

1.20	6/27/2012	Changes for Eligibility
1.21	12/10/2012	Changes for Co-Pays
1.22	6/10/2013	Changes for InTotal Health MCO, Add New Kaiser Permanente MCO, copays message and pronunciation of Optima
1.23	8/27/2013	New MCOs, New benefit-package with Restrictions, New category code check
1.24	12/27/2013	New MCOs, New benefit-package with Restrictions, New category code check
1.25	5/13/2014	Changes for Eligibility for DOC Aid Categories
1.26	10/9/2014	Add New BH Lookup Table, Alter Call Routing based on BH Code. Add AC 087 message.
1.27	1/19/2015	Add 30 New BH Procedure Codes
1.28	5/21/2015	Add Program Code 087 to <Category-Code> NOT check for Medicaid playback

Incoming Call
 TFNs DNIS
 800-884-9730 7751
 800-772-9996 7751

Local Numbers that are transferred to our TFNs
 804-965-9732
 804-965-9733

**9 to reach hidden menu

If emergency message is playing enter **9 during message. Login will prompt at end of message

Emergency Message 8000.220
 [8022001] Due to conditions beyond our control, we are unable to answer your call. We believe that this condition is temporary and we'll resume business as soon as possible.

(8000.220)

End Call

Emergency Message on?

Flag driven to play emergency message

M1

2100.101
 Provider
 Welcome

Provider Greeting 2100.101

[2110101] Welcome to MediCall, the Virginia Medical Assistance Audio Response System.



2100.101

Flag driven to play temp message

Temporary Message on? Yes No

Provider Temporary Message 2100.110
[2111001] TBD

Recipient Msg
2100.200
[2100201] The Virginia Medicaid help desk is unable to assist recipients. Please do one of the following. Call the state recipient help line at 804-786-6145. Or contact your case worker at your local department of social services. You can also write the DMAS correspondence unit at: 600 East Broad Street, Suite1300, Richmond, VA, 23219. To repeat this message, **Press 1.**

2

2200.101

PROVIDER Main Menu 2200.100

[2210028] If you are a Provider

Press 1

[2210029] If you are a Recipient,

Press 2

[2210026] For Information about Internet Access to Member Eligibility and Provider Payment Verification,

Press 3

[2210024] Or you can visit our website at www.virginiamedicaid.dmas.virginia.gov.

2700.200 Service Limits

'1'

'4'

Max No input, Max Failure

'1'

AI From Provider Validated

AD Validate Provider No

Caller 'Validated'?

Max No input Error Yes

PROVIDER Failure Menu 2200.120
[2212010] You have exceeded the maximum number of retries. Thank you for calling.

Internet Info 2900.500

[2900102] The same information available on the Virginia Medicaid System can be accessed through the Internet. You are invited to visit our web site at www.virginiamedicaid.dmas.virginia.gov for member and provider payment verification. Thank you for calling.

2900.500

Provider Type
060, 062, 078,
096, 102, 123,
124

End Call

2200.120

Yes

No

PROVIDER Sub Main Menu 2200.115

[2211501] For member Eligibility

Press 1

[2210002] For Claim Status,

Press 2

[2210502] Obtain information on a Provider check amount,

Press 3

[2210016] For service authorization information,

Press 4

[2210022] For Service Limit Information,

Press 5

[1210018] To return to the main menu at any time,

Press the star key

PHARM PROVIDER Sub Main Menu 2200.116

[2211501] For member Eligibility

Press 1

[2210002] For Claim Status,

Press 2

[2210502] Obtain information on a Provider check amount,

Press 3

[2210016] For service authorization information,

Press 4

[2210022] For Service Limit Information,

Press 5

[2210023] For Pharmacy Prescriber ID verification,

Press 6

[1210018] To return to the main menu at any time,

Press the star key

2200.116

2200.115

'1'

'2'

'3'

'4'

'5'

'6'



2400.100 AG Claim Status

2200.103 AF Payment



2700.200 Service Limits

2800.100 Pharmacy Prescriber ID

Provider

AD
Validate
Provider

Virginia Medicaid Provider Identification 2100.401
[2140102] For registration or navigation support you may contact Virginia Medicaid web support at 866-352-0496. Please enter your NPI or Atypical provider number followed by the # sign.

EY
Provider
Payment

2100.
401

5-10 digits
entered?

No

Invalid Provider Format 2100.425
[2142502] The Provider number entered is an invalid length. Please check your Provider number and reenter it followed by the Pound sign.
<#####>

Max
Invalid

Provider Validate Failure 2100.465
[2146501] You have exceeded the maximum number of re-tries. Thank you for calling.

2100.
465

Repeat Provider ID 2100.450
[1155001] You entered <Provider ID>
[1175002] If this is correct, Press 1
[1155003] To re-enter, Press 2

AppData Column 2

ValidateProvider

Tech Difficulty
E01, E02, E03

Tech
Diff

Provider
Found?
<Is-Valid>

true

Provider Active?
<Member-Status>

Inactive

Inactive Provider ID 2100.485
[2148502] This provider number is not active. [1155003] To re-enter Press 1 [8010002] To end this call, please hang up.

2100.
485

E04
No Records Found

No

AI
Provider
Main Menu

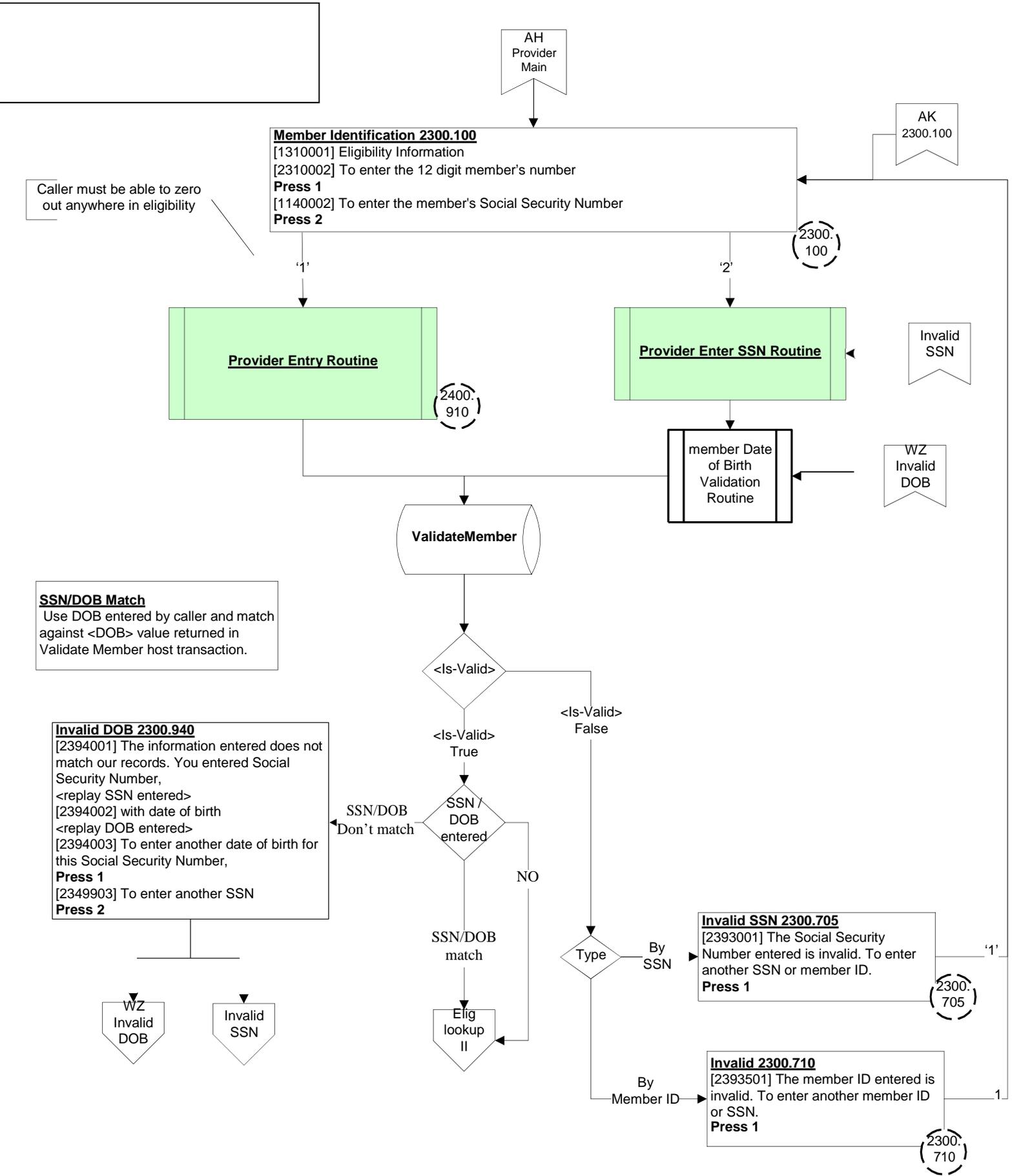
From Service
Limits?

