Y 'Yes' or N 'No'. UPDATE(P) System displayed.
55	Allowed Charges Claim Allowed Amount (DE2073)	Edits: Messages:	The calculated claim payment amount before reduction due to copay, TPL, patient liability, cutbacks (other than pricing) or denial. Nine digits. UPDATE(P) System displayed.
56	Mileage Claim Units Used (DE2346)	Edits: Messages:	The claim units/mileage paid for a particular claim for the prior authorization. This field is only used when the authorization is units based (as opposed to dollar based). UPDATE(P) System displayed.
57	Proc Code Procedure Code (DE5002)	Edits: Messages:	A CPT (Current Procedural Terminology), HCPCS (CMS) Common Procedure Coding System) or an internal state specific code identifying a specific procedure. Five alphanumeric characters. UPDATE(P) System displayed.
58	Proc Code Mod Claims Procedure Code Modifier (DE2171)	Edits: Must exist on the CP_ PROC_MODIFER_R table. Messages: Highlighted Fields Info Missing/Invalid.	A code indicating the reporting of a service or procedure has been performed has been altered by some specific circumstance by not changes the definition or code. The judicious application of modifiers obviates the necessity for the separate procedure listing that may describe the modifying circumstance. Up to two alphanumeric characters. Use the On-line HELP system to find valid values for

			<p>this field. Up to four Modifier Codes may be displayed.</p> <p>UPDATE(C/U)</p> <p>Enter a valid Provider Code Modifier(s).</p>
58.1	<p>Determined Version</p> <p>Determined Surgical Procedure/Diagnosis Code Version (DE2151)</p>	<p>Edits:</p> <p>Messages:</p>	<p>The ICD version based on criteria such as date of service, claim type, bill type.</p> <p>The ICD version based on criteria such as date of service, claim type, bill type. System displayed.</p>
59	<p>Diag Codes: Primary Diagnosis Code (DE5301)</p>	<p>Edits:</p> <p>Messages:</p>	<p>N/A</p> <p>The Primary and/or Secondary ICD-9 CM (International Classification of Diseases Ninth Revision Clinical Modification) code identifying each service, procedure or supply to describe the diagnosis, symptom, complaint, condition, problem and circumstances other than disease or injury. Up to five alphanumeric characters. Up to four Diagnosis Codes may be displayed.</p> <p>UPDATE(P)</p> <p>System displayed.</p>
60	<p>Diag Codes: Secondary Diagnosis Code (DE5301)</p>	<p>Edits:</p> <p>Messages:</p>	<p>N/A</p>
61	<p>Diag Codes: Other Diagnosis Code (DE5301)</p>	<p>Edits:</p> <p>Messages:</p>	<p>The other ICD-9 CM (International Classification of Diseases Ninth Revision Clinical Modification) code identifying each service, procedure or supply to describe the diagnosis, symptom, complaint, condition, problem and circumstances other than disease or injury. Up to five alphanumeric characters. Up to two Diagnosis Codes may be displayed.</p> <p>UPDATE(P)</p> <p>System displayed.</p>
62	<p>System Message Area</p> <p>Screen Informational, Warning or Error Message (DE99999)</p>	<p>Edits:</p> <p>Messages:</p>	<p>N/A</p> <p>Displays error/informational messages to the operator. Up to seventy two alphanumeric characters.</p> <p>UPDATE(P)</p> <p>System displayed.</p>

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NAVIGATION		HCFA Pend Resolution Screen (CP-S-001-05)
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Adjudication	Submits the claim through adjudication process.	N/A
Attach	Opens up the claim attachment in a secondary window, if available. If there is no attachment associated with the claim, the message "No CAN specified." is displayed.	N/A
Return	Returns user to the Online Pend Resolution screen.	CP-S-001-02 (R)
CHIRP	Displays the CHIRP (Claim History Information Retrieval Processor) Online Claim Inquiry: Detailed Claims Display Screen.	CP-S-008-02 (B)
Clear Form	Clears all the data entered in the screen and allows the user to enter new data.	N/A
Conflicting Claims	Displays the Pend Resolution Conflicting Claims Inquiry Screen.	CP-S-001-09 (B)
Consent	Displays the On-line Pend Resolution Consent Entry Screen.	CP-S-001-11 (B)
Diagnosis	Displays the ICD Diagnosis/Length of Stay Screen.	RF-S-015 (B)
Edit Text	Displays the Edit Text Screen.	N/A
Member	Displays the Member Demographic Screen.	RS-S-018 (B)
Enter	Edits the data on the screen for correctness and displays the appropriate error message when necessary. Posts the data to the database.	N/A
SUB MENU	Returns to the Claims Processing Main Menu.	CP-S-001-01 (R)
Image	For the claim record that is displayed in the MMIS, display the associated paper image or the EMC proof report.	N/A
Service Auth	Displays the Service Authorization Detail Screen (Header Level).	CP-S-004-05 (B)
Procedure	Displays the Reference Procedure Screen depending on the Procedure Type. (Medical, Dental, Home Health, ICD-10-CM)..	N/A
Provider	Displays the Provider Information Screen.	PS-S-001-03

		(B)
Refresh	Displays the last updated information (if any) from the database.	N/A
Comments	Displays the On-line Pend Resolution Remarks Screen.	CP-S-001-10 (B)
Main Menu	Returns to the VaMMIS Main System Menu.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
2417	ALL FIELD INFORMATION OK	Information message. No action needed.
2297	CHANGED INFORMATION WILL BE LOST CHOOSE EXIT AGAIN FOR CONFIRMATION.	Information message.
2386	CLAIM ALREADY DENIED NO MORE PENDED CLAIMS.	Information message. No action needed.
2385	CLAIM ALREADY PAID NO MORE PENDED CLAIMS.	Information message. No action needed.
2383	CLAIM ALREADY PENDED TO A DIFFERENT LOCATION NO MORE PENDED CLAIMS.	Information message. No action needed.
2380	CLAIM DENIED NEXT PENDED CLAIM DISPLAYED.	Information message. No action needed.
2375	CLAIM DENIED NO MORE PENDED CLAIMS.	Information message. No action needed.
2379	CLAIM PAID NEXT PENDED CLAIM DISPLAYED.	Information message. No action needed.
2374	CLAIM PAID NO MORE PENDED CLAIMS.	Information message. No action needed.
2295	CLAIM PENDED AGAIN; EDITS SHOWN ON SCREEN	Research the edits displayed, if necessary.
2378	CLAIM PENDED TO A DIFFERENT LOCATION NEXT PENDED CLAIM DISPLAYED.	Information message. No action needed.
2373	CLAIM PENDED TO A DIFFERENT LOCATION NO MORE PENDED CLAIMS.	Information message. No action needed.
2296	CLAIM TRANSFER PENDING CHOOSE ENTER TO COMPLETE THE TRANSFER.	Choose Enter to complete the transfer of the claim.

2433	CLAIM TRANSFERRED; SAME CLAIM PULLED FROM NEW LOCATION	Information message. No action needed.
2303	COB CODE '83' NOT ALLOWED WITH ZERO TPL AMOUNT	Enter a valid COB Code when entering a zero TPL amount. See the field definitions for valid formatting/data for this field.
2304	COB CODE VALUE IS INVALID; MUST BE '82', '83', OR '85'	Enter a valid COB code.
2382	CURRENT CLAIM TRANSFERRED NEXT PENDED CLAIM DISPLAYED.	Information message. No action needed.
2377	CURRENT CLAIM TRANSFERRED NO MORE PENDED CLAIMS.	Information message. No action needed.
2312	DISPOSITION REQUIRED WITH ESC NUMBER	Information message. No action needed.
2313	DUPLICATE ESC NUMBERS	Enter a valid ESC number. See the field definitions for valid formatting/data for this field.
2361	ENROLLEE INFORMATION NOT ON DATABASE	Enter a valid Enrollee ID. See the field definitions for valid formatting/data for this field.
2322	ENTERED DISPOSITION RESTRICTED FOR THE ESC NUMBER	Enter a valid Disposition Code valid for the ESC Number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
2314	ESC NUMBER ENTERED DOES NOT EXIST IN THE CURRENT ERRORS	Enter a valid ESC number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
2371	ESC NUMBER IS INVALID	Enter a valid ESC number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
2311	ESC NUMBER IS INVALID	Enter a valid ESC number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
2310	ESC NUMBER REQUIRED WITH DISPOSITION	Enter a valid ESC number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
2318	ESC NUMBER SELECTED IS INVALID	Enter a valid ESC number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
2301	HIGHLIGHTED FIELD(S) CANNOT BE CHANGED WITH LOCATION TRANSFER	Information message.
2299	HIGHLIGHTED FIELD(S)	Information message. No action needed.

	CANNOT BE CHANGED; OLD VALUE SUBSTITUTED	
2289	INTERNAL SYSTEM ERROR; ROLLBACK SUCCESSFUL ERROR LOGGED IN GLOBAL TABLE.	Contact ACS Operations for assistance.
2309	INVALID DISPOSITION; MUST BE 'E', 'O', OR 'D'.	Enter a valid Disposition Code. See the Online Edit/Audit Manual. See the field definitions for valid formatting/data for this field.
2306	INVALID VALUE; MUST BE 'Y' OR 'N'	Enter a valid Attachment Indicator.
2096	LOCATION ENTERED DOES NOT EXIST ON THE DATABASE	Information message. No action needed.
2300	LOCATION ENTERED SAME AS CURRENT LOCATION	Enter a valid Location Code. See the field definitions for valid formatting/data for this field.
2436	MANUAL PRICE CANNOT BE GREATER THAN BILLED AMOUNT	Information message.
2305	MANUAL PRICE ENTERED MUST BE NUMERIC	Enter a numeric manual price.
2514	MULTIPLE OVERRIDES FOR SAME EDIT NOT SUPPORTED	Remove Error Esc Override that is Duplicate of another Error Esc
2411	NO PROCEDURE INFORMATION	Enter a valid Procedure Code. See the field definitions for valid formatting/data for this field.
2531	PROVIDER TYPE LOCATION ID IS FAILED, HIT ENTER	Click on Enter Key
2530	PROVIDER TYPE LOCATION ID IS REQUIRED, HIT ENTER	Click on the Enter key
2515	RESO EDIT OVERRIDE MUST MATCH A CURRENT CLAIM EDIT	Change Edit Esc Value to Match a Current Error Esc
2317	SELECT ESC NUMBER	The cursor must be on one of the ESCs in the ESC field(s) field on the screen and choose Edit Text.
2395	TPL AMOUNT MUST BE NUMERIC	Enter a numeric value for the TPL amount.

Screen Access

1. Select the Invoice Processing icon from the VaMMIS Main System Menu Screen.
2. You see Claims Processing Main Menu Screen.
3. Choose the Pend Resolution Menu radio button.
4. Choose Enter to see the On-line Pend Resolution Menu.
5. Enter the Pend Resolution criteria to display the desired type of Pend Resolution Screen.

6. Enter the desired information to resolve the pended claim.

After entering data to resolve/transfer the pend, choose Enter.

If no errors occur, choose Adjudication to process the claim.

If error messages appear on the bottom of the screen, make correction(s), choose Enter. When no error messages appear, choose Adjudication to process the claim.

Screens CP-S-001-06 Title XVIII Pend Resolution Screen

General Information

This screen is used to resolve Title XVIII pended payment requests for Title XVIII payment requests.

SOURCE/ORIGINATOR	Pend Resolution Operator
USAGE	Update
PROGRAM	CPA118
MAPSET	CP006VA/CP06
TRAN ID	VH23

SAMPLE	Title XVIII Pend Resolution Screen (CP-S-001-06)
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MMIS

Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessment	Drugs	Reports	Help	Print
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Screen ID: CP-S-001-06
Trans ID: VH23
Program ID: CPA118VA

VIRGINIA MEDICAID ONLINE PEND RESOLUTION --TITLE XVIII CLAIM--

Date: 08/12/2014
Time: 15:50
Page: 01 of 0

ICN: [REDACTED]	Claim Type: 09	Modifier: 1	User ID: [REDACTED]
Loc From: 200	To: [REDACTED]	Status: 4	From Date: 05/08/2014
TAD#: [REDACTED]	Former ICN: [REDACTED]	Attachment Ind: Y	Thru Date: 05/08/2014
FCN: [REDACTED]	NTP: 001	Medicare Coverage: B	Adj Reason: [REDACTED]
Atch#: [REDACTED]			Admt Date: [REDACTED]
Reso Ind: [REDACTED]			
Errors: 0214	T 0978	P	
Member ID: [REDACTED]	Name: [REDACTED]	DOB: [REDACTED]	Gender: F
Provider ID: [REDACTED]	Name: [REDACTED]	Provider Type: 020	Zip Code: [REDACTED]
Unit/Visit/Study: 0001	Copay: N	Medicare Charges: 1,000.00	Manual Price: 0.00
COB Code: [REDACTED]	TPL Ind: Y	Medicare Allowed: 986.98	TPL Amount: 0.00
Place of Treatment: 24	Emp Ind: N	Medicare Paid: 789.58	Tentative Payment: 0.00
Type of Service: 2	ACC Ind: N	Medicare Deductive: 0.00	Patient Pay Amount: 0.00
Emergency Ind: N	Coin Ind: [REDACTED]	Medicare Copay: 50.00	Medicare Copay: 50.00
Procedure Code: 0191T	Modifier: [REDACTED]	Determined Version: 9	Medicare Copay: 50.00

UPDATE DATA AND CHOOSE ENTER.

Enter	Clear Form	Refresh	Image	Split Image	Attach	Member	Provider	Return	Sub Menu	Main Menu
		Procedure	Edit Text	Comments	Adjudication	Consent	Conflict Claims	CHIRP		

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
5	Pending Claim ICN Claim Request ICN (DE2001)	Edits: Messages:	A unique Internal Control Number identifying each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number). Sixteen digits. UPDATE(P) System displayed.
6	Claim Type Claim Type (DE2002)	Edits: Messages:	A code identifying the claim form document filed by a provider; depends on provider type and claim form type. Two digits. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
7	Claim Type Modifier Claim Type Modifier (DE2003)	Edits: Messages:	A code indicating the type of claim transaction and the processing to be done. One digit. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
8	User ID User/Operator ID (DE0012)	Edits: Messages:	A code uniquely identifying the VaMMIS user tracking user input and use of the system. Eight alphanumeric characters. UPDATE(P) System displayed.

9	Pend Location From Claim Pend From Location (DE2840)	Edits: Messages:	A code identifying the location a pending claim was transferred from. Three digits. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
10	Pend Location To Claim Pend To Location (DE2841)	Edits: Must be a valid value. Highlight LOC-TO field. Messages: Location does not exist on the database.	A code identifying the location a pending claim is being transferred. Three digits. Use the On-line HELP system to find valid codes for this field. UPDATE(C/U) Enter a valid Location Code.
11	Claim Status Claim Status (DE2039)	Edits: Messages:	A code indicating the status of a claim after adjudication. One digit. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
12	From Dt Claim Service From Date (DE2010)	Edits: Messages:	The date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format. Eight digits. UPDATE(P) System displayed.
13	Thru Dt Claim Service Thru Date (DE2011)	Edits: Messages:	The date on which the service was ended; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format. Eight digits. UPDATE(P) System displayed.
15	Pending Claim Former ICN Claim Related Document Number (DE2034)	Edits: Messages:	The Invoice Number of the claim which is to be altered by this adjustment or void (previously called former reference number) or

			the reference number submitted on the claim from the previous processor in the case of encounters. Sixteen alphanumeric characters. UPDATE(P) System displayed.
16	Attach Ind Claim Attachments Indicator (DE2030)	Edits: Must be a valid value, highlight this field. Messages: Invalid Value, must be 'Y' or 'N'.	A code indicating whether or not the claim has an attachment. One alpha character. Must be Y 'Yes' or N 'No'. UPDATE(P) System displayed.
17	Adj Reason Adjustment/Void Reason (DE2033)	Edits: Messages:	A code specifying the reason for adjusting or voiding an individual claim. Four digits. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
18	FCN Financial Control Number (DE9874)	Edits: Messages:	A unique number identifying a financial transaction. Twelve digits. UPDATE(P) System displayed.
19	NTP Calculated (DE0002)	Edits: Messages:	The number of times the claim has pended. Three digits. UPDATE(P) System displayed.
20	Mcare Coverage Claim Medicare Coverage Indicator (DE2402)	Edits: Messages:	A code indicating the recipient has Medicare Part B coverage only. One alpha character. Must be blank or B. UPDATE(P) System displayed.
21	Admit Date Claim Admission Date (DE2105)	Edits: Messages:	The date upon which a recipient was admitted to a medical facility or the date on which the service began. MM/DD/CCYY format.

			Eight digits. UPDATE(P) System displayed.
22	ATCH# Claim EDI Attachment Control Number (DE2013)	Edits: Messages:	N/A The attachment control number is submitted on the EDI 837 transaction. It consists of the patient account number, the date of service, and a sequence number. It is used to access attachments that may be submitted later. UPDATE (P)
23	Reso Ind Claim Error ESC Code (DE5506)	Edits: 1 - Must be a valid value. Highlight RESO IND Field 2 - When claim current errors (DE#5501) has a value entered into the associated 'Disposition Indicator', and that value indicates 'Override, or Deny, 'EOB', the program must read the Error Text Data Store to verify the validity. If the edit errors Override, or Deny indicators are not set to the value of 'Y', for the disposition indicator assigned, highlight the specific RESO IND and Disposition Indicator. Messages:	N/A A code identifying the number of the Claim Error ESC Code. Four digits. Up to ten Claim Error ESC Codes may be displayed. Use the On-line HELP system to find valid codes for this field. UPDATE(OU) 1. To override an edit, enter the 4 digit ESC code of the edit that is to be overridden, followed by O in the next space. Example: If the claim set for edit 0209 and you wish to override this edit to allow payment, enter 0209 in the Reso Ind field and O (the letter) in the 1 digit space that follows the 4 digit field. 2. To deny the claim with the edit that set, enter the 4 digit ESC code of the edit that is to be used to deny (the same edit that set or another edit if resolution instructions so indicate) followed by a D in the next space. Example: If the claim set for edit 0302 and you wish to deny the claim as a duplicate, enter 0302 in the Reso Ind field and D in the 1 digit space that follows the 4 digit field. 3. Enter values only for those edits that show a P following the ESC code as displayed in the Errors field. Do not enter values for codes that are followed by T or E. 4. If there are multiple edits with the P indicator displayed in the Errors field, work each P edit. However, if you deny the claim with any one edit, it is not necessary to work the rest of the P edits.
24	(Resolution Indicator) Error Text Disposition Attachments (DE5603)	Edits: Messages:	A code indicating that the Disposition of the Claim Error Text ESC Code. One alpha-

			<p>numeric character. Up to ten Claim Error Disposition Codes may be displayed. Use the On-line HELP system to find valid codes for this field.</p> <p>UPDATE(O/U) Enter a valid Claim Error Text ESC Disposition Code.</p>
25	<p>Errors code Claim Error ESC Code (DE5506)</p>	<p>Edits: Messages:</p>	<p>A code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. Four digits.</p> <p>Up to ten Claim Error ESC Codes may be displayed. Use the On-line HELP system to find valid codes for this field.</p> <p>UPDATE(P) System displayed.</p>
26	<p>(Error Disposition) Error Text Disposition Attachments (DE5603)</p>	<p>Edits: Messages:</p>	<p>A code indicating that the Disposition of the Error Text ESC Code. One alphanumeric character. Up to ten Claim Error Text ESC Disposition Codes may be displayed. Use the On-line HELP system to find valid codes for this field.</p> <p>UPDATE(P) System displayed.</p>
27	<p>Enrollee ID Enrollee Identification Number (DE3001)</p>	<p>Edits: Messages:</p>	<p>A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID which is DE 3093. Twelve digits.</p> <p>UPDATE(P) System displayed.</p>
28	<p>Enrollee Name Enrollee Last Name (DE3110)</p>	<p>Edits: Messages:</p>	<p>The last name of the individual eligible for a DMAS-administered medical care program. Up to nineteen alpha characters.</p> <p>UPDATE(P) System displayed.</p>
28.1	<p>(Enrollee First Name) Enrollee First Name (DE3111)</p>	<p>Edits: Messages:</p>	<p>The first name of the individual eligible for a</p>

			DMAS-administered medical care program. Up to twelve alphanumeric characters. UPDATE(P) System displayed.
28.2	(Enrollee Middle Initial) Enrollee Middle Initial (DE3112)	Edits: Messages:	The middle initial of the individual eligible for a DMAS-administered medical care program. One alphanumeric character. UPDATE(P) System displayed.
29	Enrollee DOB Enrollee Birth Date (DE3005)	Edits: Messages:	The date of birth of the enrollee; MM/DD/CCYY format. Eight digits. UPDATE(P) System displayed.
30	Enrollee Sex Enrollee Sex Code (DE3007)	Edits: Messages:	A code indicating the sex of the enrollee. A code indicating the sex of the enrollee. One character. Use the On-HELP system to find valid codes for this field. UPDATE(P) System displayed.
31	Provider ID National Provider Identifier (DE4700)	Edits: Messages: Provider ID may be NPI or Legacy	A unique identification number assigned to the servicing provider who submitted the claim document for adjudication. A unique identification number assigned to the servicing provider who submitted the claim document for adjudication. UPDATE(P) System displayed.
32	Provider Name Provider Name (DE4085)	Edits: Messages:	The name of the servicing provider who submitted the claim document for adjudication. Up to forty alphanumeric characters. UPDATE(P) System displayed.
33	Provider Type Provider Type (DE4006)	Edits: Messages:	A code identifying the classification of a provider under the State plan (e.g., Dentist, Pharmacy). Three digits. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.

34	Service Zip Code Submitted Provider Address ZIP Code (DE4099)	Edits: Messages:	The ZIP code in the address of the provider. N/A
35	U/V/S Claim Number of Units/Visits/Studies (DE2009)	Edits: Messages:	The number of units/visits/study allowed. Four digits. UPDATE(P) System displayed.
36	Co-pay Claim Co-pay Indicator (DE2599)	Edits: Messages:	A code indicating the type of copay taken if any. One alpha character. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
37	Mcare Charges Amt Claim Title XVIII Amount Billed to Medicare (DE2257)	Edits: Messages:	The amount of the charges to Medicare entered on the Title XVIII claim. Nine digits. UPDATE(P) System displayed.
38	Manual Price Claim Manual Price Amount (DE2158)	Edits: Must be numeric. Highlight Man Price field. Should not be greater than the billed amount. Messages: Manual Price must be numeric. Manual Price can not be greater than the billed amount.	The amount of a claim priced by hand due to the special nature of the service. Nine digits. Manual Price can not be greater than the allowed amount. UPDATE(O/U) Enter a valid dollar/cent amount of the Manual Price.
39	COB Code Claim COB Indicator (DE2544)	Edits: 1. Must be a valid value. Highlight COB Code field. Messages: 1. COB Code is not valid.	A code identifying the coordination of benefits; primary carrier information other than Medicare - Title XVIII form. One digit. Use the On-line HELP system to find valid code for this field. UPDATE(O/U) Enter a valid COB Code.

40	TPL Ind Claim TPL Flag (DE2674)	Edits: Messages:	A code indicating whether the enrollee had TPL coverage on the claim's date of service. One alpha character. Must be Y 'Yes' or N 'No'. UPDATE(P) System displayed.
41	Mcare Allowed Amt Claim Title XVIII Charge Allowed (DE2253)	Edits: Messages:	The allowed by Medicare amount entered on the Title XVIII claim. Nine digits. UPDATE(P) System displayed.
42	TPL Amt Claim Third Party Pay- ment (DE2018)	Edits: Messages: Must be numeric. Must be numeric.	The amount submitted indicating the amount collected from another insurance carrier. Nine digits. UPDATE(P) System displayed.
43	Place of Treatment Claim Professional Place of Service (DE2173)	Edits: Messages:	N/A
44	Emp Ind Claim Employment Indicator (DE2074)	Edits: Messages:	A code indicating whether or not the enrollee's condition is the result of employment. One alpha character. Must be Y 'Yes' or N 'No'. UPDATE(P) System displayed.
45	Mcare Paid Amt Claim Title XVIII Medi- care Paid Amount (DE2254)	Edits: Messages:	The amount paid by Medicare entered on the Title XVIII claim. Nine digits. The amount paid by Medicare entered on the Title XVIII claim. Nine digits. UPDATE(P) System displayed.
46	Tentative Pymt Claim Payment Amount (DE2023)	Edits: Messages:	The amount of the claim payment amount for any claim. This field is calculated from the Allowed Amount minus the TPL Amount/Co-Pay Amount/Patient Pay Amount. Nine digits. UPDATE(P) System displayed.

47	Type of Service Claim Type of Service (DE2072)	Edits: Messages:	A code identifying the type of service billed. Two alphanumeric character. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
48	ACC Ind Claim Accident Indicator (DE2027)	Edits: Messages:	A code indicating whether or not the service was the result of an accident . One alpha character. Must be Y 'Yes' or N 'No'. A code indicating whether or not the service was the result of an accident . One alpha character. Must be Y 'Yes' or N 'No'. UPDATE(P) System displayed.
49	Mcare Deductible Amt Claim Title XVIII Deductible Amount (DE2251)	Edits: Messages:	The deductible amount submitted on the Title XVIII claim. Nine digits. UPDATE(P) System displayed.
50	Patient Pay Amt Claim Patient Pay Amount (DE2083)	Edits: Messages:	The amount of money a recipient is scheduled to pay per month while confined to a nursing home or other long-term care facility. Nine digits. UPDATE(P) System displayed.
51	Emergency Ind Claim Emergency Identifier (DE2802)	Edits: Messages:	A code indicating whether or not the service was an emergency. One alpha character. Must be Y 'Yes' or N 'No'. UPDATE(P) System displayed.
52	Coin Ind Claim TPL Flag (DE2674)	Edits: Messages:	A code indicating the enrollee had TPL coverage on the claim's date of service. One alpha character. Must be Y 'Yes' or N 'No'. UPDATE(P) System displayed.
53	Mcare Coinsurance Amt Claim Title XVIII Coin-	Edits: Messages:	The coinsurance amount entered on a Title

	Insurance Amount (DE2252)		XVIII claim. Nine digits. UPDATE(P) System displayed.
54	Anesthesia Minutes Anesthesia Minutes (DE2084)	Edits: Messages:	Anesthesia Minutes. Anesthesia Minutes. Update ('P'/'C')
55	Medicare Copay (DE2054)	Edits: Messages:	The Medicare copay amount entered on the Title XVIII claim.
56	NDC Drug Code (NDC) (DE5200)	Edits: Messages:	National standard formulary 11-digit code used by most states to uniquely identify drugs. Codes are assigned by the FDA. The labeler code designates the drug manufacturer, always 5 numeric characters; the product code identifies the specific drug, drug strength and dosage form, always 4 characters, may be alphanumeric; and the package code always 2 characters, may be alphanumeric. National standard formulary 11-digit code used by most states to uniquely identify drugs. Codes are assigned by the FDA. The labeler code designates the drug manufacturer, always 5 numeric characters; the product code identifies the specific drug, drug strength and dosage form, always 4 characters, may be alphanumeric; and the package code always 2 characters, may be alphanumeric. UPDATE (C/U) Enter a valid NDC code to correct.
57	Proc Code Procedure Code (DE5002)	Edits: Messages:	A CPT (Current Procedural Terminology), HCPCS (CMS Common Procedure Coding System) or an internal state specific code identifying a specific procedure. Five alphanumeric characters. UPDATE(P) System displayed.
58	Determined Version Determined Surgical Procedure/Diagnosis	Edits: Messages:	The ICD version based on criteria such as date of service, claim type, bill type. The ICD version based on criteria such as

Code Version (DE2151)		date of service, claim type, bill type. System displayed.
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NAVIGATION		Title XVIII Pend Resolution Screen (CP-S-001-06)
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Adjudication	Submits Pend for adjudication.	N/A
Attach	Opens up the claim attachment in a secondary window, if available. If there is no attachment associated with the claim, the message "No ACN specified." is displayed.	N/A
Return	Returns to the previous screen accessed.	CP-S-001-02 (R)
CHIRP	Displays the CHIRP (Claim History Information Retrieval Processor) Online Claim Inquiry: Detailed Claims Display Screen.	CP-S-008-02 (B)
Clear Form	Clears all the data entered in the screen and allows the user to enter new data.	N/A
Conflicting Claims	Displays the Pend Resolution Conflicting Claims Inquiry Screen.	CP-S-001-09 (B)
Consent	Displays the On-line Pend Resolution Consent Entry Screen.	CP-S-001-11 (B)
Edit Text	Displays the Reference Edit Text Screen.	RF-S-002-02 (B)
Member	Displays the Member Demographics Screen.	RS-S-018 (B)
Enter	Edits the data on the screen for correctness and displays the appropriate error message when necessary.	N/A
SUB MENU	Returns to the Claims Processing Main Menu Screen.	CP-S-001-01 (R)
Image	For the claim record that is displayed in the MMIS, display the associated paper image or the EMC proof report from DARS.	N/A
Procedure	Displays the Reference Procedure Screens depending on the Procedure Type (Medical, Revenue, Home Health, Hospice, Length of Stay, Dental, ICD-9-CM.)	RF-S-001-01 (B)
Provider	Displays the Provider Information Screen.	PS-S-001-03 (B)
Refresh	Displays the last updated information (if any) from the database.	N/A

Comments	Displays the On-line Pend Resolution Remarks Entry Screen.	CP-S-001-10 (B)
Main Menu	Returns to the VaMMIS Main System Menu.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
2417	ALL FIELD INFORMATION OK	Information message. No action needed.
2297	CHANGED INFORMATION WILL BE LOST CHOOSE EXIT AGAIN FOR CONFIRMATION.	Information message.
2089	CLAIM ALREADY ADJUDICATED TO BE PAID	Information message.
2386	CLAIM ALREADY DENIED NO MORE PENDED CLAIMS.	Information message. No action needed.
2385	CLAIM ALREADY PAID NO MORE PENDED CLAIMS.	Information message. No action needed.
2383	CLAIM ALREADY PENDED TO A DIFFERENT LOCATION NO MORE PENDED CLAIMS.	Information message. No action needed.
2380	CLAIM DENIED NEXT PENDED CLAIM DISPLAYED.	Information message. No action needed.
2375	CLAIM DENIED NO MORE PENDED CLAIMS.	Information message. No action needed.
2379	CLAIM PAID NEXT PENDED CLAIM DISPLAYED.	Information message. No action needed.
2374	CLAIM PAID NO MORE PENDED CLAIMS.	Information message. No action needed.
2295	CLAIM PENDED AGAIN; EDITS SHOWN ON SCREEN	Research the edits displayed, if necessary.
2378	CLAIM PENDED TO A DIFFERENT LOCATION NEXT PENDED CLAIM DISPLAYED.	Information message. No action needed.
2373	CLAIM PENDED TO A DIFFERENT LOCATION NO MORE PENDED CLAIMS.	Information message. No action needed.
2296	CLAIM TRANSFER PENDING CHOOSE ENTER TO COMPLETE THE TRANSFER.	Choose Enter to complete the transfer of the claim.
2433	CLAIM TRANSFERRED; SAME	Information message. No action needed.

	CLAIM PULLED FROM NEW LOCATION	
2303	COB CODE '83' NOT ALLOWED WITH ZERO TPL AMOUNT	Enter a valid COB Code when entering a zero TPL amount. See the field definitions for valid formatting/data for this field.
2304	COB CODE VALUE IS INVALID; MUST BE '82', '83', OR '85'	Enter a valid COB code.
2382	CURRENT CLAIM TRANSFERRED NEXT PENDED CLAIM DISPLAYED.	Information message. No action needed.
2377	CURRENT CLAIM TRANSFERRED NO MORE PENDED CLAIMS.	Information message. No action needed.
2312	DISPOSITION REQUIRED WITH ESC NUMBER	Information message. No action needed.
2313	DUPLICATE ESC NUMBERS	Enter a valid ESC number. See the field definitions for valid formatting/data for this field.
2361	ENROLLEE INFORMATION NOT ON DATABASE	Enter a valid Enrollee ID. See the field definitions for valid formatting/data for this field.
2322	ENTERED DISPOSITION RESTRICTED FOR THE ESC NUMBER	Enter a valid Disposition Code valid for the ESC Number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
2314	ESC NUMBER ENTERED DOES NOT EXIST IN THE CURRENT ERRORS	Enter a valid ESC number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
2311	ESC NUMBER IS INVALID	Enter a valid ESC number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
2371	ESC NUMBER IS INVALID	Enter a valid ESC number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
2310	ESC NUMBER REQUIRED WITH DISPOSITION	Enter a valid ESC number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
2318	ESC NUMBER SELECTED IS INVALID	Enter a valid ESC number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
2301	HIGHLIGHTED FIELD(S) CANNOT BE CHANGED WITH LOCATION TRANSFER	Information message.
2299	HIGHLIGHTED FIELD(S) CANNOT BE CHANGED; OLD	Information message. No action needed.

	VALUE SUBSTITUTED	
2309	INVALID DISPOSITION; MUST BE 'E', 'O', OR 'D'.	Enter a valid Disposition Code. See the Online Edit/Audit Manual. See the field definitions for valid formatting/data for this field.
2306	INVALID VALUE; MUST BE 'Y' OR 'N'	Enter a valid Attachment Indicator.
2096	LOCATION ENTERED DOES NOT EXIST ON THE DATABASE	Information message. No action needed.
2300	LOCATION ENTERED SAME AS CURRENT LOCATION	Enter a valid Location Code. See the field definitions for valid formatting/data for this field.
2436	MANUAL PRICE CANNOT BE GREATER THAN BILLED AMOUNT	Information message.
2305	MANUAL PRICE ENTERED MUST BE NUMERIC	Enter a numeric manual price.
2514	MULTIPLE OVERRIDES FOR SAME EDIT NOT SUPPORTED	Remove Error Esc Override that is Duplicate of another Error Esc
2411	NO PROCEDURE INFORMATION	Enter a valid Procedure Code. See the field definitions for valid formatting/data for this field.
2531	PROVIDER TYPE LOCATION ID IS FAILED, HIT ENTER	Click on Enter Key
2530	PROVIDER TYPE LOCATION ID IS REQUIRED, HIT ENTER	Click on the Enter key
2515	RESO EDIT OVERRIDE MUST MATCH A CURRENT CLAIM EDIT	Change Edit Esc Value to Match a Current Error Esc
2317	SELECT ESC NUMBER	The cursor must be on one of the ESCs in the ESC field (s) field on the screen and choose Edit Text.
2395	TPL AMOUNT MUST BE NUMERIC	Enter a numeric value for the TPL amount.

Screen Access

1. Select the Invoice Processing icon from the VaMMIS Main System Menu Screen.
 2. You see Claims Processing Main Menu Screen.
 3. Choose the Pend Resolution Menu radio button.
 4. Choose Enter to see the On-line Pend Resolution Menu.
 5. Enter the Pend Resolution criteria to display the desired type of Pend Resolution Screen.
 6. Enter the desired information to resolve the pending claim.
- After entering data for an to resolve/transfer the pend, choose Enter.
- If no errors occur, choose Adjudication to process the claim.

If error messages appear on the bottom of the screen, make correction(s), choose Enter. When no error messages appear, choose Adjudication to process the claim.

Screens CP-S-001-07 Dental Pend Resolution Screen

General Information

This screen is used to resolve Dental pended payment requests for Dental payment requests.

SOURCE/ORIGINATOR	Pend Resolution Operator
USAGE	Update
PROGRAM	CPA116
MAPSET	CP007VA/CP07
TRAN ID	VH19

SAMPLE	Dental Pend Resolution Screen (CP-S-001-07)
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6	Claim Type Claim Type (DE2002)	Edits: Messages:	A code identifying the claim form document filed by a provider; depends on provider type and claim form type. Two digits. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
8	User ID User/Operator ID (DE0012)	Edits: Messages:	A code uniquely identifying the VaMMIS user tracking user input and use of the system. Eight alphanumeric characters. UPDATE(P) System displayed.
9	Pend Location From Claim Pend From Location (DE2840)	Edits: Messages:	A code identifying the location a pended claim was transferred from. Three digits. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
10	Pend Location To Claim Pend To Location (DE2841)	Edits: 1. Must be a valid value. Highlight Location field. Messages: 1. Pend Location not valid	A code identifying the location for a pended claim is being transferred. Three digits. Use the On-line HELP system to find valid codes for the field. UPDATE(C/U) Enter a valid Location Code.
11	Claim Status Claim Status (DE2039)	Edits: Messages:	N/A A code indicating the status of a claim after adjudication. One digit. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
12	From Dt Claim Service From Date (DE2010)	Edits: Messages:	The date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only ser-

			vice date. MM/DD/CCYY format. Eight digits. UPDATE(P) System displayed.
13	Thru Dt Claim Service Thru Date (DE2011)	Edits: Messages:	The date on which the service was ended; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format. Eight digits. UPDATE(P) System displayed.
15	NTP Calculated (DE0002)	Edits: Messages: Number of Times Pending	The number of time the claims has pended. Three digits. UPDATE(P) System displayed.
16	Att Ind Claim Attachments Indicator (DE2030)	Edits: Must be a valid value. Highlight this field. Messages: Attachments Indicator not valid value.	A code indicating whether or not the claim has an attachment. One alpha character. Must be Y 'Yes' or N 'No'. UPDATE(C/U) Enter a valid Attachment Indicator.
17	Adj Reason Adjustment/Void Reason (DE2033)	Edits: Messages:	A code specifying the reason for adjusting or voiding an individual claim. Four digits. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
18	FCN Financial Control Number (DE9874)	Edits: Messages:	A unique number identifying a financial transaction. Twelve digits. UPDATE(P) System displayed.
19	Pending Claim Former ICN Claim Related Document Number (DE2034)	Edits: Messages:	The Internal Control Number of the claim which is to be altered by this adjustment or void (previously called former reference number) or the reference number submitted on the claim from the previous processor in the

			<p>case of encounters. Sixteen alphanumeric characters.</p> <p>UPDATE(P)</p> <p>System displayed.</p>
20	<p>ATCH#</p> <p>Claim EDI Attachment Control Number (DE2013)</p>	<p>Edits:</p> <p>Messages:</p>	<p>N/A</p> <p>The attachment control number is submitted on the EDI 837 transaction. It consists of the patient account number, the date of service, and a sequence number. It is used to access attachments that may be submitted later.</p> <p>UPDATE (P)</p>
21	<p>Reso Ind</p> <p>Claim Error ESC Code (DE5506)</p>	<p>Edits:</p> <p>1. Must be a valid value. Highlight Override</p> <p>Messages:</p> <p>1. EOB Code not valid</p>	<p>A code identifying the number of the Claim Error ESC Code. Four digits. Up to ten Claim Error ESC Codes may be displayed. Use the On-line HELP system to find valid codes for this field.</p> <p>UPDATE(C/U)</p> <p>1. To override an edit, enter the 4 digit ESC code of the edit that is to be overridden, followed by O in the next space. Example: If the claim set for edit 0209 and you wish to override this edit to allow payment, enter 0209 in the Reso Ind field and O (the letter) in the 1 digit space that follows the 4 digit field.</p> <p>2. To deny the claim with the edit that set, enter the 4 digit ESC code of the edit that is to be used to deny (the same edit that set or another edit if resolution instructions so indicate) followed by a D in the next space. Example: If the claim set for edit 0302 and you wish to deny the claim as a duplicate, enter 0302 in the Reso Ind field and D in the 1 digit space that follows the 4 digit field.</p> <p>3. Enter values only for those edits that show a P following the ESC code as displayed in the Errors field. Do not enter values for codes that are followed by T or E.</p> <p>4. If there are multiple edits with the P indicator displayed in the Errors field, work each P edit. However, if you deny the claim with any one edit, it is not necessary to work the rest of the P edits.</p>
22	<p>(Reso Indicator)</p> <p>Error Text Disposition</p>	<p>Edits:</p>	<p>N/A</p> <p>A code indicating that the Disposition</p>

	<p>Attachments (DE5603)</p>	<p>1. Must be a valid value. Highlight RESO IND field 2. When claim current errors (DE#5501) has a value entered into the associated 'Disposition Indicator', and that value indicates 'Override, or Deny', the program must read the Error Text Data Store to verify the validity. If the edit errors Override, or Deny indicators are not set to the value of 'Y', for the disposition indicator assigned, highlight the specific RESO IND and Disposition Indicator.</p> <p>Messages: 1. Pend Resolution Determination Indicator not valid value 2. The Disposition Indicator is not valid for this error code</p>	<p>requires attachments for this Media Type for this Invoice Type. One alphanumeric character. Up to ten Error Disposition Indicators may be displayed. Use the On-line HELP system to find valid codes for this field.</p> <p>UPDATE(O/U) Enter a valid Error Disposition Indicators(s).</p>
23	<p>Errors Error Text Error Code (DE5501)</p>	<p>Edits: Messages:</p>	<p>A code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. Four digits. Up to ten Claim Error ESC Disposition Codes may be displayed. Use the On-line HELP system to find valid codes for this field.</p> <p>A code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. Four digits. Up to ten Claim Error ESC Codes may be displayed. Use the On-line HELP system to find valid codes for this field.</p> <p>UPDATE(P) System displayed.</p>

24	(Error Disposition) Error Text Disposition Attachments (DE5603)	Edits: Messages:	<p>A code indicating that the Disposition requires attachments for this Media Type for this Invoice Type. One alphanumeric character. Up to ten Error Disposition Indicators may be displayed. Use the On-line HELP system to find valid codes for this field.</p> <p>A code indicating that the Disposition requires attachments for this Media Type for this Invoice Type. One alphanumeric character. Up to ten Error Disposition Indicators may be displayed. Use the On-line HELP system to find valid codes for this field.</p> <p>UPDATE(P) System displayed.</p>
25	Enrollee ID Enrollee Identification Number (DE3001)	Edits: Messages:	<p>A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID which is DE 3093. Twelve digits.</p> <p>UPDATE(P) System displayed.</p>
26	Enrollee Name Enrollee Last Name (DE3110)	Edits: Messages:	<p>The last name of the individual eligible for a DMAS-administered medical care program. Up to nineteen alphanumeric characters.</p> <p>UPDATE(P) System displayed.</p>
26.1	(Enrollee First Name) Enrollee First Name (DE3111)	Edits: Messages:	<p>The first name of the individual eligible for a DMAS-administered medical care program. Up to twelve characters.</p> <p>UPDATE(P) System displayed.</p>
26.2	(Enrollee Middle Initial) Enrollee Middle Initial (DE3112)	Edits: Messages:	<p>The middle initial of the individual eligible for a DMAS-administered medical care program. One alphanumeric character.</p> <p>UPDATE(P) System displayed.</p>

27	Enrollee DOB Enrollee Birth Date (DE3005)	Edits: Messages:	The date of birth of the enrollee; MM/DD/CCYY format. Eight digits. UPDATE(P) System displayed.
28	Enrollee Sex Enrollee Sex Code (DE3007)	Edits: Messages:	A code indicating the sex of the enrollee. One character. Use the On-HELP system to find valid codes for this field. UPDATE(P) System displayed.
29	Billing Provider No National Provider Identifier (DE4700)	Edits: Messages: Provider ID may be NPI or Legacy	A unique identification number assigned to the billing provider who submitted the claim document for adjudication. A unique identification number assigned to the billing provider who submitted the claim document for adjudication. UPDATE(P) System displayed.
30	Billing Provider Name Provider Name (DE4085)	Edits: Messages:	The name of the billing provider who submitted the claim document for adjudication. Up to forty alphanumeric characters. UPDATE(P) System displayed.
31	Billing Provider Type Provider Type (DE4006)	Edits: Messages:	A code that designates the classification of the billing provider under the State plan (e.g., Dentist, Pharmacy). Three digits. Use the On-line HELP system to find value codes for this field. UPDATE(P) System displayed.
32	Servicing Zip Code Submitted Provider Address ZIP Code (DE4099)	Edits: Messages:	The ZIP code in the address of the provider. N/A
33	Servicing Provider National Provider Identifier (DE4700)	Edits: Messages: Provider ID may be NPI or Legacy	A unique identification number assigned to the servicing provider who submitted the claim document for adjudication. A unique identification number assigned to

			the servicing provider who submitted the claim document for adjudication. UPDATE(P) System displayed.
34	<p>Servicing Provider Name</p> <p>Provider Name (DE4085)</p>	<p>Edits:</p> <p>Messages:</p>	<p>The name of the servicing provider who submitted the claim document for adjudication. Up to forty alphanumeric characters.</p> <p>UPDATE(P) System displayed.</p>
35	<p>Servicing Provider Type</p> <p>Provider Type (DE4006)</p>	<p>Edits:</p> <p>Messages:</p>	<p>A code that designates the classification of the servicing provider under the State plan (e.g., Dentist, Pharmacy). Three digits. Use the On-line HELP system to find value codes for this field.</p> <p>UPDATE(P) System displayed.</p>
36	<p>UNIT/VISIT/STUDY</p> <p>Claim Number of Units/Visits/Studies (DE2009)</p>	<p>Edits:</p> <p>Messages:</p>	<p>The number of units/visits/study submitted by the provider. Three digits.</p> <p>UPDATE(P) System displayed.</p>
37	<p>Co-pay</p> <p>Claim Co-pay Indicator (DE2599)</p>	<p>Edits:</p> <p>Messages:</p>	<p>The co-payment amount that the recipient has paid or is to pay on the claim, if any. One alpha character. Use the On-line HELP system to find valid codes for this field.</p> <p>UPDATE(P) System displayed.</p>
38	<p>Manual Price</p> <p>Claim Manual Price Amount (DE2158)</p>	<p>Edits:</p> <p>Must be numeric. Highlight Manual Price field. Should not be greater than the billed amount.</p> <p>Messages:</p> <p>Manual Price must be numeric. Manual Price can not</p>	<p>The amount of a claim priced by hand due to the special nature of the service. Nine digits. Must be greater than the Allowed Amount.</p> <p>UPDATE(C/U) Enter a valid Manual Price.</p>

		be greater than the Billed Amount.	
39	COB Code Claim COB Indicator (DE2544)	Edits: 1. Must be a valid value. Highlight COB Code field Messages: 1. COB Code not valid value	A code identifying the Coordination of benefits; primary carrier information other than Medicare - Title XVIII form. Two digits. Use the On-line HELP system to find valid codes for this field. UPDATE(C/U) Enter a valid COB Code.
40	TPL Ind Claim TPL Flag (DE2674)	Edits: Messages:	A code indicating the enrollee had TPL coverage on the claim's date of service. One alpha character. Must be Y 'Yes' or N 'No'. UPDATE(P) System displayed.
41	TPL Amount Claim Third Party Payment (DE2018)	Edits: Messages:	The amount of payment made by third party sources toward a medical claim. Nine digits. UPDATE(C/U) Enter a valid TPL Payment Amount.
42	PA # Prior Authorization Control Number (DE2024)	Edits: 1. Must be a valid value. Highlight the PA# field Messages: 1. Prior Authorization Number not valid	A unique authorization number for a pre-approved service, procedure or supply. Twelve digits. UPDATE(C/U) Enter a valid Prior Authorization Number.
43	Emp Ind Claim Employment Indicator (DE2074)	Edits: Messages:	A code indicating whether or not the enrollee's condition is the result of employment. One alpha character. Must be Y 'Yes' or N 'No'. UPDATE(P) System displayed.
44	Tentative Pymt Claim Payment Amount (DE2023)	Edits: Messages:	The claim payment amount for any claim. Nine digits. UPDATE(P) System displayed.
45	Tooth No Claim Dental Tooth Code (DE2200)	Edits: Messages:	A code identifying the type and site of tooth

			for treatment. Up to four alphanumeric characters. Use the On-line HELP to find valid codes for this field. UPDATE(P) System displayed.
46	Allowed Charges Claim Allowed Amount (DE2073)	Edits: Messages:	The calculated claim payment amount before reduction due to copay, TPL, patient liability, cutbacks (other than pricing) or denial. Nine digits. UPDATE(P) System displayed.
47	Surfaces Claim Dental Surface Codes (DE2201)	Edits: Messages:	A code indicating the dental surface for treatment. One alpha character. Up to five Surface Codes may be displayed. Required for specific codes. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
48	Billed Charges Claim Billed Charge (DE2016)	Edits: Messages:	The charge submitted on a claim. Nine digits. UPDATE(P) System displayed.
49	Procedure Code Procedure Code (DE5002)	Edits: Messages:	A CDT Current Dental Terminology, CPT (Current Procedural Terminology), HCPCS (CMS Common Procedure Coding System) or an internal state specific code identifying a specific procedure. Five alphanumeric characters. UPDATE(P) System displayed.

NAVIGATION			Dental Pend Resolution Screen (CP-S-001-07)
Function (B) or (M)	Action	Branch To (B) or Return To (R)	
Adjudication	Submit Pend For Adjudication	N/A	
Return	Returns to the previous screen accessed.	CP-S-001-02	

		(R)
CHIRP	Displays the CHIRP On-line Claims Inquiry Detail Claims (Pharmacy, Dental, Title XVIII).	CP-S-008-02 (B)
Clear Form	Clears all the data entered in the screen and allows the user to enter new data.	N/A
Conflicting Claims	Displays the Pend Resolution Conflicting Claims Inquiry Screen.	CP-S-001-09 (R)
Consent	Displays the On-line Pend Resolution Consent Entry Screen.	CP-S-001-11 (B)
Attach	Opens up the claim attachment in a secondary window, if available. If there is no attachment associated with the claim, the message "No ACN specified." is displayed.	N/A
Display image	Opens the image associated with the claim record that is displayed in the MMIS.	N/A
Edit Text	Displays the Edit Text Screen.	RF-S-002-02 (B)
Member	Displays the Member Demographics Screen.	RS-S-018 (B)
Enter	Edits the data on the screen for correctness and displays the appropriate error message when necessary.	N/A
SUB MENU	Returns to the Claims Processing Main Menu.	CP-S-001-01 (R)
Image	For the claim record that is displayed in the MMIS, display the associated paper image or the EMC proof report from DARS.	N/A
Service Auth	Displays the Service Authorization Detail Screen (Header Line).	CP-S-004-05 (B)
Procedure	Displays the Common Procedural Terminology Screens depending on the procedure: Medical Procedure, Dental Procedures, Home Health/Hospice/Revenue Codes/Procedure, (International Classification of Diseases Revision 10) ICD-10 Procedure/LOS.	RF-S-001-08 (B)
Provider	Displays the Provider Information Screen.	PS-S-001-03 (B)
Refresh	Displays the last updated information (if any) from the database.	N/A
Comments	Displays the On-line Pend Resolution Remarks Entry Screen.	CP-S-001-10 (R)
Main Menu	Returns to the VaMMIS Main System Menu.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
2417	ALL FIELD INFORMATION OK	Information message. No action needed.
2297	CHANGED INFORMATION WILL BE LOST CHOOSE EXIT AGAIN FOR CONFIRMATION.	Information message.
2386	CLAIM ALREADY DENIED NO MORE PENDED CLAIMS.	Information message. No action needed.
2385	CLAIM ALREADY PAID NO MORE PENDED CLAIMS.	Information message. No action needed.
2383	CLAIM ALREADY PENDED TO A DIFFERENT LOCATION NO MORE PENDED CLAIMS.	Information message. No action needed.
2384	CLAIM ALREADY REJECTED FOR TAD NO MORE PENDED CLAIMS.	Information message. No action needed.
2380	CLAIM DENIED NEXT PENDED CLAIM DISPLAYED.	Information message. No action needed.
2375	CLAIM DENIED NO MORE PENDED CLAIMS.	Information message. No action needed.
2379	CLAIM PAID NEXT PENDED CLAIM DISPLAYED.	Information message. No action needed.
2374	CLAIM PAID NO MORE PENDED CLAIMS.	Information message. No action needed.
2295	CLAIM PENDED AGAIN; EDITS SHOWN ON SCREEN	Research the edits displayed, if necessary.
2378	CLAIM PENDED TO A DIFFERENT LOCATION NEXT PENDED CLAIM DISPLAYED.	Information message. No action needed.
2373	CLAIM PENDED TO A DIFFERENT LOCATION NO MORE PENDED CLAIMS.	Information message. No action needed.
2381	CLAIM REJECTED FOR TAD NEXT PENDED CLAIM DISPLAYED.	Information message. No action needed.
2376	CLAIM REJECTED FOR TAD NO MORE PENDED CLAIMS.	Information message. No action needed.
2296	CLAIM TRANSFER PENDING CHOOSE ENTER TO COMPLETE THE TRANSFER.	Choose Enter to complete the transfer of the claim.

2433	CLAIM TRANSFERRED; SAME CLAIM PULLED FROM NEW LOCATION	Information message. No action needed.
2303	COB CODE '83' NOT ALLOWED WITH ZERO TPL AMOUNT	Enter a valid COB Code when entering a zero TPL amount. See the field definitions for valid formatting/data for this field.
2304	COB CODE VALUE IS INVALID; MUST BE '82', '83', OR '85'	Enter a valid COB code.
2382	CURRENT CLAIM TRANSFERRED NEXT PENDED CLAIM DISPLAYED.	Information message. No action needed.
2377	CURRENT CLAIM TRANSFERRED NO MORE PENDED CLAIMS.	Information message. No action needed.
2312	DISPOSITION REQUIRED WITH ESC NUMBER	Information message. No action needed.
2313	DUPLICATE ESC NUMBERS	Enter a valid ESC number. See the field definitions for valid formatting/data for this field.
2361	ENROLLEE INFORMATION NOT ON DATABASE	Enter a valid Enrollee ID. See the field definitions for valid formatting/data for this field.
2322	ENTERED DISPOSITION RESTRICTED FOR THE ESC NUMBER	Enter a valid Disposition Code valid for the ESC Number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
2314	ESC NUMBER ENTERED DOES NOT EXIST IN THE CURRENT ERRORS	Enter a valid ESC number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
2371	ESC NUMBER IS INVALID	Enter a valid ESC number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
2311	ESC NUMBER IS INVALID	Enter a valid ESC number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
2310	ESC NUMBER REQUIRED WITH DISPOSITION	Enter a valid ESC number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
2318	ESC NUMBER SELECTED IS INVALID	Enter a valid ESC number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
2301	HIGHLIGHTED FIELD(S) CANNOT BE CHANGED WITH LOCATION TRANSFER	Information message.
2299	HIGHLIGHTED FIELD(S)	Information message. No action needed.

	CANNOT BE CHANGED; OLD VALUE SUBSTITUTED	
2289	INTERNAL SYSTEM ERROR; ROLLBACK SUCCESSFUL ERROR LOGGED IN GLOBAL TABLE.	Contact ACS Operations for assistance.
2309	INVALID DISPOSITION; MUST BE 'E', 'O', OR 'D'.	Enter a valid Disposition Code. See the Online Edit/Audit Manual. See the field definitions for valid formatting/data for this field.
2306	INVALID VALUE; MUST BE 'Y' OR 'N'	Enter a valid Attachment Indicator.
2096	LOCATION ENTERED DOES NOT EXIST ON THE DATABASE	Information message. No action needed.
2300	LOCATION ENTERED SAME AS CURRENT LOCATION	Enter a valid Location Code. See the field definitions for valid formatting/data for this field.
2436	MANUAL PRICE CANNOT BE GREATER THAN BILLED AMOUNT	Information message.
2305	MANUAL PRICE ENTERED MUST BE NUMERIC	Enter a numeric manual price.
2514	MULTIPLE OVERRIDES FOR SAME EDIT NOT SUPPORTED	Remove Error Esc Override that is Duplicate of another Error Esc
2411	NO PROCEDURE INFORMATION	Enter a valid Procedure Code. See the field definitions for valid formatting/data for this field.
2323	PA NUMBER DOES NOT EXIST ON THE DATABASE	Enter a valid Prior Authorization number. See the field definitions for valid formatting/data for this field.
2320	PROCEDURE CODE SELECTED IS INVALID	Select a valid procedure code. or Contact ACS Operations for assistance.
2531	PROVIDER TYPE LOCATION ID IS FAILED, HIT ENTER	Click on Enter Key
2530	PROVIDER TYPE LOCATION ID IS REQUIRED, HIT ENTER	Click on the Enter key
2515	RESO EDIT OVERRIDE MUST MATCH A CURRENT CLAIM EDIT	Change Edit Esc Value to Match a Current Error Esc
2316	SELECT A PROVIDER NUMBER	The cursor must be on one of the Provider ID's in the Provider field(s) field on the screen and choose Provider.
2317	SELECT ESC NUMBER	The cursor must be on one of the ESCs in the ESC field(s) field on the screen and choose Edit Text.
2315	SELECTED PROVIDER NUMBER IS INVALID	Enter a valid Provider number.
2395	TPL AMOUNT MUST BE NUMERIC	Enter a numeric value for the TPL amount.

Screen Access

1. Select the Invoice Processing icon from the VaMMIS Main System Menu Screen.
 2. You see Claims Processing Main Menu Screen.
 3. Choose the Pend Resolution Menu radio button.
 4. Choose Enter to see the On-line Pend Resolution Menu.
 5. Enter the Pend Resolution criteria to display the desired type of Pend Resolution Screen.
 6. Enter the desired information to resolve the pended claim.
- After entering data for an to resolve/transfer the pend, choose Enter.
- If no errors occur, choose Adjudication to process the claim.
- If error messages appear on the bottom of the screen, make correction(s), choose Enter. When no error messages appear, choose Adjudication to process the claim.

Screens CP-S-001-09 Conflicting Claims Inquiry

General Information

This screen displays conflicting payment request information at the time the payment request pending.

SOURCE/ORIGINATOR	Pend Resolution Operator or CHIRP Screen User
USAGE	Inquiry
PROGRAM	CPA122
MAPSET	CP009VA/CP09
TRAN ID	VH28

SAMPLE	Conflicting Claims Inquiry (CP-S-001-09)
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HMIS
Help | Print | Logoff

Screen ID: CP-S-001-09
 Trans ID: VH28
 Program ID: CPA122VA

VIRGINIA MEDICAID
ONLINE PEND RESOLUTION
--CONFLICTING CLAIMS--

Date: 02/23/2010
 Time: 09:28
 Page: 01 of 01

ICN: [REDACTED]

Charge	From Date	ICN	Provider ID	Claim	Activity Date	Admit Date	UVS	Discharge Status
Payment	Thru Date	Former ICN		Type	Modifier			
0000000.00		[REDACTED]	0000000000				0000	
0000000.00				Procedure Code:		Remittance Date:		//
				Procedure Code:		Remittance Date:		
				Procedure Code:		Remittance Date:		
				Procedure Code:		Remittance Date:		
				Procedure Code:		Remittance Date:		

Scroll Up Scroll Down

Enter Image Split Image Provider Procedure CHIRP Return Sub Menu Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
5	ICN Claim Request ICN (DE2001)	Edits: Messages:	A unique Transaction Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number).
6	Charge Claim Billed Charge (DE2016)	Edits: Messages:	The charge submitted on a claim.
7	From Claim Service From Date (DE2010)	Edits: Messages:	The date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format.
8	Payment Claim Payment Amount (DE2023)	Edits: Messages:	The payment submitted for a claim.
9	To Claim Service Thru Date (DE2011)	Edits: Messages:	The date on which the service was ended; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format.
10	ICN Claim Request ICN (DE2001)	Edits: Messages:	A unique Transaction Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number).
11	Former ICN Claim Related Document Number (DE2034)	Edits: Messages:	A unique Transaction Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference

			lines (last two bytes representing line number).
12	Provider # National Provider Identifier (DE4700)	Edits: Messages: Provider ID may be NPI or Legacy	A unique identification number assigned to the servicing or billing provider. N/A
13	Claim Type Claim Type (DE2002)	Edits: Messages:	A code identifying the claim form document filed by a provider; depends on provider type and claim form type. Use the On-line HELP system to find valid codes for this field.
14	Claim Modifier Claim Type Modifier (DE2003)	Edits: Messages:	A code indicating the type of claim transaction and the processing to be done. Use the On-line HELP system to find valid codes for this field.
15	Procedure Code Procedure Code (DE5002)	Edits: Messages:	A CPT (Current Procedural Terminology), HCPCS (CMS Common Procedure Coding System) or an internal state specific code identifying a specific procedure.
16	Activity Date Claim Status Begin Date (DE2383)	Edits: Messages:	The last date the claim had activity; MM/DD/CCYY format.
17	Admit Date Claim Admission Date (DE2105)	Edits: Messages:	The date upon which a recipient was admitted to a medical facility or the date on which the service began; MM/DD/CCYY format.
18	Remittance Date Remittance Payment Date (DE9578)	Edits: Messages:	The date of the remittance cycle; MM/DD/CCYY format.
19	UVS Claim Number of Units/Visits/Studies (DE2009)	Edits: Messages:	The number of Units/Visits/Studies allowed.
20	Discharge Status Claim Discharge Status (DE2869)	Edits: Messages:	A code indicating the status of the patient for facility claims.

NAVIGATION	Conflicting Claims Inquiry (CP-S-001-09)
	Branch To (B)

Function (B) or (M)	Action	or Return To (R)
Return	Returns the user to the Online Pend Resolution screen.	CP-S-001-02 (R)
CHIRP	Displays the CHIRP On-line Inquiry Screens depending on the claim type. CHIRP On-line Claims Inquiry; Detail Claims Display (UB) CHIRP On-line Claims Inquiry; Detail Claims Display (1500) CHIRP On-line Claims Inquiry; Detail Claims Display (Pharmacy, Dental, Title XVIII)	CP-S-008-02 (B)
Sub Menu	Returns to the Claims Processing Main Menu.	CP-S-001-01 (R)
Image	For the claim record that is displayed in the MMIS, display the associated paper image or the EMC proof report from DARS.	N/A
Scroll Down	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
Scroll Up	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
Procedure	Displays the Common Procedural Terminology Screens depending on the procedure (Medical, Dental, Home Health/Hospice/Revenue Codes), (International Classification of Diseases) ICD Procedure/LOS.	RF-S-001-10 (B)
Provider	Displays the Provider Information Screen.	PS-S-001-03 (B)
Main Menu	Returns to the VaMMIS Main System Menu.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
2417	ALL FIELD INFORMATION OK	Information message. No action needed.
2328	ALREADY ON BOTTOM PAGE	Information message. No action needed.
2327	ALREADY ON TOP PAGE	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
2299	HIGHLIGHTED FIELD(S) CANNOT BE	Information message. No action needed.

	CHANGED; OLD VALUE SUBSTITUTED	
2289	INTERNAL SYSTEM ERROR; ROLLBACK SUCCESSFUL ERROR LOGGED IN GLOBAL TABLE.	Contact ACS Operations for assistance.
2329	NO CONFLICTING CLAIMS FOR CURRENT ICN	Information message.
2411	NO PROCEDURE INFORMATION	Enter a valid Procedure Code. See the field definitions for valid formatting/data for this field.
2324	SELECT A PROCEDURE CODE	The cursor must be on one of the Procedures in the Procedure field(s) field on the screen and choose Procedure.
2316	SELECT A PROVIDER NUMBER	The cursor must be on one of the Provider ID's in the Provider field(s) field on the screen and choose Provider.
2393	SELECT AN ICN	Information message.
2315	SELECTED PROVIDER NUMBER IS INVALID	Enter a valid Provider number.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Invoice Processing button.
2. You see the Claims Processing Main Menu screen (CP-S-001-01).
3. Choose the Pend Resolution Menu radio button.
4. Choose Enter.
5. You will see the Online Pend Resolution Menu screen.
6. Enter the criteria for the screen you wish to display.
7. Choose Enter.
8. You see the screen matching the criteria chosen.
9. Choose Conflicting Claims.
10. You see the Pend Resolution Conflicting Claims screen (CP-S-001-09).
11. Use the Scroll Up and Scroll Down buttons to the right of the data box to scroll through additional letters if the Page XXX of XXX at the top of the screen indicates more than one page of data.
Alternate Method:
From the VaMMIS Main Menu (RF-S-010):
1. Choose the Invoice Processing button.
2. You see the Claims Processing Main Menu screen (CP-S-001-01).

3. Choose the CHIRP Requests radio button.
4. Choose Enter.
5. You will see the CHIRP Primary Selection Screen.
6. Enter the criteria for the screen you wish to display.
7. Choose Enter.
8. You see the screen matching the criteria chosen.
9. Choose Conflicting Claims.
10. You see the Conflicting Claims screen (CP-S-001-09).
11. Use the Scroll Up and Scroll Down buttons to the right of the data box to scroll through additional letters if the Page XXX of XXX at the top of the screen indicates more than one page of data.

Screens CP-S-001-10 On-line Pend Resolution Remarks Entry Screen

General Information

This screen allows for remarks entry relative to pended payment requests.

SOURCE/ORIGINATOR	Pend Resolution Operator
USAGE	Inquiry, Add
PROGRAM	CPA124
MAPSET	CP010VA/CP10
TRAN ID	VH32

SAMPLE	On-line Pend Resolution Remarks Entry Screen (CP-S-001-10)
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MMIS

Screen ID: CP-S-001-10
 Trans ID: VH32
 Program ID: CPA124VA

VIRGINIA MEDICAID
ONLINE PEND RESOLUTION
COMMENTS ENTRY

[Help](#) | [Print](#) | [Logoff](#)
 Date: 02/12/2010
 Time: 13:09
 Page: 01 of 01

ICN: [REDACTED]

Entry Date	Entry Time	Location From	Location To	User ID	Comments
02/12/2010	13:09		200	XA023	<input type="text"/>
02/12/2010	13:09		200	XA023	<input type="text"/>
02/12/2010	13:09		200	XA023	<input type="text"/>
02/12/2010	13:09		200	XA023	<input type="text"/>
02/12/2010	13:09		200	XA023	<input type="text"/>
02/12/2010	13:09		200	XA023	<input type="text"/>
02/12/2010	13:09		200	XA023	<input type="text"/>
02/12/2010	13:09		200	XA023	<input type="text"/>
02/12/2010	13:09		200	XA023	<input type="text"/>
02/12/2010	13:09		200	XA023	<input type="text"/>
02/12/2010	13:09		200	XA023	<input type="text"/>
02/12/2010	13:09		200	XA023	<input type="text"/>
02/12/2010	13:09		200	XA023	<input type="text"/>
02/12/2010	13:09		200	XA023	<input type="text"/>
02/12/2010	13:09		200	XA023	<input type="text"/>

[Scroll Up](#) | [Scroll Down](#)

[Update](#) | [Clear Form](#) | [Refresh](#) | [Return](#) | [Sub Menu](#) | [Main Menu](#)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
5	Pending Claim ICN Claim Request ICN (DE2001)	Edits: Messages:	<p>A unique Transaction Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number).</p> <p>A unique Transaction Control Number serving to identify each claim transaction record. It is the group representation of Claim</p>

			<p>Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number). Sixteen digits.</p> <p>ADD(P) System displayed.</p> <p>UPDATE(P) System displayed.</p>
6	<p>Entry Date</p> <p>Claim Status Begin Date (DE2383)</p>	<p>Edits:</p> <p>Messages:</p>	<p>The date on which the claim is transferred to another location; MM/DD/CCYY format.</p> <p>The date on which the claim is transferred to another location; MM/DD/CCYY format. Eight digits.</p> <p>ADD(P) System displayed.</p> <p>UPDATE(P) System displayed.</p>
7	<p>Entry Time</p> <p>Row Update Date (DE0011)</p>	<p>Edits:</p> <p>Messages:</p>	<p>The time of day in which the claim is transferred to another location; military time.</p> <p>The time of day in which the claim is transferred to another location; military time. Four digits.</p> <p>ADD(P) System displayed.</p> <p>UPDATE(P) System displayed.</p>
8	<p>Location From</p> <p>Claim Pend From Location (DE2840)</p>	<p>Edits:</p> <p>Messages:</p>	<p>A code identifying the location a pending claim was transferred from. Use the On-line HELP system to find valid codes for this field.</p> <p>A code identifying the location a pending claim was transferred from. Three digits. Use the On-line HELP system to find valid codes for this field.</p> <p>ADD(P) System displayed.</p> <p>UPDATE(P) System displayed.</p>
9	<p>Location To</p> <p>Claim Pend To Location (DE2841)</p>	<p>Edits:</p> <p>Messages:</p>	<p>A code identifying the location where a pending claim is transferred. Use the On-line HELP system to find valid codes for the field.</p> <p>A code identifying the location where pending</p>

			claim is transferred. Three digits. Use the On-line HELP system to find valid codes for the field. ADD(P) System displayed. UPDATE(P) System displayed.
10	User ID User/Operator ID (DE0012)	Edits: Messages:	A code uniquely identifying the VaMMIS user tracking user input and use of the system. A code uniquely identifying the VaMMIS user tracking user input and use of the system. Eight alphanumeric characters. ADD(P) System displayed. UPDATE(P) System displayed.
11	Remarks Claims Remarks Text (DE2579)	Edits: Messages:	A free form field for comments related to the resolution of the claim. A free form field for comments related to the resolution of the claim. Up to fifty alphanumeric characters. ADD (R/U) Enter pend resolution related comments. UPDATE(C/U) Enter pend resolution related comments.

NAVIGATION			On-line Pend Resolution Remarks Entry Screen (CP-S-001-10)
Function (B) or (M)	Action	Branch To (B) or Return To (R)	
Return	Returns to the previous accessed.	N/A	
Clear Form	Clears all the data entered in the screen and allows the user to enter new data.	N/A	
SUB MENU	Returns to the On-line Pend Resolution Screen depending on the type claim of which you are entering the Remarks.	N/A	
SCROLL DOWN	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen..	N/A	
SCROLL UP	Scrolls one page backward to display additional	N/A	

	data (if any). After all data has been displayed, a message will appear on the screen.	
Refresh	Displays the last updated information (if any) from the database.	N/A
Main Menu	Returns to the VaMMIS Main System Menu.	N/A
UPDATE	Posts data to the database.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
2417	ALL FIELD INFORMATION OK	Information message. No action needed.
2328	ALREADY ON BOTTOM PAGE	Information message. No action needed.
2327	ALREADY ON TOP PAGE	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
2289	INTERNAL SYSTEM ERROR; ROLLBACK SUCCESSFUL ERROR LOGGED IN GLOBAL TABLE.	Contact ACS Operations for assistance.
2330	NO NEW REMARKS ENTERED TO UPDATE	Information message.
2331	REMARKS ENTRY SUCCESSFUL	Information message.
2332	UPDATE PENDING CHOOSE UPDATE.	Choose the Update button to update the record.

Screen Access

1. Select the Invoice Processing icon from the VaMMIS Main System Menu Screen.
2. You see Claims Processing Main Menu Screen.
3. Choose the Pend Resolution Menu radio button.
4. Choose Enter to see the On-line Pend Resolution Menu.
5. Enter the Pend Resolution criteria to display the desired type of Pend Resolution Screen.
6. After entering data to resolve the pend,, choose Enter.
If no errors occur, choose Remarks to display the On-line Pend Resolution Remarks Entry Screen to process the claim.
If error messages appear on the bottom of the screen, make correction(s), choose Enter. When no error messages appear, choose Remarks to display the On-line Pend Resolution Remarks Entry Screen.
After the remarks are updated, choose the Back Arrow button to return to the Pend Resolution Screen. Choose Adjudication to process the claim.

Screens CP-S-001-11 Consent Entry Screen

General Information

This screen is used to enter data from Consent Forms sent in with claims. Consent data can be retrieved for inquiry purposes from this screen.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	CPA126 CPA127
MAPSET	CPS0011/CPSCONS
TRAN ID	VH34/VH35/VH36

SAMPLE	Consent Entry Screen (CP-S-001-11)
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		accepts valid enrollee ID values.	3093. Twelve digits. ADD(P) System displayed. UPDATE(P) System displayed.
6	Date of Birth Enrollee Birth Date (DE3005)		The date of birth of the enrollee; MM/DD/CCYY format. The date of birth of the enrollee; MM/DD/CCYY format. Eight digits. ADD(P) System displayed. UPDATE(P) System displayed.
7	Add Date Row Insert Date (DE0010)	Edits: This field is displayed only when invoked by CPA126. Messages: This field is displayed only when invoked by CPA126.	The date the Consent information was entered to the system; MM/DD/CCYY format. The date the Consent information was entered to the system; MM/DD/CCYY format. Eight digits. ADD(P) System displayed. UPDATE(P) System displayed.
8	Name Enrollee Last Name (DE3110)	Edits: Messages:	The last name of the individual eligible for a DMAS-administered medical care program. The last name of the individual eligible for a DMAS-administered medical care program. Up to nineteen alphanumeric characters. ADD(P) System displayed. UPDATE(P) System displayed.
8.1	(Enrollee Suffix) Enrollee Name Suffix (DE3113)	Edits: Messages:	The name suffix of the individual eligible for a DMAS-administered medical care program. Use the On-line HELP system to find valid codes for this field. The name suffix of the individual eligible for a DMAS-administered medical care program. Up to three alphanumeric characters. Use the On-line HELP system to find valid codes for this field. ADD(P) System displayed.

			UPDATE(P) System displayed.
8.2	(Enrollee First Name) Enrollee First Name (DE3111)	Edits: Messages:	The first name of the individual eligible for a DMAS-administered medical care program. The first name of the individual eligible for a DMAS-administered medical care program. Up to twelve alphanumeric characters. ADD(P) System displayed. UPDATE(P) System displayed.
8.3	(Enrollee MI) Enrollee Middle Initial (DE3112)	Edits: Messages:	The middle initial of the individual eligible for a DMAS-administered medical care program. The middle initial of the individual eligible for a DMAS-administered medical care program. One alphanumeric character. ADD(P) System displayed. UPDATE(P) System displayed.
9	Last Update Claim Status Begin Date (DE2383)	Edits: This field is displayed only when invoked by CPA127. Messages: This field is displayed only when invoked by CPA127.	The last date the Consent information had activity; MM/DD/CCYY format. The last date the Consent information had activity; MM/DD/CCYY format. Eight digits. ADD(P) System displayed. UPDATE(P) System displayed.
10	Service Date Claim Service From Date (DE2010)	Edits: Messages:	The date on which the service was first rendered; for a claim covering only one service (e.g., a prescription) this is the only service date. MM/DD/CCYY format. The date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format. Eight digits. ADD(P) System displayed. UPDATE(P) System displayed.

11	Consent Type Claim Consent Type (DE2195)	Edits: Must be a valid Consent Type. Messages:	A code identifying the status of the Consent. Use the On-line HELP system to find valid values for this field. A code identifying the status of the Consent. One alpha character. Use the On-line HELP system to find valid values for this field. ADD(R/U) Enter a valid Consent Type Status Code. UPDATE(C/U) Enter a valid Consent Type Status Code.
12	Consent Status Claim Consent Status (DE2193)	Edits: Must be a valid Consent Status. Messages:	A code indicating the status of the Consent. A code indicating the status of the Consent. One alpha character. Must be A - 'Active' or C - 'Closed'. ADD(R/U) Enter a valid Consent Status Code. UPDATE(C/U) Enter a valid Consent Status Code.
13	Status Date Claim Consent Status Date (DE2194)	Edits: Messages:	The date the status of the enrollee was recorded; MM/DD/CCYY format. The date the status of the enrollee was recorded; MM/DD/CCYY format. Eight digits. ADD(P) System displayed. UPDATE(P) System displayed.
14	Life Threatening Claim Life Threatening Indicator (DE2996)	Edits: Must be 'Y' or 'N'. 'Y' is allowed only for Abortion Consents. Messages:	A code identifying the situation was life threatening based on documentation with the consent form. 'Y' is allowed only for Abortion Consents. A code identifying the situation was life threatening based on documentation with the consent form. One character. Must be Y 'Yes' or N 'No'. 'Y' is allowed only for Abortion Consents. ADD(R/U) Enter a valid Life Threatening Indicator. UPDATE(C/U) Enter a valid Life Threatening Indicator.
15	Signature Date Claim Consent Signature Date (DE2192)	Edits: Must be a valid date. The signature date for the enrollee is on or before the date of service.	The date the enrollee consented to have the procedure performed; MM/DD/CCYY format. The date the enrollee consented to have the procedure performed; MM/DD/CCYY format. Eight digits.

		Messages:	ADD(R/U) Enter a valid Enrollee Consent Signature Date. UPDATE(C/U) Enter a valid Enrollee Consent Signature Date.
16	Provider Number National Provider Identifier (DE4700)	Edits: Messages: Provider ID may be NPI or Legacy	A unique identification number assigned to the servicing or billing provider who submitted the claim documentation for adjudication. A unique identification number assigned to the servicing or billing provider who submitted the claim documentation for adjudication. ADD(P) System displayed. UPDATE(P) System displayed.
17	Provider Name Provider Name (DE4085)	Edits: Messages:	The name of the billing or servicing provider who submitted the claim document for adjudication. The name of the billing or servicing provider who submitted the claim document for adjudication. Up to forty alphanumeric characters. This field populated when a Provider Number is entered. ADD(P) System displayed. UPDATE(P) System displayed.

NAVIGATION		Consent Entry Screen (CP-S-001-11)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)	
Return	Returns the user to the Online Pend Resolution - Dental Claims screen.	CP-S-001-07 (R)	
Clear Form	Clears all the data entered in the screen and allows user to enter new data. This function not valid in Inquiry mode.	N/A	
Enter	Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	N/A	

	This function not valid in Inquiry mode.	
Sub Menu	Returns to the On-line Pend Resolution Screen depending on the type of claim which you are entering the Consent information.	CP-S-001-02 (R)
SCROLL DOWN	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SCROLL UP	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
Refresh	Displays the last updated information (if any) from the database.	N/A
Main Menu	Returns to the VaMMIS Main System Menu.	RF-S-010 (R)
Update	Posts the data to the database. This function not valid in Inquiry mode.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
2417	ALL FIELD INFORMATION OK	Informational message. No action needed.
2328	ALREADY ON BOTTOM PAGE	Informational message. No action needed.
2327	ALREADY ON TOP PAGE	Informational message.
2345	CONSENT ALREADY EXISTS FOR CLAIM	Informational message. No action needed.
2336	DATE VALUE IS INVALID	Enter a valid date.
2334	EXISTING CONSENTS DISPLAYED	Informational message. No action needed.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
2341	HIGHLIGHTED FIELD(S) INFORMATION MISSING/INVALID	Informational message. No action needed.
2289	INTERNAL SYSTEM ERROR; ROLLBACK SUCCESSFUL ERROR LOGGED IN GLOBAL TABLE.	Contact ACS Operations for assistance.
2338	INVALID VALUE; MUST BE 'A' OR 'C'	Enter a valid Consent Status. See the field definitions for valid formatting/data for this field.
2337	INVALID VALUE; MUST BE 'A', 'H', OR 'S'	Enter a valid Consent Type. See the field definitions for valid formatting/data for this field.
2339	INVALID VALUE; MUST BE 'Y' OR 'N'	Enter a valid Attachment Indicator.
2340	INVALID VALUE; VALID ONLY FOR	Enter a valid value.

	ABORTION CONSENTS	
2335	MORE THAN ONE CONSENT PER CLAIM NOT ALLOWED	Informational message. No action needed.
2333	NO EXISTING CONSENTS FOR THE ENROLLEE	Informational message. No action needed.
2343	NO INFORMATION CHANGED FOR UPDATE	Informational message.
2342	NO NEW CONSENT ENTERED TO UPDATE	Informational message. No action needed.
2347	SUCCESSFUL CONSENT ENTRY	Informational message. No action needed.
2344	SUCCESSFUL CONSENT UPDATE	Informational message. No action needed.
2332	UPDATE PENDING CHOOSE UPDATE.	Choose the Update button to update the record.

Screen Access

1. Select the Invoice Processing icon from the VaMMIS Main System Menu Screen.
2. You see Claims Processing Main Menu Screen.
3. Choose the Pend Resolution Menu radio button.
4. Choose Enter to see the On-line Pend Resolution Menu.
5. Enter the Pend Resolution criteria to display the desired type of Pend Resolution Screen.
6. Enter the desired information to resolve the pending claim.
After entering data for an to resolve/transfer the pend, choose Enter.
If no errors occur, choose Consent to display the On-line Pend Resolution Consent Entry Screen process the claim.
If error messages appear on the bottom of the screen, make correction(s), choose Enter. When no error messages appear, choose Consent to display the On-line Pend Resolution Consent Entry Screen.
After the Consent information is updated, choose the Back Arrow button to return to the Pend Resolution Screen. Choose Adjudication to process the claim.

Screens CP-S-003-02 Adjustment Selection

General Information

The Adjustment Selection screen establishes the selection criteria of a mass adjustment, mass void, mass reprocess or mass pend recycle request or it can be used to adjust or void an individual ICN. But no individual pend-recycle is done using this screen, individual pend-recycle is done using separate pend-resolution process.

This screen can also be used to accomplish following activities:

- 1) Identify any earlier mass adjustment, mass void or mass recycle request and delete claims selectively from the list of claim in the request. So that when the subsequent batch process processes these mass requests, then these deleted claims are not part of the requests. This is done by entering the first ICN in the ICN range selected through mass requests, at this point control is transferred to CP-S-003-03, where all the claims are displayed, allowing the user to delete individual claims.
- 2) Identify any earlier mass adjustment, mass void or mass recycle requests and delete the whole batch of claims, which came into system as a result of these mass requests.
- 3) Identify any earlier mass adjustment, mass void or mass recycle requests and recycle all the pending claims from these mass requests. Please note we can do mass recycle request after previous mass recycle request, if the earlier recycle request resulted in pending the claims.

SOURCE/ORIGINATOR	Operator
USAGE	Update
PROGRAM	CPA152
MAPSET	CPS3002/ADJSEL
TRAN ID	VH46

SAMPLE	Adjustment Selection (CP-S-003-02)
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HMIS

[Help](#) | [Print](#) | [Logout](#)

Screen ID: CP-S-003-02
 Trans ID: VH46
 Program ID: CPA152VA

**VIRGINIA MEDICAID
 ADJUSTMENT SELECTION**

Date: 02/12/2010
 Time: 13:12

User ID: XA023 Request Type: Adjustment Reason:
 Name:

Provider Information

Service Provider:
 Billing Provider:
 Provider Type:
 Speciality:

General Information

ICN:
 Form Type:
 Member ID:
 Procedure Code:
 Diagnosis Code:
 Units:
 DOS From:
 DOS Thru:
 Status Date:
 Benefit Plan:
 Edit Code:
 COB Code:

Billing Information

Claim Type:
 Bill Type:
 Billed Amount:
 Date Of Payment:

[Enter](#) [Accept](#) [Clear Form](#) [Prov Loc](#) [Return](#) [Sub Menu](#) [Main Menu](#)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ID User/Operator ID (DE0012)		A code uniquely identifying the user and is used to track user input into the VA DMAS System. Eight alphanumeric characters. ADD(P) System displayed. UPDATE(P) System displayed. DELETE(P) System displayed.
2	Name Claim CHIRP/Adjustment Request Name (DE2780)		The name of the user/report for the adjustment/void. Up to thirty-five alphanumeric free form characters. ADD(R/U)

			<p>Enter a valid Request Name. UPDATE(R/U) Enter a valid Request Name. DELETE(R/U) Enter a valid Request Name.</p>
3	<p>Void Claim CHIRP/Adjustment Request Type of Action (DE2855)</p>	<p>Edits: May not contain a non-blank value if ADJUST, DELETE, DELETE CLAIM, REPROCESS or RECYCLE contain a non-blank value. Messages: Only one action allowed.</p>	<p>A code indicating voiding of Mass/Individual Adjustments is to be performed. VOID(C/U) Enter the value of 'V' voiding of Mass/Individual Adjustments.</p>
4	<p>Adjust Claim CHIRP/Adjustment Request Type of Action (DE2855)</p>	<p>Edits: May not contain a non-blank value if VOID, DELETE, DELETE CLAIM, REPROCESS or RECYCLE contain a non-blank value. Messages: Only one action allowed.</p>	<p>A code indicating the adjustment of a claim(s) is to be performed. The Adjustment requests may be processed either individually or in batch mode. If the ICN is entered then it is an individual request, otherwise it is batch request. If the ICN is entered then no other field (other than 'Name' and 'ADJUSTMENT REASON' is allowed to be entered). If the ICN is NOT entered then user can enter any other field. Please note 'ADJUSTMENT REASON' is required field. ADJUST(C/U) Enter the value of 'A' for the Mass/Individual Adjustments.</p>
5	<p>Delete Claim CHIRP/Adjustment Request Type of Action (DE2855)</p>	<p>Edits: May not contain a non-blank value if ADJUST, VOID, DELETE CLAIM, REPROCESS or RECYCLE contain a non-blank value. Messages: Only one action allowed.</p>	<p>A code indicating the deletions of Mass/Individual claims. Delete request will produce a batch request for deleting the claims from an earlier mass adjustment/void or reprocess request. The ICN is required to be entered on the screen by choosing from an earlier adjustment/void or reprocess request. DELETE(C/U) Enter the value of 'D' in the Delete Claim field for the deletion of Mass/Individual Adjustments/Reprocess Denies.</p>

6	Recycle Claim CHIRP/Adjustment Request Type of Action (DE2855)	Edits: May not contain a non-blank value if ADJUST, DELETE, DELETE CLAIM, REPROCESS, or VOID contain a non-blank value. Messages: Only one action allowed.	A code indicating recycling of Mass Adjustments. Recycle request either for a previously issued mass adjustment/void request or the recycle claims giving a new selection criteria which might or might not be same as any earlier mass adjustment/void request. RECYCLE(C/U) Enter the value of 'R' in the Recycle field for the recycling of Mass Adjustments.
7	Delete Claim Claim CHIRP/Adjustment Request Type of Action (DE2855)	Edits: May not contain a non-blank value if ADJUST, DELETE, VOID, REPROCESS or RECYCLE contain a non-blank value. Messages: Only one action allowed.	A code indicating the deletion of Mass Adjustments. The 'Delete Claim' request will produce a list of claims that are displayed to selectively delete claims. The list of claims will have only those claims selected from an earlier mass/adjustment or reprocess request. DELETE(C/U) Enter the value of 'X' for the deletion of the Mass Adjustments or Reprocess Denies.
8	Adjustment Reason Adjustment/Void Reason (DE2033)	Edits: 1. Must be entered if VOID or ADJUST is selected and may not be entered otherwise. 2. If entered, it must be valid according to the Financial Reason Table. The reason code must exist, it must be valid for the type of action (void or adjust), and it must be a reason code that can be used by DMAS or by both DMAS and providers. Messages: Reason code is invalid.	A code specifying the reason for voiding, adjusting, deleting or recycling an individual claim. Four digits. Required, if there is an entry in the Void or Adjust field. Use the On-line HELP system to find valid codes for this field. VOID/ADJUST (C/U) Enter a valid Adjustment Reason Code.
9	Service Provider (Provider Info)	Edits:	A unique identification number assigned to

	National Provider Identifier (DE4700)	<p>1. Must be numeric and valid provider ID. Highlight 'ID NUMBER' field.</p> <p>2. When ICN field is not equal to spaces then 'ID NUMBER' field must be equal to spaces. Highlight 'ID NUMBER' field.</p> <p>Messages:</p> <p>1. Invalid input fields, please correct.</p> <p>2. When ICN is entered then all other fields must be blank</p>	<p>the servicing provider who submitted the claim document for adjudication. May be a Legacy ID, NPI or API.</p> <p>A unique identification number assigned to the servicing provider who submitted the claim document for adjudication. May be a Legacy ID, NPI or API. If there is an entry in the ICN (Internal Control Number) field, an entry in the Provider ID field is will not be allowed.</p> <p>UPDATE(O/U)</p> <p>Enter a valid Servicing Provider Identifier to use as a selection parameter.</p>
9.5	Billing Provider National Provider Identifier (DE4700)	<p>Edits:</p> <p>1. Must be numeric and valid provider ID. Highlight 'ID NUMBER' field.</p> <p>2. When ICN field is not equal to spaces then 'ID NUMBER' field must be equal to spaces. Highlight 'ID NUMBER' field.</p> <p>Messages:</p> <p>1. Invalid input fields, please correct.</p> <p>2. When ICN is entered then all other fields must be blank</p>	<p>A unique identification number assigned to the billing provider who submitted the claim document for adjudication. May be a Legacy ID, NPI or API.</p> <p>A unique identification number assigned to the billing provider who submitted the claim document for adjudication. May be a Legacy ID, NPI or API.</p> <p>UPDATE(O/U)</p> <p>Enter a valid Billing Provider Identifier to use as a selection parameter.</p>
10	Provider Type Provider Type (DE4006)	<p>Edits:</p> <p>1. Must be numeric and valid provider type. Highlight 'PROV TYPE' field.</p> <p>2. When ICN field is not equal to spaces then 'PROV TYPE' field must be equal to spaces. Highlight 'PROV TYPE' field.</p> <p>Messages:</p>	<p>A code identifying the classification of a provider under the State plan (e.g., Dentist, Pharmacy). Three digits. Use the On-line HELP system to find valid codes for this field.</p> <p>UPDATE(P)</p> <p>System displayed.</p>

		<p>1. Invalid input fields, please correct.</p> <p>2. When ICN is entered then all other fields must be blank</p>	
11	<p>Specialty</p> <p>Provider Specialty Code (DE4007)</p>	<p>Edits:</p> <p>1. Must be numeric and valid provider specialty. Highlight 'SPECIALTY' field</p> <p>2. When ICN field is not equal to spaces then 'SPECIALTY' field must be equal to spaces. Highlight 'SPECIALTY' field.</p> <p>Messages:</p> <p>1. Invalid input fields, please correct.</p> <p>2. When ICN is entered than all other fields must be blank.</p>	<p>A code identifying a provider's certified medical specialty(ies). Three digits. Provider Specialty Code must be valid for the Provider Type. Use the On-line HELP system to find valid codes for this field. UPDATE(O/U)</p> <p>Enter a valid Provider Specialty Code.</p>
12	<p>Claim Type</p> <p>Claim Type (DE2002)</p>	<p>Edits:</p> <p>1. Must be a valid Claim Type. Highlight 'CLAIM TYPE' field.</p> <p>2. When ICN field is not equal to spaces then 'CLAIM TYPE' field must be equal to spaces. Highlight 'CLAIM TYPE' field.</p> <p>Messages:</p> <p>1. Invalid input fields, please correct.</p> <p>2. When ICN is entered then all other field must be blank</p>	<p>A code identifying the claim form document filed by a provider; depends on provider type and claim form type. Two digits. If an entry is made in this field, an entry in the ICN field is not allowed. Use the On-line HELP system to find valid codes for this field.</p> <p>UPDATE(O/U)</p> <p>Enter a valid Claim Type Code.</p>
13	<p>Bill Type</p> <p>Claim Facility Bill Type (DE2102)</p>	<p>Edits:</p> <p>1. Must be numeric. Highlight 'BILL TYPE' field.</p> <p>2. When ICN field is not equal to spaces</p>	<p>A code identifying the bill type of a facility claim. This Data Element is composed of three values, the first position being the facility type, the second being the billing clas-</p>

		<p>then 'BILL TYPE' field must be equal to spaces. Highlight 'BILL TYPE' field.</p> <p>Messages:</p> <ol style="list-style-type: none"> 1. Invalid input fields, please correct. 2. When ICN is entered then all other fields must be blank 	<p>sification of the provider billing the claim, and the third being the billing frequency or type of bill. The field is four positions. If an entry is made, there must be a space in front of the three digit bill type. If an entry is made in this field, an entry in the ICN field is not allowed. Use the On-line HELP system to find valid codes for this field.</p> <p>UPDATE(O/U) Enter a valid Bill Type Code.</p>
14	<p>Billed Amount Claim Billed Charge (DE2016)</p>	<p>Edits:</p> <ol style="list-style-type: none"> 1. Must be numeric. Highlight 'BILLED AMOUNT' field 2. When ICN field is not equal to spaces then 'BILLED AMOUNT' field must be equal to spaces. Highlight 'BILLED AMOUNT' field. <p>Messages:</p> <ol style="list-style-type: none"> 1. Invalid input fields, please correct. 2. When ICN is entered then all other fields must be blank 	<p>The charge submitted on a claim. Up to nine digits. If an entry is made in this field, an entry in the ICN field is not allowed.</p> <p>UPDATE(O/U) Enter a valid Billed Amount.</p>
15	<p>Date of Payment Remittance Payment Date (DE9578)</p>	<p>Edits:</p> <ol style="list-style-type: none"> 1. Must be numeric and valid date format (MM DD CCYY). Highlight 'DATE OF PAYMENT' field. 2. When ICN field is not equal to spaces then 'DATE OF PAYMENT' must be equal to spaces. Highlight 'DATE OF PAYMENT' field. <p>Messages:</p> <ol style="list-style-type: none"> 1. Invalid input fields, please correct. 2. When ICN is 	<p>The date of the remittance cycle; MM/DD/CCYY format. Eight digits. If an entry is made in this field, an entry in the ICN field is not allowed.</p> <p>UPDATE(O/U) Enter a valid Date of Payment.</p>

		entered then all other fields must be blank	
16	ICN Claim Request ICN (DE2001)	<p>Edits:</p> <ol style="list-style-type: none"> 1. When ICN is not equal to spaces then all other fields must be blank. Highlight ICN field. 2. Must be a valid Claim ICN (10 or 16 digits) that exists on the Claims Database for VOID or ADJUST action. Highlight ICN field 3. Must be the ICN of the first system generated adjustment or void for RECYCLE, DELETE, or DELETE CLAIM actions. <p>Messages:</p> <ol style="list-style-type: none"> 1. When ICN is entered, then all other fields must be blank 2. ICN is invalid. 3. No matching request found for recycle (delete) request, please verify ICN. 	<p>A unique Transaction Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number). Sixteen digits. If there is entry in this field, an entry in all other fields of the Provider Information, Billing Information and the General Information will be allowed.</p> <p>UPDATE(O/U) Enter a valid ICN (Invoice Control Number) .</p>
17	Form Type Claim Form Type (DE2088)	<p>Edits:</p> <ol style="list-style-type: none"> 1. Must be valid form type. Hilight 'FORM TYPE' field. 2. When ICN field is not equal to spaces then 'FORM TYPE' field must be equal to spaces. Highlight 'FORM TYPE' field. <p>Messages:</p> <ol style="list-style-type: none"> 1. Form type is invalid. 2. When ICN is entered then all other 	<p>A code identifying the type of claim form on which the claim was filed. Four alphanumeric characters. If an entry is made in this field, an entry in the ICN field is not allowed. Use the On-line HELP system to find valid values for this code.</p> <p>UPDATE(O/U) Enter a valid Form Type Code.</p>

		fields must be blank.	
18	Enrollee ID Enrollee Identification Number (DE3001)	Edits: 1. Must be numeric and valid enrollee ID. Highlight 'ENROLLEE ID' field. 2. When ICN field is not equal to spaces then 'ENROLLEE ID' field must be equal to spaces. Highlight 'ENROLLEE ID' field. Messages: 1. Enrollee ID must be numeric 2. When ICN is entered then all other fields must be blank	A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID. Twelve digits. If an entry is made in this field, an entry in the ICN field is not allowed. UPDATE(O/U) Enter a valid Enrollee ID.
19	Procedure Code Procedure Code (DE5002)	Edits: 1. Must be valid procedure code. Highlight 'PROCEDURE CODE' field. 2. When ICN field is not equal to spaces then 'PROCEDURE CODE' must be equal to spaces. Highlight 'PROCEDURE CODE' field. Messages: 1. Invalid Procedure Code. 2. When ICN is entered all other fields must be blank	A CPT (Current Procedural Terminology), HCPCS (CMS Common Procedure Coding System) or an internal state specific code identifying a specific medical, supply or dental procedure. 7 alphanumeric characters. If an entry is made in this field, an entry in the ICN field is not allowed. Use the On-line HELP system to find valid codes for this field. UPDATE(O/U) Enter a valid Procedure Code.
20	Diagnosis Code Diagnosis Code (DE5301)	Edits: 1. Must be valid diagnosis. Highlight 'DIAGNOSIS CODE' field. 2. When ICN field is not equal to spaces then 'DIAGNOSIS	The ICD (International Classification of Diseases) code identifying each service, procedure or supply to describe the diagnosis, symptom, complaint, condition, problem and circumstances other than disease or injury. 7 alphanumeric characters. If an entry is made in this field, an entry in the ICN field is not

		<p>CODE' must be equal to spaces. Highlight 'DIAGNOSIS CODE' field.</p> <p>Messages:</p> <ol style="list-style-type: none"> 1. Invalid Diagnosis Code. 2. When ICN is entered all other fields must be blank. 	<p>allowed. Use the On-line HELP system to find valid codes for this field.</p> <p>UPDATE(O/U) Enter a valid ICD Code.</p>
21	<p>Units</p> <p>Claim Number of Units/Visits/Studies (DE2009)</p>	<p>Edits:</p> <ol style="list-style-type: none"> 1. Must be numeric. Highlight 'UNITS' field 2. When ICN field is not equal to spaces then 'UNITS' field must be equal to spaces. Highlight 'UNITS' field. <p>Messages:</p> <ol style="list-style-type: none"> 1. Invalid input fields, please correct. 2. When ICN is entered then all other fields must be blank 	<p>The number of units, visits or services allowed for a recipient and billed on one claim line item for a procedure. Up to 5 digits. If an entry is made in this field, an entry in the ICN field is not allowed.</p> <p>UPDATE(O/U) Enter the valid number of units/visits/studies allowed.</p>
22	<p>DATE OF SERVICE FROM</p> <p>Claim Service From Date (DE2010)</p>	<p>Edits:</p> <ol style="list-style-type: none"> 1. Must be numeric and valid date format (MM DD CCYY). Highlight 'DT OF SVC FROM' field. 2. Must be less than 'DT OF SVC THRU' field unless it is blank. 3. When ICN field is not equal to spaces then 'DT OF SVC FROM' field must be equal to spaces. Highlight 'DT OF SVC FROM' field. <p>Messages:</p> <ol style="list-style-type: none"> 1. Invalid input fields, please correct. 	<p>The date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format. Eight digits. Must be less than Date of Service Thru field unless there is not an entry in the Date of Service Thru field. If an entry is made in this field, an entry in the ICN field is not allowed.</p> <p>UPDATE(O/U) Enter the valid Date of Service From.</p>

		<p>2. Service from date must be less than service thru date.</p> <p>3. When the ICN field is entered then all other fields must be blank</p>	
23	<p>DATE OF SERVICE THRU Claim Service Thru Date (DE2011)</p>	<p>Edits:</p> <p>1. Must be numeric and valid date format (MM DD CCYY). Highlight 'DT OF SVC THRU' field.</p> <p>2. When ICN field is not equal to spaces then 'DT OF SVC THRU' field must be equal to spaces. Highlight 'DT OF SVC THRU' field.</p> <p>Messages:</p> <p>1. Invalid input fields, please correct.</p> <p>2. When the ICN field is entered then all other fields must be blank</p>	<p>The date on which the service was ended; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format. Eight digits. If an entry is made in this field, an entry in the ICN field is not allowed.</p> <p>Must be greater the From Date of Service field.</p> <p>UPDATE(O/U) Enter the valid Thru Date of Service.</p>
24	<p>Status Date Claim Status Begin Date (DE2383)</p>	<p>Edits:</p> <p>1. Must be numeric and valid format (MM DD CCYY). Highlight 'STATUS DT' field.</p> <p>2. When ICN field is not equal to spaces then 'STATUS DT' field must be equal to spaces. Highlight 'STATUS DT' field.</p> <p>Messages:</p> <p>1. Invalid input fields, please correct.</p> <p>2. When ICN is entered then all other fields must be blank</p>	<p>The date on which the status of the claim was updated. MM/DD/CCYY format. Eight digits. If there is an entry in the ICN (Internal Control Number) field, an entry is allowed in this field.</p> <p>UPDATE(O/U) Enter a valid Status Date.</p>

25.1	Benefit Plan (Program Code) Benefit Definition Plan Program Code (DE3551)	<p>Edits:</p> <ol style="list-style-type: none"> 1. Must be numeric and valid benefit program code. Highlight 'BENEFIT PLAN' (Program Code) field. 2. When ICN field is not equal to spaces then 'BENEFIT PLAN' (Program Code) field must be equal to spaces. Highlight 'BENEFIT PLAN' (Program Code) field. <p>Messages:</p> <ol style="list-style-type: none"> 1. Invalid input fields, please correct. 2. When ICN is entered then all other fields must be blank. 	<p>The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. Two digits. If an entry is made in this field, an entry in the ICN field is not allowed. Use the On-line HELP system to find valid codes for this field.</p> <p>UPDATE(O/U) Enter a valid Benefit Plan Program Code.</p>
25.2	Benefit Plan (Subprogram Code) Benefit Definition Plan Subprogram Code (DE3552)	<p>Edits:</p> <ol style="list-style-type: none"> 1. Must be numeric and valid benefit subprogram code. Highlight 'BENEFIT PLAN' (Subprogram Code) field. 2. When ICN field is not equal to spaces then 'BENEFIT PLAN' (Subprogram Code) field must be equal to spaces. Highlight 'BENEFIT PLAN' (Subprogram Code) field. <p>Messages:</p> <ol style="list-style-type: none"> 1. Invalid input fields, please correct. 2. When ICN is entered then all other fields must be blank. 	<p>N/A</p> <p>The second level of the coding structure of the Benefit Plan which defines the methodology for providing benefits under the Program. Two digits. If an entry is made in this field, an entry in the ICN field is not allowed. Use the On-line HELP system to find valid codes for this field.</p> <p>UPDATE(O/U) Enter a valid Benefit Definition Plan Subprogram Code.</p>
25.3	Benefit Plan (Plan Code)	Edits:	N/A

	Benefit Definition Plan Benefit Code (DE3553)	<p>1. Must be numeric and valid benefit plan code. Highlight 'BENEFIT PLAN' (Plan Code) field.</p> <p>2. When ICN field is not equal to spaces then 'BENEFIT PLAN' (Plan Code) field must be equal to spaces. Highlight 'BENEFIT PLAN' (Plan Code) field.</p> <p>Messages:</p> <p>1. Invalid input fields, please correct.</p> <p>2. When ICN is entered then all other fields must be blank.</p>	<p>The third tier of a Benefit Plan Code that identifies the high level of service (i.e., Medicaid waiver, AIDS) provided by the Plan. Four digits. If an entry is made in this field, an entry in the ICN field is not allowed. Use the On-line HELP system to find valid codes for this field.</p> <p>UPDATE(O/U)</p> <p>Enter a valid Benefit Definition Plan Code.</p>
26	Edit Code Error ESC Code (DE5609)	<p>Edits:</p> <p>1. Must be numeric. Highlight 'EDIT CODE' Field.</p> <p>2. When ICN field is not equal to spaces then 'EDIT CODE' field must be equal to spaces. Highlight 'EDIT CODE' field.</p> <p>Messages:</p> <p>1. Invalid input fields, please correct.</p> <p>2. When ICN is entered then all other fields must be blank</p>	<p>A code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual and supporting code to Error Text Error Code (DE5501) that provides an additional error message and associated error indicators, Error Dispositions and Locations data, and possible Edit Criteria. Four digits. If an entry is made in this field, an entry in the ICN field is not allowed. Use the On-line HELP system to find valid codes for this field.</p> <p>UPDATE(C/U)</p> <p>Enter a valid Edit Code.</p>
27	COB Code Claim COB Indicator (DE2544)	<p>Edits:</p> <p>1. Must be valid COB code. Highlight 'COB CODE' field.</p> <p>2. When ICN field is not equal to spaces then 'COB CODE' field must be equal to spaces. Highlight 'COB CODE' field.</p>	<p>A code identifying the Coordination of benefits; primary carrier information other than Medicare - Title XVIII form. 2 digits.</p> <p>If an entry is made in this field, an entry in the ICN field is not allowed. Use the On-line HELP system to find valid codes for this field.</p> <p>UPDATE(C/U)</p> <p>Enter a valid COB Code.</p>

		<p>Messages:</p> <ol style="list-style-type: none"> 1. Invalid COB code. 2. When ICN is entered then all other fields must be blank 	
28	<p>Reprocess Claim CHIRP/Adjustment Request Type of Action (DE2855)</p>	<p>Edits:</p> <p>May not contain a non-blank value if VOID, ADJUST, DELETE, RECYCLE, or DELETE CLAIM contain a non-blank value.</p> <p>Messages:</p> <p>Only one action allowed.</p>	<p>N/A</p> <p>A code indicating the reprocessing of a claim (s) is to be performed. The claims to be reprocessed will have denied previously. An Edit Code must be entered to indicate which denials are to be reprocessed. REPROCESS (C/U) Enter the value of 'X' in the Reprocess field for the reprocessing of denied claims.</p>

NAVIGATION		Adjustment Selection (CP-S-003-02)
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Accept	<p>Posts the data to the database.</p> <p>Not a functionality on the CHIRP screen.</p>	N/A
Return	Returns to the previous screen accessed.	CP-S-001-01 (R)
Clear Form	<p>Clears all the data entered in the screen and allows the user to enter new data.</p>	N/A
Enter	<p>The Enter button has three functions:</p> <p>Enter displays the number of record(s) requested.</p> <p>Edits the data on the screen for correctness and displays the appropriate error message when necessary.</p> <p>No updates take place until all edits are passed.</p> <p>If 'DEL CLM' is selected, the CP-S-003-03 screen will be displayed.</p>	N/A
SUB MENU	Returns to the Claims Processing Main Menu.	CP-S-001-01 (R)
Prov Loc	Takes user to Provider Location screen.	PS-S-018 (B)
Main Menu	Returns to the VaMMIS Main Menu.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
2072	ICN IS INVALID	Enter a valid ICN. See the field definitions for formatting and requirements for this field.
2230	INTERNAL ERROR WHILE READING THE TSQ, DATABASE ROLLBACK SUCCESSFUL	Contact ACS Operations for assistance.
2414	NON-UNIQUE ICN; CANNOT PROCESS	Enter a valid ICN.
2398	REASON CODE IS INVALID	Enter a valid Reason Code. See the field definitions for formatting and requirements for this field.
2031	WRITE TO CHIRP REQUEST FILE FAILED	Contact ACS Operations for assistance.