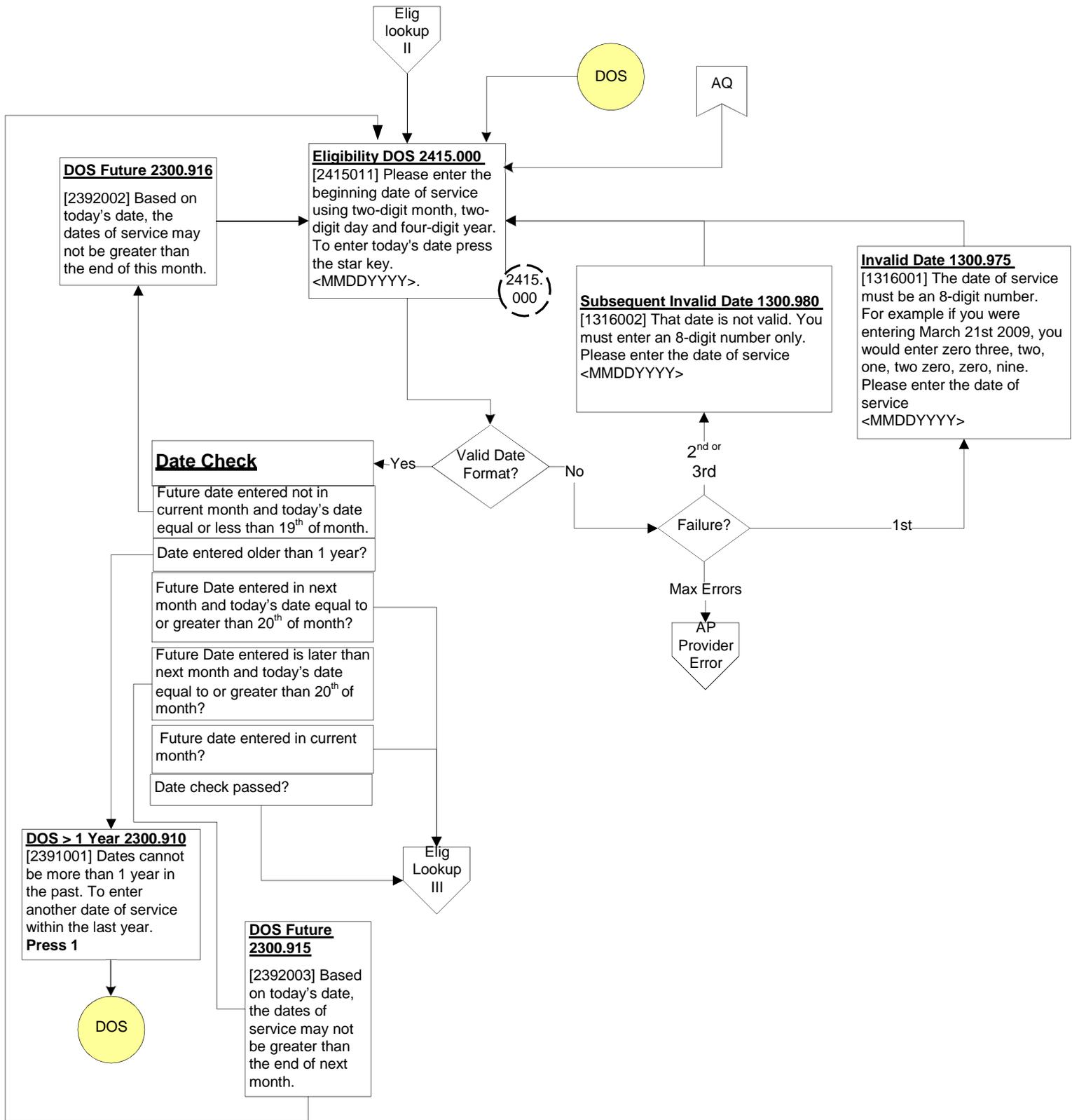
Yes

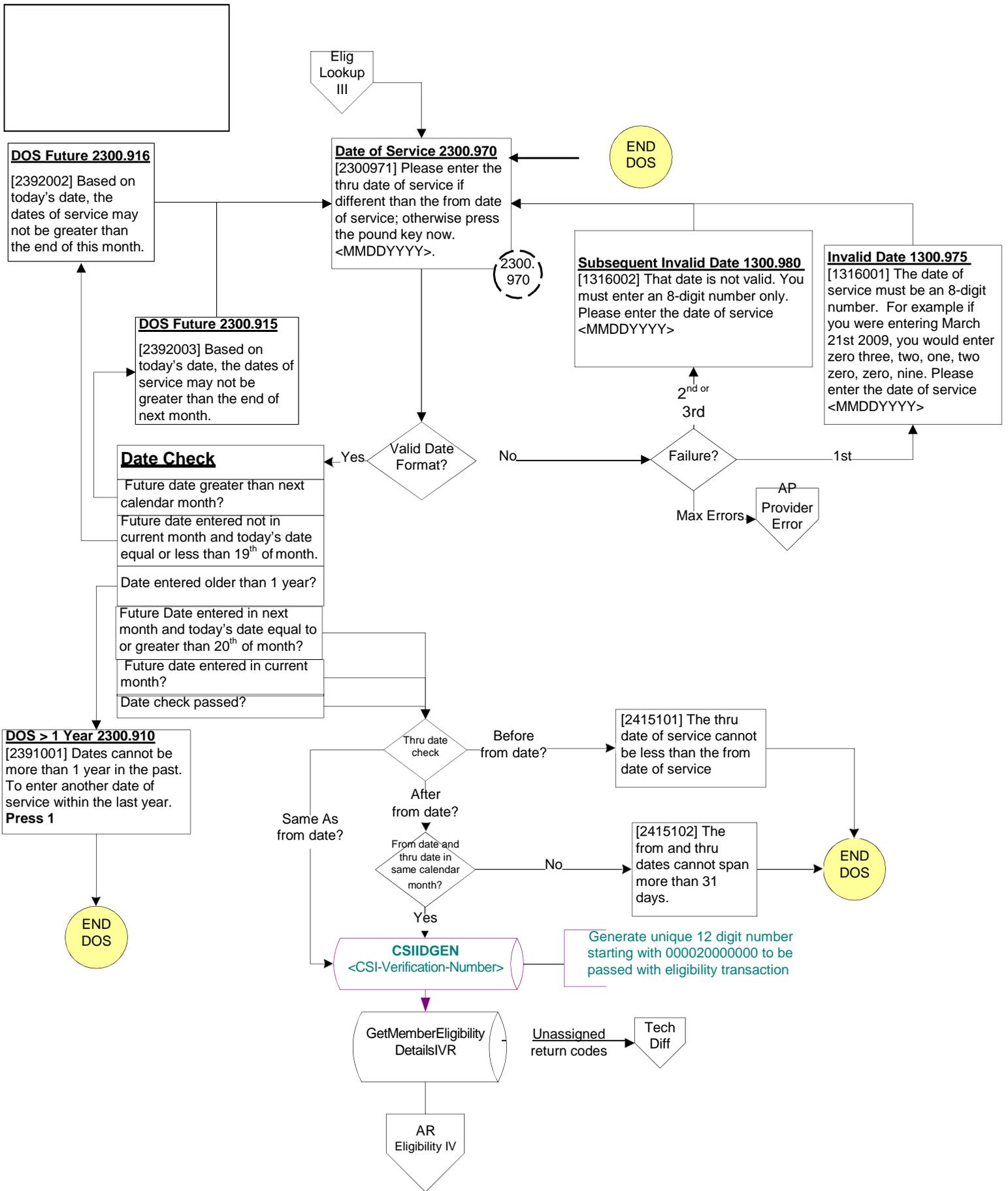
Service
Limits

Invalid Provider ID 2100.480
[2148010] The Provider number was not found.