Screen Access

1. Choose the Invoice Processing icon from the VaMMIS Main System Menu.
2. You see the Claims Processing Menu.
3. Choose Adjustments.
4. Choose Enter.
5. You see the Adjustment Selection Screen.
Individual Adjustments
1. Place 'X' in Function box (Adjust or Void).
2. Enter Adjustment/Void Reason Code.
3. After entering an ICN for an Update, choose Enter. If an ICN is entered, no other information is allowed.
4. You will see the CHIRP (Adjust/Void) Detail Screen depending on the type of claim selected.
5. For an Adjustment, make the desired adjustments.
6. Choose Enter to adjudicate the claim.
7. The screen will display the updated information of the claim. The claim may return within
8. You may change the information again. Enter the data you wish to change.
9. Choose Enter to adjudicate the claim.
10. Repeat this process until all fields are complete for the adjustment.
11. Choose Accept to post the adjustment to the database.
12. If you do not wish to process the request, choose Cancel.
13. You will return to the Adjustment Selection Screen.

If no errors occur, choose Enter to Adjudicate the Claim.

If error messages appear on the bottom of the screen, make correction(s), choose Enter. When no error messages appear, choose Accept to Adjudicate the claim or Cancel to void the transaction.

1. For a Void, choose Enter to Adjudicate the Claim.

2. If you do not wish to process the Adjust/Void, choose Cancel.

3. You will return to the Adjustment Selection Screen.

Mass Adjustments/Reprocess

1. Choose Adjust, Void, or Reprocess.

2. Enter Adjustment/Void Reason Code. An ICN entry is not allowed.

3. After entering data for an update, choose Enter. If no errors occur, choose Accept to process a Batch Report.

If error messages appear on the bottom of the screen, make correction(s), choose Enter. When no error messages appear, choose Accept to process a log the Mass Adjustment/Void Request.

4. The following day the Batch process for claims chosen for an Adjust/Void will be available via OnDemand.

5. Review for verification of the proper claims for an Adjust/Void If a claim(s) is found not be included for an Adjust/Void,

6. Choose Delete Claim.

7. Enter the Beginning ICN.

8. Choose Enter.

9. You will see the Mass Adjustment Detail Screen.

10. Enter an 'X' by the claims(s) you wish to delete.

11. Choose Update.

12. You see the Claim(s) you have chosen to Delete in the Amount Paid field.

13. Choose Back Arrow to return to the Adjustment Selection Screen.

14. Choose Recycle to process the remaining claims for an Adjust/Void.

15. Enter the Begin ICN.

16. Choose Accept to recycle the request.

Delete Entire Batch Report.

1 If you choose to abort the entire Batch Report for an Adjust/Void, choose Delete.

2. Enter the Begin ICN.

3. Choose Update to remove all claims for an Adjust/Void.

Screens CP-S-003-03 Mass Adjustment Detail

General Information

The Mass Adjustment Detail screen contains a scrollable list of all claims selected for adjustment. CP-S-003-03 is entered from CP-S-003-02 when the user selects (via the 'X' line command) a currently selected mass adjustment. CP-S-003-03 gives the user the opportunity to delete individual claims from the set selected for the mass adjustment.

SOURCE/ORIGINATOR	Operator
USAGE	Delete
PROGRAM	N/A
MAPSET	CPS3003/ADJMASS
TRAN ID	VH51

SAMPLE	Mass Adjustment Detail (CP-S-003-03)
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			five alphanumeric characters. DELETE (R/U) Enter a User Name or Request Title.
3	D(elete) Screen Functional Selection (DE5854)	Edits: 1. Must be a valid value. Highlight D field Messages: 1. Please select the record with an "X".	N/A A selection box for entry to delete a claim(s) you wish to delete from your Adjustment or Void criteria. DELETE(O/U) Enter an 'X' to delete the claim(s).
4	ICN Claim Request ICN (DE2001)		N/A A unique Transaction Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number). Sixteen digits. DELETE(P) System displayed.
5	Amount Paid Claim Payment Amount (DE2023)		N/A The amount of the Claim payment. Up to nine digits. DELETE (P) System displayed.

NAVIGATION	Mass Adjustment Detail (CP-S-003-03)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Return	Returns to the previous screen accessed.	N/A
SUB MENU	Returns to the Claims Processing Main Menu.	N/A
SCROLL DOWN	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SCROLL UP	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
Main Menu	Returns to the VaMMIS Main Menu.	N/A
Update	Posts the data to the database.	POS-S-000 ()
SELECT	Selects all ICN on the page	N/A

ALL		
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Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
45	CHOOSE UPDATE TO DELETE THE RECORD	Choose the update button to delete the record.
7069	DELETE SUCCESSFUL	Information message. No action needed.
54	END OF FILE REACHED	Information message. No action needed.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
2073	ICN ENTERED IS NOT ON DATABASE	Contact ACS Operations for assistance.
2355	MAXIMUM ROWS EXCEEDED	Information message.
2168	PLEASE SELECT A RECORD WITH AN 'X'	Enter an X in the field beside the record(s) you wish to delete.
55	TOP OF FILE REACHED	Information message. No action needed.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

1. Choose the Invoice Processing Icon from the VaMMIS Main Menu.
2. You see the Claims Processing Menu. 3. Choose Adjustments. 4. You see the Adjustment Selection Menu. 5. Enter an 'X' in the Delete Claim field.
6. Enter the beginning ICN from the List of Claims Adjusted En Masse Report (CP-O-045-02) or List of Claims Voided En Masse Report (CP-O-045-01).
7. Choose Enter.
8. You see the Mass Adjustment Detail Screen with the list of adjustments that match the criteria entered the day before.
9. If a claim(s) is identified that does not meet the criteria selected, enter an 'X' in the Delete Selection field.
10. Choose Update to delete the claim(s) from the mass adjustment group. The Claim will return with 'Deleted' in the Amount Paid field.
11. Choose the Back Arrow to return to the Adjustment Selection Screen.
12. Enter an 'R' in the Recycle field and enter the beginning ICN in the ICN field.
13. Choose Update to complete the Adjustment or Void transaction(s).

Screens CP-S-004-00 Service Authorization Main Menu

General Information

The Service Authorization main menu, will allow the user to invoke one of four different processes: service authSelection Menu, service authProvider Transfer, service authService Type, service authReason Code.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	CPP001
MAPSET	CPS0400/PAMENU
TRAN ID	VH53

SAMPLE	Service Authorization Main Menu (CP-S-004-00)
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MMIS

Screen ID: CP-S-004-00
 Trans ID: VH53
 Program ID: CPP001VA

**VIRGINIA MEDICAID
 SERVICE AUTHORIZATION MAIN MENU**

[Help](#) | [Print](#)

Date: 02/12/20
 Time: 13:22

Select Function

- Service Auth Selection Menu
- Service Auth Provider Transfer
- Service Auth Service Type
- Service Auth Reason Code

ENTER A SELECTION.

Clear Form

Sub Menu

Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Select Screen Functional Selection (DE5854)		<p>A radio button for choosing the type of screen you wish to display. (Prior Authorization) PA Selection Menu (Prior Authorization) PA Provider Transfer (Prior Authorization) PA Service Transfer (Prior Authorization) PA Reason Code</p> <p>A radio button for the type of screen you wish to display. (Prior Authorization) PA Selection Menu (Prior Authorization) PA Provider Transfer (Prior Authorization) PA Service Transfer</p>

			(Prior Authorization) PA Reason Code
2	To Be Determined (DE0000)		N/A

NAVIGATION	Service Authorization Main Menu (CP-S-004-00)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Clear Form	Clears all the data entered in the screen and allows the user to enter new data.	N/A
Enter	Displays the screen of the selection chosen. Service Authorization Selection Menu Service Authorization Provider Transfer Service Authorization Service Type Service Authorization Reason Code	N/A
Sub Menu	Returns to the VaMMIS Main Menu	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
51	ENTER A SELECTION	Enter your selection at the cursor to complete the task.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

1. Choose the Service Authorization icon from the VaMMIS Main System Menu.
2. You see the Service Authorization Main Menu Screen.

Screens CP-S-004-01 Service Authorization Selection Screen

General Information

This is the Service Authorization Selection Screen. Upon this screen, a User chooses the type of action he desires to perform upon a Service Authorization request.

- 1). If a new service authRequest is to be entered, the Add Button is chosen, no data entries are made into the "Selection Type" fields, and the Enter Button is depressed. The User is then directly transferred to the Service Authorization Header Screen (CP-S-004-05).
- 2). If the Update, Cancel, or Inquiry Buttons are chosen, the User may view a single Service Authorization or view all PAs that match the entered selection criteria.
 - a). By entering a service authNumber into the "Service Authorization Number" or "Original Service Authorization Number" fields and depressing the Enter Button, the User will view the service authHeader Screen (CP-S-004-05).
 - b). By entering other selection criteria and depressing the Enter Key, the User will transfer to the Service Authorization Summary Display Screen (CP-S-004-02). Upon the Sumamry Display Screen, all PAs matching the selection criteria will be displayed.
- 3). If the Inquiry Button is chosen, a service authNumber entered into the "Service Authorization Number" field, and the Letters Key depressed, the User will transfer to the Service Authorization Letters Screen (CP-S-004-04).

Upon this screen, he may view all service authLetters created for the Service Authorization.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add, Delete
PROGRAM	CPP100

MAPSET	CPS0401/SELECT
TRAN ID	VH65/VH66/VH67/VH68

SAMPLE	Service Authorization Selection Screen (CP-S-004-01)
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Test Environment | [Home](#) | [Contact Us](#) | [Help](#) | [S](#)

MMIS

Screen ID: CP-S-004-01
 Trans ID: VH65
 Program ID: CPP100VA

VIRGINIA MEDICAID
SERVICE AUTHORIZATION SELECTION SCREEN

Help | Print
 Date: 02/12/2010
 Time: 13:23

Select Function

Function: Add Change Inquiry Cancel

Selection Type

Service Authorization Number:

Original Service Authorization Number:

Member ID:

Provider ID:

Service Authorization Service Type:

Case ID:

Proc/Service Code:

Service Authorization Line Status:

Media Type:

EPSDT: (Y/N)

Begin Date: End Date:

(Date Criteria Only Applies To: Service Authorization Type, Proc/ Service Code, Service Authorization Line Status, Media Type & ESPDT)

ENTER FUNCTION/SELECTION FOR PROCESSING.

Enter Clear Form Letters Return Sub Menu Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Screen Function Screen Functional Selection (DE5854)		A radio button for the function you wish to perform. Radio button for the type of function you wish to perform.

			<p>For an ADD(C/U), Choose the Add radio button.</p> <p>For an UPDATE(C/U), Choose the Update radio button.</p> <p>For a CANCEL(C/U), Choose the Cancel radio button. For an Inquiry, Choose the Inquiry radio button.</p>
2	<p>PA Number</p> <p>Prior Authorization Control Number (DE2024)</p>	<p>Edits:</p> <p>Enter the Prior Authorization Number and the Prior Authorization Header Screen will display with PA data.</p> <p>Messages:</p> <p>PA Number is system generated for new PA Requests.</p>	<p>A unique authorization number for a pre-approved service, procedure or supply.</p> <p>A unique authorization number for a pre-approved service, procedure or supply.</p> <p>ADD(P)</p> <p>Not a valid entry in the Add mode.</p> <p>UPDATE (C/U)</p> <p>Enter a valid Prior Authorization Number.</p> <p>CANCEL (C/U)</p> <p>Enter a valid Prior Authorization Number.</p> <p>INQUIRY(C/U) Enter a valid Prior Authorization Number.</p>
3	<p>Orig PA Number</p> <p>Claims Original PA Number (DE2481)</p>	<p>Edits:</p> <p>Enter Original PA Number the Prior Authorization Header Screen will display with PA data meeting the selection criteria.</p>	<p>The original Prior Authorization number assigned to a preapproved service, procedure or supply to be modified.</p> <p>The original Prior Authorization number assigned to a preapproved service, procedure or supply to be modified. ADD(P) Not a valid entry in the Add mode. UPDATE(C/U) Enter the original Prior Authorization Number. CANCEL(C/U) Enter the original Prior Authorization Number. INQUIRY(C/U) Enter the original Prior Authorization Number.</p>
4	<p>Enrollee ID</p> <p>PA Enrollee Identification Number (DE2650)</p>	<p>Edits:</p> <p>Enter Enrollee ID and/or Provider ID and/or PA Service Type combination. The PAs meeting this criteria will be displayed on the Prior Authorization Summary Display Screen.</p>	<p>A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID which is DE 3093. The PAs meeting this criteria will be displayed on the Prior Auth Query Display Screen.</p> <p>A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID which is DE 3093. Twelve digits. Enrollee ID and/or Provider ID and/or PA Service Type com-</p>

			<p>binations are allowed.</p> <p>ADD(C/U) Not a valid entry in the Add mode.</p> <p>UPDATE(C/U) Enter a valid Enrollee ID.</p> <p>CANCEL(C/U) Enter a valid Enrollee ID.</p> <p>INQUIRY(C/U) Enter a valid Enrollee ID.</p>
5	<p>Provider ID</p> <p>National Provider Identifier (DE4700)</p>	<p>Edits:</p> <p>The PAs meeting this criteria will be displayed on the Prior Auth Query Display Screen.</p> <p>Messages:</p>	<p>A unique identification number assigned to the servicing or billing provider.</p> <p>A unique identification number assigned to the servicing or billing provider. Enrollee ID and/or Provider ID and/or PA Service Type combinations are allowed.</p> <p>ADD(C/U) Not a valid entry in the Add mode.</p> <p>UPDATE(C/U) Enter a valid Provider ID.</p> <p>CANCEL(C/U) Enter a valid Provider ID. INQUIRY(CU/U) Enter a valid Provider ID.</p>
6	<p>PA Service Type</p> <p>PA Service Type Code (DE2635)</p>	<p>Edits:</p> <p>The PAs meeting this criteria will be displayed on the Prior Auth Query Display Screen.</p> <p>Messages:</p>	<p>A code identifying the PA for service categories. Use the On-line HELP system to find valid codes for this field.</p> <p>A code identifying the service categories. Four digits. Use the On-line HELP system to find valid codes for this field.</p> <p>ADD(C/U) Not a valid entry in the Add mode.</p> <p>UPDATE(C/U) Enter a valid Prior Authorization Service Type.</p> <p>CANCEL(C/U) Enter a valid Prior Authorization Service Type.</p> <p>INQUIRY(C/U) Enter a valid Prior Authorization Service Type.</p>
7	<p>ICN</p> <p>PA Reference Number (Mailroom Control Number) (DE2605)</p>	<p>Edits:</p> <p>Enter ICN and the Prior Auth Query Screen will display with PAs meeting the selection criteria.</p> <p>Messages:</p>	<p>A unique Internal Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number).</p> <p>A unique Internal Control Number serving to</p>

			<p>identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number). Sixteen digits. If an entry is made in the ICN field, no other fields are allowed.</p> <p>ADD(C/U) Not a valid entry in the Add mode.</p> <p>UPDATE(C/U) Enter a valid ICN.</p> <p>CANCEL(C/U) Enter a valid ICN.</p> <p>INQUIRY(C/U) Enter a valid ICN.</p>
8	<p>Proc/Service Code Procedure Code (DE5002)</p>	<p>Edits: Enter a Proc/Service Code and the Prior Auth Query Screen will display with PAs meeting the selection criteria.</p> <p>Messages:</p>	<p>A CPT (Current Procedural Terminology), HCPCS (Common Procedure Coding System), or internal state specific code identifying a specific procedure.</p> <p>A CPT (Current Procedural Terminology), HCPCS (Common Procedure Coding System), or internal state specific code identifying a specific procedure. Up to five alphanumeric characters.</p> <p>ADD(C/U) Not a valid entry in the Add mode.</p> <p>UPDATE(C/U) Enter a valid Procedure Code. CANCEL(C/U) Enter a valid Procedure Code.</p> <p>INQUIRY(C/U) Enter a valid Procedure Code.</p>
9	<p>PA Line Status PA Detail Action Status Code (DE2641)</p>	<p>Edits: Enter Prior Auth Line Status and the Prior Auth Query Screen will display with PAs meeting the selection criteria.</p> <p>Messages:</p>	<p>A code identifying the status of a Prior Authorization at any given point in its history. Use the On-line HELP system to find valid codes for this field.</p> <p>A code identifying the status of a Prior Authorization at any given point in its history. Up to two alpha characters. Use the On-line HELP system to find valid codes for this field.</p> <p>ADD(C/U) Not a valid entry for the Add mode.</p> <p>UPDATE(C/U) Enter a Prior Authorization Line Status Code. CANCEL(C/U) Enter a Prior Authorization Line Status Code. INQUIRY(C/U) Enter a Prior Authorization Line Status Code.</p>

9.1	<p>Media Type PA Media Type Code (DE2639)</p>	<p>Edits: The valid values for the media type code are '0' - Paper, '1' - Online Entry, '2' - KePRO (PA Contractor) Origination, '7' - EDI and '8' - Telephone. Media Type code will be entered singularly or in combination of PA Service Type and PA Line Status fields. Date criteria applies to Media Type code also. Messages:</p>	<p>These are the valid codes that indicate in which form the PA originated: paper, telephone, etc. Use the On-line HELP system to find valid codes for this field.</p> <p>These are the valid codes that indicate in which form the PA originated: paper, telephone, etc. Media Type code will be entered singularly or in combination with PA Service Type and PA Line Status fields. Date criteria applies to Media Type code also. ADD(C/U) Not a valid entry for the Add Mode. UPDATE(C/U) Enter a valid media code. CANCEL (C/U) Enter a valid media code. INQUIRY(C/U) Enter a valid media code.</p>
10	<p>EPSDT (Y/N) PA EPSDT Indicator (DE2648)</p>	<p>Edits: Enter EPSDT and the Prior Auth Query Screen will display with PAs meeting the selection criteria. Messages:</p>	<p>A code indicating the Enrollee has been approved for Prior Authorization Early Periodic Screening. A code indicating the Enrollee has been approved for Prior Authorization Early Periodic Screening. One alpha character. Must be Y 'Yes' or N 'No'. ADD(C/U) Not a valid entry for the Add mode. UPDATE(C/U) Enter a valid EPSDT Indicator. CANCEL (C/U) Enter a valid EPSDT Indicator. INQUIRY (C/U) Enter a valid EPSDT Indicator.</p>
11	<p>Begin Date PA Detail Action Status Date (DE2624)</p>	<p>Edits: Date Criteria only applies to PA Service Type, Proc/Service Code, PA Line Status, Media Type, and EPSDT.</p>	<p>The from (begin) date of service that DMAS has actually approved for a specific procedure that required prior authorization; MM/DD/CCYY format.</p> <p>The from (begin) date of service that DMAS has actually approved for a specific procedure that required prior authorization; MM/DD/CCYY format. Eight digits. Date Criteria only applies to Proc/Service Code, PA Line Status and EPSDT. ADD(C/U) Not a valid entry for the Add Mode.</p>

			<p>UPDATE(C/U) Enter a Begin Date for the period you wish to select.</p> <p>CANCEL (C/U) Enter a Begin Date for the period you wish to select. .</p> <p>INQUIRY(C/U) Enter a Begin Date for the period you wish to select.</p>
12	<p>End Date</p> <p>PA Detail Action</p> <p>Status Date</p> <p>(DE2624)</p>	<p>Edits:</p> <p>Date Criteria only applies to PA Service Type, Proc/Service Code, PA Line Status, Media Type, and EPSDT.</p>	<p>The through (end) date of service that DMAS has actually approved for a specific procedure that required prior authorization; MM/DD/CCYY format.</p> <p>The through (end) date of service that DMAS has actually approved for a specific procedure that required prior authorization; MM/DD/CCYY format. Eight digits. Date Criteria only applies to Proc/Service Code, PA Line Status and EPSDT.</p> <p>ADD(C/U) Not a valid entry for the Add mode.</p> <p>UPDATE(C/U) Enter an End Date for the period you wish to select.</p> <p>CANCEL (C/U) Enter an End Date for the period you wish to select. INQUIRY(C/U) Enter an End Date for the period you wish to select.</p>

NAVIGATION			Service Authorization Selection Screen (CP-S-004-01)		
Function (B) or (M)	Action	Branch To (B) or Return To (R)			
Return	Returns the user to the Service Authorization Main Menu screen.	CP-S-004-00 ()			
Clear Form	Clears all the data entered in the screen and allows the user to enter new data.	N/A			
Enter	<p>The Enter button has three functions:</p> <p>1). Edits the data on the screen for correctness and displays the appropriate error message when necessary.</p> <p>2). When the Add Button is chosen, the Service</p>	N/A			

	Authorization Header Add Screen (CP-S-004-05) is displayed. 3). When the Update, Cancel, or Inquiry buttons are chosen, the Service Authorization Summary Display Screen (CP-S-004-02) is displayed.	
Sub Menu	Returns to the service authMain Menu, CP-S-004-00.	CP-S-004-00 (R)
Letters	When the Radio Inquiry Button is clicked upon and a service authNumber entered into the Service Authorization Number field, the "Letters" Button displays the Service Authorization Letter Screen.	CP-S-004-04 (B)
Main Menu	Returns to the VaMMIS Main Menu	RF-S-010 ()

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
2011	DO NOT ENTER A SELECTION WITH AN ADD FUNCTION	Information message.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
4365	ENROLLEE ID IS INVALID	Enter a valid enrollee ID.
2003	ENTER FUNCTION/SELECTION FOR PROCESSING	Enter a function or choose a button to continue processing.
4086	ENTER 'Y' OR 'N' FOR EPSDT INDICATOR	Enter a valid value in the EPSDT indicator field.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
4063	FUNCTION SELECTED IS INVALID	Enter a valid function.
2006	ICN IS INVALID	Enter a valid ICN. See the field definitions for formatting and requirements for this field.
2533	INVALID PROVIDER. ENTER A VALID 10 DIGIT NPI/API.	Enter a valid 10 digit NPI/API.

2005	SA NUMBER IS INVALID	Enter a valid SA number.
2004	SA SERVICE TYPE IS INVALID	Enter a valid (Service Authorization) SA Service Type.
2007	SA STATUS CODE IS INVALID	Enter a valid (Service Authorization) SA Status Code.
2008	PROCEDURE/SERVICE CODE IS INVALID	Enter a valid Procedure or service code.
16	PROVIDER NUMBER IS INVALID	Correct field value if keyed incorrectly. Otherwise, accept transaction with errors to generate TAD.
2010	SELECTION/FUNCTION COMBINATION IS INVALID	Use another selection or function.
3004	SELECTION/FUNCTION COMBINATION IS INVALID	Use another selection or function.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

- | |
|--|
| 1. Choose the Service Authorization icon from the VaMMIS Main System Menu. |
| 2. You see the Service Authorization Main Menu Screen. |
| 3. Choose the "SA Selection Menu". |

Screens CP-S-004-02 Service Authorization Query Display Screen

General Information

This screen displays information based on the selection criteria from screen (CP-S-004-01), with the capability to select the desired record with an 'X'. There will be fifteen different records displayed on this screen. A User may view a maximum of fifty sets of service authInformation with each set containing fifty pages. The "Next Set" Button enables a User to scroll forward through the service authInformation in fifty page increments. The "Prev Set" Button enables the User to scroll backward through the service authInformation in fifty page increments

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	CPP110
MAPSET	CPS0402/SUMMARY
TRAN ID	VH69/VH70/VH72

SAMPLE	Service Authorization Query Display Screen (CP-S-004-02)
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	(DE2650)		other than the permanent ID which is DE 3093. N/A
4	Servicing Provider National Provider Identifier (DE4700)	Edits: Messages:	A unique identification number assigned to the servicing provider. N/A
5	Received Date PA Received Date (DE2600)		The date the Prior Authorization Request form was received; MM/DD/CCYY format. N/A
6	Last Activity Date Claim Status Begin Date (DE2383)	Edits: Messages:	The last date the Prior Authorization had activity; MM/DD/CCYY format. N/A
7	PA Service Type Code PA Service Type Code (DE2635)	Edits: Messages:	A code for the service category. Use the On-line HELP system to find valid codes for this field. N/A
8	Authorization Type PA Authorization Type Code (DE2621)	Edits: Messages:	A code identifying the type of medical prior authorization that has been submitted. Use the On-line HELP system to find valid codes for this field. N/A
9	Page (DE0000)	Edits: Page Number must be greater than Zero. Page Number must not exceed the Total Pages in a "Set". Messages: This data entry field performs two functions. It displays the Page Number for the Page currently being viewed. Additionally, it permits the entry of the Page Number that a User desires to view.	This data entry field performs two functions. It displays the Page Number for the Page currently being viewed. Additionally, it permits the entry of the Page Number that a User desires to view. N/A
10	Set (DE0000)	Edits: Messages:	Indicates the number of the set that is currently being viewed. Upon receipt of the PA

		<p>Indicates the number of the set that is currently being viewed. Upon receipt of the PA Selection Criteria from Screen CP-S-004-01, program CPP110VA identifies and retrieves those Prior Authorizations which match the selection criteria. These Prior Authorizations are formatted into Pages which consist of fifteen lines. Up to fifty Pages may be created and written to a set. Each set is written to a Temporary Storage Queue. Each time a User depresses the "Next Set" Button, a new set of fifty pages is created. Up to fifty sets may be created for the PA Selection Criteria.</p>	<p>Selection Criteria from Screen CP-S-004-01, program CPP110VA identifies and retrieves those Prior Authorizations which match the selection criteria. These Prior Authorizations are formatted into Pages which consist of fifteen lines. Up to fifty Pages may be created and written to a set. Each set is written to a Temporary Storage Queue. Each time a User depresses the "Next Set" Button, a new set of fifty pages is created. Up to fifty sets may be created for the PA Selection Criteria.</p> <p>N/A</p>
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NAVIGATION		
Service Authorization Query Display Screen (CP-S-004-02)		
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Return	Returns the user to the Service Authorization Selection Screen.	CP-S-004-01 (R)
Clear Form	Clears all the data entered in the screen and allows the user to enter new data.	N/A
Enter	Displays the Service Authorization Detail Screen (Header Level).	CP-S-004-05 (B)
SUB MENU	Returns the user to the service authMain Menu.	CP-S-004-00 (R)
Next Set	The depression of the "Next Set" Button initiates	N/A

	the identification and retrieval of Service Authorizations for the building and display of the next set of fifty pages.	
SCROLL DOWN	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SCROLL UP	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
Prev Set	Permits the User to view the previous "Set" of fifty pages.	N/A
Main Menu	Returns to the VaMMIS Main Menu.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
45	CHOOSE UPDATE TO DELETE THE RECORD	Choose the update button to delete the record.
54	END OF FILE REACHED	Information message. No action needed.
33	ERROR WHILE ACCESSING	Contact ACS Operations for assistance.
1098	FIRST QUERY SET IS CURRENTLY BEING VIEWED	No User Response is necessary. This is an Information Message. The User has depressed the Prev Set Button when the first set is currently being viewed.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
1097	LAST QUERY SET IS CURRENTLY BEING VIEWED	No User Response is necessary. This is an Information Message. The User has depressed the "Next Set" Button; but no additional SETS are available for viewing.
2355	MAXIMUM ROWS EXCEEDED	Information message.
2555	NO MORE PRIOR AUTHORIZATIONS EXIST FOR SELECTION CRITERIA.	No User Response is necessary. This is an Information Message. A User has depressed the "Next Set" Button thereby attempting to build and view the next set of fifty pages. No additional Prior Authorizations were found for the original Selection Criteria.
92	NO RECORD FOUND	Information message. No action needed.
1099	PAGE NUMBER EXCEEDS TOTAL PAGES IN SET	This is an Error Message. When a User attempts to view a new Page within the SET, the Page Number entry must not exceed the total pages written to the SET.

1100	PAGE NUMBER MUST BE GREATER THAN ZERO	This is an Error Message. When a User attempts to view a new Page within the SET, the Page Number entry must be numeric and greater than zero.
2168	PLEASE SELECT A RECORD WITH AN 'X'	Enter an X in the field beside the record(s) you wish to delete.
1096	REQUESTED PA QUERY SET IS UNAVAILABLE FOR VIEWING	This is an Error Message that no User should ever view. The User is advised to capture a screen print and notify DMAS of the message display.
2167	SELECT ONLY ONE LINE AT A TIME	Choose only one line for processing.
55	TOP OF FILE REACHED	Information message. No action needed.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

1. Choose the Service Authorization icon from the VaMMIS Main System Menu.
2. You see the Service Authorization Main Menu Screen.
3. Choose the Service Authorization function you wish to perform.
4. Enter a valid value and/or combinations for the Service Authorization you wish to view.
5. Choose Enter to display the screen you have selected.
6. You see the Service Authorization Summary Display Screen (CP-S-004-02).
7. Select the desired record(s) by entering an X on line you wish to display. Up to fifteen records may be displayed on each screen.
8. In the upper right hand corner of the screen, Page XX of YY appears where XX displays the page currently being viewed, and YY displays the total number of pages that are available for viewing within the set. The Page Number field, represented by XX, is a data entry field permitting the User to view a specific page within the displayed set. When XX is changed, the GUI Screen will automatically initiate the display of the page which corresponds to the XX entry value.
9. The "Next Set" Button enables a User to view the next set of fifty pages.
10. The "Prev Set" Button enables a User to view the previous set of fifty pages.

Screens CP-S-004-04 Service Authorization Letters Screen

General Information

This screen provides information used to regenerate letters.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update
PROGRAM	CPP130
MAPSET	CPS0404/LETTERS
TRAN ID	VH77

SAMPLE	Service Authorization Letters Screen (CP-S-004-04)
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VA DMAS Prototype Portal - Windows Internet Explorer

http://localhost:9080/jsrportlet/jsrportlet/default/ver=2.0/rparam=PERF0x1TIMESTAMP=0/rparam=PBD0x1ACTION=pb0x1action0x1send/rparam=in0x15110x111=

File Edit View Favorites Tools Help

VA DMAS Prototype Portal

Virginia Fiscal Agent Services

Prototype Environment | Home | Contact Us | Help | Search | Logout

MMIS

Screen ID: CP-S-004-04
 Tran ID: [REDACTED]
 Program ID: [REDACTED]

VIRGINIA MEDICAID
SERVICE AUTHORIZATION LETTERS SCREEN

Date: 12/04/2009
 Time: 10:37
 Page 01 of 01

Service Authorization #: [REDACTED] Srv Auth Image ICN: [REDACTED]
 Member Name: [REDACTED] Member ID: [REDACTED]

Servicing Provider Name: [REDACTED] ID: [REDACTED]
 Referring Provider Name: [REDACTED] ID: [REDACTED]
 Contact Name: [REDACTED] Number: () -

Receive Date: 05/07/2009
 Update Date: 05/07/2009
 Cancel Date: 12/31/9999
 Media Type: 2
 Srv Auth Service Type: [REDACTED]

Notification Letters Information

SEL	Date	Type	ID Number	Send To	Srv Auth Line#
<input type="radio"/>	05/07/2009	NA	[REDACTED]	P	01
<input type="radio"/>	05/07/2009	EA	[REDACTED]	E	01

Scroll Up Scroll Down

Enter Update Clear Form Refresh View Text Regen Letter Return Sub Menu Main Menu



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Prior Auth # Prior Authorization Control Number (DE2024)		A unique authorization number for a pre-approved service, procedure or supply. N/A
2	PA Image ICN PA Reference Num- ber (Mailroom Control		A (ICN) Internal Control Number assigned when the (Prior Authorization) PA during imaging process.

	Number) (DE2605)		N/A
3	Enrollee Name (Last) Enrollee Last Name (DE3110)		The last name of the individual eligible for a DMAS-administered medical care program.
3.1	(Enrollee First Name) Enrollee First Name (DE3111)		The first name of the individual eligible for a DMAS-administered medical care program. N/A
3.2	(Enrollee Middle Initial) Enrollee Middle Initial (DE3112)		The middle initial of the individual eligible for a DMAS-administered medical care program. N/A
3.3	(Enrollee Name Suffix) Enrollee Name Suffix (DE3113)		The name suffix of the individual eligible for a DMAS-administered medical care program.
4	Enrollee Id PA Enrollee Identification Number (DE2650)		A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID which is DE 3093. . N/A
5	Srvc Prov Name Provider Name (DE4085)		The name of the servicing provider who submitted the claim document for adjudication. N/A
6	Srvc Prov No National Provider Identifier (DE4700)	Edits: Messages:	A unique identification number assigned to the servicing provider. N/A
7	Refr Prov Name Provider Name (DE4085)		The name of the referring provider submitted the claim document for adjudication. N/A
8	Refr Prov No National Provider Identifier (DE4700)	Edits: Messages:	A unique identification number assigned to the Referring Provider who referred the Enrollee to the Service Provider who submitted the PA Request. N/A
9	Contact Name Provider Contact Name (DE4201)		The individual person to contact at the servicing or billing location. N/A

	PA Letter Type (DE2161)		Authorization) PA letters that can go to an enrollee or provider. Use the On-line HELP system to find valid codes for this field. N/A
19	Ltr ID No Prior Authorization Letter Number (DE2335)		A number assigned to a Prior Authorization letter identifying the letter to be sent to the provider or enrollee. N/A
20	Send To Claims PA Send To Code (DE2484)		A code indicating the addressee of the PA (Prior Authorization) letter. Use the On-line HELP system to find valid codes for this field. N/A
21	PA Line # PA Line Number (DE2607)		A number assigned to a specific PA procedure request. N/A

NAVIGATION	Service Authorization Letters Screen (CP-S-004-04)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Return	Returns the user to the Service Authorization Selection screen.	CP-S-004-01 (R)
Clear Form	Clears all the data entered in the screen and allows the user to enter new data.	N/A
Enter	The Enter button has three functions: Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until all edits are passed and the Enter button is chosen.	N/A
Sub Menu	Returns to the service authMain Menu	N/A
SCROLL DOWN	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SCROLL UP	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A

Refresh	Displays the last updated information (if any) from the database.	N/A
Regen Letter	Allows the user to recreate original letter to be resent to provider or/and Member.	CP-S-004-23 ()
Main Menu	Returns to the VaMMIS Main Menu.	RF-S-010 (R)
Update	Posts the entered data to the database.	N/A
View Text	Displays the Service Authorization External Text Screen.	CP-S-004-23 (B)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
45	CHOOSE UPDATE TO DELETE THE RECORD	Choose the update button to delete the record.
54	END OF FILE REACHED	Information message. No action needed.
2356	ENTER SEND TO; MUST BE 'P', 'E', 'D', 'PD', OR 'ED'	Enter valid values according to error message specifications.
2357	ENTER VALUE AND CHOOSE UPDATE	Enter valid values according to error message specifications.
33	ERROR WHILE ACCESSING	Contact ACS Operations for assistance.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
2355	MAXIMUM ROWS EXCEEDED	Information message.
2005	SA NUMBER IS INVALID	Enter a valid SA number.
22	PROVIDER NAME NOT FOUND	Information message. No action needed.
2354	SELECT A LETTER TO REGENERATE	Information message.
2353	SELECT AT LEAST ONE LINE	Information message.
2352	SELECT ONLY ONE PA NUMBER	Information message.
55	TOP OF FILE REACHED	Information message. No action needed.
7055	TRANSACTION COMPLETED	Information message.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

N/A

Screens CP-S-004-05 Service Authorization Detail Screen (Header Level)

General Information

This screen displays all header information about a selected PA. This screen will allow the user to hot key to other screens, e.g., service authLines, Claims, Inquiry and Provider.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add, Delete
PROGRAM	CPP150
MAPSET	CPS0405/PAHDR
TRAN ID	VH83/VH84/VH85/VH86

SAMPLE	Service Authorization Detail Screen (Header Level) (CP-S-004-05)
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Option1Port - Windows Internet Explorer

https://localhost:9443/Option1Port/Option1Port/default/ver=2.0/rparam=PERF0x1TIMESTAMP=0/rparam=PB0x1ACTION=pb0x1action0x1send/rparam=... Certificate Error

File Edit View Favorites Tools Help

Option1Port

Virginia Fiscal Agent Services

Prototype Environment | Home | Contact Us | Help | Search | Logout

MMIS

Screen ID: CP-S-004-05
Trans ID: [REDACTED]
Program ID: [REDACTED]

VIRGINIA MEDICAID
SERVICE AUTHORIZATION HEADER - UPDATE

Date: 11/18/2009
Time: 16:49

Service Auth Service Type: [REDACTED] Service Auth Image Control #: [REDACTED] Media Type: 2

Service Auth Number: [REDACTED] Received Date: [REDACTED] Update Date: [REDACTED]

Cancel/Reject Date: [REDACTED] Cancel/Reject Status: [REDACTED] Cancel/Reject Reason: [REDACTED]

Member Name: [REDACTED]
Member ID: [REDACTED] CSA FIPS: [REDACTED]

Service Provider ID: [REDACTED] Name: [REDACTED]
Referring Provider ID: [REDACTED] Name: [REDACTED]
Contact Number: [REDACTED] Name: [REDACTED]

Diagnosis Code: [REDACTED] DIAGNOSIS CODE NOT FOUND

ENTER CHANGES AND CHOOSE UPDATE.

Enter Update Clear Form Refresh Srv Auth Lines Provider Claims Return Sub Menu Main Menu

179 (3,19) []

start [Inbox - Micro... Host Access ... What's New i... Connecting ... Connecting ... Option1Port - ... HodConnloc...]

Trusted sites 100% 4:51 PM

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	PA Service Type PA Service Type Code (DE2635)	Edits: Add function requires PA service type to entered.	A code identifying the service categories. Use the On-line HELP system to find valid values for this field. A code identifying the service categories. Four digits. Use the On-line HELP system to find valid values for this field. ADD (R/U) Enter the PA Service Type code. UPDATE (P) System displayed.

			CANCEL (P) System displayed.
2	(PA Service Type Description) PA Service Type Description (DE2636)	Edits: PA Service Type is retrieved from db2 table.	The description that corresponds to the valid codes for DMAS defined service categories. Use the On-line HELP system to find valid codes for this field. The description that corresponds to the valid codes for DMAS defined service categories. Up to one hundred alphanumeric characters. Use the On-line HELP system to find valid codes for this field. ADD (P) System displayed. UPDATE (P) System displayed. CANCEL (P) System displayed.
3	Media Type PA Media Type Code (DE2639)	Edits: PA Media Type Code is entered by the system.	A code identifying the origination of the Prior Authorization. Use the On-line HELP system to find valid codes for this field. A code identifying the origination of the Prior Authorization. One alpha character. Use the On-line HELP system to find valid codes for this field. ADD(P) System displayed. UPDATE(P) System displayed. CANCEL(P) System displayed.
4	Prior Auth # Prior Authorization Control Number (DE2024)	Edits: System generated for add function	A unique authorization number for a pre-approved service, procedure or supply. A unique authorization number for a pre-approved service, procedure or supply. 12 digits. ADD(P) System displayed UPDATE (P) System displayed. CANCEL (P) System displayed.
5	PA Image ICN PA Reference Num-	Edits: ICN is system gen-	A (ICN) Internal Control Number assigned when the (Prior Authorization) PA during ima-

	ber (Mailroom Control Number) (DE2605)	erated for the PA Paper Process.	ging process. A (ICN) Internal Control Number assigned when the (Prior Authorization) PA during imaging process. ADD (P) Protected. UPDATE (P) System displayed. CANCEL (P) System displayed.
6	Recv Date PA Received Date (DE2600)	Edits: System generated from the date the PA was created.	The date the Prior Authorization Request form was received; MM/DD/CCYY format. The date the Prior Authorization Request form was received; MM/DD/CCYY format. ADD(P) System displayed UPDATE (P) System displayed. CANCEL (P) System displayed.
7	Last Activity Date Row Update Date (DE0011)	Edits: System generated during add or update to header information.	The last date the Prior Authorization had activity: MM/DD/CCYY format. The last date the Prior Authorization had activity: MM/DD/CCYY format. ADD(P) System displayed UPDATE (P) System displayed. CANCEL (P) System displayed.
8	Can/Rej Date PA Cancel Date (DE2606)	Edits: You may enter a PA cancel date or it will be system generated.	The effective date you wish to cancel a Prior Authorization; MM/DD/CCYY format. If a date is not entered, the system will default to the current date. The effective date you wish to cancel a Prior Authorization; MM/DD/CCYY format. If a date is not entered, the system will default to the current date. ADD (P) UPDATE (P) CANCEL (R/U) Enter the cancel date in MM/DD/YYYY format or leave blank for system default.

9	Can/Rej St Prior Authorization Header Reject/Cancel code (DE2586)	Edits: Required when cancelling a PA	A code indicating the status of the Prior Authorization for all lines. A code indicating the status of the Prior Authorization for all lines. One alpha character. Must be C (Cancel) or R (Rejected). ADD (P) UPDATE (P) CANCEL (R/U) Enter C or R as appropriate.
10	CanRej Reason Prior Authorization Cancel/Reject Reason (DE2587)	Edits: Entered by user when PA is being canceled.	A code identifying the reason the Prior Authorization was cancelled or rejected at entirety. Use the On-line HELP system to find valid codes for this field. A code identifying the reason the Prior Authorization was cancelled or rejected at entirety. 4 digits. Use the On-line HELP system to find valid codes for this field. ADD(P) System displayed UPDATE (P) System displayed. CANCEL (R/U) Enter the appropriate Cancel/Reject Reason code.
11	Enrollee Name (last) Enrollee Last Name (DE3110)	Edits: Unprotected for add and protected for cancel, inquire and update.	The last name of the individual eligible for a DMAS-administered medical care program. The last name of the individual eligible for a DMAS-administered medical care program. Up to 19 characters. ADD(P) System displayed upon entry of Enrollee ID. UPDATE(P) System displayed. CANCEL (P) System displayed.
11.2	(Enrollee Name First) Enrollee First Name (DE3111)	Edits: Unprotected for add and protected for cancel, inquire and update.	The first name of the individual eligible for a DMAS-administered medical care program. The first name of the individual eligible for a DMAS-administered medical care program. Up to 12 alphanumeric characters. ADD(P)

			<p>System displayed upon entry of Enrollee ID. UPDATE(P) System displayed. CANCEL (P) System displayed.</p>
11.3	<p>(Enrollee Middle Initial) Enrollee Middle Initial (DE3112)</p>	<p>Edits: Unprotected for add and protected for cancel, update, inquire.</p>	<p>The middle initial of the individual eligible for a DMAS-administered medical care program</p> <p>The middle initial of the individual eligible for a DMAS-administered medical care program. One alphanumeric character. ADD(P) System displayed upon entry of Enrollee ID. UPDATE(P) System displayed. CANCEL (P) System displayed.</p>
11.4	<p>(Enrollee Name Suffix) Enrollee Name Suffix (DE3113)</p>		<p>The name suffix of the individual eligible for a DMAS-administered medical care program. Use the On-line HELP system to find valid codes for this field.</p> <p>The name suffix of the individual eligible for a DMAS-administered medical care program. Up to 3 alphanumeric characters. Use the On-line HELP system to find valid codes for this field. ADD(P) System displayed upon entry of Enrollee ID. UPDATE(P) System displayed. CANCEL (P) System displayed.</p>
12	<p>Enrollee ID PA Enrollee Identification Number (DE2650)</p>	<p>Edits: Unprotected for add and protected for cancel, inquire and update.</p>	<p>A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID which is DE 3093.</p> <p>A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID which is DE</p>

			<p>3093. 12 digits. ADD (R/U) Enter the Enrollee ID. UPDATE(P) System displayed. CANCEL (P) System displayed.</p>
12.1	<p>CSA Locality Code MMIS Locality Code based on Postal Code (DE5254)</p>	<p>Edits: Required for service types within the "0700" series or "0750" series. Messages:</p>	<p>This 3-Digit CSA Locality Code will be required for any PA that has a "0700" series or "0750" series Service Type. This 3-Digit CSA Locality Code will be required for any PA that has a "0700" series or "0750" series Service Type.</p>
13	<p>Srvc Prov No National Provider Identifier (DE4700)</p>	<p>Edits: Unprotected for add and protected for can- cel, inquire and update. Messages:</p>	<p>A unique identification number assigned to the servicing provider who submitted the request for Service Preauthorization. The field can now display a 10 digit NPI/ API num- ber or a Medicaid ID number. A unique identification number assigned to the servicing provider who submitted the claim document for adjudication. ADD(R/U) Enter the Provider ID. Note: For Radiological scans (MRIs, PETs, CATs), enter the referring Provider number here. Do NOT enter the Referring Provider number in the (Referring Provider) Number field. (DE2652). UPDATE(P) System displayed. CANCEL (P) System displayed.</p>
14	<p>Srvc Prov Name Provider Name (DE4085)</p>	<p>Edits: Provider name is retrieved from db2 table.</p>	<p>The name of the servicing provider who sub- mitted the claim document for adjudication. The name of the servicing provider who sub- mitted the claim document for adjudication. Up to 40 characters. ADD(P) System displayed. UPDATE(P) System displayed. CANCEL (P) System displayed.</p>

15	Refr Prov No National Provider Identifier (DE4700)	Edits: Unprotected for add, update and protected for cancel and inquire. Messages:	A unique identification number assigned to the referring provider submitted on the claim document for adjudication. The field can now display 10 digit NPI and API number apart from Medicaid ID number. A unique identification number assigned to the referring provider submitted on the claim document for adjudication. ADD(O/U) and UPDATE (U) Enter the referring provider number, if appropriate. Note: For Radiological scans (MRIs, PETs, CATs) do NOT enter the Referring Provider number in this (Referring Provider) Number field (DE2652). INQUIRE and CANCEL (P) System displayed.
16	Refr Prov Name Provider Name (DE4085)	Edits: Referring Provider Name is retrieved from db2 table.	The name of the referring provider submitted on the claim document for adjudication. The name of the referring provider submitted on the claim document for adjudication. Up to 40 alphanumeric characters. ADD(P) System displayed. UPDATE(P) System displayed. CANCEL (P) System displayed.
17	Contact Name Provider Contact Name (DE4201)	Edits: Unprotected for add, cancel and update and protected for inquiry. Messages: Free form text.	The individual person to contact at the servicing or billing location. The individual person to contact at the servicing or billing location. Up to 40 alphanumeric characters. ADD(O/U) Enter a contact name, if desired. UPDATE(P) System displayed. CANCEL (P) System displayed.
18	Contact No PA Servicing Provider Phone Number (DE2895)	Edits: Unprotected for add, cancel, and update and protected for	The telephone number of the contact person of a servicing or billing provider location. The telephone number of the contact person

		<p>inquire.</p> <p>Messages:</p> <p>Freeform text.</p>	<p>of a servicing or billing provider location. 10 digits.</p> <p>ADD(O/U)</p> <p>Enter the contact phone number, if desired.</p> <p>UPDATE(P)</p> <p>System displayed.</p> <p>CANCEL (P)</p> <p>System displayed.</p>
19	<p>Diag Code</p> <p>Diagnosis Code (DE5301)</p>	<p>Edits:</p> <p>Required for PA Service Type '0400'.</p> <p>Unprotected for add only.</p>	<p>The ICD (International Classification of Diseases) code identifying each service, procedure or supply to describe the diagnosis, symptom, complaint, condition, problem and circumstances other than disease or injury.</p> <p>The ICD (International Classification of Diseases) code identifying each service, procedure or supply to describe the diagnosis, symptom, complaint, condition, problem and circumstances other than disease or injury. Up to 7 alphanumeric characters. Required for PA Service Type '0400'</p> <p>ADD(C/U)</p> <p>Enter the diagnosis code if the PA Service Type is '0400'</p> <p>UPDATE(P)</p> <p>System displayed.</p> <p>CANCEL (P)</p> <p>System displayed.</p>
20	<p>(Diagnosis Description)</p> <p>Diagnosis Name (DE5302)</p>	<p>Edits:</p> <p>Diagnosis name is retrieved from db2 table.</p>	<p>The description of the diagnosis code.</p> <p>The description of the diagnosis code. Up to 40 alphanumeric characters.</p> <p>ADD(P)</p> <p>System displayed.</p> <p>UPDATE(P)</p> <p>System displayed.</p> <p>CANCEL (P)</p> <p>System displayed.</p>

NAVIGATION	Service Authorization Detail Screen (Header Level) (CP-S-004-05)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Clear Key	Returns to the VaMMIS Main Menu.	RF-S-010 (R)
Enter	The Enter button has three functions: Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until all edits are passed and the Update button is chosen.	N/A
PF12	Returns to the Service Authorization Main Menu.	CP-S-004-00 (R)
PF13	Clears all the data entered in the screen and allows the user to enter new data.	N/A
PF15	Displays the last updated information (if any) from the database.	N/A
PF2	Posts the data to the database.	N/A
SRV AUTH LINES	Displays the Service Authorization Detail Screen (Line Level).	CP-S-004-06 (B)
PROVIDER	Displays the Provider Information Screen.	N/A
PF6	Returns the user to the Service Authorization screen.	CP-S-004-01 (R)
CLAIMS	Displays the CHIRP Summary Display Screen.	CP-S-008-05 (B)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
2050	CANCEL/REJECT DATE IS INVALID	Information message.
2046	CANCEL/REJECT DATE MUST BE GREATER THAN, OR EQUAL TO, TODAY'S DATE	Change the Cancel/Reject date.
2071	CANNOT TRANSFER CONTROL; CORRECT HIGHLIGHTED FIELDS	Correct the highlighted fields.

2056	CHOOSE UPDATE TO CHANGE THIS PA	Choose the Update button.
2520	CSA LOCALITY IS INVALID	Enter a valid Locality
2519	CSA LOCALITY REQUIRED FOR PA SERVICE TYPE	Enter a valid Locality
2	DATA NOT CHANGED	Information message. No action needed.
68	DATA REFRESHED	Information message.
62	DATE OVERLAP DETECTED; UPDATE NOT APPLIED	Check the date entered.
2065	DIAGNOSIS CODE IS INVALID	Enter a valid Diagnosis Code.
2019	DIAGNOSIS CODE NOT FOUND	Information message.
2501	DIAGNOSIS UPDATED; PA SERVICE TYPE WILL BE UPDATED IN PA DETAIL SCREEN	Informational message
53	END DATE MUST BE GREATER THAN, OR EQUAL TO, BEGIN DATE	Information message.
54	END OF FILE REACHED	Information message. No action needed.
2193	ENROLLEE AGE OVER 21; PA IS NOT ALLOWED	Information message.
2196	ENROLLEE AGE UNDER 21; PA IS NOT ALLOWED	Information message.
2060	ENROLLEE ID IS INVALID	Enter a valid enrollee ID.
2059	ENROLLEE ID REQUIRED	Enter a valid enrollee ID.
2002	ENROLLEE NAME NOT FOUND ON RS_PERSON_NAME	Information message.
2061	ENROLLEE NAMES MISMATCH	Re-enter enrollee names, if necessary.
66	ENTER A VALID DATE	Enter a valid date. Enter a two digit month, two digit day and a four digit year.
2038	ENTER CHANGES AND CHOOSE UPDATE	Information message.
69	ENTER MANDATORY FIELDS	You must enter the fields to complete the task.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
2067	HIGHLIGHTED FIELDS ARE REQUIRED	Complete highlighted fields.
57	INQUIRY IS THE ONLY VALID FUNCTION FOR THIS SELECTION	Select the Inquiry function or change your selection.
2533	INVALID PROVIDER. ENTER A VALID 10 DIGIT NPI/API.	Enter a valid 10 digit NPI/API.
3485	INVALID STATUS CODE	Check field for valid data and re-enter.
2047	MODIFY DATA AND CHOOSE UPDATE TO CANCEL THIS PA	Follow directions and try the transaction again.
2408	NAVIGATION ALLOWED ACROSS ONE SUBSYSTEM ONLY SELECT WITHIN SYSTEM OR EXIT.	Information message.

2052	NO PA LINES FOUND FOR THIS PA NUMBER	Information message.
2051	SA ALREADY CANCELLED	Information message.
2170	SA AUTHORIZATION TYPE INDICATES THAT PA IS ALREADY CANCELED	Information message.
2020	SA AUTHORIZATION TYPE IS INVALID; UPDATE NOT ALLOWED FOR THIS SA	Information message.
2049	SA CANCELLED	Information message.
2522	SA HEADER DATA DISPLAYED / CSA LOCALITY MISSING.	Information message
2005	SA NUMBER IS INVALID	Enter a valid SA number.
2007	SA STATUS CODE IS INVALID	Enter a valid (Service Authorization) SA Status Code.
2070	PRESS SA LINES KEY TO ADD THIS PA HEADER AND GO TO PA LINES	Information message.
2064	SERVICE AUTHORIZATION HEADER DATA DISPLAYED	Information message.
2281	PROCEDURE MODIFIER IS INVALID FOR PROCEDURE REGION TYPE	Enter a valid Procedure Modifier Code.
2278	PROCEDURE RATE NOT FOUND	Information message.
22	PROVIDER NAME NOT FOUND	Information message. No action needed.
2198	PROVIDER NOT FOUND	Information message.
16	PROVIDER NUMBER IS INVALID	Correct field value if keyed incorrectly. Otherwise, accept transaction with errors to generate TAD.
7188	PROVIDER TYPE AND SPECIALTY COMBINATION IS INVALID	Information message.
2191	PROVIDER TYPE FOR CMSIP RECIPIENT IS INVALID	Research and enter a valid provider type for the CMSIP recipient.
2191	PROVIDER TYPE FOR CMSIP RECIPIENT IS INVALID	Research and enter a valid provider type for the CMSIP recipient.
2068	RECEIVED DATE MUST BE LESS THAN, OR EQUAL TO, TODAY'S DATE	Enter a Received date falling before today's date.
25	RECORD UPDATED	Information message. No action needed.
2439	REFERRING AND SERVICING PROVIDER CANNOT BE THE SAME	Research and enter a different referring or servicing provider.
2063	SERVICE TYPE IS INVALID	Delete, and enter another service type.
2367	SERVICE TYPE IS INVALID; DESCRIPTION NOT FOUND	Enter another service type.
2500	SERVICE TYPE WILL BE UPDATED IN PA DETAIL SCREEN	Informational message
2058	SERVICING PROVIDER ID REQUIRED	Enter a servicing provider ID.

55	TOP OF FILE REACHED	Information message. No action needed.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
2035	UPDATE KEY NOT VALID FOR INQUIRY FUNCTION	Information message.

Screen Access

- | |
|--|
| 1. Choose the Service Authorization icon from the VaMMIS Main System Menu. |
| 2. You see the Service Authorization Main Menu Screen. |
| 3. Choose SA Selection Menu and enter. |
| 4. Enter SA Number and Select Function. |
| 5. You see the SA Header Screen. |

Screens CP-S-004-06 Service Authorization Detail Screen (Line Level)

General Information

This screen displays detailed line level information about a selected SA, two lines per physical screen.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	CPP120
MAPSET	CPS0406/PADTL
TRAN ID	VH73/VH74/VH75/VH76

SAMPLE **Service Authorization Detail Screen (Line Level) (CP-S-004-06)**

VAMMIS - Windows Internet Explorer

http://localhost:9080/VAMMIS/VAMMIS/default?ver=2.0/rparam=PERFOX1TIMESTAMP=0/rparam=portletAction=portletActionPost/rparam=SESSIONID=3bMk4

File Edit View Favorites Tools Help

VAMMIS

Virginia Fiscal Agent Services

Prototype Environment | Home | Contact Us | Help | Search | Logout

MMS

Screen ID: CP-S-004-06
 Trans ID: [REDACTED]
 Program ID: [REDACTED]

**VIRGINIA MEDICAID
 SERVICE AUTHORIZATION DETAIL - INQUIRY**

Date: 12/03/2009
 Time: 15:49

Member ID: [REDACTED] Type: [REDACTED] Service Auth#: [REDACTED] Provider ID: [REDACTED]
 Member Name: [REDACTED] Provider Name: [REDACTED]

Select: Line#: 01 Procedure Code/Mod: [REDACTED]

	Units	Amount	Begin Date	End Date
Requested:	[REDACTED]	0.00	[REDACTED]	[REDACTED]
Authorized:	[REDACTED]	0.00	[REDACTED]	[REDACTED]
Used:	0	0.00		

Per Frequency Code: [REDACTED] Letter Indicator: [REDACTED] EPSDT Indicator: [REDACTED] LOC: [REDACTED]

HLR Assign To: [REDACTED] Refer Date: // Refer Return Date: // Cost: 0.00

Reason: [REDACTED] Status: A Status Date: [REDACTED]
 Authorized By: [REDACTED] Comments:

Select: Line#: Procedure Code/Mod:

	Units	Amount	Begin Date	End Date
Requested:	0	0.00		
Authorized:	0	0.00		
Used:	0	0.00		

Per Frequency Code: [REDACTED] Letter Indicator: [REDACTED] EPSDT Indicator: [REDACTED] LOC: [REDACTED]

HLR Assign To: [REDACTED] Refer Date: // Refer Return Date: // Cost: 0.00

Reason: [REDACTED] Status: Status Date:
 Authorized By: Comments:

Scroll Up Scroll Down

PRIOR AUTH DETAIL DATA DISPLAYED. USE PAGE UP/DOWN TO BROWSE.

Enter Update Clear Form Refresh Service Limit Reference Claims LOC Return Sub Menu Main Menu
 Letter External Text Provider Claims Edit Eligibility Svr Auth Query Add New Line

329 (5,9)

Local intranet 100%

start

Inbox - Mic... Host Access... Sudhakar_K... Receipt... Untitled - No... VAMMIS - W... HodConn:RI... 3:50 PM

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Enrollee ID PA Enrollee Identification Number (DE2650)	Edits: Messages:	<p>A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID which is DE 3093.</p> <p>A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID</p>

			<p>other than the permanent ID which is DE 3093. Twelve digits.</p> <p>ADD(P) System displayed.</p> <p>UPDATE(P) System displayed.</p>
2	Type PA Service Type Code (DE2635)		<p>A code identifying the service categories. Use the On-line HELP system to find valid codes for this field.</p> <p>A code identifying the service categories. 4 digits. Use the On-line HELP system to find valid codes for this field.</p> <p>ADD(P) System displayed.</p> <p>UPDATE(P) System displayed.</p>
3	PA # Prior Author- ization Con- trol Number (DE2024)		<p>A unique authorization number for a pre-approved service, procedure or supply.</p> <p>A unique authorization number for a pre-approved service, procedure or supply. 12 digits.</p> <p>ADD(P) System displayed.</p> <p>UPDATE(P) System displayed.</p>
4	Provider ID National Pro- vider Iden- tifier (DE4700)	Edits: Messages:	<p>A unique identification number assigned to the servicing provider who submitted the claim document for adjudication. The field can display the 10 digit NPI and API number in addition to the Medicaid ID number.</p> <p>A unique identification number assigned to the servicing provider who submitted the claim document for adjudication.</p> <p>ADD(P) System displayed.</p> <p>UPDATE(P) System displayed.</p>
5	Enrollee Name (Last) Enrollee Last Name (DE3110)	Edits: Messages:	<p>The last name of the individual eligible for a DMAS-administered medical care program.</p> <p>The last name of the individual eligible for a DMAS-administered medical care program. Up to 19 alphanumeric characters.</p> <p>ADD(P)</p>

			System displayed. UPDATE(P) System displayed.
5.1	(Enrollee Name First) Enrollee First Name (DE3111)		The first name of the individual eligible for a DMAS-administered medical care program. The first name of the individual eligible for a DMAS-administered medical care program. Up to 12 alphanumeric characters. ADD(P) System displayed. UPDATE(P) System displayed.
5.2	(Enrollee Middle Initial) Enrollee Middle Initial (DE3112)		The middle initial of the individual eligible for a DMAS-administered medical care program. The middle initial of the individual eligible for a DMAS-administered medical care program. One alphanumeric character. ADD(P) System displayed. UPDATE(P) System displayed.
5.3	(Enrollee Name Suffix) Enrollee Name Suffix (DE3113)		The name suffix of the individual eligible for a DMAS-administered medical care program. Use the On-line HELP system to find valid codes for this field. The name suffix of the individual eligible for a DMAS-administered medical care program. Up to 3 alphanumeric characters. Use the On-line HELP system to find valid codes for this field. ADD(P) System displayed. UPDATE(P) System displayed.
6	Provider Name Provider Name (DE4085)	Edits: Messages:	The name of the servicing provider that submitted the claim document for adjudication. The name of the servicing provider that submitted the claim document for adjudication. Up to 40 alphanumeric characters. ADD(P) System displayed. UPDATE(P)

			System displayed.
7	Select Screen Functional Selection (DE5854)	Edits: Messages:	Used to select an option on the Detail Screen. Enter X to select a line to view related data. Used to select an option on the Detail Screen. ADD(R/U) Enter X to select a line to enter data. UPDATE(R/U) Enter X to select a line to enter changes.
8	Line # PA Line Number (DE2607)	Edits: Line no is system generated.	A line number indicating a specific Prior Authorization request. A line number indicating a specific Prior Authorization request. Each request occupies a 'line' on the PA request input form. A Prior Authorization may contain requests regarding up to 15 procedures. ADD(P) System displayed. UPDATE(P) System displayed.
9	Procedure Code Procedure Code (DE5002)	Edits: Required for add function and protected for inquiry and update function. Messages:	A CPT (Current Procedural Terminology), HCPCS (HCFA Common Procedure Coding System) or an internal state specific code identifying a specific procedure. A CPT (Current Procedural Terminology), HCPCS (HCFA Common Procedure Coding System) or an internal state specific code identifying a specific procedure. Up to 5 alphanumeric characters. ADD(C/U) Enter a valid Procedure Code. Note: For Radiological PAs (MRIs, PETs, CATs) this field defaults to a value in accordance with the PA type entered on the header screen. See the on-line HELP system for updated valid values for this field. UPDATE(C/U) Enter a valid Procedure Code.
9.1	Mod	Edits:	The 2-position standard HCFA modifier

	Claims Procedure Code Modifier (DE2171)	System generated. Protected for inquiry function.	<p>entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z.</p> <p>The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z.</p> <p>ADD(C/U) Enter a valid modifier, if appropriate. UPDATE(C/U) Enter a valid modifier, if appropriate</p>
9.2	(Procedure Code Modifier # 2) Claims Procedure Code Modifier (DE2171)	<p>Messages:</p> <p>This field represents C_PROCEDURE_MOD_2 from the CP_MED_PA_LINE.</p>	<p>The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z.</p> <p>The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z.</p> <p>ADD(C/U) Enter a valid modifier, if appropriate. UPDATE(C/U) Enter a valid modifier, if appropriate.</p>
9.3	(Procedure Code Modifier # 3) Claims Procedure Code Modifier (DE2171)	<p>Messages:</p> <p>This fields represents C_PROCEDURE_MOD_3 from the CP_MED_PA_LINE table.</p>	<p>The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z.</p> <p>The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z.</p> <p>ADD(C/U) Enter a valid modifier, if appropriate. UPDATE(C/U) Enter a valid modifier, if appropriate</p>
9.4	(Procedure Code Modifier # 4) Claims Pro-	<p>Messages:</p> <p>This field represents C_PROCEDURE_MOD_4 in the CP_MED_PA_LINE table.</p>	<p>The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z.</p>

	cedure Code Modifier (DE2171)		<p>The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z.</p> <p>ADD(C/U) Enter a valid modifier, if appropriate.</p> <p>UPDATE(C/U) Enter a valid modifier, if appropriate</p>
10	(Procedure Code Description) Procedure Long Name (DE5012)	<p>Edits: Procedure description is retrieved from db2 table.</p>	<p>The description of a CPT (Current Procedural Terminology), HCPCS (HCFA Common Procedure Coding System) or an internal state specific code identifying a specific procedure.</p> <p>The description of a CPT (Current Procedural Terminology), HCPCS (HCFA Common Procedure Coding System) or an internal state specific code identifying a specific procedure. Up to 90 alphanumeric characters.</p> <p>ADD (P) System displayed.</p> <p>UPDATE ((P) System displayed.</p> <p>.</p>
11	Units Requested PA Requested Units (DE2612)	<p>Edits: Protected for inquiry function.</p> <p>Messages:</p>	<p>The number of units the provider requested for prior authorization.</p> <p>The number of units the provider requested for prior authorization. Up 3 to digits.</p> <p>ADD (R/U) Enter the number of units requested.</p> <p>UPDATE (R/U) Type over the display to change.</p>
12	Amount Requested PA Requested Amount (DE2615)	<p>Edits: Orthodontics and special vent require a dollar amount. Protected for inquiry function.</p> <p>Messages:</p>	<p>The dollar amount the provider requested to pay for a specific prior authorization situation.</p> <p>The dollar amount the provider requested to pay for a specific procedure in a prior authorization situation. Up to eleven digits.</p> <p>ADD (R/U) Enter the amount requested.</p> <p>UPDATE (R/U) Type over the display to change.</p>

13	Date From Requested PA Request From Date (DE2608)	Edits: Protected fo Inquiry function. Messages:	The begin date of a service the provider requested for Prior Authorization; MM/DD/CCYY format. The from date of a service the provider requested for Prior Authorization; MM/DD/CCYY format. Eight digits. ADD (R/U) Enter the date requested. UPDATE (R/U) Type over the display to change.
14	Date To Requested PA Request Through Date (DE2609)	Edits: Protected for Inquiry function. Messages:	The end date of a service the provider requested for Prior Authorization; MM/DD/CCYY format. The end date of service the provider requested for Prior Authorization; MM/DD/CCYY format. Eight digits. ADD (R/U) Enter the date requested. UPDATE (R/U) Type over the display to change.
15	Units Authorized PA Authorized Units (DE2613)	Edits: Protected for Inquiry function. Messages:	The number of units authorized for the Prior Authorization. The number of units authorized for the Prior Authorization. Up to three digits. ADD (R/U) Enter the units authorized. UPDATE (R/U) Type over the display to change.
16	Amount Authorized PA Authorized Amount (DE2616)	Edits: Required for Orthodontics and special vent only. Protected for Inquiry function. Messages:	The dollar amount the provider authorized to pay for a specific procedure in a prior authorization situation. The dollar amount the provider authorized to pay for a specific procedure in a prior authorization situation. Up to eleven digits. Required for Orthodontics and special vent only. ADD (C/U) Enter the amount authorized for Orthodontics and special vent. UPDATE (C/U) Type over the display to change.

17	Date From Authorized PA Authorized From Date (DE2610)	Edits: Protected for Inquiry function. Messages:	The begin date of a service authorized for a Prior Authorization Number; MM/DD/CCYY format. The begin date of service authorized for a Prior Authorization Number; MM/DD/CCYY format. Eight digits. ADD (R/U) Enter the date authorized. UPDATE (R/U) Type over the display to change.
18	Date To Authorized PA Authorized Through Date (DE2611)	Edits: Hospice does not require an end date and will be system generated. Protected for inquiry function. Messages:	The end date of service authorized for a Prior Authorization; MM/DD/CCYY format. The end date of service authorized for a Prior Authorization; MM/DD/CCYY format. Hospice does not require an end date and will be system generated. ADD (C/U) Enter the date authorized. UPDATE (R/U) Type over the display to change. Hospice does not require an end date and will be system generated. Protected for inquiry function.
19	Units Used Claim Units Used (DE2346)	Edits: Messages:	The number of units used for a Prior Authorization. The number of units used for a Prior Authorization. Up to three digits. ADD(P) System displayed. UPDATE(P) System displayed.
20	Amount Used PA Amount Used (DE2345)	Edits: Messages:	The dollar amount of the units used for a Prior Authorization. The dollar amount of the units used for a Prior Authorization. ADD(P) System displayed. UPDATE(P) System displayed.
21	Per Frequency Code	Edits: Required for waivers. Protected for	A code indicating time frames, such as

	PA Per Frequency Code (DE2634)	<p>inquiry function.</p> <p>Messages:</p>	<p>month or year, applying to a Prior Authorization. Use the On-line HELP system to find valid codes for this field.</p> <p>A code indicating time frames, such as month or year, applying to a Prior Authorization. Two alpha characters. Use the On-line HELP system to find valid codes for this field. Required for waivers.</p> <p>ADD(C/U) Enter the code to designate the time reference for the units authorized.</p> <p>UPDATE(C/U) Enter the code to designate the time reference for the units authorized.</p>
22	Letter Indicator Calculated (DE0002)	<p>Edits: Protected for inquiry function.</p> <p>Messages: PA Letter Indicator is set based on PA Status. If PA status = A, P, D, or RJ, move Y, else move N.</p>	<p>A code indicating whether a Prior Authorization Letter was generated.</p> <p>A code indicating whether a Prior Authorization Letter is to be generated. Must be Y 'Yes' or N 'No'. The system defaults to Y 'Yes'.</p> <p>ADD (R/U) Enter N if a letter should not be generated. Only SA Service Types 0093, 0200, 0202, 0203, 0400, 0401, 0450, 0451, 0452, 0700, 0750 will suppress the letter when letter indicator is set to N.</p> <p>UPDATE (R/U) Enter N if a letter should not be generated.</p>
24	Cost PA Actual Cost Per Unit (DE2646)	<p>Edits: Field may be protected or unprotected, depending upon the function that was selected, and upon various factors inherent in the Prior Authorization (see VaMMIS Online Help, Claims Program documentation module CPP120b "PA Detail Screen - Addendum").</p> <p>Messages:</p>	<p>The dollar amount per unit.</p> <p>The unit cost of the procedure that is authorized. Entry may consist of up to seven numeric digits representing dollars, a single decimal point, and two numeric digits representing the cents portion of the amount, for a total of up to ten positions. Entry of comma separators in the dollars portion of the amount is NOT allowed.</p>
25	HLR Assign To PA DMAS Worker Initials	<p>Edits: Protected for inquiry function.</p> <p>Messages:</p>	<p>The initials of the DMAS employee who has reviewed and is referring the PA to another DMAS employee.</p> <p>The initials of the DMAS employee who has</p>

	(DE2604)		<p>reviewed and is referring the PA to another DMAS employee. Up to 3 digits.</p> <p>ADD (O/U) Enter initials if referring for review.</p> <p>UPDATE (O/U) Enter initials if referring for review.</p>
26	Refer Date Prior Authorization Returned Date (DE2322)	<p>Edits: Protected for inquiry function.</p> <p>Messages:</p>	<p>The date on which a PA sent for medical review was returned; MM/DD/CCYY format.</p> <p>The date on which a PA sent for medical review was returned; MM/DD/CCYY format.</p> <p>ADD (O/U) Enter date if returned from review.</p> <p>UPDATE (O/U) Enter date if returned from review</p>
27	LOC Benefit Plan Exception Indicator (DE3072)	<p>Edits: System generated for waivers.</p>	<p>A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the On-line HELP system to find valid codes for this field.</p> <p>A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the On-line HELP system to find valid codes for this field.</p> <p>ADD (P) System generated for Waivers.</p> <p>UPDATE (P) System generated for Waivers.</p>
27	EPSDT Indicator PA EPSDT Indicator (DE2648)	<p>Edits:</p> <p>Messages:</p>	<p>A code indicating if the Prior Authorization is relating Early Periodic Screening and Diagnosis Testing.</p> <p>A code indicating if the Prior Authorization is relating Early Periodic Screening and Diagnosis Testing. One alpha character. Must be Y 'Yes' or N 'No'.</p> <p>ADD (R/U)</p>

			Enter Y or N. UPDATE (R/U) Enter Y or N.
27	Refer Return Date Prior Authorization Returned Date (DE2322)	Edits: Protected for inquiry function. Messages:	The date on which a PA sent for medical review was returned; MM/DD/CCYY format. The date on which a PA sent for medical review was returned; MM/DD/CCYY format. ADD (C/U) Enter the Refer Return date. UPDATE (C/U) Enter the Refer Return date.
28	Reason PA Detail Action Reason Code (DE2637)	Edits: Protected for inquiry function.	A code identifying the Prior Authorization Action Reason of the approval/pend/deny/reject. Use the On-line HELP system to find valid code ranges for this field. A code identifying the Prior Authorization Action Reason of the approval/pend/deny/reject. Use the On-line HELP system to find valid code ranges for this field. ADD (R/U) Add the appropriate Action Reason code. Up to four codes may be entered. UPDATE (R/U) Add the appropriate Action Reason code. Up to four codes may be entered.
30	Status PA Detail Action Status Code (DE2641)	Edits: Protected for inquiry function.	A code indicating the status of a Prior Authorization at any given point in its history. Use the On-line HELP system to find value codes for this field. A code indicating the status of a Prior Authorization at any given point in its history. Two digits. Use the On-line HELP system to find value codes for this field. Note: Miscellaneous DMEs and radiological scans have their own statuses as defined in the valid values for DE 2641. See the on-line HELP system for valid values. ADD (R/U)

			Enter the appropriate Status code. UPDATE (R/U) Type over the code to change the status.
31	Status Date PA Detail Action Status Date (DE2624)	Edits: System generated. Messages:	The date the action status was set: MM/DD/CCYY format. The date the action status was set: MM/DD/CCYY format. Eight digits. ADD (P) System generated. UPDATE (P) System generated.
32	Authorized By Claims PA Authorized By (DE2485)	Edits: Protected for inquiry function.	The initials of the analyst who evaluated the prior authorization request. The initials of the analyst who evaluated the prior authorization request. Up to three alpha characters. ADD (R/U) Enter your initials. UPDATE (R/U) Enter your initials.
33	Comments PA Com- ments Text (DE2619)	Edits: Protected for inquiry function.	The free form text regarding a specific prior authorization. The free form text regarding a specific prior authorization. Up to forty alphanumeric char- acters. ADD (O/U) Enter text comments if desired. UPDATE (O/U) Enter text comments if desired.

NAVIGATION	Service Authorization Detail Screen (Line Level) (CP-S-004-06)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Add New Line	Add new Service Authorization Lines. Up to eighteen lines may be added.	N/A
Return	Returns to the previous screen accessed.	CP-S-004-06 (R)
Claim Edit	Edits Claim information.	N/A

Claims	Displays the CHIRP Primary Selection Criteria Screen.	CP-S-008-05 (B)
Clear Form	Clears all the data entered in the screen and allows the user to enter new data.	N/A
Eligibility	Displays the Member Demographics Screen.	RS-S-018 (B)
Enter	The Enter button has two functions: Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	N/A
SUB MENU	Returns to the service authMain Menu.	CP-S-004-00 (R)
External Text	Displays the Service Authorization External Text Screen.	CP-S-004-23 (B)
Letter	Displays the Service Authorization Letters Screen.	CP-S-004-04 (B)
LOC (Level of Care)	Displays the Level of Care Inquiry/Update Screen.	AS-S-075 (B)
SERVICE AUTH Query	Returns to Service Authorization Summary Display screen (CP-S-004-02).	CP-S-004-02 (R)
SCROLL DOWN	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SCROLL UP	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
Provider	Displays the Provider Information Screen.	PS-S-001-03 (B)
Reference	Displays the Reference Subsystem Main Menu.	RF-S-001-01 (B)
Refresh	Displays the last updated information (if any) from the database.	N/A
Service Limit	Displays the Service Limit & service authInquiry Screen.	SU-S-004 (B)
Main Menu	Returns to the VaMMIS Main Menu.	RF-S-010 (R)
Update	Posts the data to the database.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
2410	ACTION REASON CODE AND STATUS NOT A VALID COMBINATION	Information message.
2285	ACTION REASON CODE NOT FOUND	Information message. No action needed.
2128	ADD SUCCESSFUL	Information message.
1074	ADD SUCCESSFUL - CSA CERT. RATE ON SA REQ. CUTBACK TO MAXIMUM CSA RATE	Information message
2183	AMOUNT AUTHORIZED REQUIRED	Enter an amount authorized to continue processing.
2541	AUTH TO DATE MUST BE WITHIN 120 DAYS OF AUTH FROM DATE	Information message.
2134	AUTHORIZATION FROM DATE IS INVALID	Enter a valid Authorization From date to continue processing.
2139	AUTHORIZATION FROM DATE MUST BE GREATER THAN, OR EQUAL TO, RQST FROM DATE	Enter a valid Authorization From date to continue processing.
2154	AUTHORIZATION FROM DATE MUST BE WITHIN CURRENT YEAR	Enter a valid Authorization From date.
2131	AUTHORIZATION FROM DATE REQUIRED	Information message. No action needed.
2136	AUTHORIZATION TO DATE IS INVALID	Information message. No action needed.
2141	AUTHORIZATION TO DATE MUST BE GREATER THAN, OR EQUAL TO, AUTH FROM DATE	Enter a valid Authorization To date to continue processing.
2153	AUTHORIZATION TO DATE MUST BE WITHIN CURRENT YEAR	Enter a valid Authorization To date to continue processing.
2366	AUTHORIZED BY REQUIRED FOR APPROVALS	Enter Authorization By data.
2189	AUTHORIZED FROM/TO DATES DO NOT FALL WITHIN PROVIDER'S ELIGIBILITY	Re-enter from/to dates that fall within provider's eligibility period.

	PERIOD	
2258	AUTHORIZED UNITS MUST EQUAL '4' FOR ORTHODONTICS	Enter a 4 for authorized units data.
2116	BEGINNING OF SA DETAIL	Information message. No action needed.
2113	CANCEL STATUS MUST BE 'C'	Re-enter a cancel status of C.
2284	CANNOT IMBED BLANK REASON CODE(S) ENTER CODES CONSECUTIVELY.	Enter codes consecutively.
2129	CHANGE SUCCESSFUL	Information message. No action needed.
1077	CHANGE SUCCESSFUL - CSA CERT. RATE ON SA REQ. CUTBACK TO MAX. CSA RATE	Information message
2265	CHANGED DUE TO RECIPIENT HMO	Enter a valid data.
2413	CHOOSE UPDATE TO ADD SA DETAIL LINE	Information message.
2115	CHOOSE UPDATE TO CANCEL SELECTED SA DETAIL LINE(S)	Information message.
45	CHOOSE UPDATE TO DELETE THE RECORD	Choose the update button to delete the record.
2364	COST AMOUNT ENTERED IS INVALID	Enter a valid cost amount.
1095	DATABASE RESICSA RATE CONTAINS ZEROES	Research the edits displayed, if necessary.
2453	DATE REQUIRED IN AUTHORIZATION TO FIELD	Information message.
2271	DATES REDUCED MUST BE GREATER THAN FROM DATE	Information message.
2250	DIAGNOSIS REQUIRED FOR SERVICE TYPE	Information message.
2177	DUPLICATE SA LINE EXIST	Information message.
2117	END OF SA DETAIL	Information message.
2109	ENROLLEE DATES FOR LOC ARE INVALID	Enter valid Enrollee dates for locality.
2106	ENROLLEE DOB COMPARE DATES ARE INVALID	Re-enter Enrollee DOB compare dates.
2147	ENROLLEE MUST BE UNDER 21 YEARS OLD FOR THIS PROCEDURE/AUTHORIZATION FROM	Information message.
2263	ENROLLEE NOT FOUND	No enrollee was found matching the Enrollee ID

		entered. Correct the Enrollee ID or try the SSN. If enrollee is not found with Enrollee ID or SSN, add the enrollee to the file before entering the Assessment.
2146	ENROLLEE PERSON DATE OF BIRTH NOT FOUND	Information message.
2122	ENROLLEE PERSON ID NOT FOUND	Information message.
2443	ENTER EITHER AUTH UNITS OR AUTH AMOUNT - NOT BOTH	Information message.
2112	ENTER VALUES AND CHOOSE UPDATE TO ADD SA DETAIL	Follow directions to re-submit SA detail.
2412	ERROR CONVERTING TO JULIAN DATE	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
2444	IC OR NOT RATE FOR PROCEDURE, OPTIONAL TO ENTER COST	Information message.
2460	INVALID SA STATUS CODE PROCEDURE CODE IS A MISCELLANEOUS DME.	Research and insert a valid SA status code.
2459	INVALID SA STATUS CODE PROCEDURE IS NOT A MISCELLANEOUS DME.	Research and insert a new SA Status Code.
2292	INVALID PROCEDURE MODIFIER FOR THIS FUNCTION	Enter a valid Procedure Modifier for this function.
2280	INVALID PROCEDURE REGION TYPE	Enter a valid Procedure Region type.
3070	INVALID REASON CODE	Check field for valid data and re-enter.
2294	INVALID TRANSACTION ID ENCOUNTERED	Check field for valid data and re-enter.
2125	LOC FOR THIS SERVICE TYPE CLOSED	Information message.
2124	LOC FOR THIS SERVICE TYPE IS INVALID	Enter a valid Location code for this service type.
2126	LOC FOR THIS SERVICE TYPE OVERLAPS; GREATER THAN 7 DAYS	Enter a valid Location that does not overlay greater than seven days.
2542	MAXIMUM UNITS ALLOWED NOT FOUND IN SYSTEM PARAMETER TABLE	Research and update system parameter.
2464	MISCELLANEOUS DME	If necessary, enter a new DME amount authorized.

	AMOUNT AUTHORIZED < TOTAL AMOUNT USED; CAN NOT CANCEL	
2461	MISCELLANEOUS DME HAS CLAIMS ACTIVITY; CAN NOT DENY:	Information message.
2463	MISCELLANEOUS DME UNITS AUTHORIZED < TOTAL UNITS USED; CAN NOT CANCEL	If necessary, enter new miscellaneous DMS units.
2462	MISCELLANEOUS DME UNITS REDUCED MUST BE GREATER THAN THOSE ALREADY USED	Check DME units reduced to make sure they are greater than those used.
2187	MISSING INHRB PROCEDURE CODE/SERVICE TYPE	Enter a valid Procedure code/Service Type.
2408	NAVIGATION ALLOWED ACROSS ONE SUBSYSTEM ONLY SELECT WITHIN SYSTEM OR EXIT.	Information message.
2241	NO HLR; REFERRAL DATE MUST BE BLANK	Information message.
2240	NO HLR; RETURN DATE MUST BE BLANK	Information message.
2259	NO IMBEDDED SPACES IN SURFACE CODES	Information message.
2396	NO SA LINES FOUND PRESS ADD NEW LINE KEY.	Information message.
2273	NO PROCEDURE MODIFIERS ARE ACCEPTED FOR REVENUE PROCEDURES	Information message.
85	NO RECORD FOUND	Information message. No action needed.
1094	NO RESICSA RATE EXISTS FOR THE AUTHORIZED FROM DATE	Research the edits displayed, if necessary.
2442	NOT A VALID ORTHODONTIC PROCEDURE CODE	Enter valid Orthodontic Procedure Code.
2151	NOT AN AUTHORIZED PROCEDURE	Information message.
2260	ONLY ONE VALUE FOR EACH SURFACE TYPE CAN EXIST; 'M', 'O', 'D', 'F', 'L'	Enter at least one value for each Surface Type.
2291	SA ALREADY APPROVED; CANNOT PEND OR DENY	Information message.
2108	SA AUTHORIZATION DATES	Enter a valid SA Date for the Level of Care.

	FOR LOC ARE INVALID	
2107	SA CANCEL DATE FOR LOC IS INVALID	Enter a valid SA Cancel Date for the Level of Care.
2049	SA CANCELLED	Information message.
2502	SA CANNOT BE ENTERED WITH CONFLICTING LOC ELIGIBILITY	Information message.
2114	SA DETAIL ALREADY CANCELLED	Information message.
2431	SA DETAIL EXCEEDED LIMIT OF 18 LINES	Information message.
2415	SA DETAIL LINE ALREADY ADDED	Information message.
2365	SA LETTER NUMBER NOT FOUND BASED ON LETTER TYPE	Information message.
2178	SA LINE EXISTS FOR DIFFERENT PROVIDERS	Information message.
2262	SA LINE OVERLAPS FOR DIFFERENT PROVIDERS	Information message.
2261	SA LINE OVERLAPS FOR SAME PROVIDER	Information message.
2123	SA NEEDS A LOC AND THE APPROPRIATE ONE DOES NOT EXIST	Enter a valid Level of Care.
2194	SA PASSED CLAIM EDITS	Information message.
2266	SA RECORD HAS CLAIM ACTIVITY; CANNOT DENY	Information message.
2397	PER FREQUENCY MUST BE 'YR'	Enter a valid code for the frequency.
2143	PER FREQUENCY VALUE MUST BE BW, DY, HR, MO, QR, WK, YR, FY	Information message.
2558	PER FREQUENCY MUST BE FY	Enter a valid code for the frequency.
2521	PER UNIT COST REQUIRED FOR SA SERVICE TYPE	Enter a Per Unit Cost
2416	PRESS ADD NEW LINE KEY TO ADD NEW SA LINE	Information message.
2110	PRIOR AUTH DETAIL DATA DISPLAYED USE PAGE UP/DOWN TO BROWSE.	Information message.
2150	PROCEDURE CODE DOES NOT REQUIRE AN AUTHORIZATION	Information message.

2142	PROCEDURE CODE IS INVALID	Enter a valid Procedure Code. See the field definitions for valid data and formatting for this field.
2437	PROCEDURE CODE IS INVALID FOR THIS FUNCTION	Enter a valid Procedure Code.
2293	PROCEDURE CODE REQUIRED	Enter a valid Procedure Code.
2186	PROCEDURE CODE/SERVICE TYPE COMBINATION IS INVALID	Enter a valid Procedure Code.
2144	PROCEDURE CODE/TYPE COMBINATION IS INVALID	Enter a valid Procedure Code.
2251	PROCEDURE MODIFIER MUST EQUAL LINE NUMBER FOR THIS PROCEDURE CODE	Enter a valid Procedure Modifier Code.
2277	PROCEDURE REGION NOT FOUND	Information message.
2276	PROCEDURE REGION TYPE NOT FOUND	Information message.
2119	PROCEDURE TYPE IS INVALID; TRANSFER CANCELLED	Information message.
2102	PROVIDER PROGRAM NOT FOUND	Information message.
2100	PROVIDER RATES NOT FOUND	Information message.
2248	PROVIDER TYPE IS INVALID FOR PROCEDURE CODE	Information message.
2249	PROVIDER TYPE IS INVALID FOR SERVICE TYPE	Information message.
2199	PROVIDER TYPE NOT FOUND	Enter a valid Provider Type.
2264	RECIPIENT IS IN AN HMO - LINE	Information message.
2283	RECIPIENT NOT ELIGIBLE ON REQUEST DATES OF SERVICE	Information message.
2155	RECIPIENT'S AGE MUST MEET THE CRITERIA FOR THE PROCEDURE CODE	Information message.
2245	REFERRAL DATE IS INVALID	Enter a valid Referral Date.
2244	REFERRAL DATE MUST BE GREATER THAN TODAY'S DATE	Enter a valid Referral Date.
2242	REFERRAL DATE MUST HAVE A VALUE WITH HLR	Enter a valid Referral Date.
2133	REQUEST FROM DATE IS INVALID	Enter a valid REQUEST FROM date.

2130	REQUEST FROM DATE REQUIRED	Enter a valid Request Begin Date.
2135	REQUEST TO DATE IS INVALID	Enter a valid Request End Date.
2140	REQUEST TO DATE MUST BE GREATER THAN, OR EQUAL TO, REQUEST FROM DATE	Enter a valid Request End Date.
2132	REQUEST TO DATE REQUIRED	Enter a valid Request End Date.
2363	REQUIRED AMOUNT ENTERED IS INVALID	Enter a valid required amount.
1079	RESINON RATE FOR SERVICE PROVIDER CONTAINS ZEROS	Update Provider Rate if valid rate exists
1078	RESINON RATE NOT FOUND FOR SERVICE PROVIDER	Update Provider Rate if valid rate exists
2247	RETURN DATE IS INVALID	Enter a valid Return Date.
2246	RETURN DATE MUST BE GREATER THAN TODAY'S DATE	Enter a valid Return Date.
2118	SELECT (X) ONE SA DETAIL LINE TO USE THIS FUNCTION	Enter an X in the Select field.
2105	SELECT LINE (X) TO INSERT DATA	Enter an X in the Select field.
2111	SELECT LINE(S), UPDATE DATA AND CHOOSE UPDATE	Information message.
2282	STATUS CODE IS INVALID FOR ADD PROCESS	Enter a valid Status Code.
2286	STATUS CODE IS INVALID FOR CHANGE PROCESS	Enter a valid Status Code.
2290	STATUS NOT CHANGED; ALREADY PENDED OR DENIED	Information message.
2127	THIS FUNCTION IS AVAILABLE ONLY IN ADD AND CHANGE MODES	Information message.
2121	THIS FUNCTION IS NOT AVAILABLE IN INQUIRY MODE	Information message.
2179	TOOTH REQUIRED FOR DENTAL PROCEDURE	Enter the tooth identifier for the dental procedure.
2120	TRANSFER ABORTED; IN CANCEL MODE	Information message.
2195	TYPE/SPECIALTY FOR PROVIDER IS INVALID	Enter a type/specialty for the Provider.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

2493	UNITS AUTHORIZED EXCEEDS ALLOWABLE OCCURRENCES	Information message.
2181	UNITS AUTHORIZED REQUIRED	Enter a valid number of authorized units.
2255	UNITS CANNOT EXCEED 4	Enter a valid number of authorized units.
2184	UNITS EXCEED AMOUNT AUTHORIZED FOR PROCEDURE CODE/SERVICE TYPE	Enter a valid number of authorized units.
2270	UNITS REDUCED MUST BE GREATER THAN THOSE ALREADY USED	Enter a valid number of authorized units.
2180	UNITS REQUESTED REQUIRED	Enter a valid number of authorized units.
2257	VALID SURFACE VALUES ARE 'M', 'O', 'D', 'F', AND 'L'	Enter a valid surface Code.
2256	VALID TOOTH VALUES ARE '01' THRU '33', OR 'A' THRU 'U'	Enter a value within the given parameters.
2103	VENT SERVICE (Z9981) DATES ARE OUTSIDE INPATIENT REHAB (INRHB) STAY	Change dates and reapply the transaction.
2268	YOU HAVE REQUESTED A REDUCTION, BUT HAVE INCREASED DATES	Information message.
2267	YOU HAVE REQUESTED A REDUCTION, BUT HAVE INCREASED UNITS	Information message.
2269	YOU HAVE REQUESTED A REDUCTION, BUT HAVE NOT REDUCED UNITS/DATES	Information message.
2275	YOU HAVE REQUESTED AN INCREASE, BUT HAVE NOT INCREASED DATES	Information message.
2274	YOU HAVE REQUESTED AN INCREASE, BUT HAVE NOT INCREASED UNITS	Information message.
2272	YOU HAVE REQUESTED AN INCREASE, BUT HAVE NOT INCREASED UNITS/DATES	Information message.

Screen Access

- | |
|---|
| 1. Choose the Service Authorization Icon from the VaMMIS Main Menu. |
| 2. You see the Service Authorization Main Menu Screen. |
| 3. Choose SA Selection Menu and enter. |
| 4. Enter SA Number and Service Authorization function. |
| 5. You see the SA Header Screen. |
| 6. Choose SA Lines from SA Header Screen. |
| 7. Choose the SA Lines button. |
| 8. You see the SA Detail screen. |

Screens CP-S-004-23 Service Authorization External Text

General Information

This screen allows entry of text used in the generation of letters.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	CPP170
MAPSET	CPS0423/EXTRTXT
TRAN ID	VH91,VH92, VH93

SAMPLE	Service Authorization External Text (CP-S-004-23)
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MMIS

Help | Print | Log Out

Screen ID: CP-S-004-23
 Trans ID: VH91
 Program ID: CPP170VA

VIRGINIA MEDICAID
SERVICE AUTHORIZATION EXTERNAL TEXT

Date: 02/17/2015
 Time: 09:15

Service Authorization Number:
 Service Authorization Line Number:

Service Authorization Service Type:

Service Authorization External Text

Enter Clear Form Refresh Return Sub Menu Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Prior Authorization Number Prior Authorization Control Number (DE2024)		A unique authorization number for a pre- approved service, procedure or supply. Twelve digits. A unique authorization number for a pre- approved service, procedure or supply. Twelve digits. System displayed.
2	PA Service Type PA Service Type Code (DE2635)		A code identifying the service categories. Four digits. Use the On-line HELP system to find valid codes for this field. A code identifying the service categories.

			Four digits. Use the On-line HELP system to find valid codes for this field. System displayed.
3	PA Line Number PA Line Number (DE2607)		The line number of a specific PA procedure request. A Prior Authorization may contain requests regarding up to 15 procedures. Two digits. The line number of a specific PA procedure request. A Prior Authorization may contain requests regarding up to 15 procedures. Two digits. System displayed.
4	PA External Text PA External Text (DE2244)	Edits: Unprotected for add and update.	The free form text regarding a Prior Authorization. The free form text regarding a Prior Authorization. Up to eighty alphanumeric characters. ADD(R/U) Enter the valid free form text regarding the Prior Authorization. UPDATE(C/U) Enter the valid free form text regarding the Prior Authorization. Cancel(C/U) Enter the valid free form text regarding the Prior Authorization.

NAVIGATION		Service Authorization External Text (CP-S-004-23)
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Return	Returns to the previous screen accessed.	N/A
Clear Form	Clears all the data entered in the screen and allows the user to enter new data.	N/A
Enter	The Enter button has three functions: Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until all edits are passed and the Enter button is chosen.	N/A
SUB MENU	Returns to the service authMain Menu	RF-S-012-01 RF-S-012-03

		RF-S-012-08 (R)
Refresh	Displays the last updated information (if any) from the database.	N/A
Main Menu	Returns to the service authMain Menu	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
45	CHOOSE UPDATE TO DELETE THE RECORD	Choose the update button to delete the record.
33	ERROR WHILE ACCESSING	Contact ACS Operations for assistance.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
2351	NO EXTERNAL TEXT EXISTS FOR THIS LINE NUMBER	If necessary, contact ACS Operations for assistance.
7055	TRANSACTION COMPLETED	Information message.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

1. Choose the Service Authorization Icon from the VaMMIS Main System Menu.
2. You see the Service Authorization Main Menu Screen.
3. Choose SA Selection Menu. 4. Enter SA Number and choose the Letter button or Service Authorization function (I)inquiry and Enter.
5. If you choose Enter, you should be on SA Header Screen, otherwise you see the Correspondence Screen.
6. Choose PA Lines from SA Header Screen. 7. You see SA Detail Screen, put 'X' in selection for line 1 or 2 and depress Letter button or depress External Text Button. 8. Place 'X' in Selection and depress View Text button.

Screens CP-S-004-24 Service Authorization Provider Transfer Screen

General Information

This screen will give the user the capability to maintain the Service Authorization Provider Transfer information. Note: Radiological PAs (MRIs, PETs, CATs) can NOT be transferred using this screen.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	CPP140
MAPSET	CPS0424/PRVTRNF
TRAN ID	VH80, VH81, VH82

SAMPLE	Service Authorization Provider Transfer Screen (CP-S-004-24)
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Screen ID: CP-S-004-24
 Trans ID: [REDACTED]
 Program ID: [REDACTED]

**VIRGINIA MEDICAID
 PROVIDER TRANSFER SCREEN**

Date: 12/28/2009
 Time: 17:18

Select Function: Transfer Transfer All Inquiry

Srv Auth Number: [REDACTED] New Srv Auth Number: [REDACTED]

Provider ID: [REDACTED] New Provider ID: [REDACTED]

Srv Auth Service Type: [REDACTED] New Srv Auth Service Type: [REDACTED]

Member ID: [REDACTED] New Authorized Begin Date: [REDACTED]

Service Authorization Numbers/Lines Not Transferred

[REDACTED]							
[REDACTED]							
[REDACTED]							
[REDACTED]							
[REDACTED]							
[REDACTED]							
[REDACTED]							
[REDACTED]							

CHOOSE UPDATE TO SAVE CHANGES.

Enter Update Clear Form Refresh Return Sub Menu Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Enter Function Screen Functional Selection (DE5854)	Messages: Valid values are (I) nquiry, (T)ransfer and (A)ll.	Radio button indicating the type of function you wish to perform. Choose Inquiry. Radio button indicating the type of function you wish to perform. One alpha character. UPDATE (R/U) Choose Transfer or Transfer All.
2	PA Number Prior Authorization Control Number	Edits: Required for inquiry or transfer of one PA.	A unique authorization number for a pre- approved service, procedure or supply.

	(DE2024)		A unique authorization number for a pre-approved service, procedure or supply. Twelve digits. UPDATE (C/U) Enter the PA number and choose Enter to display the record.
3	New PA Number Prior Authorization Control Number (DE2024)	Edits: System generated.	A unique authorization number for a pre-approved service, procedure or supply. A unique authorization number for a pre-approved service, procedure or supply. Twelve digits. This is the new PA number generated upon successful update of the transfer. UPDATE (P) System generated.
4	Provider Number National Provider Identifier (DE4700)	Edits: Messages:	A unique identification number assigned to the billing or servicing provider who submitted the claim document for adjudication. A unique identification number assigned to the billing or servicing provider who submitted the claim document for adjudication. Ten digits. UPDATE(P) System displayed.
5	New Provider Number National Provider Identifier (DE4700)	Edits: Required to transfer one or all PAs. Messages:	A unique identification number assigned to the billing or servicing provider to whom the PA is being transferred. A unique identification number assigned to the billing or servicing provider to whom the PA is being transferred. UPDATE(R/U) Enter a valid provider number for the provider to whom the PA is being transferred.
6	PA Service Type PA Service Type Code (DE2635)	Edits: Automatically display with PA Number.	A code identifying the service categories. Use the On-line HELP system to find valid codes for this field. A code identifying the service categories. Four digits. Use the On-line HELP system to find valid codes for this field. UPDATE (P) System displayed.
7	New PA Service Type	Edits:	A code identifying the service categories. Use

	PA Service Type Code (DE2635)	Enter a valid New Prior Authorization Number.	<p>the On-line HELP system to find valid codes for this field.</p> <p>A code identifying the service categories. Four digits. Use the On-line HELP system to find valid codes for this field.</p> <p>UPDATE (C/U)</p> <p>Enter a new service category code if you wish to change the service type.</p>
8	Enrollee Number PA Enrollee Identification Number (DE2650)	Edits: Automatically displayed for inquiry or transfer.	<p>A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID which is DE 3093.</p> <p>A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID which is DE 3093. Twelve digits.</p> <p>UPDATE(P)</p> <p>System displayed.</p>
9	New Authorized From Date PA Authorized From Date (DE2610)		<p>The from (begin) date of service that DMAS has actually approved for a specific procedure that required prior authorization; MM/DD/CCYY format.</p> <p>The from (begin) date of service that DMAS has actually approved for a specific procedure that required prior authorization; MM/DD/CCYY format. MM/DD/YYYY format.</p> <p>UPDATE (R/U)</p> <p>Enter the new authorized from date in MM/DD/YYYY format (include the dashes).</p>
10	PA Numbers/Lines Prior Authorization Control Number (DE2024)	Edits: Display only.	<p>These fields list all PA numbers and lines that were not transferred.</p> <p>These fields list all PA numbers and lines that were not transferred.</p> <p>UPDATE (P)</p> <p>System displayed.</p>

NAVIGATION		
Service Authorization Provider Transfer Screen (CP-S-004-24)		
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Return	Returns to the previous screen accessed.	CP-S-004-00 (R)
Clear Form	Clears all the data entered in the screen and allows the user to enter new data.	N/A
Enter	The Enter button has two functions: Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary.	N/A
Sub Menu	Returns to the VaMMIS Main System Menu.	RF-S-010 (R)
Main Menu	Returns to the VaMMIS Main System Menu.	RF-S-010 (R)
Update	Posts the data to the database.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
2162	ENTER A NEW AUTHORIZED FROM DATE TO PROCEED	Follow directions to continue processing.
2158	ENTER A PA NUMBER	Enter a valid SA number.
2159	ENTER A PROVIDER NUMBER	Enter a valid Provider number.
2441	ENTER NEW PROVIDER NUMBER	Enter valid values according to error message specifications.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
2163	NEW AUTHORIZED FROM DATE ENTERED IS INVALID	Enter a valid Authorized From date.
2166	NEW SA SERVICE TYPE IS INVALID	Re-enter the SA Service type.
2161	NEW PROVIDER NUMBER IS EQUAL TO ORIGINAL PROVIDER NUMBER	Research and change the necessary Provider number.

2165	NEW PROVIDER NUMBER IS INVALID	Enter a new Provider number.
2005	A NUMBER IS INVALID	Enter a valid SA number.
2164	SA RECORD SELECTED IS IN CANCEL/REJECT STATUS	Informational message.
2160	PROVIDER NUMBER IS INVALID FOR THIS PA	Enter a new Provider Number.
2156	SELECT A FUNCTION AND CHOOSE ENTER	Select a function and choose Enter.
2157	SELECT A VALID FUNCTION; MUST BE TRANSFER, ADD, OR INQUIRY	Information message.
2173	TRANSFER PROCESS ABORTED; DATA ERROR	If necessary, contact ACS Operations for assistance.
2171	TRANSFER PROCESS COMPLETED	Information message.
2172	TRANSFER PROCESS TERMINATED; ROLLBACK IS PERFORMED	Information message.
2035	UPDATE KEY NOT VALID FOR INQUIRY FUNCTION	Information message.

Screen Access

- | |
|--|
| 1. Choose the Service Authorization Icon from the VaMMIS Main System Menu. |
| 2. You see the Service Authorization Main Menu Screen. |
| 3. Choose SA Provider Transfer and enter. |

Screens CP-S-004-25 Service Authorization Service Type Maintenance Screen

General Information

This screen will give the user the capability to maintain the Service Authorization Service Type Table by adding, changing, or inquiring about a service type.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	CPP160
MAPSET	VPS0425/PASVTYP
TRAN ID	VH87, VH88, VH89, VH90

SAMPLE	Service Authorization Service Type Maintenance Screen (CP-S-004-25)
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MMIS

Screen ID: CP-S-004-25
 Trans ID: VH87
 Program ID: CPP160VA

VIRGINIA MEDICAID
SERVICE AUTHORIZATION SERVICE TYPE
MAINTENANCE SCREEN

[Help](#) | [Print](#) | [L](#)
 Date: 02/17/20
 Time: 09:17

Select Function: Add Change Inquiry

Srv Auth Service Type:

Category:

Service Authorization Service Type Description

Begin Date:

End Date:

ENTER PA SERVICE TYPE AND SELECT A FUNCTION.

Enter

Update

Clear Form

Refresh

Return

Sub Menu

Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Enter Selection Screen Functional Selection (DE5854)		Choose the Inquiry radio button. Radio button indicating the function you wish to perform. ADD (R/U) Select the Add function. UPDATE (R/U) Select the Update function.
2	PA Service Type PA Service Type Code (DE2635)		A code identifying the service categories. Use the On-line HELP system to find valid codes for this field.

			<p>A code identifying the service categories. Four digits. Use the On-line HELP system to find valid codes for this field.</p> <p>ADD (R/U) Enter the new Service Type code.</p> <p>UPDATE (R/U) Enter the Service Type code you wish to change.</p>
3	<p>Category PA Service Type Category (DE2297)</p>	<p>Edits: Required and unprotected for an add and change.</p>	<p>The Service Type Category is a higher level description for a range of service types, i.e., DME (0100 - 0102), REHAB(0102 - 0205).</p> <p>The Service Type Category is a higher level description for a range of service types, i.e., DME (0100 - 0102), REHAB(0102 - 0205).</p> <p>ADD (R/U) Enter the description for the new Service Type Category.</p> <p>UPDATE (R/U) Enter changes to the description</p>
4	<p>Description PA Service Type Description (DE2636)</p>	<p>Edits: Required and unprotected for add and change.</p>	<p>A description of a service categories.</p> <p>A description of a service categories. Up to one hundred alphanumeric characters.</p> <p>ADD (R/U) Enter the service type description in text format.</p> <p>UPDATE (R/U) Enter changes to the description as appropriate.</p>
5	<p>Begin Date Prior Authorization Service Type Begin Date (DE2298)</p>	<p>Edits: Required and unprotected for add. Begin date will default to current date.</p>	<p>The date on which the service type begins; MM/DD/CCYY format. Eight digits.</p> <p>The date on which the service type begins; MM/DD/CCYY format.</p> <p>ADD (R/U) Enter the begin date for the new service type.</p> <p>UPDATE (P) System displayed.</p>
6	<p>End Date Prior Authorization Service Type End Date (DE2299)</p>	<p>Edits: Required and unprotected for add and change. End date defaults to</p>	<p>The date on which the service type ends; MM/DD/CCYY format.</p> <p>The date on which the service type ends; MM/DD/CCYY format. Eight digits. If a date is</p>

		12/31/9999.	not entered the system will default to 12/31/9999. ADD (R/U) Enter an end date or leave blank for the system default. UPDATE (R/U) Enter an end date or leave blank for the system default.
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NAVIGATION			Service Authorization Service Type Maintenance Screen (CP-S-004-25)
Function (B) or (M)	Action	Branch To (B) or Return To (R)	
Return	Returns to the previous screen accessed.	N/A	
Clear Form	Clears all the data entered in the screen and allows the user to enter new data.	RF-S-012-10 ()	
Enter	The Enter button has two functions: Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates	RF-S-012-06 ()	
Sub Menu	Returns to the service authMain Menu (CP-S-004-00).	CP-S-004-00 (R)	
Refresh	Displays the last updated information (if any) from the database.	TP-S-001 ()	
Main Menu	Returns to the VaMMIS Main System Menu.	N/A	
Update	Posts the data to the database.	TP-S-001 ()	

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
2039	BEGIN DATE MUST BE LESS THAN, OR EQUAL TO, END DATE	Enter a Begin date that falls on or before the end date.
2033	CANNOT ADD; SA SERVICE TYPE ALREADY EXISTS	If necessary, change the SA service type.