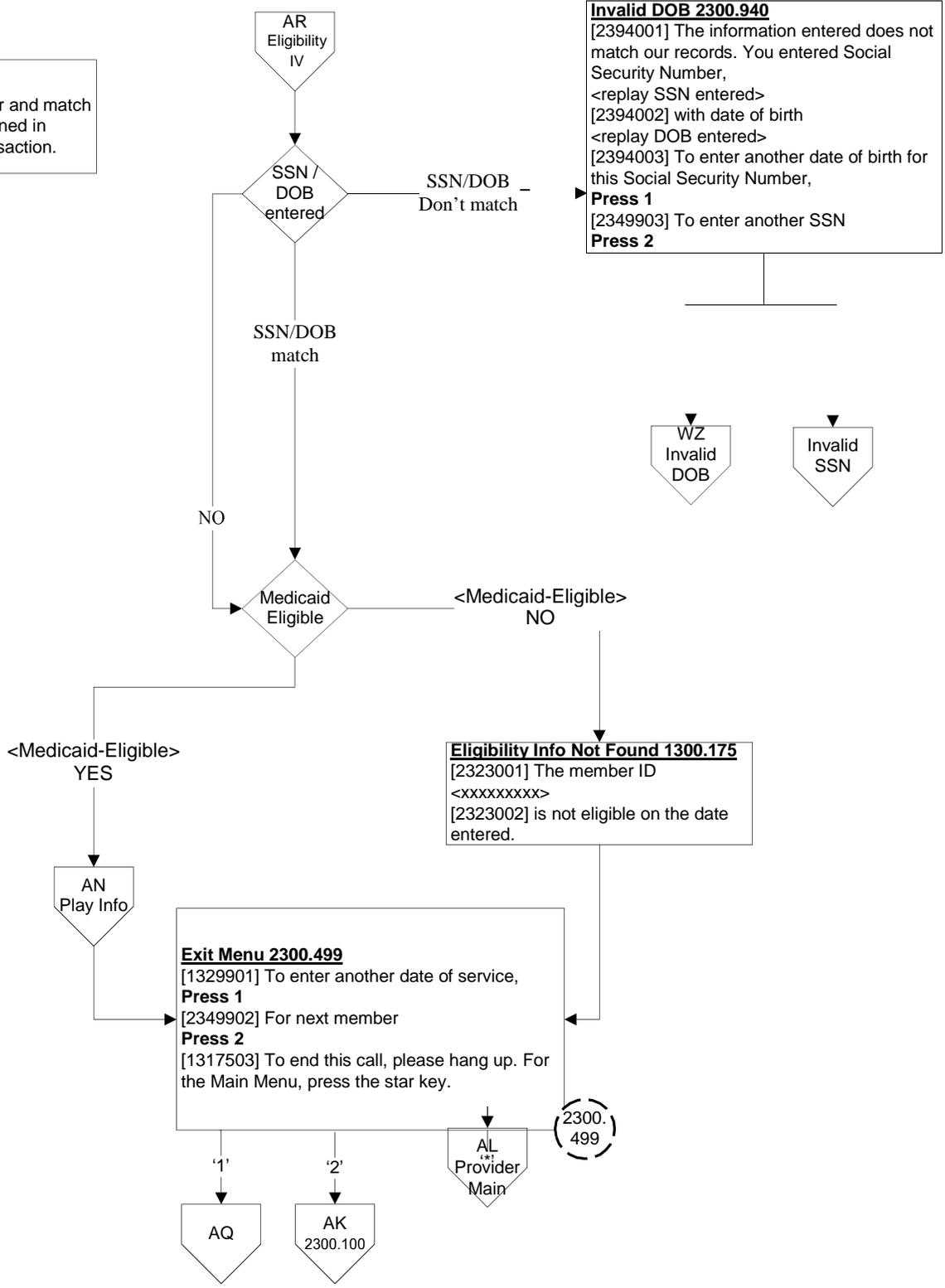
2100.
480



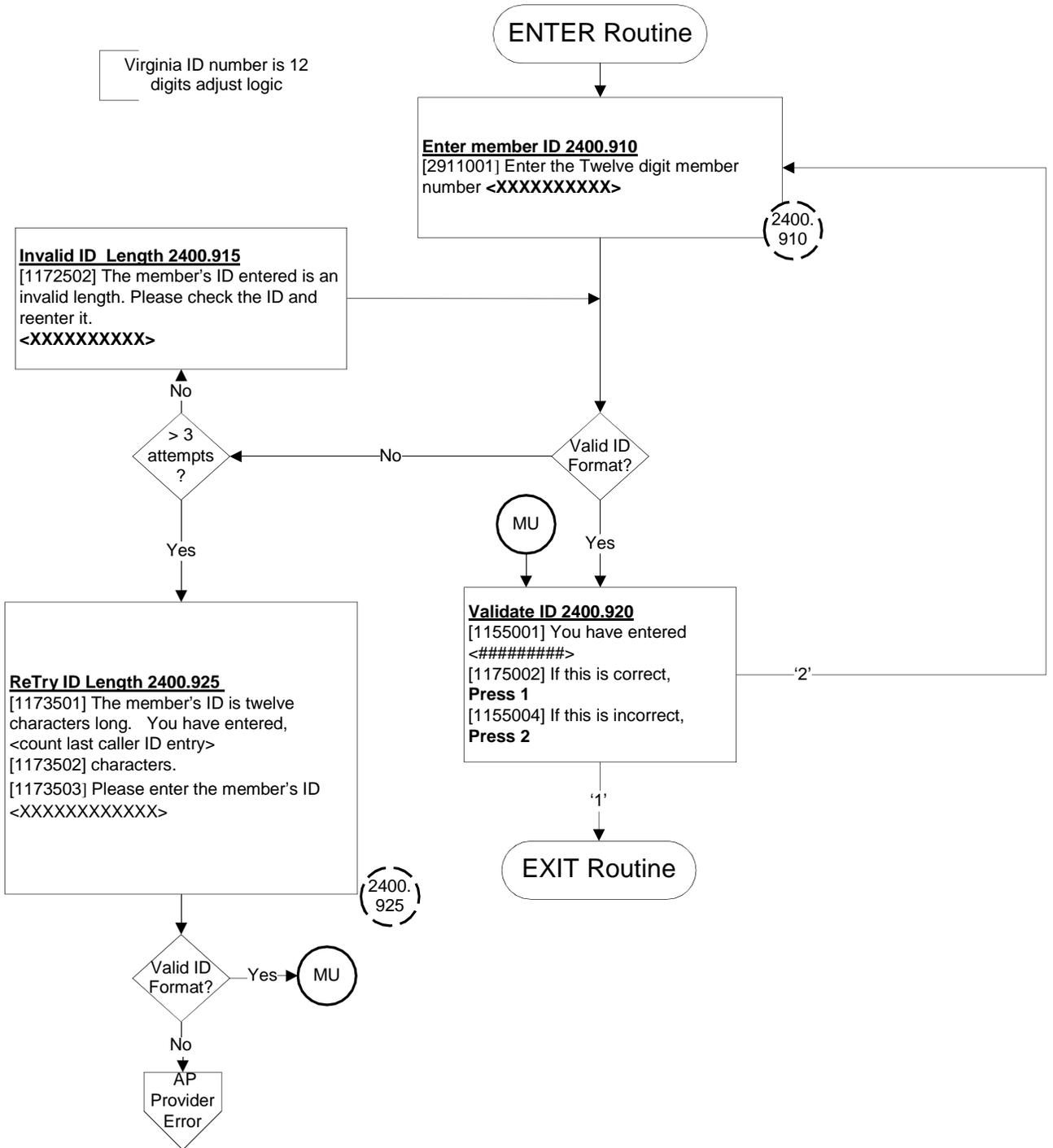




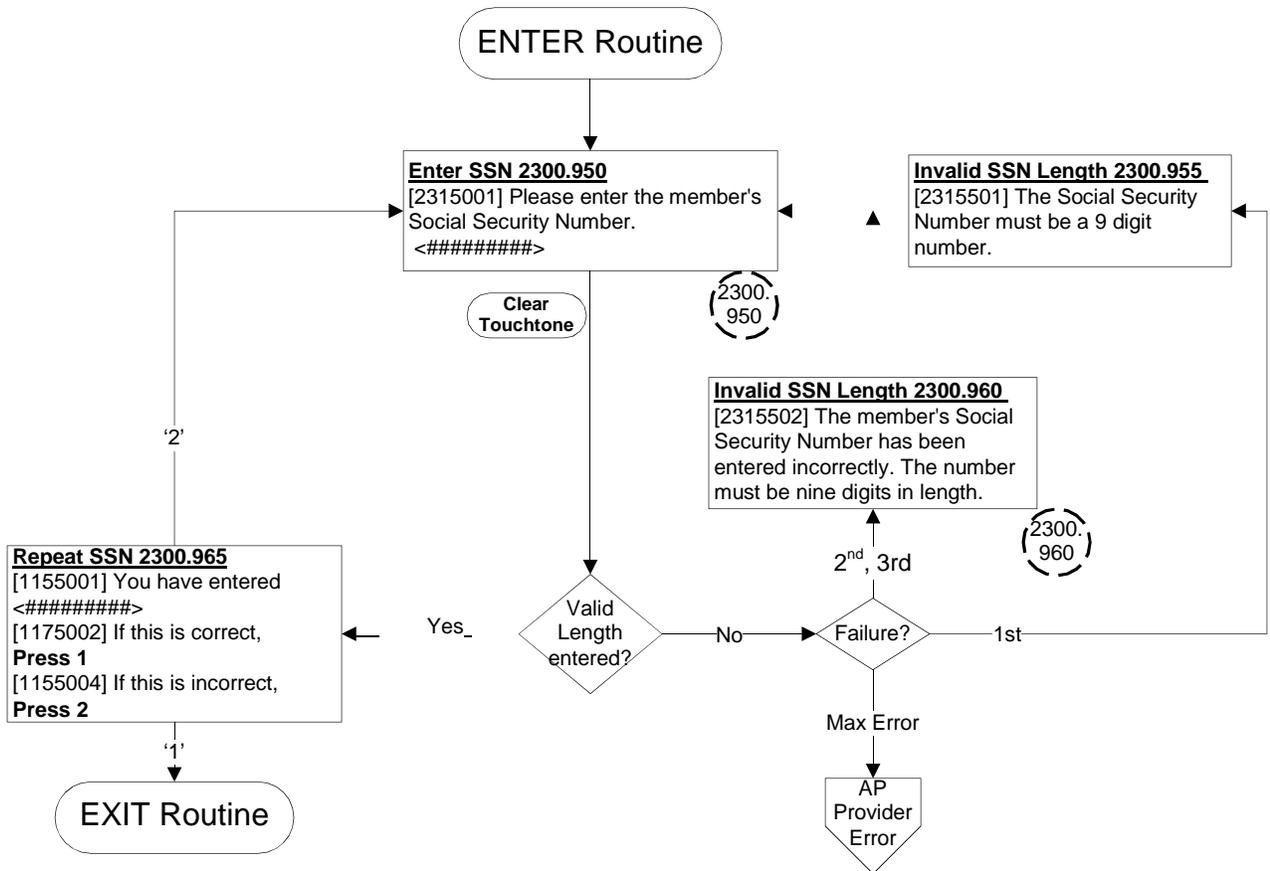
SSN/DOB Match
 Use DOB entered by caller and match against <DOB> value returned in Validate Member host transaction.

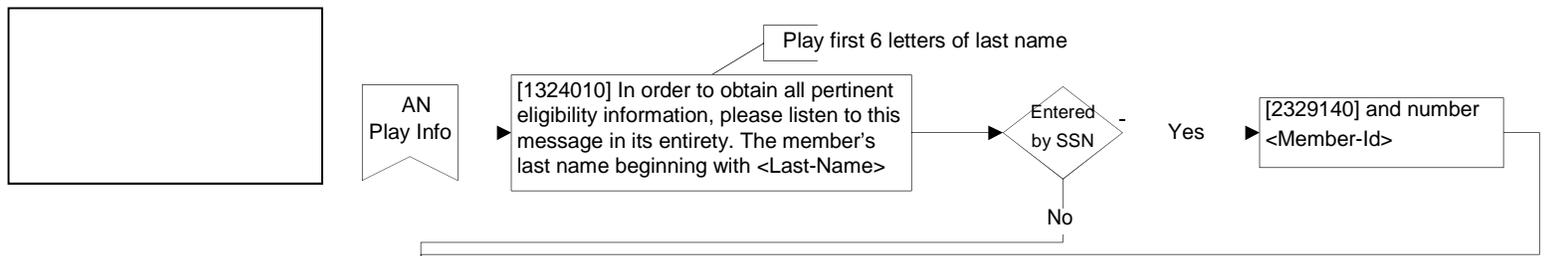


PROVIDER ENTER ROUTINE



PROVIDER ENTER SSN ROUTINE





Member Eligibility 2329.100

[1324001] is eligible on dates entered. The verification number is <Verification-Number>

Medicare Eligibility

<Part-A>A
 [2329135] This member has Medicare coverage part A
 <Part-B>B
 [2329136] This member has Medicare coverage part B
 <Part-A>A and <Part-B>B
 [2329137] This member has Medicare coverage part A and B

TPL-Span

[2329102] This member has insurance code(s)
 <Carrier-ID>, (if more than one carrier-ID then play next prompt and next Carrier-ID)
 [2990003] and
 <Carrier-ID>

Benefit-Package by Program/Plan

<Category-Code> ANY FAMIS SELECT
 <Benefits-Program> =07
 <Benefits-SubProgram> =01
 <Plan-ID> =0500
 [2329118] This is a FAMIS Select member from,
 <Begin-Date>
 [2329104] Through
 <End-Date>

<Category-Code> ANY FAMIS ACCESS
 <Benefits-Program> =07
 <Benefits-SubProgram> =01
 <Plan-ID> =0100
 [2329141] This is a FAMIS (Family Access to Medical Insurance Security Plan) Member from,
 <Begin-Date>
 [2329104] Through
 <End-Date>

Benefit-Package with RESTRICTIONS

MANAGED CARE (MCO)
 <Benefits-Program> = "01" and <Benefits-SubProgram> = "03" or "04" **MEDICAID MCO**

[2329112] This member participates in a Medicaid managed care organization from

<Benefits-Program> = "07" and <Benefits-SubProgram> = "03" or "04" **FAMIS MCO**

[2329110] This member participates in a FAMIS managed care organization from

<Benefits-Program> = "01" and <Benefits-SubProgram> = "12" **Coordinated Care MCO**

[2329138] This member is enrolled in the Common Wealth Coordinated Care program, Medicare / Medicaid plan, for dually eligible individuals from

PLAY FOR the MCOs the following:

<Begin-Date>

[2329104] through

<End-Date>

If <Lock-in-Type> is blank and <Provider-ID> (from Lock-in-Span) is Provider ID below play

[2329117] with

Provider ID Prompt

- 47000820 4700082 Optima Family Care, Formerly Sentara
- 47000747 4700074 Healthkeepers Plus, Peninsula
- 47000663 4700066 Healthkeepers Plus, Priority
- 47003253 4700325 Healthkeepers Plus, Richmond
- 47001042 4700104 Virginia Premier Health Plan
- 47003170 4700317 Southern Health Care Net
- 47003330 4700333 Unicare Health Plan of Virginia, Inc.
- 1578841060 15788410 MajestaCare
- 1790768380 17907683 InTotal Health (formerly Amerigroup)
- 1730254681 17302546 Kaiser Permanente
- 170683426 16998842 Healthkeepers
- 170683269 16998877 Humana Health Plan
- 170683004 4700104 Virginia Premier Health Plan

If Not found and <Provider-Name> (from Lock-in-Span) has a value play if not skip