39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
2420	END DATE MUST BE GREATER THAN, OR EQUAL TO, THE CURRENT DATE	Information message.
2038	ENTER CHANGES AND CHOOSE UPDATE	Information message.
2012	ENTER SA SERVICE TYPE AND SELECT A FUNCTION	Follow directions to continue processing.
2036	ENTER SA SERVICE TYPE CATEGORY	Follow directions to continue processing.
2037	ENTER SA SERVICE TYPE DESCRIPTION	Enter a SA Service Type description.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
2004	SA SERVICE TYPE IS INVALID	Enter a valid (Service Authorization) SA Service Type.
23	RECORD INSERTED	Information message.
25	RECORD UPDATED	Information message. No action needed.
2034	SELECT A VALID FUNCTION; MUST BE ADD, CHANGE, OR INQUIRY	Information message.
2035	UPDATE KEY NOT VALID FOR INQUIRY FUNCTION	Information message.

Screen Access

1. Choose the Service Authorization Icon from the VaMMIS Main System Menu.
2. You see the Service Authorization Main Menu Screen.
3. Choose SA Service Type.

Screens CP-S-004-26 Service Authorization Reason Code Table Maintenance Screen

General Information

This screen will allow authorized users to maintain/revise the service authReason Code Table.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	CPP200
MAPSET	CPS0426/RSNCODE
TRAN ID	VHC3, VHC4, VHC5, VHC6

SAMPLE	Service Authorization Reason Code Table Maintenance Screen (CP-S-004-26)
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MMIS

Screen ID: CP-S-004-26
Trans ID: VHC3
Program ID: CPP200VA

VIRGINIA MEDICAID SERVICE AUTHORIZATION REASON CODE MAINTENANCE SCREEN

Help | Print | Log Out
Date: 02/17/2019
Time: 09:19

Select Function: Add Change Inquiry

Srv Auth Reason Code:

Reason Code Status:

Service Authorization Reason Code Description

Begin Date:

End Date:

ENTER PA REASON CODE AND SELECT A FUNCTION.

- Enter
- Update
- Clear Form
- Refresh
- Return
- Sub Menu
- Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Enter Function Screen Functional Selection (DE5854)		Radio button indicating the function you wish to perform. Choose the Inquiry button. Radio button indicating the function you wish to perform. ADD (R/U) Choose the Add function and choose Enter. UPDATE (R/U) Choose the Change function and choose Enter.
2	PA Reason Code PA Detail Action		A code identifying the action reason for the

	Reason Code (DE2637)		<p>Prior Authorization. Use the On-line HELP system to find valid codes for this field.</p> <p>A code identifying the action reason for the Prior Authorization. Four digits. Use the On-line HELP system to find valid codes for this field.</p> <p>ADD (R/U) Enter the code for the new PA Reason Code.</p> <p>UPDATE (R/U) Enter the code for the PA Reason Code you wish to change.</p>
3	Reason Code Status PA Action Reason Range Code (DE2595)	Edits: Required and unprotected for add.	<p>A code indicating the status of the Prior Authorization Action Reason range. Use the On-line HELP system to find valid codes for this field.</p> <p>A code indicating the status of the Prior Authorization Action Reason range. One alpha character. Use the On-line HELP system to find valid codes for this field.</p> <p>ADD (R/U) Enter the status code for the new PA Reason Code.</p> <p>UPDATE (R/U) System displayed on record access. May be changed.</p>
4	PA Reason Code Description PA Detail Action Reason Description (DE2638)	Edits: Required and unprotected for add and change.	<p>A description of the Prior Authorization Action reason code.</p> <p>A description of the Prior Authorization Action reason code. Up to two hundred-fifty-five alphanumeric characters.</p> <p>ADD (R/U) Enter the text description of the new PA Reason Code.</p> <p>UPDATE (R/U) Type over the description to change.</p>
5	Begin Date PA Reason Code Begin Date (DE2597)	Edits: Required and unprotected for add. Begin dates defaults to current date.	<p>The date of the Prior Authorization Reason Code begins; MM/DD/CCYY format.</p> <p>The date of the Prior Authorization Reason Code begins; MM/DD/CCYY format. Eight digits. If a date is entered, the system will default to the current date.</p>

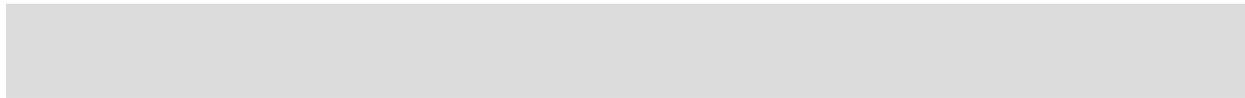
			<p>ADD (R/U) Enter the begin date for the code in MM/DD/YYYY format.</p> <p>UPDATE (P) System displayed.</p>
6	<p>End Date PA Reason Code End Date (DE2598)</p>	<p>Edits: Required and unprotected for add and change. End date defaults to 12/31/9999.</p>	<p>The date of the Prior Authorization Reason Code ends; MM/DD/CCYY format.</p> <p>The date of the Prior Authorization Reason Code ends; MM/DD/CCYY format. Eight digits. If a date is not entered, the system will default to 12/31/9999.</p> <p>ADD (R/U) Enter the end date for the new code in MM/DD/YYYY format, or leave blank for system default.</p> <p>UPDATE (R/U) Type over the end date to change.</p>

NAVIGATION		Service Authorization Reason Code Table Maintenance Screen (CP-S-004-26)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)	
Return	Returns to the previous screen accessed.	N/A	
Clear Form	Clears all the data entered in the screen and allows the user to enter new data.	N/A	
Enter	<p>The Enter button has two functions: Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary.</p>	N/A	
Sub Menu	Returns to the service authMain Menu (CP-S-004-00).	CP-S-004-00 (R)	
Refresh	Displays the last updated information (if any) from the database.	N/A	
Main Menu	Returns to the VaMMIS Main System Menu.	N/A	
Update	Posts the data to the database.	N/A	

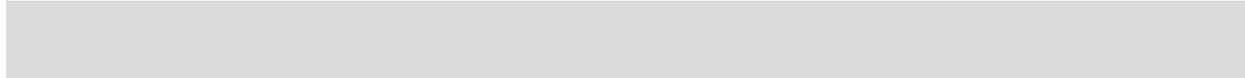
Error Messages

Error	Description	Resolution
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42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
2128	ADD SUCCESSFUL	Information message.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
3155	BEGIN DATE MUST BE GREATER THAN, OR EQUAL TO, THE CURRENT DATE	Enter a valid Begin Date.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
2404	END DATE MUST BE GREATER THAN, OR EQUAL TO, BEGIN DATE	Information message.
2420	END DATE MUST BE GREATER THAN, OR EQUAL TO, THE CURRENT DATE	Information message.
2403	ENTER DESCRIPTION FOR REASON CODE	Enter description for the reason code.
2394	ENTER SA REASON CODE AND SELECT A FUNCTION	Enter a PA reason and choose a function.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
4063	FUNCTION SELECTED IS INVALID	Enter a valid function.
1340	LOC SEGMENT UPDATED, PRIOR AUTHORIZATION CLOSED	Information message.
2399	REASON CODE ALREADY EXISTS	Information message.
2402	REASON CODE ENTERED IS INVALID	Enter a valid Reason Code.
9578	REASON CODE NOT FOUND	Enter a valid Reason Code. See the field definitions for formatting and requirements for this field.
2401	REASON CODE REQUIRED	Enter a valid Reason Code.
2406	REASON CODE STATUS ENTERED IS INVALID	Enter a valid Reason Code Status Code.
25	RECORD UPDATED	Information message. No action needed.
2421	REJECTS ARE SYSTEM-GENERATED ISR REQUIRED TO CHANGE DATES.	Information message.
2405	SELECT A VALID FUNCTION AND CHOOSE ENTER	Select a valid function and choose Enter.
2034	SELECT A VALID FUNCTION; MUST BE ADD, CHANGE, OR INQUIRY	Information message.
2400	UPDATE REASON CODE AND	Enter a valid reason code and choose the Enter

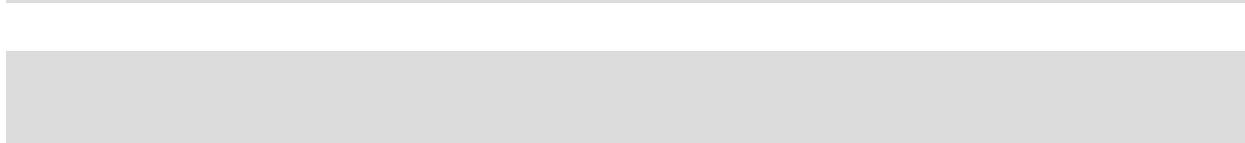
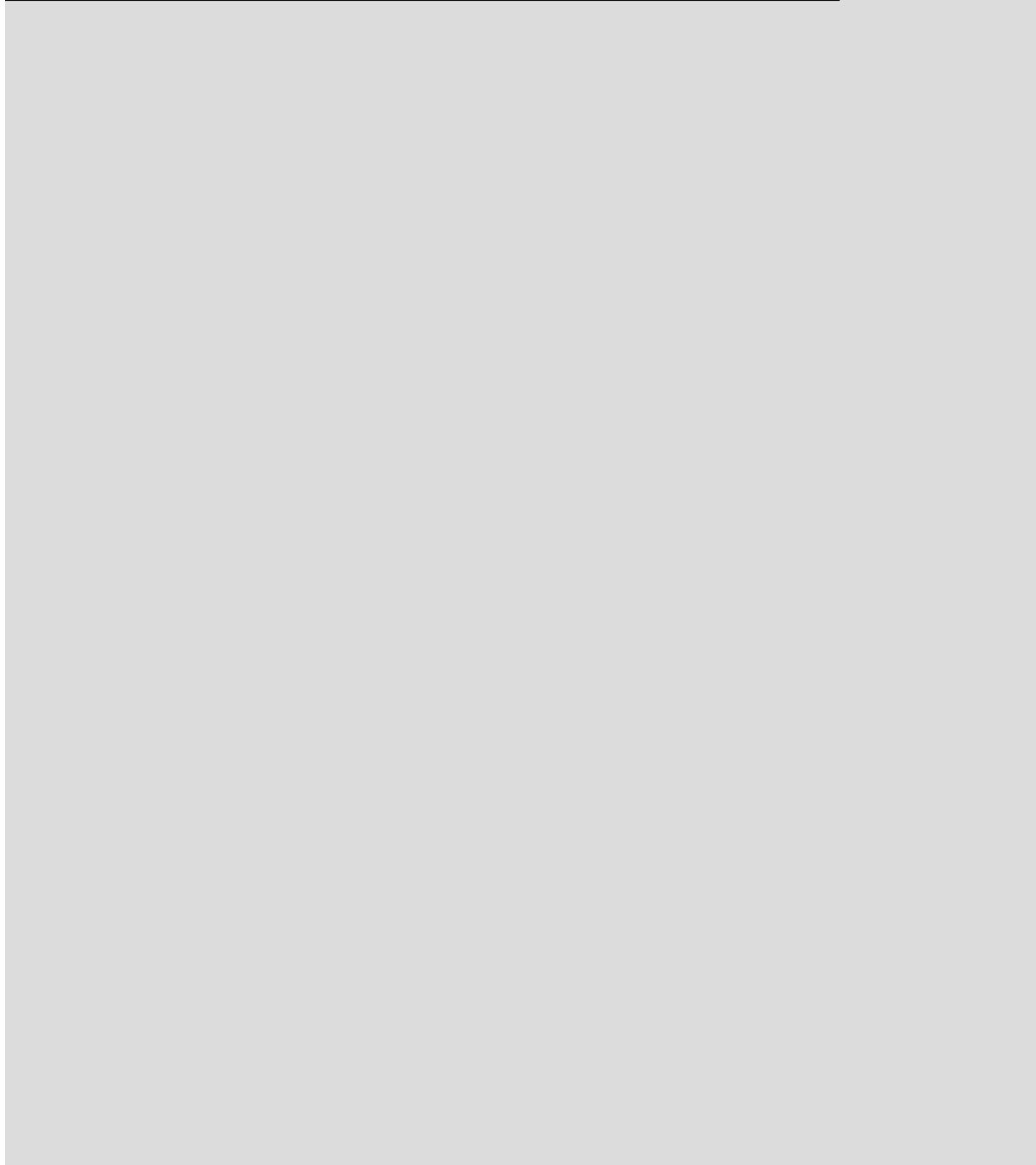


CHOOSE ENTER	button.
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Screen Access

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| 1. Choose the Service Authorization Icon from the VaMMIS Main System Menu. |
| 2. You see the Service Authorization Main Menu Screen. |
| 3. Choose SA Reason Code. |



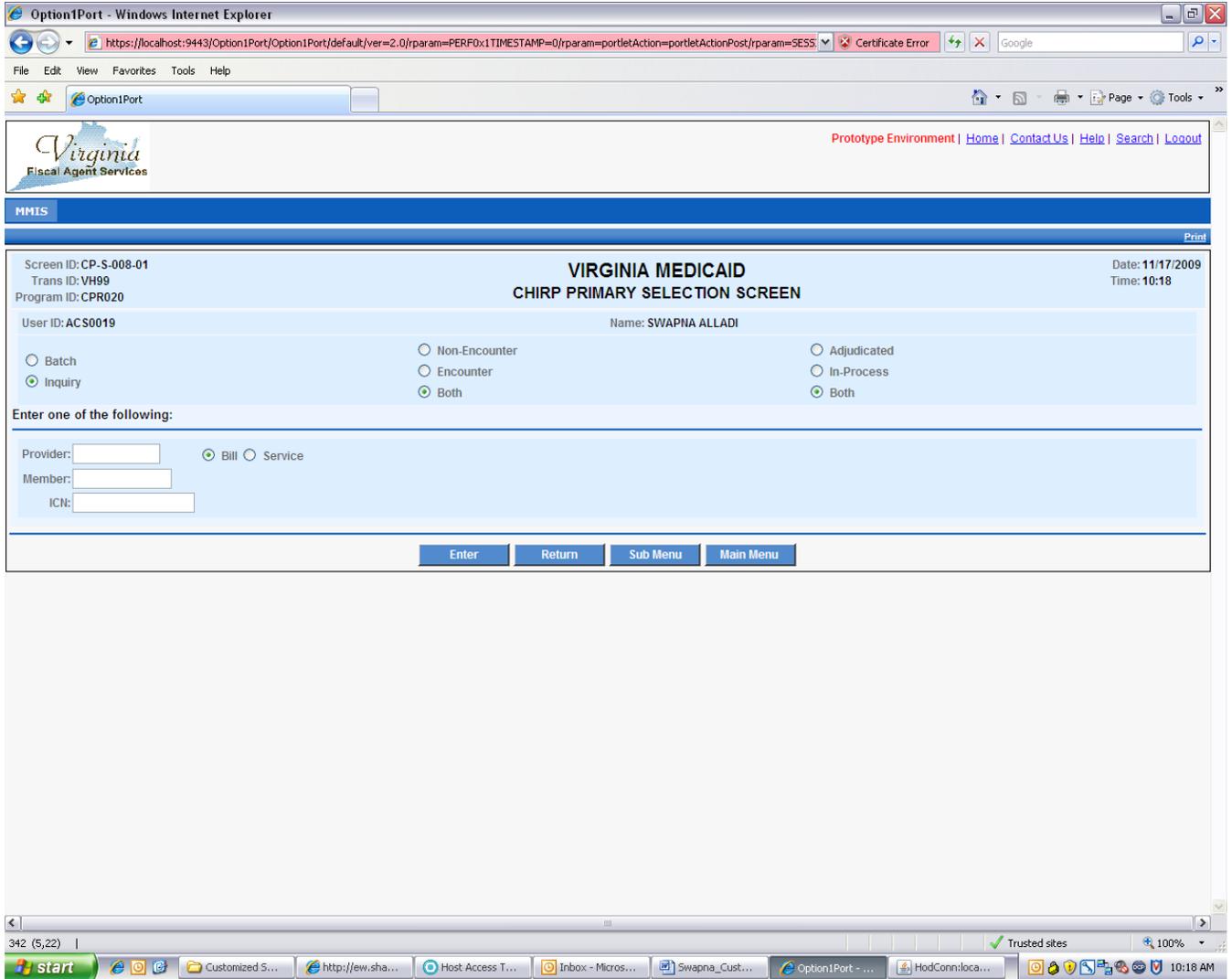
Screens CP-S-008-01 CHIRP Primary Selection Criteria Screen

General Information

This screen allows batch and online selection of information by billing provider number, servicing provider number, base provider number, Member number, or ICN. It also contains the option of selecting records from in-process claims, adjudicated claims, encounter claims, non-encounter claims, all claims, or a combination.

SOURCE/ORIGINATOR	CPR020VA
USAGE	Inquiry
PROGRAM	CPR020
MAPSET	CPS8000/MSTMNU1
TRAN ID	VH99

SAMPLE	CHIRP Primary Selection Criteria Screen (CP-S-008-01)
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Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ID User/Operator ID (DE0012)		A code uniquely identifying the VaMMIS user tracking user input and use of the system.
2	Name Claim CHIRP/Adjustment Request Name (DE2780)		The name of the user/Request Name.
3	Batch/Inquiry(B/I) (DE0000)		Radio button for selecting a Batch and/or Inquiry function. N/A

4	Non-Encounter/Encounter/Both(N/E/B) (DE0000)		Radio button used for selecting Non-Encounter and/or Encounter claims. N/A
5	Adjudicated/In-Process/Both(A/I/B) Screen Functional Selection (DE5854)		Radio button used for selecting claims that have been adjudicated and/or in-process. N/A
6	Provider National Provider Identifier (DE4700)	Edits: Messages: Provider Number can be entered as either Billing Provider or Servicing Provider based on the Selection Billing Provider DE2004 Servicing Provider DE4002	A unique identification number assigned to the billing or servicing provider who submitted the claim documentation for adjudication. If there is an entry in the Enrollee ID field or ICN field, the Provider ID field must be blank. INQUIRY(C/U) Enter a valid Provider ID. This Provider can be NPI/API or its Legacy Medicaid number. While entering NPI/API, the number of digits needs to be 10. Any Provider Inquiry with less than 10 digits will be assumed as an Inquiry with Legacy Medicaid ID. N/A
7	Billing/Serv(B/S) (DE0000)	Edits: Messages:	Radio button for selecting the type of identification for the provider. Billing/Servicing Provider. N/A
8	Enrollee Enrollee Identification Number (DE3001)		A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID which is DE 3093. Twelve digits. If there is an entry in the Provider ID field or ICN field, the Enrollee ID field must be blank. INQUIRY(C/U) Enter a valid Enrollee ID.
9	ICN Claim Request ICN (DE2001)		A unique Transaction Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number). Sixteen digits. If there is an entry in the Enrollee ID field or Provider ID field, the ICN field must be blank. INQUIRY (C/U) Enter a valid (Internal Control Num-

			ber) ICN.
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NAVIGATION		
CHIRP Primary Selection Criteria Screen (CP-S-008-01)		
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Return	Returns to the previous screen accessed.	CP-S-001-01 (R)
Enter	The Enter button has following function: Edits the data on the screen for correctness and displays the appropriate error message when necessary. If data entered on screen passes all the edits then 'ENTER' button makes the screen branch to appropriate next screen based on the data entered. If the selection criteria entered is for provider and/or Member id, then it branches to 'CHIRP Secondary Selection Screen (CP-S-008-02)' otherwise if the selection criteria entered is for new ICN (16 digit) or for those old ICNs (10 digit) which has only one corresponding new ICN then it branches to CP-S-008-06, CP-S-008-07 or CP-S-008-08 screen depending on the claim type otherwise if the old ICN entered has multiple new ICNs then control branches to CP-S-008-05 screen to list all the new ICNs.	N/A
SUB MENU	When the SUB MENU Button is depressed, if the service authSubsystem initiated the entry into the CHIRP Inquiry Screens, then control will be transferred back to the service authHeader Screen. If the service authSubsystem did NOT initiate entry, control will be transferred to the Claims Processing Main Menu.	CP-S-001-01 CP-S-004-05 (R)
Main Menu	Returns to the VaMMIS Main System Menu.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT	User does not have access to the screens chosen.

	AUTHORIZED	
2030	AT LEAST ONE CRITERIA MUST BE SELECTED	Select one criteria.
2445	CLAIM TYPE MODIFIER 9 (VOIDING) NOT ALLOWED	Information message.
35	ENROLLEE NOT FOUND	No enrollee was found matching the Enrollee ID entered. Correct the Enrollee ID or try the SSN. If enrollee is not found with Enrollee ID or SSN, add the enrollee to the file before entering the Assessment.
2025	ENROLLEE NOT NUMERIC	Information message.
2015	ENTER EITHER ICN, ENROLLEE NUMBER, OR PROVIDER NUMBER	Enter valid values according to error message specifications.
2022	ENTER STATUS OF CLAIM SELECTED; MUST BE 'A', 'I', OR 'B'	Enter valid values according to error message specifications.
2021	ENTER TYPE OF CLAIM; MUST BE 'N', 'E', OR 'B'	Enter valid values according to error message specifications.
33	ERROR WHILE ACCESSING	Contact ACS Operations for assistance.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
2073	ICN ENTERED IS NOT ON DATABASE	Contact ACS Operations for assistance.
2072	ICN IS INVALID	Enter a valid ICN. See the field definitions for formatting and requirements for this field.
2026	ICN NOT NUMERIC	Information message.
2446	INVALID CLAIM TYPE FOR NDC SELECTION	Check field for valid data and re-enter.
2447	INVALID CLAIM TYPE FOR REV CODE SELECTION	Check field for valid data and re-enter.
9	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD (S)	Correct the highlighted fields and choose Enter.
2029	ONLY 8 OR LESS CRITERIA MAY BE SELECTED FOR ONE	Information message.

	TRANSACTION	
2449	ORIGINAL CLAIM FOR THIS VOIDING ICN NOT FOUND	Information message.
2024	PLEASE SELECT PROVIDER TYPE (SERVICING OR BILLING)	Information message.
2023	PROVIDER NOT NUMERIC	Information message.
21	PROVIDER NUMBER NOT FOUND	Information message. No action needed.
2013	SELECT 'B' FOR BATCH OR 'I' FOR INQUIRY	Enter one of the choices given.
2448	SORT CRITERIA NOT ALLOWED FOR UNSORTED REPORTS	Information message.
2440	THRU DATE MUST BE GREATER THAN OR EQUAL TO THE FROM DATE	Enter a valid Thru date.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
2027	VALID SORT FIELD IS FROM 'A' TO 'Y'	Enter a valid sort field.
2028	WAS WRITTEN TO REQUEST FILE	Information message.
2031	WRITE TO CHIRP REQUEST FILE FAILED	Contact ACS Operations for assistance.

Screen Access

1. Select the Invoice Processing icon from the VaMMIS Main Menu Screen.
2. You will see the Claims Processing Main Menu Screen.
3. Choose CHIRP Request radio button and enter.
4. Your see the CHIRP Primary Selection Criteria Screen.

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ID User/Operator ID (DE0012)		A code uniquely identifying the VaMMIS user tracking user input and use of the system. N/A
2	Name Claim CHIRP/Ad- justment Request Name (DE2780)		For CHIRP requests, this is the name of the user entering the request. For Mass Adjustment requests, this is the user chosen name given to the request (Any text can be entered). N/A
3	Former ICN Claim Related Document Number (DE2034)	Edits: Messages:	The Internal Control Number of the claim which is to be altered by this adjustment or void (previously called former reference number) or the reference number submitted on the claim from the previous processor in the case of encounters.
5	Remit No Remittance Advice Number (DE9580)	Edits: Messages:	A sequential number identifying which (Remittance Advice) RA is currently being produced for a provider. The number is incremented by one each time a new RA is generated. The first five positions are Julian date YYDDD format. N/A
6	PA Prior Authorization Control Number (DE2024)		A unique authorization number for a preapproved service, procedure or supply.
7	Total Paid Claim Payment Amount (DE2023)		The dollar/cent amount of the claim payment amount for the claim submitted. N/A
8	Error Claim Error ESC Code (DE5506)		A code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. Use the On-line HELP system to find valid codes for this field.
9	Error Error Text Dis- position Attach- ments (DE5603)		A code indicating that the Disposition requires attachments for this Media Type for this Invoice Type and/or the disposition entered with an ESC number. N/A
10	Claim Type		A code identifying the claim form document filed by a provider; depends on provider type and claim form

	Claim Type (DE2002)		type. Two digits. Use the On-line HELP system to find valid codes for this field.
11	CTM Claim Type Modifier (DE2003)		Claim Type Modifier. A code indicating the type of claim transaction and the processing to be done. Use the On-line HELP system to find value codes for this field.
12	Status Claim Status (DE2039)		Code indicating the status of a claim after an adjudication cycle. Use the On-line HELP system to find valid codes for this field. N/A
13	Billed Claim Billed Charge (DE2016)		The dollar/cent charge amount submitted on a claim. N/A
14	Pay Date Claim CHIRP Request Payment Date (DE2868)	Edits: Messages:	The payment date that will be used for selecting claims for a CHIRP or mass adjustment request; MM/DD/CCYY format. N/A
15	Enrollee No Enrollee Identification Number (DE3001)		A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID which is DE 3093.
16	Med Rec No Claim Medical Record Number (DE2845)	Edits: Messages:	The facility medical record number. N/A
17	Enrollee Age Claim CHIRP Request Recipient Age (DE2846)		The enrollee age (on the claim from date of service) that will be used for selecting claims for a CHIRP. N/A
18	Aid Category Enrollee Eligibility Aid Category (DE3009)	Edits: Messages:	A code identifying the program category under which a recipient is eligible for Medicaid or DMAS-administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans. Also known as Recipient Program Designation or Scope of Coverage code. N/A
19	Benefit Program Code Benefit Definition Benefit Plan Code (DE3550)	Edits: Messages:	An integer code that represents the group level, three-tiered code with exception indicator describing the benefit plan under which services for an enrolled individual may be reimbursed. N/A
20	FIPS		A code indicating the geographic or geopolitical stat-

	Enrollee FIPS Code (DE3008)		istical reporting area in which the enrollee resides. The county is a sub-division within the Commonwealth of Virginia. Use the Federal Standard County Codes (FIPS Pub. 6-1). Use the On-line HELP system to find valid codes for this field. N/A
21	Exception Ind Benefit Plan Excep- tion Indicator (DE3072)	Edits: Messages:	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the On-line HELP system to find valid codes for this field. N/A
22	Bill National Provider Identifier (DE4700)	Edits: Messages:	A unique identification number assigned to the billing provider who submitted the claim document for adjudication. Can be a Legacy Medicaid, NPI or API.
24	Service National Provider Identifier (DE4700)	Edits: Messages:	A unique identification number assigned to the servicing provider who submitted the claim document for adjudication. This number can be Legacy Medicaid number, NPI or API.
25	Dates of Service Claim Service From Date (DE2010)		The date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format.
26	(Thru Date of Ser- vice) Claim Service Thru Date (DE2011)		The date on which the service was ended; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format.
27	Category of Ser- vice Claim Category of Service (DE2038)	Edits: Messages:	A code identifying the service rendered by the provider for use in claim adjudication and reporting. N/A
28	Adjust Reason Adjustment/Void Reason (DE2033)		A code specifying the reason for adjusting or voiding an individual claim. Use the On-line HELP system to find valid codes for this field.
29	Place of Service Claim Professional Place of Service (DE2173)		A code indicating the type of place where service was rendered. N/A
30	Type of Service Claim Type of Ser- vice (DE2072)		A code indicating the type of service billed. N/A
31	DRG DRG (Diagnosis		A code assigned to an Inpatient claim based on dia- gnosis codes, age, sex, discharge status, birth weight,

	Related Group Code (DE5353)		and surgery codes. N/A
31.5	SOI Claim DRG Severity of Illness (DE2588)		A severity of illness level assigned to the claim from the DRG process. N/A
32	COB Claim COB Indicator (DE2544)		A code identifying the Coordination of benefits; primary carrier information other than Medicare - Title XVIII form. Use the On-line HELP system to find valid codes for this field.
33	Diagnosis Diagnosis Code (DE5301)	Edits: Messages: May specify up to 16 diagnosis codes	The ICD CM (International Classification of Diseases Clinical Modification) code identifying each service, procedure or supply to describe the diagnosis, symptom, complaint, condition, problem and circumstances other than disease or injury. Use the On-line HELP system to find valid codes for this field.
34	Proc Procedure Code (DE5002)	Edits: May specify multiple procedure codes	A CPT (Current Procedural Terminology), HCPCS (HCFA Common Procedure Coding System) or an internal state specific code identifying a specific procedure. Use the on-line HELP system to find valid codes for this field.
35	Mod Claims Procedure Code Modifier (DE2171)		The 2-position standard HCFA modifier entered with a procedure code. N/A
36	NDC Drug Code (NDC) (DE5200)	Messages: May specify multiple NDC's	A National standard formulary code used by most states to uniquely identify drugs. Codes are assigned by the FDA. The labeler code designates the drug manufacturer, always five numeric characters; the product code identifies the specific drug, drug strength and dosage form, always four characters, may be alphanumeric; and the package code always two characters, may be alphanumeric. Eleven digits. Up to five NDC(s) may be entered. Use the On-line Help system to find valid codes for this field. INQUIRY(O/U) Enter a valid NDC(s). N/A
37	Rev Code Claim Revenue Code (DE2122)	Messages: May specify multiple revenue codes	A code which defines a specific accommodation and/or ancillary service or billing calculation. Use the On-line HELP system to find valid codes for this field. N/A
38	Legacy	Edits:	A unique identification number assigned to a provider.

	Provider Identification Number (DE4002)	Messages: A unique identification number assigned to a provider.	Used to limit selection to claims submitted by the specified Legacy ID. NPI only and Legacy ID are mutually exclusive. Legacy ID always refers to servicing provider. N/A
39	NPI Only NPI Only Ind (DE2884)	Edits: Messages:	Selection field that restricts selection to claims submitted with an NPI. Can only be used when the Billing or Servicing provider NPI is entered as a selection parameter. N/A
40	Prov Type Provider Type (DE4006)	Edits: Messages: A code that designates the classification of a provider under the State plan (e.g., Dentist, Pharmacy).	A code that designates the classification of a provider under the State plan (e.g., Dentist, Pharmacy). Can be used as a selection parameter to limit claim selection to a specific provider type for an NPI with more than one type. Used only when an NPI is entered. N/A
41	Site Ind NPI XREF Site Number (DE4143)	Edits: Messages:	Indicates a provider's type/location. The Site Indicator can be used as a selection parameter to limit claim selection to claims for the specified site. Used only when an NPI is entered. N/A

NAVIGATION CHIRP Secondary Selection Criteria Screen (CP-S-008-02)		
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Return	Returns to the previous screen accessed.	N/A
Enter	The Enter button has following functions: Edits the data on the screen for correctness and displays the appropriate error message when necessary. Enter branches to CP-S-008-05 if on the 'CHIRP Primary Selection screen (CP-S-008-01)' the INQUIRY button is selected, otherwise if the 'BATCH' button is selected then the control branches to CP-S-008-03 screen.	N/A

Sub Menu	When the SUB MENU Button is depressed, if the service authSub-system initiated the entry into the CHIRP Inquiry Screens, then control will be transferred back to the service authHeader Screen. If the service authSubsystem did NOT initiate entry, control will be transferred to the Claims Processing Main Menu.	CP-S-001-01 CP-S-004-05 (R)
Prov Loc	Transfers control to Provider Location Screen.	PS-S-018 (R)
Main Menu	Returns to the CHIRP Primary Selection screen.	CP-S-008-01 (R)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
2030	AT LEAST ONE CRITERIA MUST BE SELECTED	Select one criteria.
2532	CANNOT ENTER LEGACY ID WITH NPI-ONLY SELECTED	Enter either Legacy ID or NPI-only selection
2525	CANNOT ENTER PROV TYPE WHEN LEGACY IS ENTERED	Either legacy id or provider type is valid
2526	CANNOT ENTER SITE IND WITHOUT PROV TYPE	Enter provider type along with Site id. Provider type itself is enough to qualify an NPI provider
2445	CLAIM TYPE MODIFIER 9 (VOIDING) NOT ALLOWED	Information message.
35	ENROLLEE NOT FOUND	No enrollee was found matching the Enrollee ID entered. Correct the Enrollee ID or try the SSN. If enrollee is not found with Enrollee ID or SSN, add the enrollee to the file before entering the Assessment.
2025	ENROLLEE NOT NUMERIC	Information message.
2015	ENTER EITHER ICN, ENROLLEE NUMBER, OR PROVIDER	Enter valid values according to error message specifications.

	NUMBER	
2022	ENTER STATUS OF CLAIM SELECTED; MUST BE 'A', 'I', OR 'B'	Enter valid values according to error message specifications.
2021	ENTER TYPE OF CLAIM; MUST BE 'N', 'E', OR 'B'	Enter valid values according to error message specifications.
33	ERROR WHILE ACCESSING	Contact ACS Operations for assistance.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
2073	ICN ENTERED IS NOT ON DATABASE	Contact ACS Operations for assistance.
2072	ICN IS INVALID	Enter a valid ICN. See the field definitions for formatting and requirements for this field.
2446	INVALID CLAIM TYPE FOR NDC SELECTION	Check field for valid data and re-enter.
2447	INVALID CLAIM TYPE FOR REV CODE SELECTION	Check field for valid data and re-enter.
2528	LEGACY CAN ONLY BE USED WHEN NPI IN BILL OR SERV	Do not enter anything in LEGACY field or enter NPI in Servicing (if needed) or NPI in Billing fields.
9	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
2527	NPI REQD IN SERV PROVIDER WHEN LEGACY PROV ENTERED	Do not enter anything in LEGACY field.
2029	ONLY 8 OR LESS CRITERIA MAY BE SELECTED FOR ONE TRANSACTION	Information message.
2449	ORIGINAL CLAIM FOR THIS VOIDING ICN NOT FOUND	Information message.
2024	PLEASE SELECT PROVIDER TYPE (SERVICING OR BILLING)	Information message.
2023	PROVIDER NOT NUMERIC	Information message.

21	PROVIDER NUMBER NOT FOUND	Information message. No action needed.
2530	PROVIDER TYPE LOCATION ID IS REQUIRED, HIT ENTER	Click on the Enter key
2013	SELECT 'B' FOR BATCH OR 'I' FOR INQUIRY	Enter one of the choices given.
2448	SORT CRITERIA NOT ALLOWED FOR UNSORTED REPORTS	Information message.
2440	THRU DATE MUST BE GREATER THAN OR EQUAL TO THE FROM DATE	Enter a valid Thru date.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
2535	USE PROV-TYPE/NPI- ONLY WHEN NPI IN SERV OR BILL	Do not select NPI only selection flag or populate billing or servicing provider with NPI
2027	VALID SORT FIELD IS FROM 'A' TO 'Y'	Enter a valid sort field.
2028	WAS WRITTEN TO REQUEST FILE	Information message.
2031	WRITE TO CHIRP REQUEST FILE FAILED	Contact ACS Operations for assistance.

Screen Access

1. Select the Invoice Processing icon from the VaMMIS Main Menu Screen.
2. You will see the Claims Processing Main Menu Screen.
3. Choose CHIRP Request radio button.
4. Choose Enter.
5. You see the CHIRP Primary Selection Criteria Screen (CP-S-008-01).
6. Enter the CHIRP Primary Selection Criteria (with enrollee ID and/or provider ID) to display the CHIRP Secondary Selection Criteria Screen (CP-S-008-02).

Provider subsystem:

 From PS-S-172 Provider Base ID Claim Reprocess Approval (transaction VT97, Program PST172VA), hotkey 'CHIRP INQUIRY'.

From PS-S-018 Provider Location (transaction VT99, Program PST018VA), hotkey 'RETURN'.
 Claims Pend Resolution;

 From CP-S-001-05 HCFA Pend Resolution Screen (transaction VH11, Program CPA112VA),

hotkey 'CHIRP'

From CP-S-001-03 UB Pend Resolution Screen (transaction VH15, Program CPA114VA), hotkey 'CHIRP'

From CP-S-001-07 Dental Pend Resolution Screen (transaction VH19, Program CPA116VA), hotkey 'CHIRP'

From CP-S-001-06 Title XVIII Pend Resolution Screen (transaction VH23, Program CPA118VA), hotkey 'CHIRP'

CHIRP:

From CP-S-008-05 CHIRP Summary Claims Display (transaction VH0A, Program CPR030VA), hotkey Back arrow

From CP-S-008-06 CHIRP and Adjustment UB Claim Detail (transaction VH0E, Program CPR042VA), hotkey Back arrow

From CP-S-008-07 CHIRP and Adjustment 1500 Claim Detail (transaction VH0I, Program CPR050VA), hotkey Back arrow

From CP-S-008-08 CHIRP and Adjustment Pharmacy and Title XVIII Claim Detail (transaction VH0Q, Program CPR060VA), hotkey Back arrow

Screens CP-S-008-03 CHIRP Sort and Disposition Selection

General Information

This screen is used to choose fields to be used for claim selection for batch reporting.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	CPR020
MAPSET	CPS8000/RPTSORT
TRAN ID	VH99

SAMPLE	CHIRP Sort and Disposition Selection (CP-S-008-03)
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MMIS

Screen ID: CP-S-008-03
 Trans ID: VH99
 Program ID: CPR020VA

VIRGINIA MEDICAID
CHIRP SORT AND DISPOSITION SELECTION

Help | Print | Log
 Date: 02/17/2011
 Time: 09:23

Transaction ID: [Redacted] User ID: [Redacted] Name: [Redacted]
 Provider: [Redacted] Member: [Redacted]

Select Output Format

- Hard Copy Report
 Data File
 Hard Copy Report and CSV File

Distribution Location:

Select Report Format

[Dropdown Arrow]

Enter the Sort Fields Desired

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

- A=ICN
- B=Former ICN
- C=Remit Number
- D=BPC/Ex Ind
- E=Srv Auth Number
- F=Error Code
- G=Claim Type
- H=Claim Type Mod
- I=Claim Status
- J=Total Amount Billed
- K=Payment Date
- L=Total Amount Paid
- M=Member ID
- N=Med Rec No
- O=Member Age
- P=Category of Aid
- Q=County of Residence
- R=Service Base Provider
- S=Billing Provider
- T=Service Provider
- U=DOS
- V=Primary Diagnosis
- W=Procedure/M/NDC Code
- X=DRG Code

Enter Primary Return Sub Menu Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Transaction ID Claim CHIRP Request Identification (DE2781)	Edits: Messages:	The unique ID assigned to the request record that is built. N/A
2	User User/Operator ID (DE0012)		A code uniquely identifying the VaMMIS user tracking user input and use of the system.
3	Name Claim CHIRP/Ad- justment Request Name (DE2780)		For CHIRP requests, this is the name of the user entering the request. For Mass Adjustment requests, this is the user chosen name given to the request.

			N/A
3.1	Provider National Provider Identifier (DE4700)	Edits: N/A Messages:	A unique identification number assigned to a provider. For CHIRP requests, this is the name of the Provider assigned to the enrollee. A unique identification number assigned to a provider. For CHIRP requests, this is the name of the Provider assigned to the enrollee.
3.2	Enrollee Enrollee Identification Number (DE3001)	Edits: N/A	The enrollee number to be displayed on the CHIRP request. (P) The enrollee number to be displayed on the CHIRP request. (P)
4	Select Output Format Claims Chirp Output Format (DE2486)	Edits: Messages:	A radio button for selecting the CHIRP Output format from the CHIRP selection screen: Option 1 - Hard Copy Report is sent to DARS for user review. Option 2 - Data File created with report information and identified by user id. Option 3 - Hard Copy Report and CSV File - Hardcopy Report created and sent to DARS same as option 1. CSV file is created with report information without the cover sheet headers and sent to DARS in the new CHIRP files folder. Allows user to view or download report in EXCEL format. N/A
5	Select Report Format Claim Chirp Request Report Format (DE2785)		A description of the report requested from the CHIRP selection screen. N/A
6	Distribution Location Claim CHIRP Distribution Location (DE2149)		This field indicates the physical location to which the busted printer output will be delivered. Up to ten digits. The field value is user defined. N/A
7	Sort Fields 1 Claims Chirp Request Sort-1 (DE2551)		The first of eight CHIRP sort criteria. Valid values are listed on the screen. N/A
8	(Sort Field) 2 Claims Chirp Request		The second of eight CHIRP sort criteria. One alpha character. Valid values are listed on the

	Sort-2 (DE2552)		screen. N/A
9	(Sort Field) 3 Claims Chirp Request Sort-3 (DE2553)		The third of eight CHIRP sort criteria. Valid values are listed on the screen. N/A
10	(Sort Field) 4 Claims Chirp Request Sort-4 (DE2554)		The fourth of eight CHIRP sort criteria. Valid values are listed on the screen. N/A
11	(Sort Field) 5 Claims Chirp Request Sort-5 (DE2555)		The fifth of eight CHIRP sort criteria. Valid values are listed on the screen. N/A
12	(Sort Field) 6 Claims Chirp Request Sort-6 (DE2556)		The sixth of eight CHIRP sort criteria. Valid values are listed on the screen. N/A
13	(Sort Field) 7 Claims Chirp Request Sort-7 (DE2557)		The seventh of eight CHIRP sort criteria. Valid values are listed on the screen. N/A
14	(Sort Field) 8 Claims Chirp Request Sort-8 (DE2558)		The last of eight CHIRP sort criteria. Valid values are listed on the screen. N/A

NAVIGATION	CHIRP Sort and Disposition Selection (CP-S-008-03)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Enter	The Enter button has two functions: Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary.	N/A
SUB MENU	Returns to Claim Processing Main Menu.	CP-S-001-01 (R)
PF4	Returns you to the Primary CHIRP Selection Screen (CP-S-008-01)	CP-S-008-01 (R)
MAIN MENU	Returns to the VaMMIS Main System Menu.	RF-S-010 (R)

RETURN	Returns to the previous screen accessed.	CP-S-008-02 (R)
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Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
2030	AT LEAST ONE CRITERIA MUST BE SELECTED	Select one criteria.
2445	CLAIM TYPE MODIFIER 9 (VOIDING) NOT ALLOWED	Information message.
35	ENROLLEE NOT FOUND	No enrollee was found matching the Enrollee ID entered. Correct the Enrollee ID or try the SSN. If enrollee is not found with Enrollee ID or SSN, add the enrollee to the file before entering the Assessment.
2025	ENROLLEE NOT NUMERIC	Information message.
2015	ENTER EITHER ICN, ENROLLEE NUMBER, OR PROVIDER NUMBER	Enter valid values according to error message specifications.
2022	ENTER STATUS OF CLAIM SELECTED; MUST BE 'A', 'I', OR 'B'	Enter valid values according to error message specifications.
2021	ENTER TYPE OF CLAIM; MUST BE 'N', 'E', OR 'B'	Enter valid values according to error message specifications.
33	ERROR WHILE ACCESSING	Contact ACS Operations for assistance.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
2073	ICN ENTERED IS NOT ON DATABASE	Contact ACS Operations for assistance.
2072	ICN IS INVALID	Enter a valid ICN. See the field definitions for formatting and requirements for this field.
2446	INVALID CLAIM TYPE FOR NDC SELECTION	Check field for valid data and re-enter.
2447	INVALID CLAIM TYPE FOR REV CODE	Check field for valid data and re-enter.

	SELECTION	
9	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD (S)	Correct the highlighted fields and choose Enter.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD (S)	Correct the highlighted fields and choose Enter.
2029	ONLY 8 OR LESS CRITERIA MAY BE SELECTED FOR ONE TRANSACTION	Information message.
2449	ORIGINAL CLAIM FOR THIS VOIDING ICN NOT FOUND	Information message.
2024	PLEASE SELECT PROVIDER TYPE (SERVICING OR BILLING)	Information message.
2023	PROVIDER NOT NUMERIC	Information message.
21	PROVIDER NUMBER NOT FOUND	Information message. No action needed.
2448	SORT CRITERIA NOT ALLOWED FOR UNSORTED REPORTS	Information message.
2440	THRU DATE MUST BE GREATER THAN OR EQUAL TO THE FROM DATE	Enter a valid Thru date.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
2027	VALID SORT FIELD IS FROM 'A' TO 'Y'	Enter a valid sort field.
2028	WAS WRITTEN TO REQUEST FILE	Information message.
2031	WRITE TO CHIRP REQUEST FILE FAILED	Contact ACS Operations for assistance.

Screen Access

1. Select the Invoice Processing icon from the VaMMIS Main Menu Screen.

2. You will see the Claims Processing Main Menu Screen.
3. Choose CHIRP Request radio button.
4. Choose Enter.
5. You see the CHIRP Primary Selection Criteria Screen.
6. Choose Batch in the first selection block.
7. Enter the CHIRP Primary Selection Criteria (with Enrollee ID and/or Provider ID) to display the CHIRP Secondary Selection Criteria Screen.
8. Enter selection criteria on the CHIRP Secondary Selection Criteria Screen. Chose Enter to access the CHIRP Sort and Disposition Selection screen.

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ICN Claim Request ICN (DE2001)		A unique Transaction Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number). N/A
2	CT Claim Type (DE2002)		Text description of the type of claim. N/A
3	STATUS Claim Status (DE2039)		Code indicating the status of a claim after an adjudication cycle. Use the On-line HELP system to find valid codes for this field. N/A
4	Sr. No. Calculated (DE0002)		Denotes the sequence number. N/A
5	Type Adjustment Reason/Response Payment Code (DE5561)		Adjustment Reason/Response Payment Code type description. N/A
6	AMT Calculated (DE0002)		Amount of the claim line. N/A
7	UNITS Calculated (DE0002)		The number of units for the claim line. N/A
8	LINE Claims Facility Revenue Line Number (DE2445)		The line number of each revenue code on the claim. N/A
9	REASON		HIPAA Adjustment Reason Code.

	HIPAA Adjustment Reason Code (DE5580)		N/A
10	GROUP HIPAA Adjustment Reason Group Code (DE5535)		HIPAA Adjustment Reason Group Code. N/A
11	REMARK CD Claim Response Code (DE5540)		Claim Response Code. N/A
12	MSG (DE0000)		N/A

NAVIGATION		CHIRP Online Adjustment Segments (CP-S-008-04)
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Return	Returns to the previous screen accessed.	N/A
Sub Menu	Returns to the Subsystem Screen that initiated the entry into the CHIRP Inquiry Screens.	N/A
Lookup	This key is for looking up the detail information for the reason and remark fields.	N/A
Scroll Down	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
Scroll Up	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
Main Menu	Returns to the VaMMIS Main System Menu.	N/A

Error Messages

Error	Description	Resolution
None	N/A	N/A

Screen Access

From the VaMMIS Main Menu (RF-S-010):

1. Choose the Invoice Processing icon.

2. Choose Enter.
3. You see the Claims Processing Main Menu (CP-S-001-01).
4. Choose the CHIRP Request radio button.
5. Choose Enter.
6. You see the CHIRP Primary Selection Criteria Screen (CP-S-008-01).
7. Enter the required data for the CHIRP Primary Selection Criteria Screen (CP-S-008-01).
8. You see the CHIRP Summary Claims Display (CP-S-008-05).
9. Enter an S in the select field next to the claim you wish to view the details of the claim(s) selected.
10. Choose Enter.
11. You see the CHIRP Claim Detail Screen for the type of claim selected.
12. Choose the Adj. Segments navigation button to view the CHIRP Online Adjustment Segments screen (CP-S-008-04)

Screens CP-S-008-05 CHIRP Summary Claims Display

General Information

This screen displays summary information about claims for a specific provider, Member or for a 10 digit ICN (Old ICN) which has got multiple new ICNs in the new system. The detailed claim may be retrieved by placing the cursor on the desired line and pressing the Enter key.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	CPR030
MAPSET	CPS8004/CLMSUMD
TRAN ID	VH0A, VH0G

SAMPLE	CHIRP Summary Claims Display (CP-S-008-05)
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	Identification Number (DE3093)		enrollee together. This is the ID number that is used as the key to access the Claims History File. N/A
1.3	(Encounter/Non-Encounter /Both) (DE0000)		The universe of claims used in the selection (Encounter/Non-Encounter /Both) will be displayed depending on the selection criteria chosen on the CHIRP Primary Selection. N/A
1.4	(Adjudicated /In-Process/ Both) (DE0000)		The universe of claims used in the selection (Adjudicated /In-Process/ Both) will be displayed depending on the selection criteria chosen on the CHIRP Primary Selection. N/A
2	(Region) Region Code (DE5249)		A code indicating the region under the organization to which the FIPS code belongs. N/A
5.1	(Enrollee Last Name) Enrollee Last Name (DE3110)		The last name of the individual eligible for a DMAS-administered medical care program. The last name of the individual eligible for a DMAS-administered medical care program. Up to nineteen characters. ADD(P) System displayed. UPDATE(P) System displayed.
5.2	(Provider Last Name) Provider Name (DE4085)		The last name of the servicing provider who submitted the claim document for adjudication. N/A
6.1	(Enrollee First) Name Enrollee First Name (DE3111)	Messages: Data Element Number are given for Enrollee information Provider Name DE 4095	The first name of the individual eligible for a DMAS-administered medical care program. The first name of the individual eligible for a DMAS-administered medical care program. Up to twelve alphanumeric characters. ADD(P) System displayed. UPDATE(P)

			System displayed.
6.2	(Provider First) Name Provider Name (DE4085)		The first name of the servicing provider who submitted the claim document for adjudication. N/A
7.1	(Enrollee Middle Initial) Enrollee Middle Initial (DE3112)		The middle initial of the individual eligible for a DMAS-administered medical care program.
7.2	(Provider Middle Initial) Provider Name (DE4085)		The middle initial of the Provider name. N/A
8.1	(Enrollee Suffix) Enrollee Name Suffix (DE3113)		The name suffix of the individual eligible for a DMAS-administered medical care program.
8.2	(Provider Suffix) Provider Name (DE4085)		The suffix of the individual Provider name. Use the On-line HELP system to find valid codes for this field. N/A
15	(Selection) Screen Functional Selection (DE5854)	Edits: 1. If valid value and navigation button other than is pressed then display error message 2. If valid value is entered in more than one line then display error message Messages: 1. Only is valid when a claim summary line is selected 2. Only one claim summary line can be selected at one time	A selection field for choosing a claim to be displayed. Only one claim summary line can be selected at one time. N/A
16.1	Enrollee ID: Enrollee Identification Number (DE3001)	Messages: Report either Enrollee or Provider number depending on	A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID which is DE 3093.

		Request Summary Data Element is given for Enrollee Information Provider information will be displayed in the message area. Provider Number DE 4002	
16.2	Bill Prv ID: National Provider Identifier (DE4700)	Edits: Messages: Report either Enrollee or Provider number depending on Request Summary. Can be legacy or 10 digit NPI Data Element is given for Enrollee Information Provider information will be displayed in the message area.	A unique identification number assigned to the billing or servicing provider who submitted the claim document for adjudication. N/A
17	Admit Date Claim Admission Date (DE2105)	Edits: Messages:	The ICD CM (International Classification of Diseases Clinical Modification) code identifying each service, procedure or supply to describe the diagnosis, symptom, complaint, condition, problem and circumstances other than disease or injury. Use the On-line HELP system to find valid codes for this field.
18	PA # Prior Authorization Control Number (DE2024)		A unique authorization number for a pre-approved service, procedure or supply.
19.1	(NDC) Type- NDC/Proc/Attend Drug Code (NDC) (DE5200)	Edits: Messages:	The National standard formulary code used by most states to uniquely identify drugs. Codes are assigned by the FDA. The labeler code designates the drug manufacturer, always five numeric characters; the product code identifies the specific drug, drug strength and dosage form, always four characters, may be alphanumeric; and the package code always two characters, may be alphanumeric.