[2329117] with

<Provider-Name> (from Lock-in-Span) TTS

<Benefits-Program> = "01" and <Benefits-SubProgram> = "05" **PACE**

[2329108] This member is restricted under the Program for All Inclusive Care for the Elderly (PACE) from

<Begin-Date>

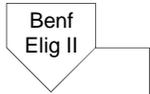
[2329104] through

<End-Date>

If <Provider-Phone> (from Lock-in-Span) has a value play if not skip

[2329116] The provider phone number is

<Provider-Phone>



Member Eligibility Restrictions Continued

<Plan-ID> = "0600" MEDALLION
If <Provider-Name> (from Lock-in-Span) has a value play, if not skip
 [2329105] This member participates in Medallion and is assigned to a primary care physician whose last name begins with,
<Provider-Name> Play first 6 letters of Provider-Name
If <Provider-Name> does NOT have a value play,
 [2329126] This member participates in Medallion and is assigned to a primary care physician

[2329127] From
 <Begin-Date>
 [2329104] through
 <End-Date>

If <Provider-Phone> (from Lock-in-Span) has a value play if not skip
 [2329116] The provider phone number is
 <Provider-Phone>

<Plan-ID> = "3000" EMERGENCY SERVICES
 [2329128] This member is restricted to emergency services only.
If <Provider-Phone> (from Lock-in-Span) has a value play if not skip
 [2329116] The provider phone number is
 <Provider-Phone> (from Lock-in-Span)

<Plan-ID> = "3001" DIALYSIS
 [2329105] This member is restricted to dialysis related services only.
If <Provider-Phone> has a value play if not skip
 [2329116] The provider phone number is
 <Provider-Phone> (from Lock-in-Span)

<Plan-ID> = "3002" FAMILY PLANNING
 [2329109] This member is eligible for Plan First, family planning services only.
If <Provider-Phone> has a value play if not skip
 [2329116] The provider phone number is
 <Provider-Phone> (from Lock-in-Span)

Benefit-Package by Category Code

<Category-Code> =005 FAMIS MOMS
 [2329119] This is a FAMIS (Family Access to Medical Insurance Security Plan) member from,
 <Begin-Date>
 [2329104] Through
 <End-Date>
 NOT PLAYED IF: <Benefits-Program> =07, <Benefits-SubProgram> =01, <Plan-ID> =0100 due to duplicate message

<Category-Code> =055 QDWI
 [2329120] This is a Medicaid member from,
 <Begin-Date>
 [2329104] Through
 <End-Date>
 [2329123] This member has QDWI coverage. Please refer to your

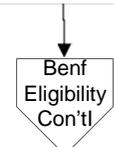
<Category-Code> = 090
 <DOB> use DOB to calculate age using <Begin-Date> date
If AGE less than six FAMIS PLUS
 [2329122] This is a FAMIS PLUS (FAMIS Plus is children's Medicaid)
 <Begin-Date>
 [2329104] Through
 <End-Date>

If AGE greater than six
 [2329120] This is a Medicaid member from,
 <Begin-Date>
 [2329104] Through
 <End-Date>
 AND <Medicare-Eligibility> = A **QMBext**
 [2329121] This member has QMB extended coverage. Please refer to your provider manual.

<Category-Code> = 091
 <DOB> use DOB to calculate age using <Begin-Date> date
If AGE less than six FAMIS PLUS
 [2329122] This is a FAMIS PLUS (FAMIS Plus is children's Medicaid)
 <Begin-Date>
 [2329104] Through
 <End-Date>

If AGE greater than six QMBext
 [2329120] This is a Medicaid member from,
 <Begin-Date>
 [2329104] Through
 <End-Date>
AND <Medicare-Eligibility> = A
 [2329121] This member has QMB extended coverage. Please refer to your provider manual.

<Category-Code> =092 or 94 FAMIS PLUS
 [2329122] This is a FAMIS PLUS (FAMIS Plus is children's Medicaid)
 <Begin-Date>
 [2329104] Through
 <End-Date>



Benf
Eligibility
Con'tl

<Category-Code> = 023 or 043 or 63 QMB
[2329120] This is a Medicaid member from,
<Begin-Date>
[2329104] Through
<End-Date>
[2329124] This member has QMB only coverage. Please refer to
your provider manual.

<Category-Code> = 018, 038, 058, 020, 040, 060, 066
[2329120] This is a Medicaid member from,
<Begin-Date>
[2329104] Through
<End-Date>

<Category-Code> = 035 PEW
[2329199] This member is eligible for Presumptive Medicaid
Pregnancy related services only, limited to outpatient prenatal care

<Category-Code> = 108,109 Dept. of Corrections
[2329200] This member is restricted to coverage of inpatient
Hospitalization only

<Category-Code> = 087 GAP
[2735029] This member is eligible for GAP services only

<Category-Code> NOT
005, 007, 035, 055, 090 ,091, 092, 094, 023, 043, 063,
018, 038, 058, 020, 040, 060, 066, 080, 087,108,109
MEDICAID
[2329120] This is a Medicaid member from,
<Begin-Date>
[2329104] Through
<End-Date>
AND <Part-A> = A QMBext
[2329121] This member has QMB extended coverage. Please
refer to your provider manual.

Benf
Eligibility
III

LOCK-IN-SPANS Continued

<Lock-in-Type> = "4" Physician

If <Provider-Name> (from Lock-in-Span) has a value play, if not skip
 [2329130] This member is restricted under Client Medical Management to a physician whose last name begins with
<Provider-Name> (from Lock-in-Span) Play first 6 letters of Provider-Name
If <Provider-Name> does NOT have a value play, if not skip
 [2329106] This member is restricted under member Medical Management to a physician
 [2329127] From
 <Lockin-Begin-Date>
 [2329104] through
 <Lockin-End-Date>
If <Provider-Phone> (from Lock-in-Span) has a value play if not skip
 [2329116] The provider phone number is
 <Provider-Phone> (from Lock-in-Span)

<Lock-in-Type> = "5" Pharmacy

If <Provider-Name> has a value play, if not skip
 [2329131] This member is restricted under member Medical Management to a pharmacy whose name begins with
 <Provider-Name> (from Lock-in-Span) Play first 6 letters of Provider-Name
If <Provider-Name> does NOT have a value play,
 [2329107] This member is restricted under member Medical Management to a Pharmacy
 [2329127] From
 <Lockin-Begin-Date>
 [2329104] through
 <Lockin-End-Date>
If <Provider-Phone> (from Lock-in-Span) has a value play if not skip
 [2329116] The provider phone number is
 <Provider-Phone>

<Lock-in-Type> = "6" Transportation

If <Provider-Name> has a value play, if not skip
 [2329132] This member is restricted under Client Medical Management for transportation whose name begins with
<Provider-Name> Play first 6 letters of Provider-Name
If <Provider-Name> does NOT have a value play, if not skip
 [2329133] This member is restricted under member Medical Management for transportation
 [2329127] From
 <Lockin-Begin-Date>
 [2329104] through
 <Lockin-End-Date>
If <Provider-Phone> (from Lock-in-Span) has a value play if not skip
 [2329116] The provider phone number is
 <Provider-Phone> (from Lock-in-Span)

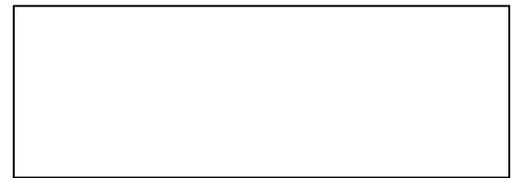
[2329111] The special indicator code is,
 <Special-Indicator> (value = A, B, or C)

Patient Pay

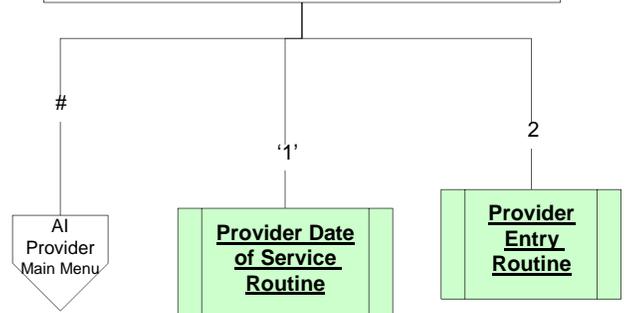
[2329800] This member has a patient liability amount of,
 <Patient-Pay-Amount>
 [2329127] From
 <Lockin-Begin-Date>
 [2329104] through
 <Lockin-End-Date>

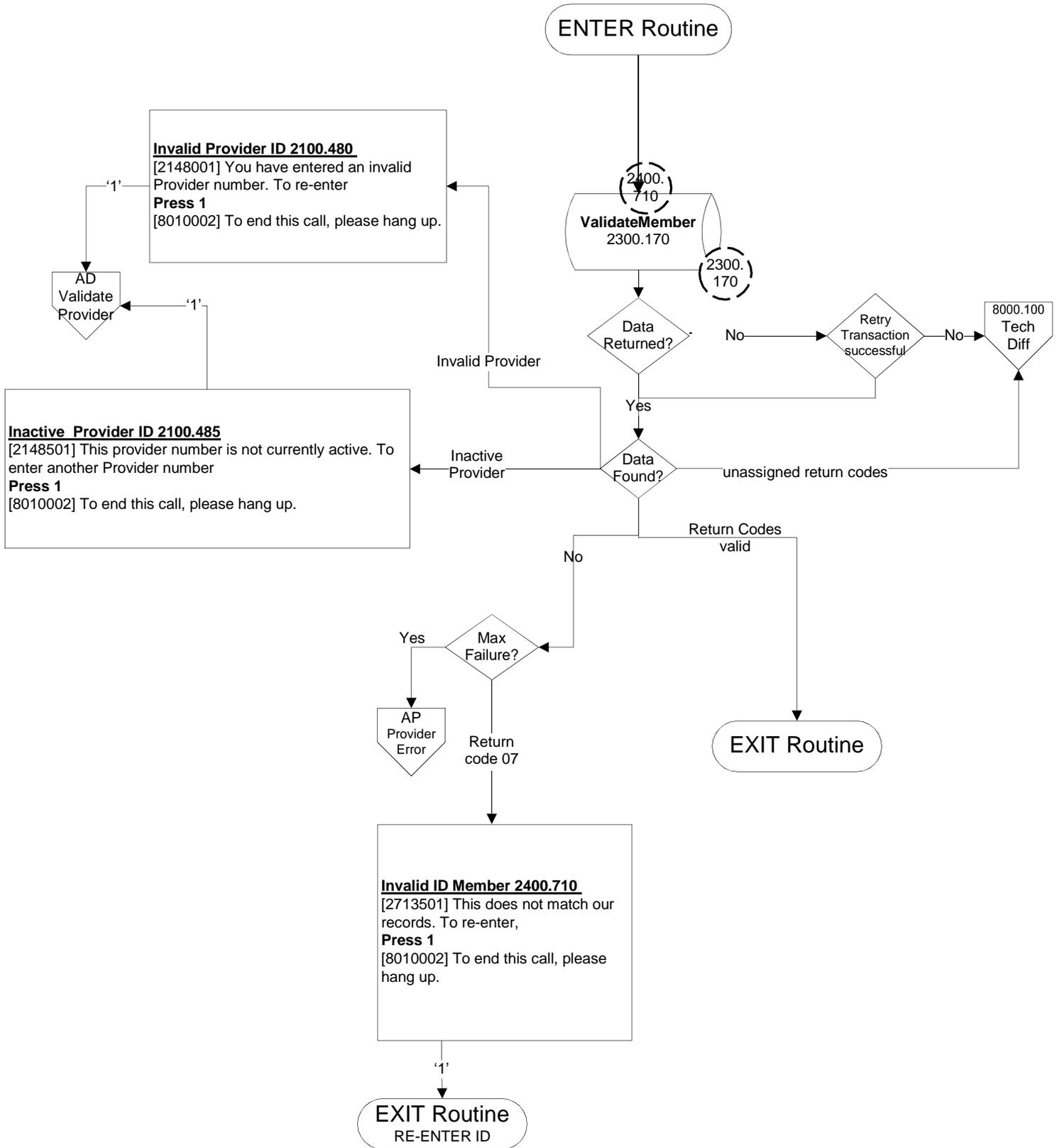
Co-Pays

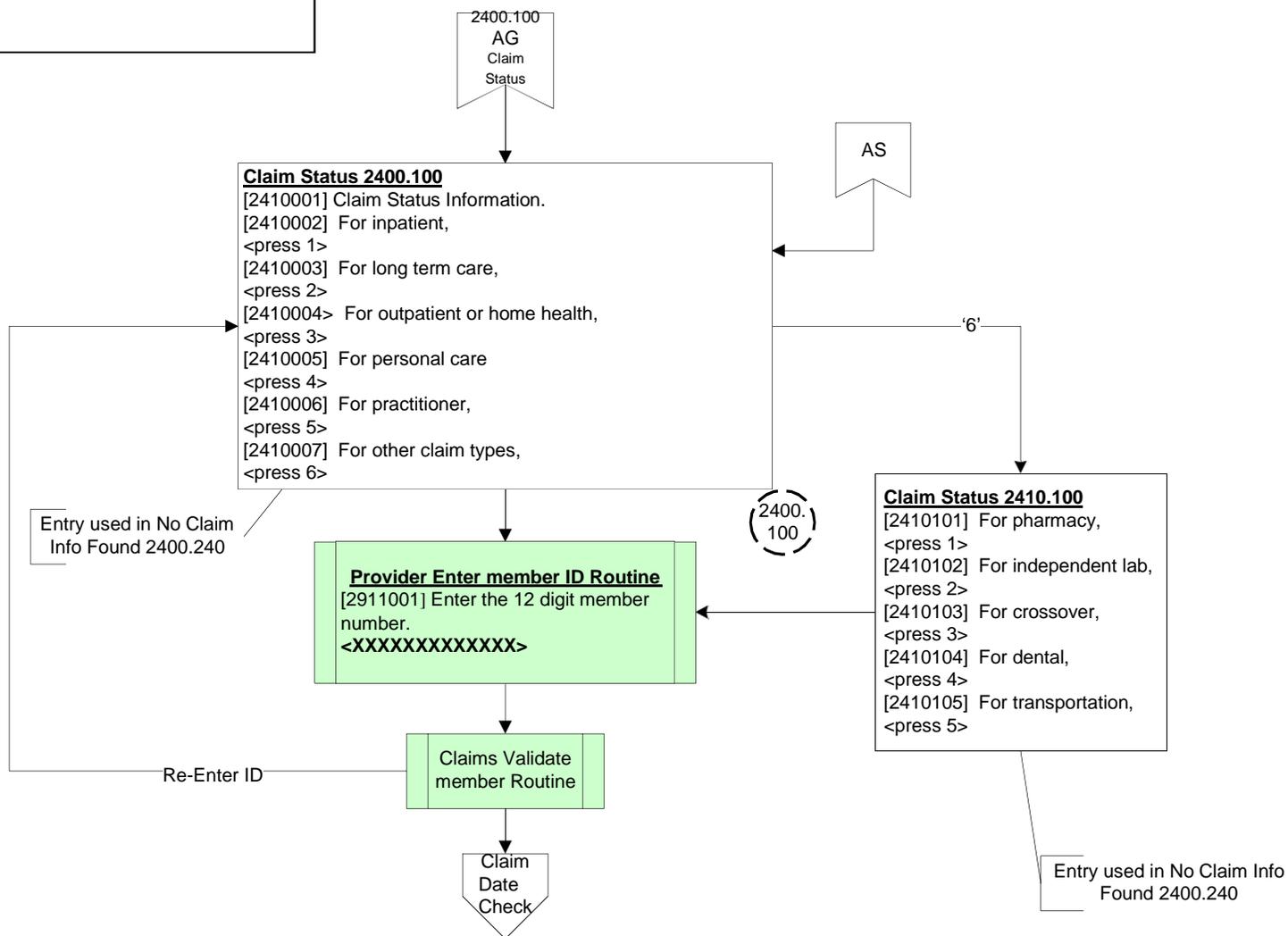
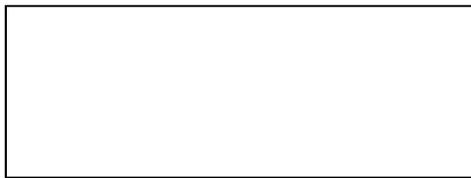
If there are no co-pays play:
 [23298102] For this member there is no co-payment.
If member has any copays, play:
 [23298101] For members enrolled in a managed care plan, contact the MCO for co-pay amounts. The co-pay amount being returned represents the maximum possible co-pay for which a member is responsible for services provided under Fee-For-Service. For certain services, the member may be responsible for a lower amount.
For each service type co-pay play:
 [23298100] The co-pay for <Service type desc>
 [23298102] is the copay amount