19.2	(Proc) Type- NDC/Proc/Attend Procedure Code (DE5002)	Edits: Messages:	A code used to identify a specific dental, medical, revenue, or ICD diagnosis/surgical procedure. N/A
19.3	(Attend) Type- NDC/Proc/Attend National Provider Identifier (DE4700)	Edits: Messages:	The Provider ID assigned to the claim attending provider. N/A
19.4	(Type) Type- NDC/Proc/Attend Procedure Code Type (DE5001)	Edits: Messages:	To identify type of procedure. N/A
20	ICN Claim Request ICN (DE2001)		A unique Internal Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number).
21	Billed Amt Claim Billed Charge (DE2016)		The dollar/cent charge amount submitted on a claim. N/A
22	Dates of Service Claim Service From Date (DE2010)		The date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format.
22.1	(Dates of Service thru) Claim Service Thru Date (DE2011)		The date on which the service was ended; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format.
23.1	(Claim Type) CT Claim Type (DE2002)		A code indicating the type of claim transaction. Use the On-line HELP system to find valid codes for this field. N/A
23.2	(Claim Type Modifier) M Claim Type Modifier (DE2003)		A code indicating the type of claim transaction and the processing to be done. Use the On-line HELP system to find valid codes for this field. A code indicating the type of claim transaction

			<p>and the processing to be done. One digit. Use the On-line HELP system to find value codes for this field.</p> <p>ADD(P) System displayed.</p> <p>UPDATE(P) System displayed.</p>
24	<p>COB Claim COB Indicator (DE2544)</p>		<p>A code identifying the Coordination of Benefits; primary carrier information other than Medicare - Title XVIII form. Use the On-line HELP system to find valid codes for this field.</p> <p>A code identifying the Coordination of Benefits; primary carrier information other than Medicare - Title XVIII form. 2 digits. Use the On-line HELP system to find valid codes for this field.</p> <p>ADD(C/U) Enter a valid COB Code.</p> <p>UPDATE(C/U) Enter a valid COB Code.</p>
25	<p>Errors Claim Error ESC Code (DE5506)</p>	<p>Edits: Messages:</p>	<p>A code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. Use the On-line HELP system to find valid codes for this field.</p>
26	<p>ST Claim Status (DE2039)</p>	<p>Edits: Messages:</p>	<p>A code indicating the status of a claim after adjudication. Use the On-line HELP system to find valid codes for this field.</p>
27	<p>PGM Benefit Definition Benefit Plan Code (DE3550)</p>	<p>Edits: Messages:</p>	<p>An integer code that represents the group level, three-tiered code with exception indicator describing the benefit plan under which services for an enrolled individual may be reimbursed.</p> <p>An integer code that represents the group level, three-tiered code with exception indicator describing the benefit plan under which services for an enrolled individual may be reimbursed.</p>
29	<p>RA Date Remittance Payment Date (DE9578)</p>		<p>The date of the remittance cycle; MM/DD/CCYY.</p> <p>The date of the remittance cycle; MM/DD/CCYY.</p>

30	Pymt Amt Claim Payment Amount (DE2023)		The claim payment amount for any claim. N/A
31	Claim shown (DE0000)	Edits: Messages:	Claim Shown N/A

NAVIGATION	CHIRP Summary Claims Display (CP-S-008-05)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Return	Returns to the previous screen accessed.	CP-S-008-02 (R)
ENTER	Displays the CHIRP On-line Claims Inquiry Screen depending on the claim selected.	CP-S-008-02 CP-S-008-06 (B)
Sub Menu	Returns to the Subsystem Screen that initiated the entry into the CHIRP Inquiry Screens.	N/A
Scroll Down	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
Scroll Up	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
Main Menu	Returns to the primary selection criteria.	CP-S-008-01 (R)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
2543	CANNOT VIEW A CLAIM IN SECONDARY SELECTION MODE.	Informational message. Click back button.
52	CHOOSE A SELECTION	Choose a selection from the drop-down menu.
54	END OF FILE REACHED	Information message. No action needed.
2045	ENROLLEE ID DOES NOT HAVE A PERMANENT IDENTIFICATION NUMBER	Information message.
121	ERROR IN OPENING CURSOR	Contact ACS Operations for assistance.

84	ERROR IN PROCESSING MAP	Contact ACS Operations for assistance.
142	ERROR PREPARING DYNAMIC CURSOR	Information message.
33	ERROR WHILE ACCESSING	Contact ACS Operations for assistance.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
2041	MUST ENTER 'S' OR SPACE	Enter valid data and begin process again.
2042	MUST SELECT A CLAIM OR CHOOSE A BUTTON AT THE BOTTOM OF THE SCREEN	Enter valid data and begin process again.
2408	NAVIGATION ALLOWED ACROSS ONE SUBSYSTEM ONLY SELECT WITHIN SYSTEM OR EXIT.	Information message.
2040	NO CLAIMS SELECTED IN THE PRIMARY SELECTION RE-DEFINE SELECTION.	Information message.
2529	RESULT IS > 100 CLAIMS: MODIFY SELECTION CRITERIA	Informational message: Go back and modify criteria or continue
2043	SELECT A CLAIM TO VIEW OR CHOOSE A PARTICULAR COUNT TO SCROLL.	Information message.
2044	SELECT ONE CLAIM AT A TIME	Information message.
55	TOP OF FILE REACHED	Information message. No action needed.
2540	TRANSACTION TIMED OUT- PLEASE NARROW YOUR SEARCH	Informational message:Go back using BACK arrow and re-enter criteria.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Invoice Processing button.
2. You see the Claims Processing Main Menu (CP-S-001-01).
3. Choose the CHIRP Request radio button.
4. Choose Enter.
5. You see the CHIRP Primary Selection Criteria Screen (CP-S-008-01).
6. Enter the CHIRP Primary Selection Criteria.
7. Choose Enter.
8. You see the CHIRP Secondary Selection Criteria Screen (CP-S-008-02).
9. Choose Enter.
10. You see the CHIRP Summary Claims Display (CP-S-008-05). The screen will display information based on the Enrollee or Provider criteria selected.
11. The detailed claim may be retrieved by single click on the desired line and choosing the Enter

button or double clicking the desired line.

Other access:

1. From CP-S-004-05 - Prior Authorization Header Inquiry (Transaction VH83, program CPP150VA) by hotkeying 'CLAIMS INQUIRY'.
2. From CP-S-004-05 - Prior Authorization Header Update (Transaction VH84, program CPP150VA) by hotkeying 'CLAIMS INQUIRY'.
3. From CP-S-004-05 - Prior Authorization Header Add (Transaction VH85, program CPP150VA) by hotkeying 'CLAIMS INQUIRY'.
4. From CP-S-004-05 - Prior Authorization Header Cancel (Transaction VH86, program CPP150VA) by hotkeying 'CLAIMS INQUIRY'.
5. From CP-S-004-06 - Prior Authorization Detail Inquiry (Transaction VH73, program CPP120VA) by hotkeying 'CLAIMS'.
6. From CP-S-004-06 - Prior Authorization Detail Update (Transaction VH74, program CPP120VA) by hotkeying 'CLAIMS'.
7. From SU-S-005 - Enrollee utilization inquiry. (Transaction VAU5, program SUT005VA) by hotkeying 'CHIRP'.
8. From SU-S-044 - Service limit and PA inquiry (Transaction VA67, program SUT044VA) by hotkeying 'CHIRP'.

Screens CP-S-008-06 CHIRP and Adjustment UB Claim Detail

General Information

This screen performs two functions. It displays the detailed claim to be adjusted or voided and displays Chirp detailed claim data for a UB claim.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update
PROGRAM	CPA156 CPR042
MAPSET	CPS8005/CLMUB92
TRAN ID	VH0E, VHA5, VHA6

SAMPLE	CHIRP and Adjustment UB Claim Detail (CP-S-008-06)
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SAMPLE	CHIRP and Adjustment UB Claim Detail (CP-S-008-06)
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MMIS

Help | Print | Logoff

Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL
Assessment	Drugs	Reports									

Screen ID: CP-S-008-06
 Trans ID: VH0E
 Program ID: CPR042

VIRGINIA MEDICAID
CHIRP DETAILED CLAIMS DISPLAY (UB)

Date: 01/28/2016
 Time: 10:39

User ID: [REDACTED] Name: [REDACTED]

Document Level Information

ICN: [REDACTED]	Status: 0	Service Provider: [REDACTED]	Submit ID: EDI
Member: [REDACTED]	Claim Type Mod: 03-1	Billing Provider: [REDACTED]	FIPS:
Perm Mem ID: [REDACTED]	Age: 00	Service Auth Nbr: 00000000000	Zip Code: 24333 - 2227
DOB: [REDACTED]	Exception Ind/LOC:	COB: 82	Patient Status: 01
Aid Category: 093	Admission Source: 1	Payment Date:	Type Bill: 131
Benefit Plan: 01030801	Days Covered: 0001	Admit Date: 09/15/2015	Billed: 864.75
EVS Number: 000000000000	Payment Days: 0000	Remit Nbr: [REDACTED]	Alwd: 89.01
Former ICN:	Emergency Ind: N	Procedure Code:	TPL: 0.00
Adj Reas:	Service Center: 1002	DRG/SOI: /	Copay: 0.00
Object Code: 123101	FCN:	Mcare Pd Amt: 0.00	Pat Pay: 0.00
Occur Span:	Pat Acct Nbr: [REDACTED]	Attachment: N	Paid: 89.01
Accident Ind: N	Atch Nbr:	Determined Version: 9	Attending Physician: [REDACTED]
Cutback Unit: 0000	DOS From: 09/15/2015	DOS Thru: 09/15/2015	Other Provider 1:
	Occurrence Span From:	Occurrence Span Thru:	Other Provider 2:
	Cutback Amount: 0.00		Newborn: Y

Current Error:
 History Error:
 Override/EOB:

Enter	Image	Attach	Provider	Procedure	Member	Edit Text	Add'l Errors	Rev Code
Return	Sub Menu	Main Menu	Diagnosis	Value Code	Status	Prov Xref	Service Auth	Edit Remarks
		Adj Segments	Consent	Conflict Claims	CHIRP			

Screen ID: CP-S-008-06
 Trans ID: VHA5
 Program ID: CPA156VA

**VIRGINIA MEDICAID
 ADJUSTMENT CLAIM DISPLAY (UB)**

Date: 02/14
 Time: 06:12

User ID: [REDACTED] Name: [REDACTED]

Document Level Information

ICN: [REDACTED]	Status: 1	Service Provider: [REDACTED]	Submit ID: EDI
Member: [REDACTED]	Claim Type Mod: 01-2	Billing Provider: [REDACTED]	FIPS: 141
Perm Mem ID: [REDACTED]	Age: [REDACTED]	Service Auth Nbr: 0000000000	Zip Code: [REDACTED] - [REDACTED]
DOB: [REDACTED]	Exception Ind/LOC:	COB: 82	Patient Status: 01
Aid Category: 049	Admission Source: 1	Payment Date:	Type Bill: 111
Benefit Plan: 01010100	Days Covered: 0002	Admit Date: 12/17/2013	Billed: 20,962.40
EVS Number: 000000000000	Payment Days: 0002	Remit Nbr:	Alwd: 8,069.84
	Emergency Ind: N	Procedure Code: 4A020N7	TPL: 0.00
	Service Center: [REDACTED]	DRG/SOI: 192 / 2	Copy: 100.00
Former ICN: [REDACTED]	FCI:	Mcare Pd Amt:	Pat Pay: 0.00
Adj Reas: 1030	Pat Acct Nbr: [REDACTED]	Attachment: N	Paid: +7,969.84
Object Code: 123301	Atch Nbr:	Determined Version: 0	Attending Physician: [REDACTED]
Occur Span:	DOS From: [REDACTED]	DOS Thru: [REDACTED]	Other Provider 1: [REDACTED]
Accident Ind: N	Occurrence Span From:	Occurrence Span Thru:	Other Provider 2: [REDACTED]
Cutback Unit: 0000	Cutback Amount: 0.00		

Current Error:
 History Error:
 Override/EOB:

PLEASE MAKE YOUR MODIFICATIONS AND PRESS ENTER TO ADJUDICATE.

SAMPLE CHIRP and Adjustment UB Claim Detail (CP-S-008-06)

Screen ID: CP-S-008-06
 Trans ID: VHA5
 Program ID: CPA156

**VIRGINIA MEDICAID
 VOID CLAIM DISPLAY (UB)**

Date: 02/14
 Time: 06:17

User ID: [REDACTED] Name: [REDACTED]

Document Level Information

ICN: [REDACTED]	Status: 5	Service Provider: [REDACTED]	Submit ID: EDI
Member: [REDACTED]	Claim Type Mod: 01-4	Billing Provider: [REDACTED]	FIPS: [REDACTED]
Perm Mem ID: [REDACTED]	Age: [REDACTED]	Service Auth Nbr: 0000000000	Zip Code: [REDACTED]
DOB: [REDACTED]	Exception Ind/LOC:	COB: 82	Patient Status: 01
Aid Category: 049	Admission Source: 1	Payment Date:	Type Bill: 111
Benefit Plan: 01010100	Days Covered: 0002	Admit Date: [REDACTED]	Billed: 20,962.40
EVS Number: 000000000000	Payment Days: 0002	Remit Nbr:	Alwd: 8,069.84
	Emergency Ind: N	Procedure Code: 4A020N7	TPL: 0.00
	Service Center: [REDACTED]	DRG/SOI: 192 / 2	Copy: 100.00
Former ICN: [REDACTED]	FCI:	Mcare Pd Amt:	Pat Pay: 0.00
Adj Reas: 1005	Pat Acct Nbr: [REDACTED]	Attachment: N	Paid: -7,969.84
Object Code: 123301	Atch Nbr:	Determined Version: 0	Attending Physician: [REDACTED]
Occur Span:	DOS From: [REDACTED]	DOS Thru: [REDACTED]	Other Provider 1: [REDACTED]
Accident Ind: N	Occurrence Span From:	Occurrence Span Thru:	Other Provider 2: [REDACTED]
Cutback Unit: 0000	Cutback Amount: 0.00		

Current Error:
 History Error:
 Override/EOB:

THIS IS REQUESTED VOID, PRESS ENTER TO ADJUDICATE.

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ID User/Operator ID (DE0012)	Edits: Messages:	A code uniquely identifying the VaMMIS user. It tracks user input and use of the system. N/A
1.1	Name Claim CHIRP/Ad- justment Request Name (DE2780)	Edits: Messages:	For CHIRP requests, this is the name of the user entering the request. For Mass Adjustment requests, this is the user chosen name given to the request (Any text can be entered). N/A
1.2	ICN Claim Request ICN (DE2001)	Edits: Messages:	A unique Internal Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number). A unique Internal Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number). Sixteen digits. UPDATE(P) System displayed.
2	Service Provider National Provider Identifier (DE4700)	Edits: Messages:	A unique identification number assigned to the servicing provider who submitted the claim document for adjudication. A unique identification number assigned to the servicing provider who submitted the claim document for adjudication. 10 digits. UPDATE(P) System displayed. If provider is API/NPI, display 2 character processed site number along with 10 digit provider number.
2.1	(Site) NPI XREF Site Num-	Edits: Messages:	This field is a consecutive number for each unique provider type and location com-

	ber (DE4143)		<p>combination an NPI provider is using. An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses. For each combination of servicing address and provider type, there is a separate Site.</p> <p>N/A</p>
3	Submit ID User/Operator ID (DE0012)	Edits: Messages:	<p>A code which uniquely identifies the user and is used to track user input into the VaMMIS System.</p> <p>A code uniquely identifies the user and is used to track user input into the VaMMIS System. Eight alphanumeric characters.</p> <p>UPDATE (P) System displayed.</p>
4	Enrollee Enrollee Identification Number (DE3001)	Edits: Messages:	<p>A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID which is DE 3093.</p> <p>A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID which is DE 3093. Twelve digits.</p> <p>UPDATE (P) System displayed.</p>
5	Status Claim Status (DE2039)	Edits: Messages:	<p>A code indicating the status of a claim after adjudication. Use the On-line HELP system to find valid codes for this field.</p> <p>A code indicating the status of a claim after adjudication. One digit. Use the On-line HELP system to find valid codes for this field.</p> <p>UPDATE(P) System displayed.</p>
6	Billing Provider National Provider Identifier (DE4700)	Edits: 1. Must be numeric and valid provider ID. Messages: If billing provider not numeric-	<p>A unique identification number assigned to the billing provider who submitted the claim document for adjudication.</p> <p>A unique identification number assigned to the billing provider who submitted the claim document for adjudication. 10 digits .</p>

		'PROVIDER NUMBER NOT NUMERIC' message is displayed. If billing provider not valid- 'PROVIDER NUMBER NOT FOUND' message is displayed..	UPDATE(P) System displayed. If NPI, display the 2 character site number along with billing provider.
6.1	(Billing NPI provider site number) NPI XREF Site Number (DE4143)	Edits: Messages:	This field contains a consecutive number for each unique provider type and location combination an NPI provider is using. An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses. For each combination of servicing address and provider type, there is a separate Site. N/A
7	FIPS Enrollee FIPS Code (DE3008)		A code indicating the geographic or geopolitical statistical reporting area in which the enrollee resides. The county is a sub-division within the Commonwealth of Virginia. Use the Federal Standard County Codes (FIPS Pub. 6-1). A code indicating the geographic or geopolitical statistical reporting area in which the enrollee resides. The county is a sub-division within the Commonwealth of Virginia. Use the Federal Standard County Codes (FIPS Pub. 6-1). Three digits. UPDATE(P) System displayed.
8	Perm Enroll ID Enrollee Permanent Identification Number (DE3093)	Edits: Messages:	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. This is the ID number that is used as the key to access the Claims History File. The DMAS-administered identification number that is used to tie all claims for a single enrollee together. This is the ID number that is used as the key to access the Claims History File. Twelve digits. UPDATE(P) System displayed.

10.1	(CT-M (Claim Type)) Claim Type (DE2002)	Edits: Messages:	A code defining the type of claim. Use the On-line HELP system to find valid codes for this field. A code defining the type of claim. Two digits. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
10.2	Claim Type Mod Claim Type Modifier (DE2003)	Edits: Messages:	A code indicating the type of claim transaction and the processing to be done. Use the On-line HELP system to find valid codes for this field. A code indicating the type of claim transaction and the processing to be done. One digit. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
13	ADJ Reas Adjustment/Void Reason (DE2033)	Edits: Messages:	A code specifying the reason for adjusting or voiding an individual claim. Use the On-line HELP system to find valid codes for this field. A code specifying the reason for adjusting or voiding an individual claim. Four digits. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
14	Date of Birth Enrollee Birth Date (DE3005)	Edits: Messages:	The date of birth of the enrollee; MM/DD/CCYY format. The date of birth of the enrollee; MM/DD/CCYY format. Eight digits. UPDATE(P) System displayed.
15	Age Calculated (DE0002)	Edits: Messages:	A number identifying the age of the enrollee. A number identifying the age of the enrollee. Three digits. UPDATE(P) System displayed.
16	Pat Acct Nbr Claim Patient Account Number (DE2031)	Edits: Please refer to Edit/Audit Manual.	The tracking number of the recipient's claim for the provider's use within the provider's billing mechanism. The tracking number of the recipient's claim

		Messages:	for the providers use within the providers' billing mechanism. Up to 24 alphanumeric characters. UDPATE(P) System displayed.
17	Attachment Claim Attachments Indicator (DE2030)	Edits: Value must be 'Y' OR 'N'. Messages: Missing/invalid data; correct highlighted field(s)	A code indicating whether or not the claim has an attachment. Must be Y 'Yes' or N 'No'. A code indicating whether or not the claim has an attachment. One alpha character. Must be Y 'Yes' or N 'No'. UPDATE(C/U)) Enter a valid Attachment Indicator.
18	Aid Category Enrollee Eligibility Aid Category (DE3009)	Edits: Messages:	A code identifying the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans. Also known as Recipient Program Designation or Scope of Coverage code. A code identifying the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans. Also known as Recipient Program Designation or Scope of Coverage code. Three digits. UPDATE(P) System displayed.
19	Exception Ind/LOC Benefit Plan Exception Indicator (DE3072)	Edits: Messages:	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the On-line HELP system to find valid codes for this field. A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. One alphanumeric character. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
20	PA Nbr Prior Authorization Control Number (DE2024)	Edits: Value must be valid PA number. Messages:	A unique authorization number for a pre-approved service, procedure or supply. A unique authorization number for a pre-approved service, procedure or supply.

		Missing/invalid data; correct highlighted field(s)	Twelve digits. UPDATE(P) System displayed.
21	EVS Number Electronic Verification System (EVS) Number (DE2442)	Edits: Messages:	A number provided by the EVS system confirming recipient eligibility, usually at the point-of-sale (POS) through a dedicated POS system, dial-up, voice response or other mechanism the EVS (Eligibility Verification System) for the dates of service submitted by the provider. A number provided by the EVS system confirming recipient eligibility, usually at the point-of-sale (POS) through a dedicated POS system, dial-up, voice response or other mechanism the EVS (Eligibility Verification System) for the dates of service submitted by the provider. Twelve digits. UPDATE(P) System displayed.
22	Benefit Plan Benefit Definition Benefit Plan Code (DE3550)	Edits: Messages:	An integer code that represents the group level. It is a three-tiered code with exception indicator describing the benefit plan under which services for an enrolled individual may be reimbursed. An integer code that represents the group level, three-tiered code with exception indicator describing the benefit plan under which services for an enrolled individual may be reimbursed. Eight digits. UPDATE(P) System displayed.
23	Service Date (From) Claim Service From Date (DE2010)	Edits: Value must be a valid date less than or equal to thru date of service. Messages: Missing/invalid data; correct highlighted field(s)	The date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format. The date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format. Eight digits. UPDATE(P) System displayed.
24	Service Date (Thru) Claim Service Thru	Edits: Value must be a valid	The date on which the service was ended; for a claim covering only one service (e.g., a pre-

	Date (DE2011)	<p>date greater than or equal to from date of service.</p> <p>Messages: Missing/invalid data; correct highlighted field(s)</p>	<p>scription), this is the only service date. MM/DD/CCYY format.</p> <p>The date on which the service was ended; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format. Eight digits. UDPATE(P) System displayed.</p>
25	Billed Claim Billed Charge (DE2016)	<p>Edits: Value must be numeric.</p> <p>Messages: Missing/invalid data; correct highlighted field(s)</p>	<p>The charge submitted on a claim.</p> <p>The charge submitted on a claim. Nine digits. UPDATE(C/U) Enter a valid Billed Amount.</p>
26	FCN Financial Control Number (DE9874)		<p>A unique number that identifies a financial transaction.</p> <p>A unique number that identifies a financial transaction. Nine digits. UDPATE(P) System displayed.</p>
27	Type-Procedure Code Procedure Code (DE5002)	<p>Edits: Value must be valid procedure code.</p> <p>Messages: Missing/invalid data; correct highlighted field(s)</p>	<p>A CPT (Current Procedural Terminology), HCPCS (Common Procedure Coding System) or an internal state specific code identifying a specific procedure.</p> <p>A CPT (Current Procedural Terminology), HCPCS (Common Procedure Coding System) or an internal state specific code identifying a specific procedure. Up to five alphanumeric characters. UPDATE(C/U) Enter a valid Procedure Code.</p>
28	COB Claim COB Indicator (DE2544)	<p>Edits: Please refer to Edit/Audit Manual.</p>	<p>A code identifying the Coordination of Benefits; primary carrier information other than Medicare - Title XVIII form. Use the On-line HELP system to find valid codes for this field.</p> <p>A code identifying the Coordination of benefits; primary carrier information other than Medicare - Title XVIII form. Two digits. Use the On-line HELP system to find valid codes for this field. Enter valid COB Code.</p>

			UPDATE (U) Enter the COB code.
29	Alwd Claim Allowed Amount (DE2073)		The calculated claim payment amount before reduction due to copay, TPL, patient liability, cutbacks (other than pricing) or denial. The calculated claim payment amount before reduction due to copay, TPL, patient liability, cutbacks (other than pricing) or denial. Nine digits. UDPATEP) System displayed.
30	MCN Claims MCN Number (DE2581)	Edits: Messages:	A code identifying the service rendered by the provider for use in claim adjudication and reporting. Use the On-line HELP system to find value codes for this field. A code identifying the service rendered by the provider for use in claim adjudication and reporting. Three digits. Use the On-line HELP system to find value codes for this field. UPDATE(P) System displayed.
30.1	Service Center Provider Service Center (DE4082)	Edits: Messages:	Code assigned to each billing service or data center which submits claims to the Fiscal Agent. N/A
31	Admission Source Claim Admission Source (DE2106)	Edits: Please refer to Edit/Audit Manual. Messages:	A code indicating the source of this admission. Use the On-line HELP to find valid codes for this field. A code indicating the source of this admission. One alphanumeric character. Use the On-line HELP to find valid codes for this field. UPDATE(P) System displayed.
32	TPL Claim Third Party Pay- ment (DE2018)	Edits: Value must be numeric. Messages: Missing/invalid data; correct highlighted field(s)	The amount of payment made by third party sources toward a medical claim. The amount of payment made by third party sources toward a medical claim. Up to nine digits. UPDATE(P) System displayed.
33	Med Rec	Edits:	The facility medical record number.

	Claim Medical Record Number (DE2845)	Please refer to Edit/Audit Manual. Messages:	The facility medical record number. Up to 24 alphanumeric characters. UPDATE(C/U) Enter a valid Medical Record Number.
34	Copay Claim Medicaid Co-Payment (DE2022)		The co-payment amount that the recipient has paid or is to pay on the claim, if any. The co-payment amount that the recipient has paid or is to pay on the claim, if any. Nine digits. UPDATE(P) System displayed.
36	Remit Nbr Remittance Advice Number (DE9580)	Edits: Messages:	A sequential number that identifies which Remittance Advice is currently being produced for a provider. A sequential number that identifies which Remittance Advice is currently being produced for a provider. The number is incremented by one each time a new Remittance Advice is generated. The first five positions are Julian date YYDDD format. Nine digits. UDPATE(P) System displayed.
37	Pat Pay Claim Patient Pay Amount (DE2083)	Edits: Value must be numeric. Messages: Missing/invalid data; correct highlighted field(s)	The amount of money a recipient is scheduled to pay per month while confined to a nursing home or other long-term care facility. The amount of money a recipient is scheduled to pay per month while confined to a nursing home or other long-term care facility. Nine digits. UPDATE(P) System displayed.
38	Former ICN Claim Related Document Number (DE2034)	Edits: Messages:	The Reference Number of the claim which is to be altered by this adjustment or void (previously called former reference number) or the reference number submitted on the claim from the previous processor in the case of encounters. The Reference Number of the claim which is to be altered by this adjustment or void (pre-

			<p>viously called former reference number) or the reference number submitted on the claim from the previous processor in the case of encounters. Sixteen alphanumeric characters.</p> <p>UPDATE(P) System displayed.</p>
39	<p>Payment Date Remittance Payment Date (DE9578)</p>	<p>Edits:</p> <p>Messages:</p>	<p>The date of the remittance cycle; MM/DD/CCYY format.</p> <p>The date of the remittance cycle; MM/DD/CCYY format. Eight digits.</p> <p>UPDATE(P) System displayed.</p>
40	<p>Paid Claim Payment Amount (DE2023)</p>	<p>Edits:</p> <p>Value must be numeric.</p> <p>Messages:</p> <p>Missing/invalid data; correct highlighted field(s)</p>	<p>The claim payment amount for the claim.</p> <p>Claim payment amount for the claim.</p> <p>UPDATE (P) System Displayed</p>
41	<p>Patient Status Claim Discharge Status (DE2869)</p>	<p>Edits:</p> <p>Please refer to Edit/Audit Manual.</p> <p>Messages:</p>	<p>A code indicating the status of the patient for facility claims. Use the On-line HELP system to find valid codes for this field.</p> <p>A code indicating the status of patient for facility claims. One alpha character. Use the On-line HELP system to find valid codes for this field.</p> <p>UPDATE(C/U) Enter a valid Patient Status Code.</p>
42	<p>Days Covered Claim Covered Days (DE2108)</p>	<p>Edits:</p> <p>Value must be numeric.</p> <p>Messages:</p> <p>Missing/invalid data; correct highlighted field(s)</p>	<p>The number of days/visits covered by the primary payer, as qualified by the payer organization. Refer to Edit/Audit Manual.</p> <p>The number of days/visits covered by the primary payer, as qualified by the payer organization.</p> <p>UPDATE (C/U) Enter the number of days covered.</p>
42.1	<p>Admit Date Claim Admission Date (DE2105)</p>	<p>Edits:</p> <p>Messages:</p>	<p>For invoice types 01, 02 and 10 the date upon which a recipient was admitted to a medical facility. Otherwise, it is the date on which service began.</p> <p>N/A</p>

43	Atch Nbr Claim EDI Attachment Control Number (DE2013)	Edits: Messages:	The attachment control number is submitted on the EDI 837 transaction. It consists of the patient account number, the date of service, and a sequence number. It is used to access attachments that may be submitted later. The attachment control number is submitted on the EDI 837 transaction. It consists of the patient account number, the date of service, and a sequence number. It is used to access attachments that may be submitted later. UPDATE (P) System displayed.
44	Payment Days Claim Payment days (DE2315)	Edits: Value must be numeric. Messages: Missing/invalid data; correct highlighted field(s)	For UB claims, payment days is system calculated and is the sum of the accommodation revenue units less the cutback days. For UB claims, payment days is system calculated and is the sum of the accommodation revenue units less the cutback days. UPDATE (P) System displayed.
45	Attending Physician National Provider Identifier (DE4700)	Edits: Value must be valid provider id. Messages: Missing/invalid data; correct highlighted field(s)	The Provider Identification Number assigned to the claim attending provider. The Provider Identification Number assigned to the claim attending provider. UPDATE (C/U) Enter the attending provider number.
46	Other Provider 1 National Provider Identifier (DE4700)	Edits: Value must be valid provider id. Messages: Missing/invalid data; correct highlighted field(s)	The Provider Identification Number of the first other physician on a facility claim. The Provider Identification Number of the first other physician on a facility claim. UPDATE (C/U) Enter the other provider ID number. 10 digits.
47	Object Code Budget Object Code (DE9843)	Edits: Messages:	The account code used to identify each item in the DMAS' chart of accounts. The account code used to identify each item in the State's (DMAS) chart of accounts. UPDATE (P) System displayed.

48	Other Provider 2 National Provider Identifier (DE4700)	Edits: Value must be valid provider id. Messages: Missing/invalid data; correct highlighted field(s)	The Provider Identification Number of the second other physician on a facility claim. The Provider Identification Number of the second other physician on a facility claim. UPDATE (C/U) Enter the other provider ID number. 10 digits.
49	Type Bill Claim Facility Bill Type (DE2102)	Edits: Please refer to Edit/Audit Manual.	A code indicating the bill type of a facility claim. This code is composed of three values, the first position being the facility type, the second being the billing classification of the provider billing the claim, and the third being the billing frequency or type of bill. Use the On-line HELP system to find valid codes for this field. A code indicating the bill type of a facility claim. This DE is composed of three values, the first position being the facility type, the second being the billing classification of the provider billing the claim, and the third being the billing frequency or type of bill. UPDATE (C/U) Enter a corrected Bill Type.
50	Emergency Ind Claim Emergency Identifier (DE2802)	Edits: Value must be 'Y' or 'N'. Messages: Missing/invalid data; correct highlighted field(s)	A code indicating whether or not the service was an emergency. Must be Y 'Yes' or N 'No'. A flag that indicates whether or not the service was an emergency. Value must be 'Y' or 'N'. UPDATE (C/U) Enter Y or N to correct the Emergency Indicator.
51	Occur Span Claim Occurrence Code (DE2110)	Edits: Please refer to Edit/Audit Manual. Messages:	The code defining a significant event relating to this bill that may affect payer processing. Contains both occurrence codes and occurrence span codes. Use the On-line HELP system to find valid codes for this field. The code defining a significant event relating to this bill that may affect payer processing. Contains both occurrence codes and occurrence span codes. Occurrence codes can be identified as having values of 01 - 69, A1 - L9.

			<p>Occurrence span codes will have values of 70 - 99 and M0 - Z9.</p> <p>UPDATE (C/U)</p> <p>Enter the appropriate code.</p>
52	<p>DRG Cd</p> <p>DRG (Diagnosis Related Group) Code (DE5353)</p>		<p>A code assigned to an Inpatient claim based on diagnosis codes, age, sex, discharge status, birth weight, and surgery codes.</p> <p>A code assigned to an Inpatient claim based on diagnosis codes, age, sex, discharge status, birth weight, and surgery codes.</p> <p>UPDATE (P)</p> <p>System displayed.</p>
52.1	<p>SOI</p> <p>Claim DRG Severity of Illness (DE2588)</p>		<p>A code assigned by the DRG process that indicates the severity of illness for the member.</p> <p>A code assigned by the DRG process that indicates the severity of illness for the member.</p> <p>UPDATE(P)</p> <p>System displayed.</p>
53	<p>Accident Ind</p> <p>Claim Accident Indicator (DE2027)</p>	<p>Edits:</p> <p>Value must be 'Y' or 'N'.</p> <p>Messages:</p> <p>Missing/invalid data; correct highlighted field(s)</p>	<p>A code indicating whether or not the service was the result of an accident. Must be 'Y' Yes or 'N' No.</p> <p>A flag that indicates whether or not the service was the result of an accident . Value must be 'Y' or 'N'.</p> <p>UPDATE (C/U)</p> <p>Enter Y or N to correct.</p>
53.1	<p>Cutback Unit</p> <p>Claim Cutback Days/Units (DE2065)</p>	<p>Edits:</p> <p>Messages:</p>	<p>The number of units reduced on the claim so that it could be paid without exceeding service limits, prior authorization limits, etc.</p> <p>N/A</p>
53.2	<p>Cutback Amount</p> <p>Claim Cutback Amount (DE2066)</p>	<p>Edits:</p> <p>Messages:</p>	<p>The charge amount reduced on the claim so that it could be paid without exceeding service limits, prior authorization limits, eligibility dates, etc. The revenue non-covered amount is initially moved here. If the system does not cover a revenue amount, it also is moved here.</p>

			N/A
53.3	BHSA Payment	Edits: Messages:	This is the BHSA Payment Amount. This field will display only for BHSA if the service center = '1077'
54.1	Override/EOB (ESC No.) Claim Error ESC Code (DE5506)	Edits: Messages:	A code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. Use the On-line HELP system to find valid codes for this field. A code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. Four digits. Up to three ESC Error Codes may be displayed. Use the Edit/Audit Inquiry on the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
54.2	Override/EOB (Disposition) Error Text Disposition Attachments (DE5603)	Edits: Messages:	A code indicating the Disposition of the ESC Code. Use the On-line HELP system to find value codes for this field. A code indicating the Disposition of the ESC Code. One alpha character. Up to three Error Text Disposition Codes may be displayed. Use the On-line HELP system to find value codes for this field. UPDATE(P) System displayed.
55	Occurrence Span (From) Claim Occurrence From Date (DE2113)	Edits: Value must be a valid date less than or equal to span thru date. Messages: Missing/invalid data; correct highlighted field(s)	The from date related to an occurrence span code or an occurrence code that identifies an event that relates to the payment of the claim. MM/DD/CCYY format. The from date related to an occurrence span code or an occurrence code that identifies an event that relates to the payment of the claim. Value must be a valid date less than or equal to span thru date. UPDATE (C/U) Enter the span from date.
56	Occurrence Span (Thru) Claim Occurrence Thru Date (DE2114)	Edits: Value must be a valid date greater than or equal to span from date. Messages:	The through date related to an occurrence span code that identifies an event that relates to the payment of the claim. This can also be related to an occurrence code, in which case, the through date was created from the from date. MM/DD/CCYY format.

		Missing/invalid data; correct highlighted field(s)	The thru date related to an occurrence span code that identifies an event that relates to the payment of the claim. This can also be related to an occurrence code, in which case, the thru date was created from the from date. Value must be a valid date greater than or equal to span from date. UPDATE (C/U) Enter the span through date.
57.1	Current Error (ESC No.) Claim Error ESC Code (DE5506)	Edits: Messages:	A code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. Use the On-line HELP system to find valid codes for this field. A code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. Four digits. Up to three ESC Error Codes may be displayed. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
57.2	Current Error (Disposition) Error Text Disposition Attachments (DE5603)	Edits: Messages:	A code indicating the disposition of the ESC Code. Use the On-line HELP system to find value codes for this field. A code indicating the Disposition of the ESC Code. One alpha character. Up to three Error Text Disposition Codes may be displayed. Use the On-line HELP system to find value codes for this field. UPDATE(P) System displayed.
58.1	History Error (ESC No.) Claim Error ESC Code (DE5506)	Edits: Messages:	A code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. Use the On-line HELP system to find valid codes for this field. A code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. Four digits. Up to three ESC Error Codes may be displayed. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.

58.2	History Error (Disposition) Error Text Disposition Attachments (DE5603)	Edits: Messages:	A code indicating the Disposition of the ESC Code. Use the On-line HELP system to find value codes for this field. A code indicating the Disposition of the ESC Code. One alpha character. Up to three Error Text Disposition Codes may be displayed. Use the On-line HELP system to find value codes for this field. UPDATE(P) System displayed.
60	Mcare Pd Amt Claim Title XVIII Medicare Paid Amount (DE2254)	Edits: Messages:	The amount paid on a Title XVIII Medicare Claim. The amount paid on a Title XVIII Medicare Claim. System-displayed.
61	Zip Code Provider Address ZIP Code (DE4099)	Edits: Messages:	The ZIP code in the address of the provider. N/A
62	Determined Version Determined Surgical Procedure/Diagnosis Code Version (DE2151)	Edits: Messages:	The ICD version based on criteria such as date of service, claim type, bill type. The ICD version based on criteria such as date of service, claim type, bill type. System-displayed.
63	Newborn Ind (DE2053)	Edits: Messages:	The Newborn Indicator will display a 'Y' if the encounter claim is a newborn.

NAVIGATION		
CHIRP and Adjustment UB Claim Detail (CP-S-008-06)		
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Service Auth	Displays the Service Authorization screen. Navigation from the CHIRP screen only.	CP-S-004-05 (B)
Adjudication	Posts the data to the database. Not a functionality on the CHIRP screen.	N/A
Additional claim Error	Displays CHIRP additional claim error codes. Navigation from the CHIRP screen only.	CP-S-008-14 (B)

codes		
Attach	Displays the claim attachment image for EDI claims.	N/A
Return	Returns to the previous screen accessed.	CP-S-008-01 (R)
Cancel	Returns to the Adjustment Selection Screen.	N/A
CAS	Displays the claims CAS segments for the paid and denied claims. Not a functionality on the Adjustment/Void screen.	CP-S-008-04 (B)
CHIRP Secondary selection screen in secondary mode	Displays CHIRP secondary selection screen in secondary mode. Navigation from the CHIRP screen only.	CP-S-008-02 (B)
ConflictClaims	Displays Conflicting Claims screen. Navigation from the CHIRP screen only.	CP-S-001-09 (B)
Consent	Displays Consent screen. Navigation from the CHIRP screen only.	CP-S-001-11 (B)
Diagnosis	Displays the UB Diagnosis Codes Screen.	CP-S-008-17 (R)
Member	Displays the Member Demographics Screen. Navigation from the CHIRP screen only.	RS-S-018 (B)
Enter	The Enter button has two functions: Edits the data on the screen for correctness and displays the appropriate error message when necessary. When entered data passes all the edits then adjudicates the claim and displays the results.	N/A
Edit Text	Displays the Edit Text Screen. Not a functionality on the Adjustment/Void screen.	RF-S-002-02 (B)
Sub Menu	Returns to the Subsystem Screen that initiated the entry into the CHIRP Inquiry Screens.	N/A
Image	Displays the report in OnDemand.	N/A
Procedure	Displays the Common Procedural Terminology Screens depending on the procedure (Medical, Dental, Home Health/Hospice/Revenue Codes, (International Classification of Diseases Revision Ninth) ICD-9 Procedure/LOS.	RF-S-001-10 (B)

	Navigation from the CHIRP screen only.	
Provider	Displays Provider Information screen. Navigation from the CHIRP screen only.	PS-S-001-03 (B)
Provider Cross Reference	Displays the Provider NPI Cross Reference Screen. Navigation from the CHIRP screen only.	PS-S-016 ()
Refresh	Displays the last updated information (if any) from the database.	N/A
Revenue Code	Displays the CHIRP UB Revenue Codes Screen.	CP-S-008-09 (B)
RMKS	Displays the ANSI Remarks Screen. Not a functionality on the Adjustment/Void screen.	CP-S-008-12 (B)
Status	Displays the CHIRP Claims Status Screen. Navigation from the CHIRP screen only.	CP-S-008-10 (B)
Main Menu	Returns to the VaMMIS Main System Menu.	RF-S-010 (R)
Value Codes	Transfer control to the Value Code Screen (CP-S-008-13)	CP-S-008-13 (B)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
52	CHOOSE A SELECTION	Choose a selection from the drop-down menu.
45	CHOOSE UPDATE TO DELETE THE RECORD	Choose the update button to delete the record.
2321	DIAGNOSIS CODE SELECTED IS INVALID	Choose a new diagnosis code.
33	ERROR WHILE ACCESSING	Contact ACS Operations for assistance.
2318	ESC NUMBER SELECTED IS INVALID	Enter a valid ESC number. See the Online Edit/Audit Manual. See the field definitions for valid formatting/data for this field.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
2006	ICN IS INVALID	Enter a valid ICN. See the field definitions for formatting and requirements for this field.
9	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
2408	NAVIGATION ALLOWED ACROSS ONE SUBSYSTEM ONLY SELECT WITHIN SYSTEM OR EXIT.	Informational message.

2119	PROCEDURE TYPE IS INVALID; TRANSFER CANCELLED	Informational message.
2319	SELECT A DIAGNOSIS	The cursor must be on one of the Diagnosis in the Diagnosis field(s) field on the screen and choose Diagnosis.
2316	SELECT A PROVIDER NUMBER	The cursor must be on one of the Provider IDs in the Provider field(s) field on the screen and choose Provider.
2013	SELECT 'B' FOR BATCH OR 'I' FOR INQUIRY	Enter one of the choices given.
2317	SELECT ESC NUMBER	The cursor must be on one of the ESCs in the ESC field(s) field on the screen and choose Edit Text.
2315	SELECTED PROVIDER NUMBER IS INVALID	Enter a valid Provider number.

Screen Access

For Adjustment access:
From the VaMMIS Main Menu (RF-S-010):
1. Choose the Invoice Processing icon.
2. You see the Claims Processing Main Menu (CP-S-001-01).
3. Choose the Adjustments radio button.
4. Choose Enter.
5. You see the Adjustment Selection Screen (CP-S-003-02).
6. Select the function you wish to perform.
7. Enter the ICN in the ICN field on the Adjustment Selection Screen (CP-S-003-01).
8. Choose Enter.
9. You see the Adjustment UB Claim Detail Screen (CP-S-008-06).

Screens CP-S-008-07 CHIRP and Adjustment 1500 Claim Detail

General Information

This screen performs two functions. It displays the detailed claim to be adjusted or voided and displays CHIRP detailed claim data for 1500 type.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update
PROGRAM	CPA155 CPR050
MAPSET	CPS8006/CLMHCFA
TRAN ID	VH0I, VHA1, VHA2

SAMPLE **CHIRP and Adjustment 1500 Claim Detail (CP-S-008-07)**



MMIS

Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assess
Drugs	Reports											

Screen ID: CP-S-008-07
 Trans ID: VH01
 Program ID: CPR050

VIRGINIA MEDICAID
CHIRP DETAILED CLAIMS DISPLAY(1500)

User ID: [REDACTED] Name: [REDACTED]

Document Level Information

ICN: [REDACTED]	Claim Type Mod: 05-1	Service Provider: [REDACTED]
Member: [REDACTED]	Object Code: 123401	Billing Provider: [REDACTED]
Perm Mem ID: [REDACTED]	FIPS: 177	Service Auth: 0000000000
DOB: [REDACTED]	Age: 00	Benefit Plan: 01030803
Aid Category: 093	Exception IND/LOC:	EVS Number: 0000000000
Atch Nbr:		

Line Level Information

Type of Service: 1	DOS From: 01/06/2015	DOS Thru: 01/06/2015	Determined Version: 9	Billed:
Submit ID: EDI	Status: 0		Type-Procedure Code: 1 99464	Allowed:
CLIA:	Zip Code: 22408-0000		Procedure Mod:	TPL:
Place of Service: 21	FCN:		Remit No: [REDACTED]	Copay:
NDC:	UOM QL:	UOM QTY: .000		
Patient Acct Nbr: [REDACTED]		Price Source: REG	Payment Date:	Pat Pay:
	Svc Center: 1004	Price Type: OP	Referring Phys:	Paid:
Former ICN:		Price Code: 0001	Adj Reason:	Attach: N
Emergency Ind: N	COB: 2		Wait/Ans Min: 0000	TPL Ind: N
Passengers: 000	Accident Ind: N		Units/Miles: 00001	FP Ind: N
Cutback Unit: 0000	Cutback Amount: 0.00		Newborn:	EAPG:
Current Error:		Diagnosis: V3001	76389	7661
History Error:				
Override/EOB:				

Enter	Refresh	Image	Attach	Provider	Procedure	Member	Edit Text	Return	Sub Menu
Add'l Errors	Diagnosis	Status	Prov Xref	Service Auth	Edit Remarks	Adj Segments	Consent	Conflict Claims	CHIRP

SAMPLE CHIRP and Adjustment 1500 Claim Detail (CP-S-008-07)



MMIS

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessment	Drugs
Reports													
Screen ID: CP-S-008-07 Trans ID: VHA1 Program ID: CPA155VA												Date: 11/21/2013 Time: 13:17	
VIRGINIA MEDICAID ADJUSTMENT CLAIM DISPLAY (1500)													
User ID: XA419				Name: MANIGANDAN JAYARAMAN									
Document Level Information													
ICN: 2	Claim Type Mod: 05-2			Service Provider: 1									
Member: 0	Object Code: 123464			Billing Provider: 0									
Perm Mem ID: 0	FIPS: 131			Service Auth: 0									
DOB: 03/28/1951	Age: 62			Benefit Plan: 01010100									
Aid Category: 060	Exception INDILOC: 9			EVS Number: 000000000000									
Atch Nbr:													
Line Level Information													
Type of Service: 1	DOS From:		DOS Thru:	11252013	Billed:	205.64							
Submit ID: EDI	Status:	1	Type-Procedure Code:	1 T4527	Allowed:	112.32							
CLIA:	Zip Code:	23060	-	3344	Procedure Mod:		TPL:	0.00					
Place of Service: 12	FCN:				Remit No:			Copay:	0.00				
NDC:	UOM QL:	UOM QTY:											
Patient Acct Nbr: 2	Svc Center: 1622			Payment Date:			Pat Pay:	0.00					
Former ICN: 20	Adj Reason: 1023			Referring Phys:			Paid:	+112.32					
Emergency Ind: N	COB: 5	Wait/Ans Min: 0000			Units/Miles: 0144	TPL Ind: Y							
Passengers: 0000	Accident Ind: N	Units/Miles: 0144			FP Ind: N								
Cutback Unit: 0000	Cutback Amount:	0.00											
Current Error:	Diagnosis: 78830 78891 6910 78833												
History Error:													
Override/EOB:													
PLEASE MAKE YOUR MODIFICATIONS AND PRESS ENTER TO ADJUDICATE.													
<input type="button" value="Enter"/> <input type="button" value="Accept"/> <input type="button" value="Cancel"/> <input type="button" value="Add'l Errors"/> <input type="button" value="Return"/> <input type="button" value="Sub Menu"/> <input type="button" value="Main Menu"/>													

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ID User/Operator ID (DE0012)	Edits: Messages:	A code uniquely identifying the VaMMIS user. It tracks user input and use of the system. N/A
2	Name Claim CHIRP/Ad- justment Request	Edits: Messages:	For CHIRP requests, this is the name of the user entering the request. For Mass Adjust- ment requests, this is the user chosen name

	Name (DE2780)		given to the request (Any text can be entered). N/A
3	ICN Claim Request ICN (DE2001)	Edits: Messages:	A unique Transaction Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number). Sixteen digits. INQUIRY(P) System displayed. A unique Transaction Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number). UPDATE (P) System displayed.
4	Service Provider National Provider Identifier (DE4700)	Edits: 1. Must be numeric and valid provider ID. Messages: If service provider not numeric- 'PROVIDER NUMBER NOT NUMERIC' message is displayed. If service provider not valid- 'PROVIDER NUMBER NOT FOUND' message is displayed..	A unique identification number assigned to the servicing provider who submitted the claim document for adjudication. If provider is API/NPI, display 2 character processed site number along with 10 digit provider number. A unique identification number assigned to a provider. UPDATE (P) System displayed. If provider is API/NPI, display 2 character processed site number along with 10 digit provider number.
4.1	(Service NPI provider site number) NPI XREF Site Number (DE4143)	Edits: Messages:	This field contains a consecutive number for each unique provider type and location combination an NPI provider is using. An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses. For each combination of servicing address and provider type, there is a separate Site.