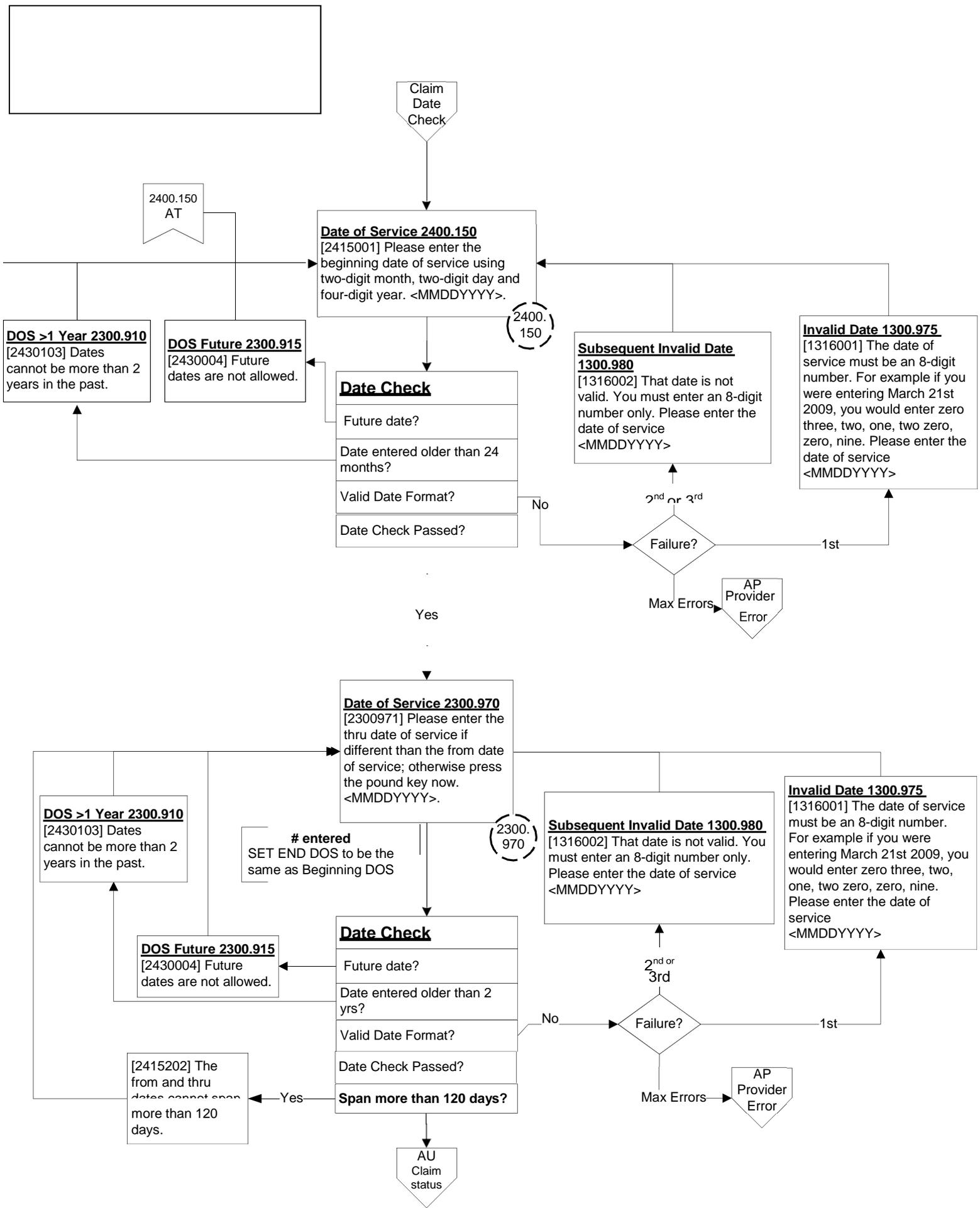


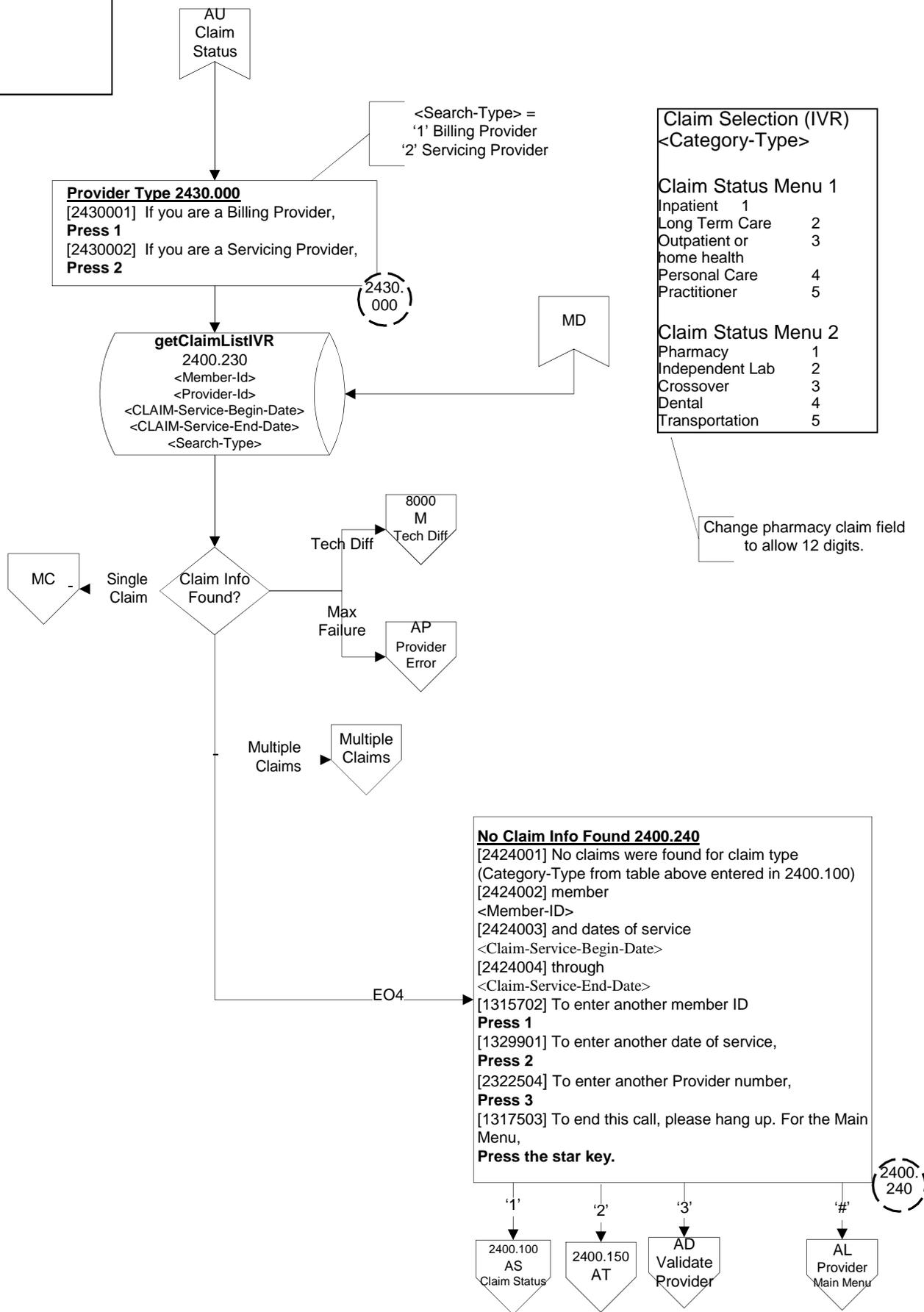
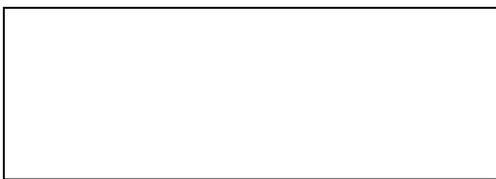
Another DOS Entry 2330.000
 [2330100] To enter another date of service,
 Press 1
 [2330101] For the next member,
 Press 2
 [8022503] To return to the main menu,
Press the star key
 [2210116] To terminate this call, please hangup