			N/A
5	Enrollee Enrollee Identification Number (DE3001)	Edits: Messages:	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. The DMAS-administered identification number that is used to tie all claims for a single enrollee together. UPDATE (P) System displayed.
6	Billing Provider National Provider Identifier (DE4700)	Edits: 1. Must be numeric and valid provider ID. Messages: If billing provider not numeric- 'PROVIDER NUMBER NOT NUMERIC' message is displayed. If billing provider not valid- 'PROVIDER NUMBER NOT FOUND' message is displayed.	A unique identification number assigned to the billing provider who submitted the claim document for adjudication. If provider is API/NPI, display 2 character processed site number along with 10 digit provider number. A unique identification number assigned by DMAS for a billing provider. The unique number assigned to the provider who submitted the claim document for adjudication. UPDATE (P) System displayed. If provider is API/NPI, display 2 character processed site number along with 10 digit provider number.
6.1	(Bill NPI provider site number) NPI XREF Site Number (DE4143)	Edits: Messages:	This field contains a consecutive number for each unique provider type and location combination an NPI provider is using. An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses. For each combination of servicing address and provider type, there is a separate Site. N/A
7	Perm Enroll ID Enrollee Permanent Identification Number (DE3093)	Edits: Messages:	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. This is the ID number that is used as the key to access the Claims History File. The DMAS-administered identification number that is used to tie all claims for a single enrollee together. This is the ID number that is used as the key to access the Claims His-

			<p>tory File. UPDATE (P) System displayed.</p>
8	<p>Date of Birth Enrollee Birth Date (DE3005)</p>	<p>Edits: Messages:</p>	<p>The date of birth of the enrollee; MM/DD/CCYY format.</p> <p>The enrollee's date of birth. UPDATE (P) System displayed.</p>
9	<p>Age Calculated (DE0002)</p>	<p>Edits: Messages:</p>	<p>The age of the enrollee.</p> <p>The age of the enrollee. UPDATE (P) System displayed.</p>
10	<p>PA Prior Authorization Control Number (DE2024)</p>	<p>Edits: Should be a valid PA number. Messages: Missing/invalid data; correct highlighted field(s)</p>	<p>A unique authorization number for a pre- approved service, procedure or supply. The unique identifier for a Prior Authorization. It is made up of the days since, DE 2499, the PA sequence number, DE 2498, and the PA type, DE 2508. Should be a valid PA number. UPDATE (C/U) Enter a valid PA number.</p>
11	<p>Aid Category Enrollee Eligibility Aid Category (DE3009)</p>	<p>Edits: Messages:</p>	<p>A code identifying the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for cer- tain Benefit Plans. Also known as Recipient Program Designation or Scope of Coverage code.</p> <p>This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans. Also known as Recipient Pro- gram Designation or Scope of Coverage code. UPDATE (P) System displayed.</p>
12.1	<p>(CT-M (Claim Type)) Claim Type (DE2002)</p>	<p>Edits: Messages:</p>	<p>A code defining the type of claim. Two digits. Use the On-line HELP system to find value codes for this field.</p>

			<p>A code defining the type of claim. Two digits. Use the On-line HELP system to find value codes for this field.</p> <p>UPDATE(P) System displayed.</p>
12.2	<p>Claim Type Mod Claim Type Modifier (DE2003)</p>	<p>Edits: Messages:</p>	<p>A code indicating the type of claim transaction and the processing to be done. One digit. Use the On-line HELP system to find value codes for this field.</p> <p>A code indicating the type of claim transaction and the processing to be done. One digit. Use the On-line HELP system to find value codes for this field.</p> <p>UPDATE(P) System displayed.</p>
13	<p>Benefit Plan Benefit Definition Benefit Plan Code (DE3550)</p>	<p>Edits: Messages:</p>	<p>An integer code that represents the group level. It is a three-tiered code with exception indicator describing the benefit plan under which services for an enrolled individual may be reimbursed.</p> <p>An integer code that represents the group level, three-tiered code with exception indicator describing the benefit plan under which services for an enrolled individual may be reimbursed.</p> <p>UPDATE (P) System displayed.</p>
14	<p>Exception Ind/LOC Benefit Plan Excep- tion Indicator (DE3072)</p>	<p>Edits: Messages:</p>	<p>A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. One alphanumeric character. Use the On-line HELP system to find valid codes for this field.</p> <p>A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. It also identifies CMM restriction levels. Use the On-line HELP system to find valid codes for this field.</p> <p>UPDATE (P) System displayed.</p>

15	EVS Number Electronic Verification System (EVS) Number (DE2442)	Edits: Messages:	<p>A number provided by the EVS system confirming recipient eligibility, usually at the point-of-sale (POS) through a dedicated POS system, dial-up, voice response or other mechanism the EVS (Eligibility Verification System) for the dates of service submitted by the provider.</p> <p>A number provided by the EVS system confirming recipient eligibility, usually at the point-of-sale (POS) through a dedicated POS system, dial-up, voice response or other mechanism the EVS (Eligibility Verification System) for the dates of service submitted by the provider. UPDATE (P) System displayed.</p>
16	FIPS Enrollee FIPS Code (DE3008)	Edits: Messages:	<p>A code indicating the geographic or geopolitical statistical reporting area in which the enrollee resides. The county is a sub-division within the Commonwealth of Virginia. Use the Federal Standard County Codes (FIPS Pub. 6-1).</p> <p>A code indicating the geographic or geopolitical statistical reporting area in which the enrollee resides. The county is a sub-division within the Commonwealth of Virginia. Use the Federal Standard County Codes (FIPS Pub. 6-1). UPDATE (P) System displayed.</p>
17	Atch Nbr Claim EDI Attachment Control Number (DE2013)	Edits: Messages:	<p>The attachment control number is submitted on the EDI 837 transaction. It consists of the patient account number, the date of service, and a sequence number. It is used to access attachments that may be submitted later.</p> <p>The attachment control number is submitted on the EDI 837 transaction. It consists of the patient account number, the date of service, and a sequence number. It is used to access attachments that may be submitted later.</p>

			UPDATE (P)
18	Object Code Budget Object Code (DE9843)	Edits: Messages:	The account code used to identify each item in DMAS' chart of accounts. The account code used to identify each item in DMAS' chart of accounts. UPDATE (P) System displayed.
19	Status Claim Status (DE2039)	Edits: Messages:	A code indicating the status of a claim after adjudication. Use the On-line HELP system to find valid codes for this field. A Code indicating the status of a claim after an adjudication cycle. Use the On-line HELP system to find valid codes for this field. UPDATE (P) System displayed.
20	CLIA Claims CLIA Number (DE2993)	Edits: Messages:	This line number pertains to the revenue line on the UB Form. There may be 1 - 115 claim revenue lines per claim. The claim types which use this data element are Inpatient & Outpatient Hospital, Long Term Care, and Home Health. This line number pertains to the revenue line on the UB Form which has an error. There may be 1 - 115 claim revenue lines per claim. The claim types which use this data element are Inpatient & Outpatient Hospital, Long Term Care, and Home Health. It also refers to the occurrence of a field that has an error. UPDATE (P) System displayed.
21	Service Date (From) Claim Service From Date (DE2010)	Edits: Value must be a valid date less than or equal to thru date of service. Messages: Missing/invalid data; correct highlighted field(s)	The date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format. Date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. Value must be a valid date less than or equal to thru date of service. UPDATE (C/U) Enter a valid date to correct.
22	Service Date (Thru) Claim Service Thru Date (DE2011)	Edits: Value must be a valid date greater than or	The date on which the service was ended; for a claim covering only one service (e.g., a pre-

		<p>equal to from date of service.</p> <p>Messages: Missing/invalid data; correct highlighted field(s)</p>	<p>scription), this is the only service date. MM/DD/CCYY format.</p> <p>The date on which the service was last rendered; for a claim covering only one service (e.g., a prescription), this is the only service date (D_SERV_FROM and D_SERV_THRU will be equal). Value must be a valid date greater than or equal to from date of service. UPDATE (C/U) Enter a valid date to correct.</p>
22.1	<p>Determined Version</p> <p>Determined Surgical Procedure/Diagnosis Code Version (DE2151)</p>	<p>Edits:</p> <p>Messages:</p>	<p>The ICD version based on criteria such as date of service, claim type, bill type.</p> <p>The ICD version based on criteria such as date of service, claim type, bill type.</p>
23	<p>Billed</p> <p>Claim Billed Charge (DE2016)</p>	<p>Edits: Value must be numeric.</p> <p>Messages: Missing/invalid data; correct highlighted field(s)</p>	<p>The charge submitted on a claim.</p> <p>The charge submitted on a claim. Value must be numeric. UPDATE (C/U) Enter a valid amount to correct.</p>
24	<p>Type of Service</p> <p>Claim Type of Service (DE2072)</p>	<p>Edits: Please refer to Edit/Audit Manual.</p> <p>Messages:</p>	<p>A code indicating the type of service billed. Use the On-line HELP system to find valid codes for this field.</p> <p>A code indicating the type of service billed. Use the On-line HELP system to find valid codes for this field. UPDATE (C/U) Enter a valid code to correct.</p>
25	<p>Submit ID</p> <p>User/Operator ID (DE0012)</p>	<p>Edits:</p> <p>Messages:</p>	<p>A code uniquely identifying the VaMMIS user. It tracks user input and use of the system. A code assigned to each clerical person and used in resolving pended claims. UPDATE(P) System displayed.</p>
26	<p>Type-Procedure Code</p> <p>Procedure Code (DE5002)</p>	<p>Edits: Value must be a valid procedure code.</p> <p>Messages:</p>	<p>A CPT (Current Procedural Terminology), HCPCS (Common Procedure Coding System) or an internal state specific code identifying a specific procedure. Up to five</p>

		Missing/invalid data; correct highlighted field(s)	<p>alphanumeric characters.</p> <p>Code used to identify a specific dental, medical, revenue, or ICD-9-CM diagnosis/surgical procedure. Value must be a valid procedure code.</p> <p>UPDATE (C/U)</p> <p>Enter a valid code to correct</p>
27	Allowed Claim Allowed Amount (DE2073)	Edits: Messages:	<p>The calculated claim payment amount before reduction due to copay, TPL, patient liability, cutbacks (other than pricing) or denial.</p> <p>The calculated claim payment amount before reduction due to copay, TPL, patient liability, cutbacks (other than pricing) or denial.</p> <p>UPDATE (P)</p> <p>System displayed.</p>
28	MCN Claims MCN Number (DE2581)	Edits: Messages:	<p>Number assigned at transmission time that identifies the file transmitted. This appears on both the PA and Claims tables.</p> <p>Number assigned at transmission time that identifies the file transmitted. This appears on both the PA and Claims tables.</p> <p>UPDATE (P)</p> <p>System displayed.</p>
29	Procedure Mod Claims Procedure Code Modifier (DE2171)	Edits: Please refer to Edit/Audit Manual. Messages:	<p>The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z.</p> <p>Use the On-line HELP system to find valid values for this field.</p> <p>The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z. Use the On-line HELP system to find valid values for this field.</p> <p>UPDATE (C/U)</p> <p>Enter a valid modifier to correct.</p>
30	Svc Center Provider Service Center (DE4082)	Edits: Messages:	<p>Code assigned to each billing service or data center which submits claims to the Fiscal Agent.</p> <p>N/A</p>
31	TPL Claim Third Party Payment (DE2018)	Edits: Value must be numeric.	<p>The amount of payment made by third party sources toward a medical claim.</p>

		<p>Messages: Missing/invalid data; correct highlighted field(s)</p>	<p>The amount of payment made by third party sources toward a medical claim. Up to nine digits. UPDATE(C/U) Enter a valid TPL Amount.</p>
32	<p>Place of Service Claim Professional Place of Service (DE2173)</p>	<p>Edits: Please refer to Edit/Audit Manual. Messages:</p>	<p>A code indicating the type of place where service was rendered. Use the On-line HELP to find valid codes for this field. A code indicating the type of place where service was rendered. UPDATE (C/U) Enter a valid code to correct.</p>
32.1	<p>EAPG Code EAPG Code (DE5064)</p>	<p>Edits: Messages: Code assigned for weight associated with procedures for Enhanced Ambu- latory Patient Group.</p>	<p>Code assigned for weight associated with procedures for Enhanced Ambulatory Patient Group. N/A</p>
33	<p>FCN Financial Control Num- ber (DE9874)</p>	<p>Edits: Messages:</p>	<p>A unique number identifying a financial transaction. A unique number that identifies a financial transaction. UPDATE (P) System displayed.</p>
34	<p>Copay Claim Medicaid Co- Payment (DE2022)</p>	<p>Edits: Messages:</p>	<p>The co-payment amount that the recipient has paid or is to pay on the claim. Up to nine digits. The co-payment amount that the recipient has paid or is to pay on the claim. Up to nine digits. UPDATE(P) System displayed.</p>
35	<p>Remit No Remittance Advice Number (DE9580)</p>	<p>Edits: Messages:</p>	<p>A sequential number that identifies which Remittance Advice is currently being produced for a provider. The number is incremented by one each time a new Remittance Advice is generated. The first five positions are Julian date YYDDD format. A sequential number that identifies which RA is currently being produced for a provider.</p>

			<p>The number is incremented by one each time a new RA is generated. The 1st 5 positions are Julian date YYDDD format.</p> <p>UPDATE (P)</p> <p>System displayed.</p>
35.1	<p>NDC Drug Code NCD (DE5200)</p>	<p>Edits: Message:</p>	<p>National standard formulary 11-digit code used by most states to uniquely identify drugs. Codes are assigned by the FDA. The labeler code designates the drug manufacturer, always 5 numeric characters; the product code identifies the specific drug, drug strength and dosage form, always 4 characters, may be alphanumeric; and the package code always 2 characters, may be alphanumeric.</p> <p>National standard formulary 11-digit code used by most states to uniquely identify drugs. Codes are assigned by the FDA. The labeler code designates the drug manufacturer, always 5 numeric characters; the product code identifies the specific drug, drug strength and dosage form, always 4 characters, may be alphanumeric; and the package code always 2 characters, may be alphanumeric.</p> <p>UPDATE (P)</p> <p>System Displayed.</p>
35.2	<p>UOM QL Unit of Measure – Qualifier UOM QL(DE2143)</p>	<p>Edits: Message:</p>	<p>This is the Unit of Measure Qualifier associated with the NCD on the claim.</p> <p>This is the Unit of Measure Qualifier associated with the NCD on the claim.</p> <p>UPDATE (P)</p> <p>System displayed.</p>
35.3	<p>UOM QTY Unit of Measure – Quantity UOM QTY(DE2144)</p>	<p>Edits: Message:</p>	<p>This is the Unit of Measure Quantity associated with the NCD on the claim.</p> <p>This is the Unit of Measure Quantity associated with the NCD on the claim.</p> <p>UPDATE (P)</p>

			System displayed.
36	Patient Acct Nbr Claim Patient Account Number (DE2031)	Edits: Please refer to Edit/Audit Manual. Messages:	The tracking number of the recipient's claim for the provider's use within the provider's billing mechanism. The tracking number of the recipient's claim for the providers use within the providers' billing mechanism. UPDATE (C/U) Enter a valid number to correct. 24 alphanumeric characters.
37	Pat Pay Claim Patient Pay Amount (DE2083)	Edits: Value must be numeric. Messages: Missing/invalid data; correct highlighted field(s)	The amount of money a recipient is sched- uled to pay per month while confined to a nursing home or other long-term care facility. The amount of money a recipient is sched- uled to pay per month while confined to a nursing home or other long-term care facility. Up to nine digits. UPDATE(P) System displayed.
38	Payment Date Remittance Payment Date (DE9578)	Edits: Messages:	The date of the remittance cycle. Date of the remittance cycle. UPDATE(P) System displayed.
39	Paid Claim Payment Amount (DE2023)	Edits: Messages:	The claim payment amount for the claim. Claim payment amount for the claim. UPDATE(P) System displayed.
40	Former ICN Claim Related Docu- ment Number (DE2034)	Edits: Messages:	The Reference Number of the claim which is to be altered by this adjustment or void (pre- viously called former reference number) or the reference number submitted on the claim from the previous processor in the case of encounters. The Reference Number of the claim which is to be altered by this adjustment or void (pre- viously called former reference number) or the reference number submitted on the claim from the previous processor in the case of encounters. 16 alphanumeric characters. UPDATE(P) System displayed.

41	Attach Claim Attachments Indicator (DE2030)	Edits: Messages:	A code indicating whether or not the claim has an attachment. One alpha character. Must be Y 'Yes' or N 'No'. Indicates whether or not the claim has an attachment. One alpha character. Must be Y 'Yes' or N 'No'. UPDATE(P) System displayed.
42	COB Claim COB Indicator (DE2544)	Edits: Messages:	A code identifying the Coordination of benefits; primary carrier information other than Medicare - Title XVIII form. Two digits. Use the On-line HELP system to find valid codes for this field. A code identifying the Coordination of benefits; primary carrier information other than Medicare - Title XVIII form. Two digits. Use the On-line HELP system to find valid codes for this field. UPDATE(C/U) Enter a valid COB Code.
43	Referring Phys National Provider Identifier (DE4700)	Edits: Value must be valid provider id. Messages: Missing/invalid data; correct highlighted field(s)	A unique identification number assigned to the referring provider that is assigned to the claim admitting provider. A unique identification number assigned to the referring provider that is assigned to the claim admitting provider. UPDATE(P) System displayed.
44	TPL Ind Claim TPL Flag (DE2674)	Edits: Messages:	A code indicating the enrollee had (Third Party Liability) TPL coverage on the claim's date of service. One alpha character. Must be 'Y' Yes or 'N' No'. A code indicating the enrollee had (Third Party Liability) TPL coverage on the claim's date of service. One alpha character. Must be 'Y' Yes or 'N' No. UPDATE(P) System displayed.
45.1	Current Error (ESC No.) Claim Error ESC Code (DE5506)	Edits: Messages:	Claim Error ESC Code. Use the On-line HELP system to find valid codes for this field. Claim Error ESC Code. Use the On-line HELP system to find valid codes for this field.

			UPDATE(P) System displayed.
45.2	Current Error (Disposition) Error Text Disposition Attachments (DE5603)	Edits: Messages:	A code indicating the disposition of the Claim ESC Code. One alpha character. Up to three Error Text Disposition Codes may be displayed. Use the On-line HELP system to find value codes for this field. A code indicating the Disposition of the Claim ESC Code. One alpha character. Up to three Error Text Disposition Codes may be displayed. Use the On-line HELP system to find value codes for this field. UPDATE(P) System displayed.
46	Adj Reason Adjustment/Void Reason (DE2033)	Edits: Messages:	A code specifying the reason for adjusting or voiding an individual claim. Use the On-line HELP system to find valid codes for this field. A code specifying the reason for adjusting or voiding an individual claim. Four digits. Use the On-line HELP system to find valid codes for this field. System displayed. UPDATE(P) System displayed.
47	FP Ind Claim Family Planning/EPSTD Indicator (DE2075)	Edits: Messages:	A code indicating whether any diagnosis, treatment, drugs, supplies, devices, counseling services, or other billed services or materials are for the purpose of family planning. Must be 'Y' Yes or 'N' No. A flag which indicates whether any diagnosis, treatment, drugs, supplies, devices, counseling services, or other billed services or materials are for the purpose of family planning. If the HCFA family planning/EPSTD field equals 2, set F_FAMILY_PLAN to Y. A flag which indicates whether any service is for EPSTD. If the HCFA family planning/EPSTD field equals 1, set F_EPSTD to Y. UPDATE (C/U) Enter Y or N to correct.
47.1	History Error (ESC No.) Claim Error ESC	Edits: Messages:	Claim Error ESC Code. Use the On-line HELP system to find valid codes for this field.

	Code (DE5506)		Claim Error ESC Code. Use the On-line HELP system to find valid codes for this field. UPDATE (P) System displayed.
47.2	History Error (Disposition) Error Text Disposition Attachments (DE5603)	Edits: Messages:	A code indicating the Disposition of the ESC Code. One alpha character. Up to three Error Text Disposition Codes may be displayed. Use the On-line HELP system to find value codes for this field. INQUIRY(P) System displayed. A code indicating the Disposition of the ESC Code. One alpha character. Up to three Error Text Disposition Codes may be displayed. Use the On-line HELP system to find value codes for this field. UPDATE(P) System displayed.
48	Emergency Ind Claim Emergency Identifier (DE2802)	Edits: Value must be 'Y' or 'N'. Messages: Missing/invalid data; correct highlighted field(s)	A code indicating whether or not the service was an emergency. One alpha character. Must be 'Y' Yes or 'N' No. A flag that indicates whether or not the service was an emergency. Value must be 'Y' or 'N'. UPDATE(C/U) Enter Y or N to correct.
49	Cutback Unit Claim Cutback Days/Units (DE2065)	Edits: Messages:	The number of units reduced on the claim so that it could be paid without exceeding service limits, prior authorization limits, etc. N/A
50	Cutback Amount Claim Cutback Amount (DE2066)	Edits: Messages:	The charge amount reduced on the claim so that it could be paid without exceeding service limits, prior authorization limits, eligibility dates, etc. The revenue non-covered amount is initially moved here. If the system does not cover a revenue amount, it also is moved here. N/A
50.1	BHSA Payment	Edits: Messages:	This is the BHSA Payment Amount. This field will display only of BHSA claims with service center '1077'.
51.1	Override/EOB (ESC No.) Claim Error ESC Code (DE5506)	Edits: Messages:	Claim Error ESC Code used to override an edit. Claim Error ESC Code used to override an

			edit. UPDATE(P) System displayed.
51.2	Override/EOB (Disposition) Error Text Disposition Attachments (DE5603)	Edits: Messages:	A code indicating the Disposition of the ESC Code. One alpha character. Up to three Error Text Disposition Codes may be displayed. Use the On-line HELP system to find value codes for this field. A code indicating the Disposition of the ESC Code. One alpha character. Up to three Error Text Disposition Codes may be displayed. Use the On-line HELP system to find value codes for this field. UPDATE(P) System displayed.
52	Passengers Claim Number of Passengers (DE2085)	Edits: Value must be numeric. Messages: Missing/invalid data; correct highlighted field(s)	The number of passengers riding with a transportation provider. The number of passengers riding with a transportation provider. Value must be numeric. UPDATE (C/U) Enter the number of passengers to correct.
53	Accident Ind Claim Accident Indicator (DE2027)	Edits: Value must be 'Y' or 'N'. Messages: Missing/invalid data; correct highlighted field(s)	A code indicating whether or not the service was the result of an accident. A flag that indicates whether or not the service was the result of an accident . Value must be 'Y' or 'N'. UPDATE(C/U) Enter Y or N to correct.
54	Wait/Anes Min Anesthesia Minutes (DE2084)	Edits: Value must be numeric. Messages: Missing/invalid data; correct highlighted field(s)	The amount of time rounded to the nearest hour a transportation provider waits on a recipient, up to four digits. The number of anesthesia minutes for a practitioner claim, up to four digits. The amount of time rounded to the nearest hour a transportation provider waits on a recipient, up to four digits. The number of anesthesia minutes for a practitioner claim, up to four digits. UPDATE(C/U)

			Enter a valid wait time or anesthesia minutes value.
55	Units/Miles Claim Number of Units/Visits/Studies (DE2009)	Edits: Value must be numeric. Messages: Missing/invalid data; correct highlighted field(s)	The number of units/visits/study/miles allowed. Up to four digits. INQUIRY(P) System displayed. The number of units of the procedure performed by the provider. Value must be numeric. UPDATE(C/U) Enter the number of units to correct.
56	Diagnosis Diagnosis Code (DE5301)	Edits: Value must be a valid diagnosis code. Messages: Missing/invalid data; correct highlighted field(s)	Identifies a diagnosed medical condition; the ICD-9-CM coding structure is used. Identifies a diagnosed medical condition; the ICD-9-CM coding structure is used. Value must be a valid diagnosis code. UPDATE(C/U) Enter a valid diagnosis code to correct.
57	Zip Code Provider Address ZIP Code (DE4099)	Edits: Messages:	The ZIP code in the address of the provider. N/A
58	Newborn Ind (DE2053)	Edits: Messages:	The Newborn Indicator will display a 'Y' if the encounter claim is a newborn.
59	Price Source (DE2069)	Edits: Messages:	Claim Pricing Source. Indicates the rate source used during pricing
60	Price Type (DE2070)	Edits: Messages:	Claim Pricing Source Type
61	Price Code (DE2071)	Edits: Messages:	Indicates the region or provider sequence number (which corresponds to the providers program) used in pricing.

NAVIGATION	CHIRP and Adjustment 1500 Claim Detail (CP-S-008-07)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Adjudication	Posts the data to the database.	N/A

	Not displayed on the CHIRP screen.	
Additional claim error codes	Displays CHIRP additional claim error codes.	CP-S-008-14 (B)
Attach	Display attachment of Medical Claim. Navigation from the CHIRP screen only.	N/A
Return	Returns to the previous screen accessed.	CP-S-008-01 (R)
Cancel	Returns to the Adjustment Selection Screen.	N/A
CAS	Displays the claims CAS segments for the paid and denied claims. Not a functionality on the Adjustment/Void screen.	CP-S-008-04 (B)
CHIRP secondary selection screen in secondary mode	Displays CHIRP secondary selection screen in secondary mode. Navigation from the CHIRP screen only.	CP-S-008-02 (B)
ConflictClaims	Displays the Conflicting Claims Screen. Navigation from the CHIRP screen only.	CP-S-001-09 (B)
Consent	Displays the Consent Screen. Navigation from the CHIRP screen only.	CP-S-001-11 (B)
Diagnosis	Displays the ICD Diagnosis/Length of Stay. Navigation from the CHIRP screen only.	RF-S-015 (B)
Member	Displays the Member Demographics Screen. Navigation from the CHIRP Screen only.	RS-S-018 (B)
Enter	The Enter button has two functions: Edits the data on the screen for correctness and displays the appropriate error message when necessary. When entered data passes all the edits then adjudicates the claim and displays the results.	N/A
Edit Text	Displays the Edit Text Screen. When this button is chosen, the cursor must be on one of the Error in the Error Number field on the screen. Navigation from the CHIRP screen only.	RF-S-002-02 (B)
Sub Menu	Returns to the Claims Processing Main Menu.	CP-S-001-01 (R)
Image	Display Image of Medical Claim	N/A
SERVICE	Displays the Service Authorization Header	CP-S-004-05

AUTH	Screen. Navigation from the CHIRP Screen only.	(B)
Procedure	Displays the Common Procedural Terminology Screens depending on the procedure (Medical, Dental, Home Health/Hospice/Revenue Codes, (International Classification of Diseases Revision Ninth) ICD-9 Procedure/LOS. Navigation from the CHIRP screen only.	RF-S-001-01 (B)
Prov Xref	Display the Provider NPI Cross Reference. Navigation from the CHIRP screen only.	PS-S-016 (B)
Provider	Displays the Provider Information Screen. Navigation from the CHIRP screen only.	PS-S-001-03 (B)
Refresh	Displays the last updated information (if any) from the database.	N/A
RMKS	Displays the ANSI Remarks Screen. Not a functionality on the Adjustment/Void screen.	CP-S-008-12 (B)
Status	Displays the Claims Status Screen. Navigation from the CHIRP screen only.	CP-S-008-10 (B)
Main Menu	Returns to the VaMMIS System Menu.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
52	CHOOSE A SELECTION	Choose a selection from the drop-down menu.
45	CHOOSE UPDATE TO DELETE THE RECORD	Choose the update button to delete the record.
2321	DIAGNOSIS CODE SELECTED IS INVALID	Choose a new diagnosis code.
6194	ERROR CLOSING CURSOR	Contact ACS Operations for assistance.
6253	ERROR OPENING CURSOR	Contact ACS Operations for assistance.
33	ERROR WHILE ACCESSING	Contact ACS Operations for assistance.
6268	ERROR WHILE ACCESSING CODE	Contact ACS Operations for assistance, if necessary.
2318	ESC NUMBER SELECTED IS INVALID	Enter a valid ESC number. See the Online Edit/Audit Manual. See the field definitions for valid formatting/data for this field.
15	FUNCTION CHOSEN IS INVALID	Choose another function.

2006	ICN IS INVALID	Enter a valid ICN. See the field definitions for formatting and requirements for this field.
6800	INVALID CLAIM PROCESS TYPE	Check field for valid data and re-enter.
6349	INVALID CLAIM TYPE	See the field definitions for valid data and formatting for this field.
2408	NAVIGATION ALLOWED ACROSS ONE SUBSYSTEM ONLY SELECT WITHIN SYSTEM OR EXIT.	Information message.
6875	PLEASE MAKE YOUR MODIFICATIONS AND PRESS ENTER TO ADJUDICATE	Information message.
6876	PLEASE PRESS ENTER TO ADJUDICATE BEFORE ACCEPTING	Information message.
2119	PROCEDURE TYPE IS INVALID; TRANSFER CANCELLED	Information message.
6889	READ FROM TSQ FAILED	Information message.
6896	REWRITE TO TSQ FAILED	If necessary, contact the ACS help desk for assistance.
2319	SELECT A DIAGNOSIS	The cursor must be on one of the Diagnosis in the Diagnosis field(s) field on the screen and choose Diagnosis.
2316	SELECT A PROVIDER NUMBER	The cursor must be on one of the Provider ID's in the Provider field(s) field on the screen and choose Provider.
2013	SELECT 'B' FOR BATCH OR 'I' FOR INQUIRY	Enter one of the choices given.
2317	SELECT ESC NUMBER	The cursor must be on one of the ESCs in the ESC field(s) field on the screen and choose Edit Text.
2315	SELECTED PROVIDER NUMBER IS INVALID	Enter a valid Provider number.
6906	THESE ARE THE RESULTS THAT WILL OCCUR IF THE ADJUSTMENT IS ACCEPTED	Information message.
6910	THIS IS REQUESTED VOID, PRESS ENTER TO ADJUDICATE	Choose Enter to adjudicate.
6668	UNABLE TO UPDATE DATABASE ROLLBACK SUCCESSFUL.	Information message. No action needed.
6922	UNABLE TO UPDATE AWA	If necessary, contact Network Control for assistance.

Screen Access

For Adjustment access:
From the VaMMIS Main Menu (RF-S-010):
1. Choose the Invoice Processing icon.
2. You see the Claims Processing Main Menu (CP-S-001-01).
3. Choose the Adjustments radio button.
4. Choose Enter.
5. You see the Adjustment Selection Screen (CP-S-003-02).
6. Select the function you wish to perform.
7. Enter the ICN in the ICN field on the Adjustment Selection Screen (CP-S-003-02).
8. Choose Enter.
9. You see the Adjustment 1500 Claim Detail Screen (CP-S-008-07).

Screens CP-S-008-08 CHIRP and Adjustment Pharmacy and Title 18 Claim Detail

General Information

This screen performs two functions. It displays the detailed claim to be adjusted or void for Crossovers claims and displays Chirp Pharmacy and Title 18 detailed information.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update
PROGRAM	CPA158 CPA159 CPR060
MAPSET	CPS8007/CLMPD18
TRAN ID	VH0Q, VHB4, VHB5, VHB8, VHB9

SAMPLE	CHIRP and Adjustment Pharmacy and Title 18 Claim Detail (CP-S-008-08)
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MMIS

Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Asses
Drugs	Reports											

Screen ID: CP-S-008-08
 Trans ID: VH0Q
 Program ID: CPR060

VIRGINIA MEDICAID
CHIRP DETAIL CLAIM DISPLAY(DRUG)

User ID: [REDACTED] Name: [REDACTED]

Document Level Information

ICN: [REDACTED]	Claim Type Mod: 06-1	Service Provider: [REDACTED]	Submit ID: [REDACTED]
Member: [REDACTED]	FIPS: 047	Billing Provider: [REDACTED]	Service Auth: 0000000000
Perm Mem ID: [REDACTED]	Age: 00	Benefit Plan: 01030801	Object Code: 123405
DOB: [REDACTED]	Exception Ind/LOC:	Basis of Cost:	EVS Number: 0000000000
Aid Category: 093	Atch Nbr:	Sub. Clarification Code:	Days: 025

Line Level Information

Service Level: 00	Svc Ctr: 1008	Status: 4	Billed: 45.59
Cutback Units: 0000	DOS: 10/24/2015 10/24/2015	Typ-Proc: [REDACTED]	Allowed: 40.24
Cutback Amount: 0.00	Referring Provider:	NDC: [REDACTED]	TPL: 0.00
FCN:	Zip Code: -	Procedure Mod:	Copay: 0.00
Place of Service: 00 EAPG: 0F	COB: 2	Units:	Pat Pay: 0.00
Former ICN:	Refill: 01	Remit No: 000000009	Paid: +40.24
RX#: 000006080746	BN: 0	Payment Date:	XOVER Amount
Rx Therap Class: J2A	Rx Metric Qty: 00015.0000	Adjustment Rsn:	Billed: 0.00
Rx Dispensing Fee: 003.75	Attachments:	Prescribing Phy: [REDACTED]	Alwd: 0.00
Rx Ingredient Cost: 36.49	Emergency Ind:	MCR Coverage:	Paid: \$ +.00
Compound Ind: 1	Drug Unit: 2	Determined Version: 0	Deduct: 0.00
Service Fee: 0.00	Anes Min:	Newborn: Y	Coinsr: 0.00
Current Error: 1730 4	Diagnosis:		
History Error:			
Override/EOB:			

Enter	Refresh	Image	Attach	Provider	Procedure	Member	Edit Text	Return	Sub Menu
Add'l Errors	Diagnosis	Status	Prov Xref	Service Auth	Edit Remarks	Adj Segments	Consent	Conflict Claims	CHIRP

SAMPLE CHIRP and Adjustment Pharmacy and Title 18 Claim Detail (CP-S-008-08)

Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessment	Drugs
Reports													

Screen ID: CP-S-008-08
 Trans ID: VHB8
 Program ID: CPA159

**VIRGINIA MEDICAID
 VOID CLAIM DISPLAY (TITLE-18)**

Date: 06/27/11
 Time: 17:16

User ID: [REDACTED] Name: [REDACTED]

Document Level Information

ICN: [REDACTED]	Claim Type Mod: 09-4	Service Provider: [REDACTED] 01	
Member: [REDACTED]	FIP S: 760	Billing Provider: [REDACTED] 01	Service Auth: 00000000000
Perm Mem ID: [REDACTED]	Age: 76	Benefit Plan: 01010100	Object Code: 123464
DOB: [REDACTED]	Exception Ind/LOC: 9	Submit ID: CPI018	EVS Number: 000000000000
Aid Category: 011	Atch Nbr:		

Line Level Information

Svc Type P	Svc Ctr:	Status: 5	Billed: 18.20
Cutback Units: 0000	DOS: 03/11/2011 03/11/2011	Typ-Proc/INDC: 1 E0971	Allowed: 9.10
Cutback Amount: 0.00	Referring Provider:	Procedure Mod:	TPL: 0.00
FCN:	Zip Code: -	Units: 0002	Copay: 0.00
Place of Service: 12 EAPG:	COB: 5	Remit No:	Pat Pay: 0.00
Former ICN: [REDACTED]	Determined Version: 9	Payment Date:	Paid: -9.10
	Attachments: N	Adjustment Rsr: 1016	XOVER Amount
	Emergency Ind: N	Prescribing Phy:	Billed: 104.14
	Anes Min: 0000	MCR Coverage: B	Alwd: 91.02
		Calc Deduct: 0.00	PAID: +72.82
		Calc Coinsr: 9.10	Deduct: 0.00
			Coinsr: 18.20

Current Error: Diagnosis: V4976
 History Error:
 Override/EOB:

THIS IS REQUESTED VOID, PRESS ENTER TO ADJUDICATE.

Enter	Adjudication	Cancel	Refresh	Image	Attach	Provider	Procedure	Return	Sub Menu	Main Menu	
Member	Edit Text	Add'l Errors	Diagnosis	Status	Prov Xref	Service Auth	Edit Remarks	Adj Segments	Consent	Conflict Claims	CHRP

SAMPLE CHIRP and Adjustment Pharmacy and Title 18 Claim Detail (CP-S-008-08)

Screen ID: CP-S-008-08
 Trans ID: VHB8
 Program ID: CPA159

VIRGINIA MEDICAID
ADJUSTMENT CLAIM DISPLAY (TITLE-18)

Date: 06/27/11
 Time: 17:22

User ID: [REDACTED] Name: [REDACTED]

Document Level Information

ICN: [REDACTED]	Claim Type Mod: 09-2	Service Provider: [REDACTED] 01	
Member: [REDACTED]	FIP S: 760	Billing Provider: [REDACTED] 01	Service Auth: 0000000000
Perm Mem ID: [REDACTED]	Age: 76	Benefit Plan: 01010100	Object Code: 123464
DOB: [REDACTED]	Exception Ind/LOC: 9	Submit ID: CPI018	EVS Number: 000000000000
Aid Category: 011	Atch Nbr:		

Line Level Information

Svc Type: P	Svc Ctr:	Status: 1	Billed: 18.20
Cutback Units: 0000	DOS: 03/11/2011 03/11/2011	Typ-Proc/NDC: 1 E0971	Allowed: 9.10
Cutback Amount: 0.00	Referring Provider:	Procedure Mod:	TPL: 0.00
FCN:	Zip Code:	Units: 0002	Copay: 0.00
Place of Service: 12 EAPG:	COB: 5	Remit No:	Pat Pay: 0.00
Former ICN: [REDACTED]	Determined Version: 9	Payment Date:	Paid: +9.10
	Attachments: N	Adjustment Rsn: 1000	XOVER Amount
	Emergency Ind: N	Prescribing Phy:	Billed: 104.14
	Anes Min: 0000	MCR Coverage: B	Alwd: 91.02
		Calc Deduct: 0.00	PAID: +72.82
		Calc Coinsr: 9.10	Deduct: 0.00
			Coinsr: 18.20

Current Error: [REDACTED] Diagnosis: V4976
 History Error: [REDACTED]
 Override/EOB: [REDACTED]

PLEASE MAKE YOUR MODIFICATIONS AND PRESS ENTER TO ADJUDICATE.

Enter	Adjudication	Cancel	Refresh	Image	Attach	Provider	Procedure	Return	Sub Menu	Main Menu	
Member	Edit Text	Add'l Errors	Diagnosis	Status	Prov Xref	Service Auth	Edit Remarks	Adj Segments	Consent	Conflict Claims	CHIRP

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ID User/Operator ID (DE0012)	Edits: Messages:	A code uniquely identifying the VaMMIS user. It tracks user input and use of the system. N/A
1.1	Name Claim CHIRP/Ad- justment Request Name (DE2780)	Edits: Messages:	For CHIRP requests, this is the name of the user entering the request. For Mass Adjustment requests, this is the user chosen name given to the request (Any text can be entered). For CHIRP requests, this is the name of the user entering the request. For Mass Adjustment requests, this is the user chosen name given to the request (Any text can be entered).
2	ICN Claim Request ICN (DE2001)	Edits: Messages:	A unique Invoice Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and

			<p>Claim Reference lines (last two bytes representing line number).</p> <p>A unique Transaction Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number).</p> <p>UPDATE (P) System displayed.</p>
3.1	(CT-M (Claim Type)) Claim Type (DE2002)	Edits: Messages:	<p>A code defining the type of claim. Use the On-line HELP system to find valid codes for this field.</p> <p>A code defining the type of claim. Two digits. Use the On-line HELP system to find valid codes for this field.</p> <p>UPDATE(P) System displayed.</p>
3.2	Claim Type Mod Claim Type Modifier (DE2003)	Edits: Messages:	<p>A code indicating the type of claim transaction and the processing to be done. Use the On-line HELP system to find valid codes for this field.</p> <p>A code which indicates the type of claim transaction and the processing to be done. For paper claims, the third position of the transmission code is moved to this field.</p> <p>UPDATE (P) System displayed.</p>
4	Service Provider National Provider Identifier (DE4700)	Edits: 1. Must be numeric and valid provider ID. Messages:	<p>A unique identification number assigned to the servicing provider who submitted the claim document for adjudication. If provider is API/NPI, display a 2 character processed site number along with a 10 digit provider number.</p> <p>N/A</p>
4.1	(Service NPI provider site number) NPI XREF Site Number (DE4143)	Edits: Messages:	<p>This field contains a consecutive number for each unique provider type and location combination an NPI provider is using. An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses. For each combination of servicing address and provider type, there is a separate Site.</p> <p>N/A</p>
5	Object Code Budget Object Code	Edits: Messages:	<p>The account code used to identify each item in the DMAS chart of accounts.</p>

	(DE9843)		The account code used to identify each item in the DMAS chart of accounts. UPDATE (P) System displayed.
6	Enrollee Enrollee Identification Number (DE3001)	Edits: Messages:	A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID which is DE 3093. The DMAS-administered identification number that is used to tie all claims for a single enrollee together. UPDATE (P) System displayed.
7	Billing Provider National Provider Identifier (DE4700)	Edits: 1. Must be numeric and valid provider ID. Messages:	A unique identification number assigned to the billing provider who submitted the claim document for adjudication. If provider is API/NPI, display a 2 character processed site number along with a 10 digit provider number. A unique identification number assigned by DMAS for a billing provider. The unique number assigned to the provider who submitted the claim document for adjudication. UPDATE (P) System displayed. If provider is API/NPI, display 2 character processed site number along with 10 digit provider number.
7.1	(Bill NPI provider site number) NPI XREF Site Number (DE4143)	Edits: Messages:	This field contains a consecutive number for each unique provider type and location combination an NPI provider is using. An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses. For each combination of servicing address and provider type, there is a separate Site. N/A
8	EVS Number Electronic Verification System (EVS) Number (DE2442)	Edits: Messages:	A number provided by the EVS system confirming recipient eligibility, usually at the point-of-sale (POS) through a dedicated POS system, dial-up, voice response or other mechanism the EVS (Eligibility Verification System) for the dates of service submitted by the provider.

			<p>A number provided by the EVS system confirming recipient eligibility, usually at the point-of-sale (POS) through a dedicated POS system, dial-up, voice response or other mechanism the EVS (Eligibility Verification System) for the dates of service submitted by the provider.</p> <p>UPDATE (P) System displayed.</p>
9	<p>Perm Enroll ID</p> <p>Enrollee Permanent Identification Number (DE3093)</p>	<p>Edits:</p> <p>Messages:</p>	<p>The DMAS-administered identification number that is used to tie all claims for a single enrollee together. This is the ID number that is used as the key to access the Claims History File.</p> <p>The DMAS-administered identification number that is used to tie all claims for a single enrollee together. This is the ID number that is used as the key to access the Claims History File.</p> <p>UPDATE (P) System displayed.</p>
10	<p>Submit ID</p> <p>User/Operator ID (DE0012)</p>	<p>Edits:</p> <p>Messages:</p>	<p>A code uniquely identifying the VaMMIS user. It tracks user input and use of the system.</p> <p>N/A</p>
11.1	<p>Date of Birth (DOB)</p> <p>Enrollee Birth Date (DE3005)</p>	<p>Edits:</p> <p>Messages:</p>	<p>The enrollee's date of birth.</p> <p>The enrollee's date of birth.</p> <p>UPDATE (P) System displayed.</p>
11.2	<p>Age</p> <p>Calculated (DE0002)</p>	<p>Edits:</p> <p>Messages:</p>	<p>The age of the enrollee.</p> <p>The age of the enrollee.</p> <p>UPDATE (P) System displayed.</p>
12	<p>Benefit Plan</p> <p>Benefit Definition Benefit Plan Code (DE3550)</p>	<p>Edits:</p> <p>Messages:</p>	<p>A code that represents the group level. It is a three-tiered code with exception indicator describing the benefit plan under which services for an enrolled individual may be reimbursed. Use the On-line HELP system to find valid codes for this field.</p> <p>A code that represents the group level, three-tiered code with exception indicator describing the benefit plan under which services for an enrolled individual may be reimbursed. Use the On-line HELP system to valid codes for this</p>

			field. UPDATE (P) System displayed.
13	PA Prior Authorization Control Number (DE2024)	Edits: Value must be valid PA number. Messages: Missing/invalid data; correct highlighted field(s)	The unique identifier for a Prior Authorization. It is made up of the days since, DE 2499, the PA sequence number, DE 2498, and the PA type, DE 2508. The unique identifier for a Prior Authorization. It is made up of the days since, DE 2499, the PA sequence number, DE 2498, and the PA type, DE 2508. Value must be valid PA number. UPDATE (C/U) Enter the PA number to correct.
14	Aid Category Enrollee Eligibility Aid Category (DE3009)	Edits: Messages:	A code also known as Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans. Use the Online HELP system to valid codes for this field. Also known as Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans. UPDATE (P) System displayed.
15	FIPS Enrollee FIPS Code (DE3008)	Edits: Messages:	A code indicating the geographic or geopolitical statistical reporting area in which the enrollee resides. The county is a sub-division within the Commonwealth of Virginia. Use the Federal Standard County Codes (FIPS Pub. 6-1). A code indicating the geographic or geopolitical statistical reporting area in which the enrollee resides. The county is a sub-division within the Commonwealth of Virginia. Use the Federal Standard County Codes (FIPS Pub. 6-1). UPDATE (P) System displayed.
16	Exception Ind/LOC Benefit Plan Exception	Edits: Messages:	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the

	Indicator (DE3072)		<p>enrollee is receiving in a nursing home facility or waiver service. Use the On-line HELP system to find valid codes for this field.</p> <p>A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. It also identifies CMM restriction levels.</p> <p>UPDATE (P) System displayed.</p>
17	Atch Nbr Claim EDI Attachment Control Number (DE2013)	Edits: Messages:	<p>The attachment control number is submitted on the EDI 837 transaction. It consists of the patient account number, the date of service, and a sequence number. It is used to access attachments that may be submitted later.</p> <p>The attachment control number is submitted on the EDI 837 transaction. It consists of the patient account number, the date of service, and a sequence number. It is used to access attachments that may be submitted later.</p> <p>UPDATE (P) System displayed.</p>
17.1	DAYS Days Supply (DE2216)	Edits: Messages:	Will show days supply for pharmacy claims only (media type 6).
19	Status Claim Status (DE2039)	Edits: Messages:	<p>A code indicating the status of a claim after adjudication. Use the On-line HELP system to find valid codes for this field.</p> <p>Code indicating the status of a claim after an adjudication cycle. Use the On-line HELP system to find valid codes for this field.</p> <p>UPDATE (P) System displayed.</p>
20	Service Date (from) Claim Service From Date (DE2010)	Edits: Value must be a valid date less than or equal to thru date of service. Messages: Missing/invalid data; correct highlighted field(s)	<p>The date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format.</p> <p>Date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. Value must be a valid date less than or equal to thru</p>

			<p>date of service. UPDATE (C/U) Enter a valid service date to correct.</p>
21	<p>Service Date (thru) Claim Service Thru Date (DE2011)</p>	<p>Edits: Value must be a valid date greater than or equal to from date of service. Messages: Missing/invalid data; correct high-lighted field(s)</p>	<p>The date on which the service was ended; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format.</p> <p>Date on which the service was last rendered; for a claim covering only one service (e.g., a prescription), this is the only service date (D_SERV_FROM and D_SERV_THRU will be equal). Value must be a valid date greater than or equal to from date of service. UPDATE (C/U) Enter a valid service date to correct.</p>
22	<p>Billed Claim Billed Charge (DE2016)</p>	<p>Edits: Value must be numeric. Messages: Missing/invalid data; correct high-lighted field(s)</p>	<p>The dollar/cent amount of the charge submitted on a claim.</p> <p>The charge submitted on a claim. Value must be numeric. UPDATE (C/U) Enter a valid billed amount to correct.</p>
23.1	<p>Service Type Claim Type of Service (DE2072)</p>	<p>Edits: Please refer to Edit/Audit manual. Messages:</p>	<p>A code indicating the type of service billed.</p> <p>A code indicating the type of service billed. UPDATE (C/U) Enter a valid type of service code to correct.</p>
23.2	<p>Bill Typ (or Svc Type) Claim Facility Bill Type (DE2102)</p>		<p>A code indicating the bill type of a facility claim. This code is composed of three values, the first position being the facility type, the second being the billing classification of the provider billing the claim, and the third being the billing frequency or type of bill. Use the On-line HELP system to find valid codes for this field.</p> <p>A code indicating the bill type of a facility claim. This DE is composed of three values, the first position being the facility type, the second being the billing classification of the provider billing the claim, and the third being the billing frequency or type of bill. UPDATE (P) System displayed.</p>
24	<p>Referring Provider</p>	<p>Edits:</p>	<p>A unique identification number assigned to the</p>

	National Provider Identifier (DE4700)	Please refer to Edit/Audit manual. Messages:	referring provider that is assigned to the claim admitting provider. The Provider Identification Number assigned to the claim referring provider. UPDATE (C/U) Enter a valid Referring Provider number to correct.
25.1	Typ-Proc (Procedure Code) (DE5002)	Edits: Value must be a valid procedure code. Messages: Missing/invalid data; correct highlighted field(s)	Code used to identify a specific medical, revenue, or ICD diagnosis/surgical procedure. Code used to identify a specific medical, revenue, or ICD diagnosis/surgical procedure. Value must be a valid procedure code. UPDATE (C/U) Enter a valid procedure code to correct.
25.2	NDC Drug Code (NDC) (DE5200)	Edits: Messages:	National standard formulary 11-digit code used by most states to uniquely identify drugs. Codes are assigned by the FDA. The labeler code designates the drug manufacturer, always 5 numeric characters; the product code identifies the specific drug, drug strength and dosage form, always 4 characters, may be alphanumeric; and the package code always 2 characters, may be alphanumeric. National standard formulary 11-digit code used by most states to uniquely identify drugs. Codes are assigned by the FDA. The labeler code designates the drug manufacturer, always 5 numeric characters; the product code identifies the specific drug, drug strength and dosage form, always 4 characters, may be alphanumeric; and the package code always 2 characters, may be alphanumeric. UPDATE (C/U) Enter a valid NDC code to correct.
26	Allowed Claim Allowed Amount (DE2073)	Edits: Messages:	The calculated claim payment amount before reduction due to copay, TPL, patient liability, cut-backs (other than pricing) or denial. The calculated claim payment amount before reduction due to copay, TPL, patient liability, cut-backs (other than pricing) or denial. UPDATE (P) System displayed.

29	FCN Financial Control Number (DE9874)		<p>A unique number identifying a financial transaction.</p> <p>A unique number that identifies a financial transaction. UPDATE (P) System displayed.</p>
30	Procedure Mod Claims Procedure Code Modifier (DE2171)	<p>Edits: Please refer to Edit/Audit manual.</p> <p>Messages:</p>	<p>The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z. See Value Set 'VALID-MODIFIERS'.</p> <p>The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z. See Value Set 'VALID-MODIFIERS'. UPDATE (C/U) Enter valid modifier codes to correct.</p>
31	TPL Claim Third Party Payment (DE2018)	<p>Edits: Value must be numeric.</p> <p>Messages: Missing/invalid data; correct highlighted field(s)</p>	<p>The amount of payment made by third party sources toward a medical claim.</p> <p>The amount of payment made by third party sources toward a medical claim. Value must be numeric. UPDATE (C/U) Enter a valid amount to correct.</p>
32	Place of Service Claim Professional Place of Service (DE2173)	<p>Edits: Please refer to Edit/Audit manual.</p> <p>Messages:</p>	<p>A code indicating the type of place where service was rendered. Use the On-line HELP to find valid codes for this field.</p> <p>A code indicating the type of place where service was rendered. Use the On-line HELP to find valid codes for this field. UPDATE (C/U) Enter a valid code to correct.</p>
33	Attachments Claim Attachments Indicator (DE2030)	<p>Edits: Value must be 'Y' or 'N'.</p> <p>Messages: Missing/invalid data; correct highlighted field(s)</p>	<p>A code indicating whether or not the claim has an attachment.</p> <p>A code indicating whether or not the claim has an attachment. One alpha character. Must be Y (Yes) or N (No). UPDATE(C/U) Enter Y or N to correct.</p>

34	Units Claim Number of Units/Visits/Studies (DE2009)	Edits: Value must be numeric. Messages: Missing/invalid data; correct highlighted field(s)	The number of units/visits/study allowed. This is the number of units of the procedure performed by the provider. Value must be numeric. UPDATE(C/U) Enter number of units to correct
35	COB Claim COB Indicator (DE2544)	Edits: Please refer to Edit/Audit manual.	A code identifying the Coordination of benefits; primary carrier information other than Medicare - Title XVIII form. Use the On-line HELP system to find valid codes for this field. A code identifying the Coordination of benefits; primary carrier information other than Medicare - Title XVIII form. UPDATE(C/U) Enter COB code to correct.
36	Copay Claim Medicaid Co-Payment (DE2022)		The co-payment amount that the recipient has paid or is to pay on the claim. The co-payment amount that the recipient has paid or is to pay on the claim. Up to 9 digits. UPDATE(P) System displayed.
38	Remit No Remittance Advice Number (DE9580)		A sequential number identifying which (Remittance Advice) RA is currently being produced for a provider. The number is incremented by one each time a new RA is generated. The first five positions are Julian date YYDDD format. A sequential number that identifies which RA is currently being produced for a provider. The number is incremented by one each time a new RA is generated. The 1st 5 positions are Julian date YYDDD format. UPDATE(P) System displayed.
39	Pat Pay Claim Patient Pay Amount (DE2083)	Edits: Value must be numeric. Messages: Missing/invalid data; correct highlighted field(s)	The amount of money a recipient is scheduled to pay per month while confined to a nursing home or other long-term care facility. The amount of money a recipient is scheduled to pay per month while confined to a nursing home or other long-term care facility. Up to 9 digits. UPDATE(P)

			System displayed.
40	Former ICN Claim Related Document Number (DE2034)	Edits: Messages:	The Invoice Control Number of the claim which is to be altered by this adjustment or void (previously called former reference number) or the reference number submitted on the claim from the previous processor in the case of encounters. The Invoice control Number of the claim which is to be altered by this adjustment or void (previously called former reference number) or the reference number submitted on the claim from the previous processor in the case of encounters. 16 alphanumeric characters. UPDATE(P) System displayed.
40.1	Determined Version Determined Surgical Procedure/Diagnosis Code Version (DE2151)	Edits: Messages:	The ICD version based on criteria such as date of service, claim type, bill type. The ICD version based on criteria such as date of service, claim type, bill type. System displayed.
41	Payment Date Remittance Payment Date (DE9578)	Edits: Messages:	The date of the remittance cycle; MM/DD/CCYY format. Date of the remittance cycle. UPDATE(P) System displayed.
42	Paid Claim Payment Amount (DE2023)		The dollar/cent amount of the claim payment amount for the claim submitted. The dollar/cent amount of the claim payment amount for the claim submitted. UPDATE(P) System displayed.
43	RX# Claim Pharmacy Prescription Number (DE2211)		A reference number assigned by the provider for the dispensed drug/product and/or service provided. Reference number assigned by the provider for the dispensed drug/product and/or service provided. UPDATE(P) System displayed.
44	BN		An indicator that causes the claim to price using

	Claim Dispensed as Written Indicator (DE2418)		(AWP x Units) + 10% rather than the State Max. Use the On-line HELP system to find valid codes for this field. An indicator that causes the claim to price using (AWP x Units) + 10% rather than the State Max. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
45	Refill Claim Pharmacy Refill Code (DE2212)		A code indicating whether a prescription is an original or a refill. Use the On-line HELP system to find valid codes for this field. A code indicating whether a prescription is an original or a refill. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
46	Adjustment Rsn Adjustment/Void Reason (DE2033)	Edits: Messages:	A code specifying the reason for adjusting or voiding an individual claim. Use the On-line HELP system to find valid codes for this field. A code specifying the reason for adjusting or voiding an individual claim. 4 digits. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
47	RX Metric Qty Claims Pharmacy Metric/Dec/Qty (DE2248)		This is the metric decimal quantity of the drug (NDC) being dispensed by the pharmacist. This is the metric decimal quantity of the drug (NDC) being dispensed by the pharmacist. UPDATE(P) System displayed.
48	Prescribing Phy National Provider Identifier (DE4700)	Edits: Messages:	The Provider Identification Number assigned to the claim prescribing provider. The Provider Identification Number assigned to the claim prescribing provider. UPDATE(P) System displayed.
49	Billed (XVR) Claim Title XVIII Amount Billed to Medi-	Edits: Please refer to Edit/Audit manual.	Claim Title XVIII Amount Billed to Medicare The charges to Medicare entered on the Title 18 claim.

	care (DE2257)		Claim Title XVIII Amount Billed to Medicare The charges to Medicare entered on the Title 18 claim. UPDATE (C/U) Enter amount to correct.
50	RX Therap Class Drug Therapeutic Class Specific Code (DE5735)	Edits: N/A Messages:	Is the most specific therapeutic class coding scheme offered by First Databank and is intended for users who need a very definitive therapeutic classification system. Use the On-line HELP system to find valid codes for this field. Is the most specific therapeutic class coding scheme offered by First Databank and is intended for users who need a very definitive therapeutic classification system. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
51	Emergency Ind Claim Emergency Identifier (DE2802)	Edits: Value must be 'Y' or 'N'. Messages: Missing/invalid data; correct highlighted field(s)	A code indicating whether or not the service was an emergency. Value must be 'Y' or 'N'. A flag that indicates whether or not the service was an emergency. Value must be 'Y' or 'N'. UPDATE (C/U) Enter Y or N to correct.
52	MCR Coverage Claim Medicare Coverage Indicator (DE2402)	Edits: Messages:	A code to indicate that the recipient has Medicare Part B coverage only. (As in BUY IN status.) If the enrollee has Medicare Part B coverage, the value of B will be displayed; otherwise the field will be blank. This field is being used to show that the recipient has Medicare Part B coverage only. (As in BUYIN status.) If the enrollee has Medicare Part B coverage, the value of B will be displayed; otherwise the field will be blank. UPDATE(P) System displayed.
53	Alwd (XVR) Claim Title XVIII Charge Allowed (DE2253)	Edits: Value must be numeric. Messages: Missing/invalid	The allowed by Medicare amount entered on the Title 18 claim. The allowed by Medicare amount entered on the Title 18 claim. UPDATE (C/U)

		data; correct high-lighted field(s)	Enter amount to correct.
54	RX Dispensing Fee Claim Pharmacy Dispensing Fee (DE2217)	Edits: Messages:	The amount paid to a pharmacy as a fee for dispensing drugs/supplies. An amount paid to a pharmacy as a fee for dispensing drugs/supplies. UPDATE(P) System displayed.
55	Drug Unit Drug Unit of Use Code (DE5193)		A code indicating those packages which are supplied with appropriate labeling and (usually) child resistant closures and are appropriate to dispense as a unit. Use the On-line HELP system to find valid codes for this field. Denotes those packages which are supplied with appropriate labeling and (usually) child resistant closures and are appropriate to dispense as a unit. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
57	Paid (XVR) Claim Title XVIII Medicare Paid Amount (DE2254)	Edits: Value must be numeric. Messages: Missing/invalid data; correct high-lighted field(s)	The amount paid by Medicare entered on the Title XVIII claim. The amount paid by Medicare entered on the Title 18 claim. UPDATE (C/U) Enter the Medicare paid amount to correct.
58	RX Ingredient Cost Pharmacy Ingredient Cost (DE2223)	Edits: Messages:	Ingredient cost for the metric decimal quantity of the product included in the compound. Ingredient cost for the metric decimal quantity of the product included in the compound. UPDATE (P) System displayed.
60	Deduct (XVR) Claim Title XVIII Deductible Amount (DE2251)	Edits: Value must be numeric. Messages: Missing/invalid data; correct high-lighted field(s)	The deductible amount entered on the Title XVIII claim. The deductible amount entered on the Title 18 claim. Value must be numeric. UPDATE (C/U) Enter the Medicare deductible amount to correct.

61.1	Override/EOB (ESC No.) Claim Error ESC Code (DE5506)	Edits: Messages:	A code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. Use the On-line HELP system to find valid codes for this field. A code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. Four digits. Up to three Error Text Codes may be displayed. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
61.2	Override/EOB (Disposition) Error Text Disposition Attachments (DE5603)	Edits: Messages:	A code indicating the Disposition of the ESC Code. Use the On-line HELP system to find value codes for this field. A code indicating the Disposition of the ESC Code. One alpha character. Up to three Error Text Disposition Codes may be displayed. Use the On-line HELP system to find value codes for this field. UPDATE(P) System displayed.
62	Diagnosis Diagnosis Code (DE5301)	Edits: Value Must be a valid diagnosis code. Messages: Missing/invalid data; correct highlighted field(s)	The ICD CM (International Classification of Diseases Clinical Modification) code identifying each service, procedure or supply to describe the diagnosis, symptom, complaint, condition, problem and circumstances other than disease or injury. Use the On-line HELP system to find valid codes for this field. The ICD CM (International Classification of Diseases Clinical Modification) code identifying each service, procedure or supply to describe the diagnosis, symptom, complaint, condition, problem and circumstances other than disease or injury. Up to 7 alphanumeric characters. Up to 5 occurrences. Use the On-line HELP system to find valid codes for this field. UPDATE (C/U) Enter the diagnosis code to correct.
63	Coinsr (XVR) Claim Title XVIII Coin- surance Amount	Edits: Value must be numeric.	The coinsurance amount entered on a Title XVIII claim.

	(DE2252)	Messages: Missing/invalid data; correct highlighted field(s)	The coinsurance amount entered on a Title 18 claim. Value must be numeric. UPDATE (C/U) Enter the Medicare coinsurance amount to correct.
64.1	Current Error (ESC No.) Claim Error ESC Code (DE5506)	Edits: Messages:	A code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. Use the On-line HELP system to find valid codes for this field. A code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. Four digits. Up to three Error Text Codes may be displayed. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
64.2	Current Error (Disposition) Error Text Disposition Attachments (DE5603)	Edits: Messages:	A code indicating the Disposition of the ESC Code. Use the On-line HELP system to find valid codes for this field. A code indicating the Disposition of the ESC Code. One alpha character. Up to three Error Text Disposition Codes may be displayed. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
65.1	History Error (ESC No.) Claim Error ESC Code (DE5506)	Edits: Messages:	A code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. Use the On-line HELP system to find valid codes for this field. A code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. Four digits. Up to three Error Text Codes may be displayed. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
65.2	History Error (Disposition) Error Text Disposition Attachments (DE5603)	Edits: Messages:	A code indicating the Disposition of the ESC Code. Use the On-line HELP system to find valid codes for this field. A code indicating the Disposition of the ESC Code. One alpha character. Up to three Error

			Text Disposition Codes may be displayed. Use the On-line HELP system to find valid codes for this field. UPDATE(P) System displayed.
65.3	TOOTH NO Claim Dental Tooth Code (DE2200)	Edits: Messages: A code identifying the type and site of the tooth for treatment	A code identifying the type and site of the tooth for treatment. Use the on-line HELP system to find valid codes for this field. A code identifying the type and site of the tooth for treatment
65.4	Tooth Quad Claim Dental Quadrant (DE2892)	Edits: The mouth quadrant code Messages:	Claim Dental Quadrant Code Use the on-line HELP system to find valid codes for this field. N/A
65.5	Tooth Surface Claim Dental Surface Codes (DE2201)	Edits: A code indicating the dental surface for treatment Use the on-line HELP system to find valid codes for this field Messages:	Claim Dental Surface Codes Use the on-line HELP system to find valid codes for this field. N/A
66	Anes Min Anesthesia Minutes (DE2084)	Edits: Messages:	Anesthesia Minutes. Anesthesia Minutes. Update ('P'/'C')
67	Zip Code Provider Address ZIP Code (DE4099)	Edits: Messages:	The ZIP code in the address of the provider. N/A
68.1	Cutback Amount Claim Cutback Amount (DE2066)	Edits: Messages:	The charge amount reduced on the claim so that it could be paid without exceeding service limits, prior authorization limits, eligibility dates, etc. The revenue non-covered amount is initially moved here. If the system covers a revenue amount, it also is moved here. The charge amount reduced on the claim so that it could be paid without exceeding service limits, prior authorization limits, eligibility dates, etc. The revenue non-covered amount is initially

			moved here. If the system covers a revenue amount, it also is moved here.
68.2	Cutback Units Claim Cutback Days/Units (DE2065)	Edits: Messages:	The number of units or days reduced on the claim so that it could be paid without exceeding service limits, prior authorization limits, etc. The number of units or days reduced on the claim so that it could be paid without exceeding service limits, prior authorization limits, etc.
69	MCN Claims MCN Number (DE2581)	Edits: Messages:	Number assigned at transmission time that identifies the file transmitted. This appears on both the PA and Claims tables. Number assigned at transmission time that identifies the file transmitted. This appears on both the PA and Claims tables.
70	Svc Ctr Provider Service Center (DE4082)	Edits: Messages:	Code assigned to each billing service or data center which submits claims to the Fiscal Agent. Code assigned to each billing service or data center which submits claims to the Fiscal Agent.
71	Calculated Deductible Claim Calculated Deductible Amount (DE2256)	Edits: Messages:	The calculated deductible amount on a Title XVIII claim. N/A
71	Calculated Deductible Not Stored in MMIS (DE2)	Edits: Messages:	The calculated deductible amount on a Title XVIII claim. N/A
72	Calculated Coin- surance Claim Calculated Co- Insurance (DE2545)	Edits: Messages:	The calculated coinsurance amount on a Title XVIII claim. N/A
73	EAPG Code EAPG Code (DE5064)	Edits: Messages:	Code assigned for weight associated with procedures for Enhanced Ambulatory Patient Group. N/A
74	Claim Pharmacy Pro- fessional Service Fee (DE2262)	Edits: Messages:	Amount submitted by the provider for professional services rendered. N/A
75	UOM QL Unit of Measure – Qual- ifier UOM QL(DE2143)	Edits: Messages:	This is the Unit of Measure Qualifier associated with the NCD on the claim. This is the Unit of Measure Qualifier associated with the NCD on the claim. UPDATE (P) System displayed.
76	UOM QTY	Edits:	This is the Unit of Measure Quantity associated

	Unit of Measure – Quantity UOM QTY(DE2144)	Messages:	with the NCD on the claim. This is the Unit of Measure Quantity associated with the NCD on the claim. UPDATE (P) System displayed.
77	Medicare Copay (DE2054)	Edits: Messages:	The Medicare copay amount entered on the Title XVIII claim.
78	Newborn Ind (DE2053)	Edits: Messages:	The Newborn Indicator will display a 'Y' if the encounter claim is a newborn.

NAVIGATION	CHIRP and Adjustment Pharmacy and Title 18 Claim Detail (CP-S-008-08)	
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Function (B) or (M)	Action	Branch To (B) or Return To (R)
Adjudication	Posts the data to the database. Not available in CHIRP screen.	N/A
Additional claim error codes	Displays CHIRP additional claim error codes. Navigation from the CHIRP screen only.	CP-S-008-14 (B)
Adj. Segments	Displays the 'CHIRP Online Adjustment Segments' screen.	CP-S-008-04 (B)
Attach	Opens up the claim attachment in secondary window.	N/A
Return	Returns to the previous screen accessed.	N/A
Cancel	Returns to the Adjustment Selection Screen. Not available in CHIRP screen.	CP-S-003-02 (B)
CHIRP secondary selection screen in secondary mode	Displays CHIRP secondary selection screen in secondary mode. Navigation from the CHIRP screen only.	CP-S-008-02 (B)
Conflict Claims	Displays Conflicting Claims screen in Inquiry mode.	CP-S-001-09 (B)
Consent	Displays Consent screen in Inquiry mode.	CP-S-001-11 (B)
Diagnosis	Displays the ICD Diagnosis/Length of Stay. Navigation from the CHIRP Screen only.	RF-S-015 (B)
Edit Remarks	Displays the 'CHIRP Online ANSI Remark Codes' screen	CP-S-008-12 (B)
Member	Displays the Member Demographics Screen.	RS-S-018 (B)

	Navigation from the CHIRP Screen only.	
Enter	The Enter button has two functions: Edits the data on the screen for correctness and displays the appropriate error message when necessary. When entered data passes all the edits then adjudicates the claim and displays the results.	N/A
Edit Text	Displays the Edit Text Screen. When this button is chosen, the cursor must be on one of the Error in the Error Number field on the screen. Navigation from the CHIRP screen only.	RF-S-002-02 (B)
Sub Menu	Returns to Claims Processing Main Menu.	CP-S-001-01 (R)
Image	Displays the paper image or EDI proof list of the claim on a separate browser window. Not applicable for pharmacy point of sale, EDI or encounter claims.	N/A
Service Auth	Displays the Service Authorization Header Screen. Navigation from the CHIRP Screen only.	CP-S-004-05 (B)
Procedure	Displays the Common Procedural Terminology Screens depending on the procedure (Medical, Home Health/Hospice/Revenue Codes, (International Classification of Diseases) ICD Procedure/LOS. Navigation from the CHIRP screen only.	RF-S-001-10 RF-S-014-01 (B)
Prov Xref	Displays the 'Provider NPI Cross Reference' screen	PS-S-016 (B)
Provider	Displays the Provider Information Screen. Navigation from the CHIRP screen only.	PS-S-001-03 (B)
Refresh	Displays the last updated information (if any) from the database.	N/A
Status	Displays the Claims Status Screen. Navigation from the CHIRP screen only.	CP-S-008-10 (B)
Main Menu	Returns to the VaMMIS Main System Menu.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
52	CHOOSE A SELECTION	Choose a selection from the drop-down menu.
45	CHOOSE UPDATE TO DELETE THE RECORD	Choose the update button to delete the record.
2321	DIAGNOSIS CODE SELECTED IS	Choose a new diagnosis code.

	INVALID	
33	ERROR WHILE ACCESSING	Contact ACS Operations for assistance.
2318	ESC NUMBER SELECTED IS INVALID	Enter a valid ESC number. See the Online Edit/Audit Manual. See the field definitions for valid formatting/data for this field.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
2006	ICN IS INVALID	Enter a valid ICN. See the field definitions for formatting and requirements for this field.
2408	NAVIGATION ALLOWED ACROSS ONE SUBSYSTEM ONLY SELECT WITHIN SYSTEM OR EXIT.	Information message.
2119	PROCEDURE TYPE IS INVALID; TRANSFER CANCELLED	Information message.
2319	SELECT A DIAGNOSIS	The cursor must be on one of the Diagnosis in the Diagnosis field(s) field on the screen and choose Diagnosis.
2316	SELECT A PROVIDER NUMBER	The cursor must be on one of the Provider ID's in the Provider field(s) field on the screen and choose Provider.
2013	SELECT 'B' FOR BATCH OR 'I' FOR INQUIRY	Enter one of the choices given.
2317	SELECT ESC NUMBER	The cursor must be on one of the ESCs in the ESC field(s) field on the screen and choose Edit Text.
2315	SELECTED PROVIDER NUMBER IS INVALID	Enter a valid Provider number.

Screen Access

For Adjustment access:
From the VaMMIS Main Menu (RF-S-010):
1. Choose the Invoice Processing icon.
2. You see the Claims Processing Main Menu (CP-S-001-01).
3. Choose the Adjustments radio button.
4. Choose Enter.
5. You see the Adjustment Selection Screen (CP-S-003-02).
6. Select the function you wish to perform.
7. Enter the ICN in the ICN field on the Adjustment Selection Screen (CP-S-003-01).
8. Choose Enter.
9. You see the Adjustment Pharmacy and Title 18 Claim Detail Screen (CP-S-008-08).

Screens CP-S-008-09 CHIRP AND ADJUSTMENT UB REVENUE CODE CLAIM DETAIL

General Information

This screen performs two functions. It displays the revenue codes for a UB claim to be adjusted or voided and displays CHIRP revenue codes for UB claim..

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update
PROGRAM	CPR052
MAPSET	CPS8008/PROCSUB
TRAN ID	VH0M

SAMPLE CHIRP and Adjustment UB Revenue Code Claim Detail (CP-S-008-09)

	Name (DE2780)		
1.2	ICN Claim Request ICN (DE2001)	Edits: Messages:	<p>A unique Transaction Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number). Sixteen digits. INQUIRY(P) System displayed.</p> <p>A unique Transaction Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number). Sixteen digits. UPDATE (P) System displayed.</p>
2	Enrollee (First Name) Enrollee First Name (DE3111)		<p>The first name of the individual eligible for a DMAS-administered medical care program. Up to twelve alphanumeric characters.</p> <p>The first name of the individual eligible for a DMAS-administered medical care program. Up to twelve alphanumeric characters. UPDATE(P) System displayed.</p>
3	(Enrollee Last Name) Enrollee Last Name (DE3110)		<p>The last name of the individual eligible for a DMAS-administered medical care program. Up to nineteen characters.</p> <p>The last name of the individual eligible for a DMAS-administered medical care program. Up to nineteen characters. UPDATE (P) System displayed.</p>
4	(Enrollee MI) Enrollee Middle Initial (DE3112)		<p>The middle initial of the individual eligible for a DMAS-administered medical care program. One alphanumeric character.</p> <p>The middle initial of the individual eligible for a DMAS-administered medical care program. One alphanumeric character. UPDATE (P) System displayed.</p>
5	(Enrollee Suffix) Enrollee Name Suffix (DE3113)		<p>The name suffix of the individual eligible for a DMAS-administered medical care program. Up to three alphanumeric characters. Use the On-line HELP system to find valid codes for this field.</p> <p>The name suffix of the individual eligible for a DMAS-administered medical care program. Up to three alphanumeric characters. Use the On-line HELP system to find valid codes for this field.</p>

			UPDATE (P) System displayed.
6	Dates of Service (from) Claim Service From Date (DE2010)	Edits: Messages:	The date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format. Eight digits. The date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format. Eight digits. UPDATE (P) System displayed.
7	(Service Thru Date) Claim Service Thru Date (DE2011)		The date on which the service was ended; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format. Eight digits. The date on which the service was ended; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format. Eight digits. UPDATE (P) System displayed.
8	Enrollee Number Enrollee Identification Number (DE3001)	Edits: Messages:	A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID which is DE 3093. Twelve digits. A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID which is DE 3093. Twelve digits. UPDATE (P) System displayed.
9	Provider Number National Provider Identifier (DE4700)	Edits: Messages:	A unique identification number assigned to the billing or servicing provider who submitted the claim document for adjudication. 10 digits. A unique identification number assigned to the billing or servicing provider who submitted the claim document for adjudication. 10 digits. UPDATE (P) System displayed.
10	No Claims Facility Revenue Line Number (DE2445)		A sequential number assigned by the system to each new application ADD transaction. 2 digits. A sequential number assigned by the system to each new application ADD transaction. 2 digits. UPDATE (P) System assigned for each new application ADD transaction.
11	Revenue Code	Edits:	A code which defines a specific accommodation and/or ancillary

	Claim Revenue Code (DE2122)	Messages:	<p>service or billing calculation.</p> <p>A code which defines a specific accommodation and/or ancillary service or billing calculation. Four digits.</p> <p>UPDATE (P)</p> <p>System displayed.</p>
12	Units Claim Revenue Units (DE2123)	Edits: Please refer to Edit/Audit Manual.	<p>A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood or renal dialysis treatments etc.</p> <p>A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood or renal dialysis treatments etc.</p> <p>UPDATE (C/U)</p> <p>Enter number of units to correct.</p>
13	Revenue Amount Claim Revenue Amount (DE2124)	Edits: Please refer to Edit/Audit Manual. Messages:	<p>The total charges, pertaining to the related revenue codes, for the current billing period as entered in the statement covers period. Nine digits.</p> <p>The total charges, pertaining to the related revenue codes, for the current billing period as entered in the statement covers period. Nine digits.</p> <p>UPDATE (C/U)</p> <p>Enter the revenue amount to correct.</p>
14	Allowed Amount Claim Allowed Amount (DE2073)	Edits: Messages:	<p>The calculated claim payment amount before reduction due to copay, TPL, patient liability, cutbacks (other than pricing) or denial. Nine digits.</p> <p>The calculated claim payment amount before reduction due to copay, TPL, patient liability, cutbacks (other than pricing) or denial. Nine digits.</p> <p>UPDATE (P)</p> <p>System displayed.</p>
15	Non-Covered Amount Claim Non-Covered Amount (DE2139)	Edits: Messages:	<p>The amount of the revenue billed charges that is not covered. May be entered by the provider or populated by the system during adjudication. Nine digits.</p> <p>The amount of the revenue billed charges that is not covered. May be entered by the provider or populated by the system during adjudication. Nine digits.</p> <p>UPDATE (P)</p> <p>System displayed.</p>
16	Procedure Code	Edits:	<p>A code used to identify a specific procedure.</p> <p>N/A</p>

	Claim Principal Procedure Code (DE2008)	Messages:	
17	Cutback Units Claim Cutback Days/Units (DE2065)	Edits: Messages:	The number of units reduced on the claim so that it could be paid without exceeding service limits, prior authorization limits, etc. N/A
18	Cutback Amount Claim Cutback Amount (DE2066)	Edits: Messages:	The charge amount reduced on the claim so that it could be paid without exceeding service limits, prior authorization limits, eligibility dates, etc. The revenue non-covered amount is initially moved here. If the system no covers a revenue amount, it also is moved here. N/A
19	Procedure Code (DE5002)	Edits: May specify multiple procedure codes	A CPT (Current Procedural Terminology), HCPCS (HCFA Common Procedure Coding System) or an internal state specific code identifying a specific procedure. Use the on-line HELP system to find valid codes for this field.
20	Procedure Modifier 1 (DE2171)	Edits: May specify multiple modifier codes	The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z. See Value Set "VALID-MODIFIERS".
21	Procedure Modifier 2 (DE2171)	Edits: May specify multiple modifier codes	The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z. See Value Set "VALID-MODIFIERS".
22	Procedure Modifier 3 (DE2171)	Edits: May specify multiple modifier codes	The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z. See Value Set "VALID-MODIFIERS".
22	Procedure Modifier 4 (DE2171)	Edits: May specify multiple modifier codes	The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z. See Value Set "VALID-MODIFIERS".
23	NDC	Edits:	National standard formulary 11-digit code used by most states

	Drug Code NCD (DE5200)	Message:	to uniquely identify drugs. Codes are assigned by the FDA. The labeler code designates the drug manufacturer, always 5 numeric characters; the product code identifies the specific drug, drug strength and dosage form, always 4 characters, may be alphanumeric; and the package code always 2 characters, may be alphanumeric. National standard formulary 11-digit code used by most states to uniquely identify drugs. Codes are assigned by the FDA. The labeler code designates the drug manufacturer, always 5 numeric characters; the product code identifies the specific drug, drug strength and dosage form, always 4 characters, may be alphanumeric; and the package code always 2 characters, may be alphanumeric. UPDATE (P) System Displayed.
24	UOM QL Unit of Measure – Qualifier UOM QL(DE2143)	Edits: Message:	This is the Unit of Measure Qualifier associated with the NCD on the claim. This is the Unit of Measure Qualifier associated with the NCD on the claim. UPDATE (P) System displayed.
25	UOM QTY Unit of Measure – Quantity UOM QTY (DE2144)	Edits: Message:	This is the Unit of Measure Quantity associated with the NCD on the claim. This is the Unit of Measure Quantity associated with the NCD on the claim. UPDATE (P) System displayed.

Navigation

NAVIGATION		
CHIRP and Adjustment UB Revenue Code Claim Detail (CP-S-008-09)		
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Return	Returns to the previous screen accessed.	CP-S-008-06 ()
Enter		N/A
SUB	Returns to the Subsystem Screen that initiated the entry into	N/A

MENU	the CHIRP Inquiry Screens.	
SCROLL DOWN	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SCROLL UP	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
Procedure	Displays the Medical Procedure Screen. Navigation from the CHIRP screen only.	RF-S-001-01 (B)
Refresh	Displays the last updated information (if any) from the database.	N/A
Rev Code	Displays the Revenue Procedure Screen. Navigation from the CHIRP screen only.	RF-S-001-09 (B)
Main Menu	Returns to the VaMMIS Main System Menu.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
45	CHOOSE UPDATE TO DELETE THE RECORD	Choose the update button to delete the record.
54	END OF FILE REACHED	Information message. No action needed.
2001	ENROLLEE INFORMATION NOT FOUND	Information message.
2002	ENROLLEE NAME NOT FOUND ON RS_PERSON_NAME	Information message.
33	ERROR WHILE ACCESSING	Contact ACS Operations for assistance.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
55	TOP OF FILE REACHED	Information message. No action needed.

Screen Access

For Adjustment access:

From the VaMMIS Main Menu (RF-S-010):

1. Choose the Invoice Processing icon.

2. You see the Claims Processing Main Menu (CP-S-001-01).

3. Choose the Adjustments radio button.
4. Choose Enter.
5. You see the Adjustment Selection Screen (CP-S-003-02).
6. Select the function you wish to perform.
7. Enter the ICN in the ICN field on the Adjustment Selection Screen (CP-S-003-01).
8. Choose Enter.
9. You see the Adjustment UB Claim Detail Screen (CP-S-008-06).
10. Choose the Revenue Code navigation button to view the UB Revenue Code Claim Detail screen (CP-S-008-09)

Screens CP-S-008-10 CHIRP Claims Status

General Information

This screen displays the status information for the claim.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	CPR070
MAPSET	CPS8009/CLMSTAT
TRAN ID	VH0U

SAMPLE	CHIRP Claims Status (CP-S-008-10)
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VA DMAS Prototype Portal - Windows Internet Explorer

http://localhost:9080/HATS_Portlet/HATS_Portlet/default?ver=2.0/rparam=PERFOx1TIMESTAMP=0/rparam=portletAction=portletActionPost/rparam=SESSION

VA DMAS Prototype Portal | Greyhound.com : Ticket Cent...

Virginia Fiscal Agent Services

Prototype Environment | Home | Contact Us | Help | Search | Logout

MMIS

Screen ID: CP-S-008-10
 Trans ID: [REDACTED]
 Program ID: [REDACTED]

**VIRGINIA MEDICAID
 CHIRP CLAIMS STATUS SUMMARY**

Date: 2/31/2009
 Time: 5:53
 Page: 01 of 01

ICN: [REDACTED] Member ID: [REDACTED]
 DOS From: [REDACTED] DOS Thru: [REDACTED] Provider ID: [REDACTED]

Status	Description	Begin Date	End Date	Time	Claim Modifier	Claim User
1	PAID	[REDACTED]	[REDACTED]	[REDACTED]	3	[REDACTED]
5	TO BE PAID	[REDACTED]	[REDACTED]	[REDACTED]	3	[REDACTED]
1	PAID	[REDACTED]	[REDACTED]	[REDACTED]	1	[REDACTED]
5	TO BE PAID	[REDACTED]	[REDACTED]	[REDACTED]	1	[REDACTED]
4	PENDED	[REDACTED]	[REDACTED]	[REDACTED]	1	[REDACTED]

PAGE NUMBER SAME AS CURRENT PAGE.

Enter Detail Return Sub Menu Main Menu

152 (2,72) Local intranet 100% 4:01 PM

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ICN Claim Request ICN (DE2001)		A unique Transaction Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number).
2	Enrollee No Enrollee Identification		A unique number identifying an individual enrollee in a DMAS-administered program.

	Number (DE3001)		This will be used to indicate any enrollee ID other than the permanent ID which is DE 3093.
3	Dates of Service (from) Claim Service From Date (DE2010)		The date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format.
4	Dates of Service (Thru) Claim Service Thru Date (DE2011)	Edits: Messages:	The date on which the service was ended; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format.
5	Provider No National Provider Identifier (DE4700)	Edits: Messages:	A unique identification number assigned to the servicing or billing provider. 10 digits for NPI provider.
6	Status Claim Status (DE2039)		A code indicating the status of a claim after adjudication. Use the On-line HELP system to find valid codes for this field.
7	Description Code Value Description (DE0018)	Messages: Status Description is pulled from the Value Code Table	The text description of the Status Code. N/A
8	Begin Date Claim Status Begin Date (DE2383)		The date in MM/DD/CCYY format. N/A
9	End Date Claim Status End Date (DE2384)		The date in MM/DD/CCYY format. N/A
10	Time Row Update Date (DE0011)		The date and time information the claim had activity. CCYY-MM-DD-HH:MM:SS format. (century, month, day, hour, minute, second). N/A
11	Clm Modifier Claim Type Modifier (DE2003)		A code indicating the type of claim transaction and the processing to be done. Use the On-line HELP system to find value codes for this field.
12	Claim User Claim User-ID Code (DE2035)		A code uniquely identifying the VaMMIS user. It tracks user input and use of the system.

			N/A
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NAVIGATION		CHIRP Claims Status (CP-S-008-10)
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Return	Returns to the previous screen accessed.	CP-S-008-01 (R)
Detail	Displays the detail of the status.	CP-S-008-06 ()
Enter	Enter button is used for scrolling directly to the desired pages. User can enter the page number in the 'PAGE' field on the screen and press ENTER to go to that page.	N/A
SUB MENU	Returns to the Subsystem Screen that initiated the entry into the CHIRP Inquiry Screens.	N/A
SCROLL DOWN	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SCROLL UP	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
Main Menu	Returns to the VaMMIS Main System Menu.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
45	CHOOSE UPDATE TO DELETE THE RECORD	Choose the update button to delete the record.
76	CURSOR POSITION NOT VALID	Move the cursor to the desired Enrollee ID field and retry the navigation button.
54	END OF FILE REACHED	Information message. No action needed.
33	ERROR WHILE ACCESSING	Contact ACS Operations for assistance.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
2456	INVALID PAGE NUMBER	Check field for valid data and re-enter.
2017	NO LOCATIONS SELECTED FOR THE STATUS	Information message.
2018	NO REMARKS SELECTED FOR THE LOCATION	Information message.
2016	NO STATUS SELECTED FOR THE ICN	Information message.

2454	PAGE NUMBER GREATER THAN TOTAL PAGES	Information message.
2455	PAGE NUMBER SAME AS CURRENT PAGE	Information message.
55	TOP OF FILE REACHED	Information message. No action needed.

Screen Access

This screen can only be accessed from the CHIRP Detail Claims Display screens (CP-S-008-05, CP-S-008-006, CP-S-008-007, CP-S-008-008, and CP-S-008-009) by choosing the Status navigation button.

Screens CP-S-008-11 CHIRP Claim Remarks Screens

General Information

This screen will be displayed the remarks entered on the claim during pend resolution.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	CPR070
MAPSET	CPS8009/CLMDETL
TRAN ID	VHOU

SAMPLE	CHIRP Claim Remarks Screens (CP-S-008-11)
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MMIS

Screen ID: CP-S-008-11
 Trans ID: VH0U
 Program ID: CPR070

**VIRGINIA MEDICAID
 CHIRP CLAIMS STATUS DETAIL**

Help |
 Date:
 Time:
 Loc:

ICN: [REDACTED] Status : 4 Begin Date : 08/28/2007 End Date : 09/19/2007
 Edit Disp :
 0223 P

Loc To: 650 Loc From: Date: 08/28/2007 Time: 21:25:25 User ID: SYSTEM

User ID	Comments

NO REMARKS SELECTED FOR THE LOCATION.

Scroll Up | Scroll Down

Enter | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ICN Claim Request ICN (DE2001)		A unique Transaction Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number). N/A
2	Status		A code indicating the status of a claim after

	Claim Status (DE2039)		adjudication. Use the On-line HELP system to find valid codes for this field. N/A
3	Begin Date Claim Service From Date (DE2010)		The date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format. N/A
4	End Date Claim Service Thru Date (DE2011)		The date on which the service was ended; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format. N/A
5	Edit Disp Error Text Error Code (DE5501)		A code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. Use the On-line HELP system to find valid codes for this field. N/A
6	LOC to Claim Pend To Loca- tion (DE2841)		A code identifying the location for a pending claim is transferred to. Use the On-line HELP system to find valid codes for this field. N/A
7	LOC from Claim Pend From Location (DE2840)		A code identifying the location for a pending claim is transferred from. Use the On-line HELP system to find valid codes for this field. N/A
8	Date Pend Transfer Date (DE2404)		The date a pending resolution clerk transferred a claim from one pending location to another; MM/DD/CCYY format. N/A
9	Time Row Update Date (DE0011)		The timestamp upon which any column in the row was most recently inserted/updated. N/A
10	User Id User/Operator ID (DE0012)		A code uniquely identifying the VaMMIS user tracking user input and use of the system. N/A

11	Remarks Claims Remarks Text (DE2579)		The remarks entered into the remarks table during Pend Resolution or remarks entered on the claim. N/A
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NAVIGATION		CHIRP Claim Remarks Screens (CP-S-008-11)
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Return	Returns to the previous screen accessed.	N/A
Enter	Displays the CHIRP On-line Inquiry - Chirp Claims Status Detail.	N/A
Sub Menu	Returns to the Claims Processing Main Menu.	N/A
Scroll Down	Scrolls one page forward to display additional data (if any). After all the data has been displayed, a message will appear on the screen.	N/A
Scroll Up	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen	N/A
Main Menu	Returns to the VaMMIS Main System Menu.	N/A

Error Messages

Error	Description	Resolution
45	CHOOSE UPDATE TO DELETE THE RECORD	Choose the update button to delete the record.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
9	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.

Screen Access

CHIRP access:
From the VaMMIS Main Menu (RF-S-010):
1. Choose the Invoice Processing icon.
2. Choose Enter.
3. You see the Claims Processing Main Menu
(CP-S-001-01).

4. Choose the CHIRP Request radio button.
5. Choose Enter.
6. You see the CHIRP Primary Selection Criteria Screen (CP-S-008-01).
7. Enter the required data for the CHIRP Primary Selection Criteria Screen (CP-S-008-01).
8. You see the CHIRP Summary Claims Display (CP-S-008-05).
9. Enter an X in the select field next to the UB92 claim you wish to view the details of the claim(s) selected.
10. Choose Enter.
11. You see the CHIRP Pharmacy, Dental, and Title 18 Claim Detail Screen (CP-S-008-08).
12. Choose the Status button.
14. You see the CHIRP Claims Status Screen (CP-S-008-10).
15. Choose the Detail button.
16. You see the CHIRP Claim Remarks Screen (CP-S-008-11)

Screens CP-S-008-12 CHIRP Online ANSI Remark Codes

General Information

This screen displays the ANSI Remark codes for the edits set on the claim.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	CPR812
MAPSET	CPS812V/CPS812
TRAN ID	VH0C

SAMPLE	CHIRP Online ANSI Remark Codes (CP-S-008-12)
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			N/A
2	CT Claim Type (DE2002)		A code identifying the claim form document filed by a provider; depends on provider type and claim form type. Use the On-line HELP system to find valid codes for this field. N/A
3	STATUS Claim Status (DE2039)		Code indicating the status of a claim after an adjudication cycle. Use the On-line HELP system to find valid codes for this field. N/A
4	Sr. No. Calculated (DE0002)		Sequence number of the reported remarks. N/A
5	ESC No. Claim Error ESC Code (DE5506)		Claim Error ESC Code. N/A
6	Edit No. Error Text Error Code (DE5501)		Code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. N/A
7	Adjustment Reason HIPAA Adjustment Reason Code (DE5580)		HIPAA Adjustment Reason Code. N/A
8	Adjustment Group HIPAA Adjustment Reason Group Code (DE5535)		HIPAA Adjustment Reason Group Code N/A
9	Adjustment Remark CD Claim Response Code (DE5540)		Claims Response Code. N/A
10	DISP Error Text Disposition		Indicates that the Disposition requires attach-

	Attachments (DE5603)		ments for this Media Type for this Invoice Type. The domain will be the actual one position Disposition Code. On the Pend Resolution Screens, this field is the disposition entered with an ESC number when the pend resolution clerk is denying, rejecting, or overriding an edit. N/A
11	Line No. Claims Facility Revenue Line Number (DE2445)		The line number of each revenue code on the claim. N/A

NAVIGATION		CHIRP Online ANSI Remark Codes (CP-S-008-12)
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Return	Returns to the previous screen accessed.	N/A
Sub Menu	Returns to the Subsystem Screen that initiated the entry into the CHIRP Inquiry Screens.	N/A
Lookup	This key is for looking up the detail information for the ESC No., Reason and Remark fields.	N/A
Scroll Down	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
Scroll Up	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
Main Menu	Returns to the VaMMIS Main System Menu.	N/A

Error Messages

Error	Description	Resolution
None	N/A	N/A

Screen Access

CHIRP access:
From the VaMMIS Main Menu (RF-S-010):

1. Choose the Invoice Processing icon.
2. Choose Enter.
3. You see the Claims Processing Main Menu (CP-S-001-01).
4. Choose the CHIRP Request radio button.
5. Choose Enter.
6. You see the CHIRP Primary Selection Criteria Screen (CP-S-008-01).
7. Enter the required data for the CHIRP Primary Selection Criteria Screen (CP-S-008-01).
8. You see the CHIRP Summary Claims Display (CP-S-008-05).
9. Enter an X in the select field next to the UB92 claim you wish to view the details of the claim(s) selected.
10. Choose Enter.
11. You see the CHIRP UB92 Claim Detail Screen (CP-S-008-06).
Or
12. Enter an ICN/Old Reference Number in the ICN field on the CHIRP Primary Selection Criteria Screen.
13. Choose Enter.
14. You see the CHIRP UB92 Claim Detail Screen (CP-S-008-06).
15. Choose the Edit Remarks button.
16. You see the CHIRP Online ANSI Remark Codes Screen (CP-S-008-12).

Screens CP-S-008-13 Value Codes

General Information

Display the value codes provided on the claim. Allows inquiry and modification of the value codes. For Title 18 claims, coinsurance (A2) and deductible (A1) can be modified by changing the amounts in the value codes.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add, Delete
PROGRAM	CPR062
MAPSET	CPS8013
TRAN ID	VH41, VH41

SAMPLE	Value Codes (CP-S-008-13)
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			date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number).
2	Enrollee (First Name) Enrollee First Name (DE3111)	Edits: Messages:	The first name of the individual eligible for a DMAS-administered medical care program. The first name of the individual eligible for a DMAS-administered medical care program.
2.1	(Enrollee Last Name) Enrollee Last Name (DE3110)	Edits: Messages:	The last name of the individual eligible for a DMAS-administered medical care program. The last name of the individual eligible for a DMAS-administered medical care program.
2.2	(Enrollee Middle Initial) Enrollee Middle Initial (DE3112)	Edits: Messages:	The middle initial of the individual eligible for a DMAS-administered medical care program. The middle initial of the individual eligible for a DMAS-administered medical care program.
3	Dates of Service (From) Claim Service From Date (DE2010)	Edits: Messages:	The date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format. The date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format.
3.1	Dates of Service (End) Claim Service Thru Date (DE2011)	Edits: Messages:	The date on which the service was ended; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format. The date on which the service was ended; for a claim covering only one service (e.g., a prescription), this is the only service date. MM/DD/CCYY format.
4	Enrollee Number Enrollee Identification Number (DE3001)	Edits: Messages:	A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID which is DE 3093. A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID which is DE 3093.
5	Provider Number National Provider Identifier (DE4700)	Edits: Messages:	A unique identification number assigned to the servicing provider who submitted the claim document for adjudication. A unique identification number assigned to the

			servicing provider who submitted the claim document for adjudication.
6	Value Code Claim Value Code (DE2128)	Edits: Messages:	A code that identifies data of a monetary nature that is necessary for processing a claim. See the on-line HELP system for valid values for this field. A code that identifies data of a monetary nature that is necessary for processing a claim. See the on-line HELP system for valid values for this field. (P) System-displayed.
7	Value Amount Claim Value Amount (DE2131)	Edits: Messages:	A dollar amount for the value code listed. A dollar amount for the value code listed. UPDATE (O/U) For Title XVIII Claims only: Delete the value amount listed and enter a new value amount.
8.1	ID User/Operator ID (DE0012)	Edits: Messages:	A code uniquely identifying the VaMMIS user. It tracks user input and use of the system. A code uniquely identifying the VaMMIS user. It tracks user input and use of the system.
8.2	Name User Name (DE0029)	Edits: Messages:	Name of the VaMMIS user. Name of the VaMMIS user.

NAVIGATION	Value Codes (CP-S-008-13)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Enter	Redisplay screen	N/A
SCROLL DOWN	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SCROLL UP	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
Refresh	Refreshes value code data entered on the screen for Title 18 (type 9) claims.	N/A

RETURN	New Screen Action	N/A
SUB MENU	Returns to the Claims Processing Subsystem Main Menu.	CP-S-001-01 (R)
MAIN MENU	New Screen Action	RF-S-010 (R)

Error Messages

Error	Description	Resolution
9895	INVALID VALUE CODE ENTERED	Information message.

Screen Access

From the VaMMIS Main Menu:
1. Select the Invoice Processing icon from the VaMMIS Main System Menu Screen.
2. You see Claims Processing Main Menu Screen.
3. Choose the Pend Resolution Menu radio button.
4. Choose Enter to see the On-line Pend Resolution Menu.
5. Enter the Pend Resolution criteria to display the desired type of Pend Resolution Screen.
6. From the Online Pend Resolution screen or CHIRP Detailed Claims Display Screen, choose the Val Code button.
OR
6. From the Detailed Claims Display screen, choose the Value Code button.
Note: This screen is in update mode only when accessed from the UB Adjustment Screen (CP-s-008-06) if the claim being adjusted is claim type 09 Title 18. You can update these Value Codes from this screen.:
06 Blood Deductible Amount
08 Medicare Co-insurance Amount
09 Medicare Co-insurance Amount
10 Medicare Co-insurance Amount
11 Medicare Co-insurance Amount
82 No Other Coverage
83 Billed and Paid
85 Billed/Not Paid
A1 Medicare Deductible Amount
A2 Medicare Co-insurance Amount
B1 Medicare Deductible Amount
B2 Medicare Co-insurance Amount

C1 Medicare Deductible Amount

C2 Medicare Co-insurance Amount

Screens CP-S-008-14 CHIRP Claim Error Codes

General Information

The CHIRP Claim Error Codes screen displays additional Claim errors when a Claim has more than 3 Current or History edit errors. This screen can display up to 27 Current and History error codes excluding the 3 errors already displayed on the CHIRP detail and Adjustment screens.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	CPR064
MAPSET	CPS8014/CPS8014
TRAN ID	VH0D

SAMPLE	CHIRP Claim Error Codes (CP-S-008-14)
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VA_MMIS - Windows Internet Explorer

https://localhost:9443/VA_MMIS/VA_MMIS/default.aspx?ver=2.0/?param=PERFDX1TIMESTAMP=0/?param=portletAction=portletActionPost/ Certificate Error

File Edit View Favorites Tools Help

Google Search

VA_MMIS

Virginia Fiscal Agent Services

Prototype Environment | Home | Contact Us | Help | Search | Logout

MMIS

Screen ID: CP-S-008-14
 Trans ID: [REDACTED]
 Program ID: [REDACTED]

**VIRGINIA MEDICAID
 CHIRP CLAIM ERROR CODES**

Date: 12/31/2009
 Time: 11:06

User ID: [REDACTED] Name: [REDACTED]

ICN: [REDACTED] Member Name(F,M,L): [REDACTED]

DOS From: [REDACTED] DOS Thru: [REDACTED] Member ID: [REDACTED] Provider ID: [REDACTED]

Current Error: 0994 6 0994 6 0994 6

History Error:

ALL THE ADDITIONAL ERRORS ARE DISPLAYED.

Edit Text Return Sub Menu Main Menu

482 (7,2) Trusted sites 100% 11:08 AM

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ID User/Operator ID (DE0012)	Edits: Operator ID Messages:	A code uniquely identifying the VaMMIS user. It tracks user input and use of the system. N/A
2	Name User Name (DE0029)	Edits: Messages:	For CHIRP requests, this is the name of the user entering the request. For Mass Adjustment requests, this is the user chosen name given to the request (Any text can be entered). N/A
3	ICN	Edits:	A unique Internal Control Number serving to

	Claim Request ICN (DE2001)	Messages:	identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number). N/A
4	Enrollee Enrollee Full Name (DE3003)	Edits: Messages:	The name of the individual eligible for DMAS-administered programs. N/A
5	Dates of service (FROM) Claim Service From Date (DE2010)	Edits: Messages:	The date on which the service was first rendered; for a claim covering only one service (e.g., a prescription). N/A
6	Dates of Service (THRU) Claim Service Thru Date (DE2011)	Edits: Messages:	The date on which the service was ended; for a claim covering only one service (e.g., a prescription). N/A
7	Enrollee Number Enrollee Identification Number (DE3001)	Edits: Messages:	A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID which is DE 3093. N/A
8	Provider Number National Provider Identifier (DE4700)	Edits: Messages:	A unique identification number assigned to the servicing provider who submitted the claim document for adjudication. N/A
9	Current Error (ESC NO) Claim Error ESC Code (DE5506)	Edits: Messages: Displays Current Edit error ESC number.	A code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. Use the On-line HELP system to find valid codes for this field. N/A
10	(Current Error DISPOSITION) Claim Edit Disposition (DE2184)	Edits: Messages: Displays current Edit error disposition.	A code indicating the disposition of the ESC Code. Use the On-line HELP system to find value codes for this field. N/A
11	History Error(ESC NO) Claim Error ESC Code (DE5506)	Edits: Messages: Displays History Edit error ESC number.	A code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. Use the On-line HELP system to find valid codes for this field. N/A
12	(History Error DISPOSITION)	Edits: Messages:	A code indicating the disposition of the ESC Code. Use the On-line HELP system to find

Claim Edit Disposition (DE2184)	Displays History Edit error disposition.	value codes for this field. N/A
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NAVIGATION		
CHIRP Claim Error Codes (CP-S-008-14)		
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Return	Returns to the previous screen accessed.	N/A
Edit Text	Navigates to Error Text screen	RF-S-002-02 (B)
Sub Menu	Returns to Claims Processing Main Menu.	CP-S-001-01 (B)
Main Menu	Returns to Vammis System Main Menu.	RF-S-010 (B)

Error Messages

Error	Description	Resolution
10066	ALL THE ADDITIONAL ERRORS ARE DISPLAYED.	Information Message. Click Error Text to navigate to Error Text screen or return to previous screen.
10067	NO ADDITIONAL ERRORS EXIST TO DISPLAY!	Information Message. Return to previous screen.

Screen Access

CHIRP access:
From the VAMMIS main menu (RF-S-010):
1) Choose the Invoice Processing icon to go to the Claims Processing Main Menu (CP-S-001-01).
2) Choose the CHIRP radio button. Select a claim.
3) Go to the CHIRP detail claims display screens.
4) Click 'Add'l Error' button to navigate to CHIRP Claim Error Codes screen (CP-S-008-14).
Adjustment access:
From the VAMMIS main menu (RF-S-010):
1) Choose the Invoice Processing icon to go to the Claims Processing Main Menu (CP-S-001-01).
2) Choose the Adjustment radio button. Select a claim.
3) Go to the Adjustment claims display screens.
4) Click 'Add'l Error' button to navigate to CHIRP Claim Error Codes screen (CP-S-008-14).

Screens CP-S-008-17 Claims UB Diagnosis codes

General Information

This screen can be accessed in Inquiry mode or Update mode. In Inquiry mode, it displays up to 25 diagnosis codes for an UB claim. In update mode from claim adjustment screen, it displays the diagnosis codes that can be updated along with Diagnosis type and present on Admission flag.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update
PROGRAM	CPR044
MAPSET	CPS8017/CPDIAG
TRAN ID	VH43, VH44

SAMPLE	Claims UB Diagnosis codes (CP-S-008-17)
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			selected claim. INQUIRY (P) System displayed. UPDATE (P) System displayed.
2	Member ID Enrollee Identification Number (DE3001)	Edits: Messages:	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. The DMAS-administered identification number that is used to tie all claims for a single enrollee together. Enrollee submitted on the claim. INQUIRY (P) System displayed. UPDATE (P) System displayed.
3	Provider ID National Provider Identifier (DE4700)	Edits: Messages:	Provider number submitted on the claim. May be Legacy, NPI or API. Provider number submitted on the claim. May be Legacy, NPI or API. INQUIRY (P) System displayed. UPDATE (P) System displayed.
4	DOS From Claim Service From Date (DE2010)	Edits: Messages:	Date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. Date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. INQUIRY (P) System displayed. UPDATE (P) System displayed.
4.5	DOS Thru Claim Service Thru Date (DE2011)	Edits: Messages:	Date on which the service was last rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. Date on which the service was last rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. INQUIRY (P) System displayed. UPDATE (P) System displayed.
5	DX VRSN Qualifier DX Version Qualifier (DE2050)	Edits: Messages:	Indicates which version of the diagnosis code has been submitted on the claim. Not used at this time.

6	Diag(1) Diagnosis Code (DE5301)	Edits: Messages:	Identifies a diagnosed medical condition. Identifies a diagnosed medical condition; the ICD coding structure is used. INQUIRY (P) System displayed. UPDATE (P) System displayed.
7	Type(1) Claims Diag Type Code (DE2585)	Edits: Messages:	A value that defines the diagnosis. A value that defines the diagnosis. INQUIRY (P) System displayed. UPDATE (P) Enter a corrected code to adjust.
8	POA(1) Present On Admission (POA) Indicator (DE2052)	Edits: Messages:	The POA Indicator applies to the diagnosis codes for claims involving inpatient admissions to general acute-care hospitals or other facilities, as required by law or regulation for public health reporting. The POA Indicator is based not only on the conditions known at the time of admission, but also include those conditions that were clearly present, but not diagnosed, until after the admission took place. POA Indicator is applied to the principal diagnosis as well as all secondary diagnoses that are reported. Indicates the diagnosis was present when the patient was admitted. INQUIRY (P) System displayed. UPDATE (P) Enter Y or N to adjust.
9	Diag(2) Diagnosis Code (DE5301)	Edits: Messages:	Identifies a diagnosed medical condition. N/A
10	Type(2) Claims Diag Type Code (DE2585)	Edits: Messages:	A value that defines the diagnosis. N/A
11	POA(2) Present On Admission (POA) Indicator (DE2052)	Edits: Messages:	The POA Indicator applies to the diagnosis codes for claims involving inpatient admissions to general acute-care hospitals or other facilities, as required by law or regulation for public health reporting. The POA Indicator is based not only on the conditions known at the time of admission, but also include those conditions that were clearly present, but not diagnosed, until after the admission took place. POA Indicator is applied to the principal diagnosis as well as all secondary diagnoses that are reported.

			N/A
12	Diag(3) Diagnosis Code (DE5301)	Edits: Messages:	Identifies a diagnosed medical condition. N/A
13	Type(3) Claims Diag Type Code (DE2585)	Edits: Messages:	A value that defines the diagnosis. N/A
14	POA(3) Present On Admis- sion (POA) Indic- ator (DE2052)	Edits: Messages:	The POA Indicator applies to the diagnosis codes for claims involving inpatient admissions to general acute-care hospitals or other facilities, as required by law or regulation for public health reporting. The POA Indicator is based not only on the conditions known at the time of admission, but also include those conditions that were clearly present, but not diagnosed, until after the admission took place. POA Indicator is applied to the principal diagnosis as well as all secondary diagnoses that are reported. N/A

NAVIGATION Claims UB Diagnosis codes (CP-S-008-17)		
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Return	Return to the Detailed Claims Display (CHIRP or ADJUSTMENT)	CP-S-008-06 (R)
Diag Desc	Display Claims UB Diagnosis Codes	RF-S-015 (B)
Enter	The enter button has the following functions:	N/A
Sub Menu	Return to the Claims Processing Menu	CP-S-001-01 (R)
Main Menu	Return to the VaMMIS Main System Menu	RF-S-010 (R)

Error Messages

Error	Description	Resolution
None	N/A	N/A

Screen Access

Adjustment access:

From VAMMIS main menu(RS-F-010):

1) Choose the Invoice processing icon to go to Claims Processing Main Menu(CP-S-001-01)

2) Choose ADJUSTMENTS radio button. Select an UB claim

3) Go to CHIRP UB detailed claims display (CP-S-008-05).

4) Navigate to Claim UB diagnosis codes screen (CP-S-008-17).