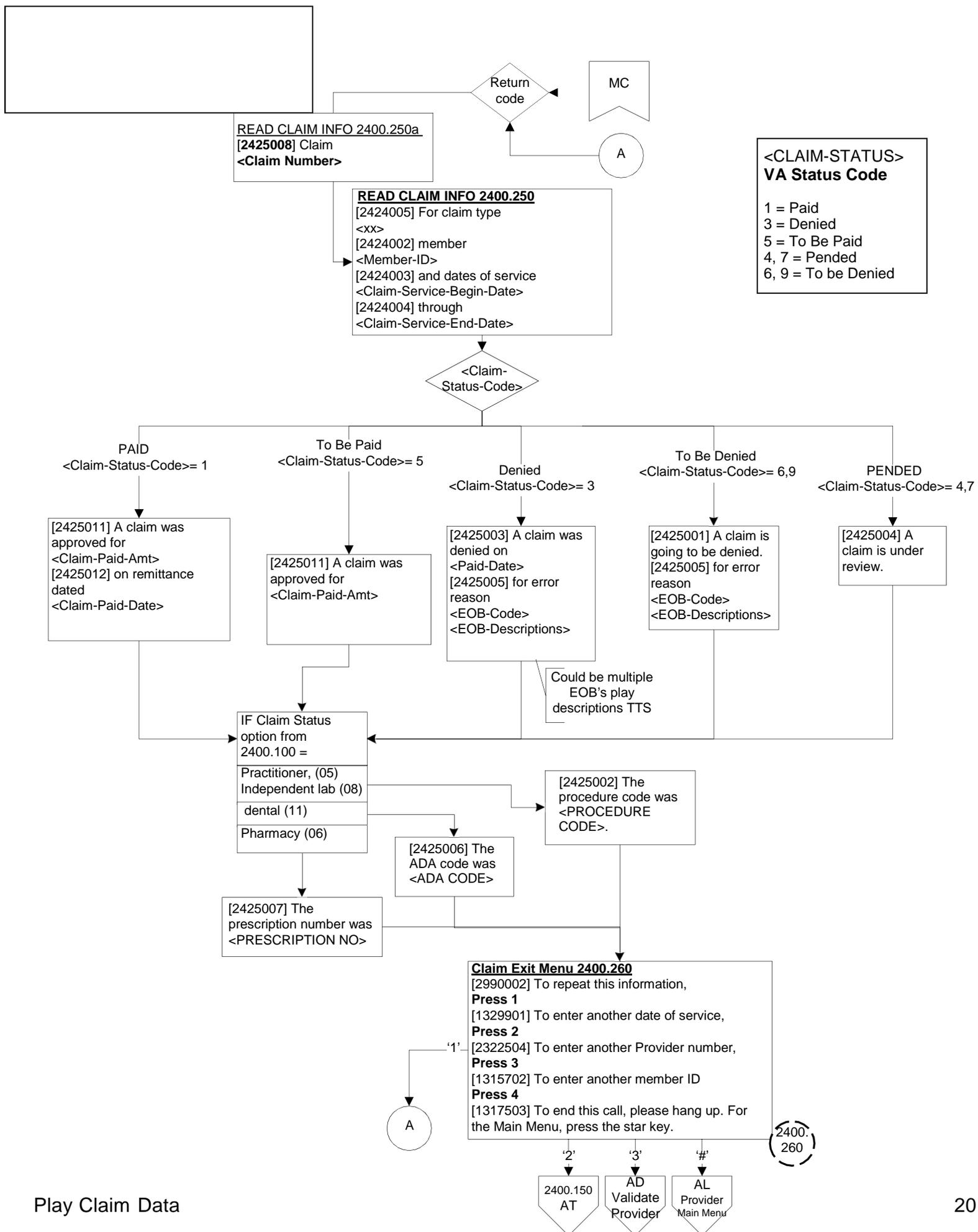






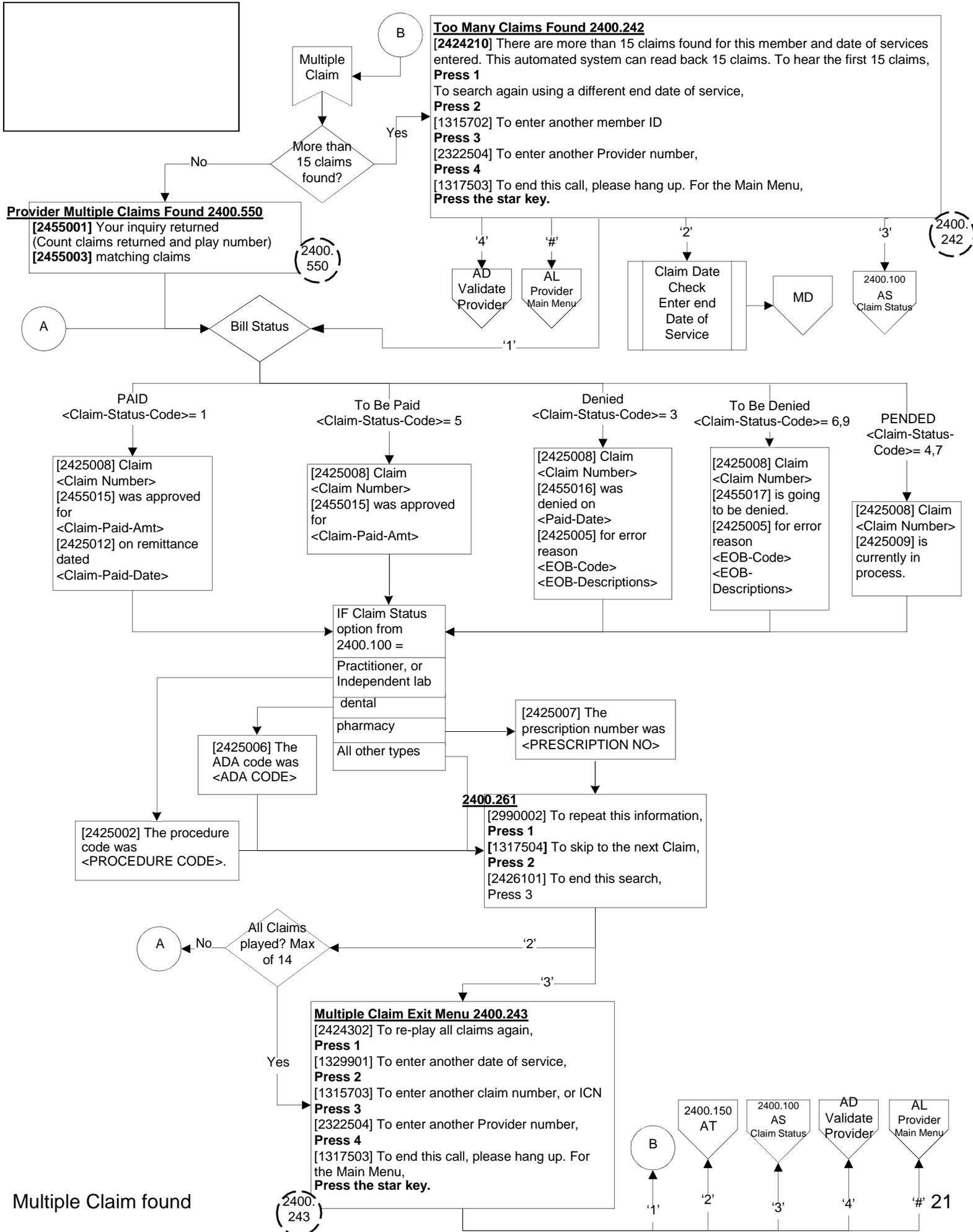


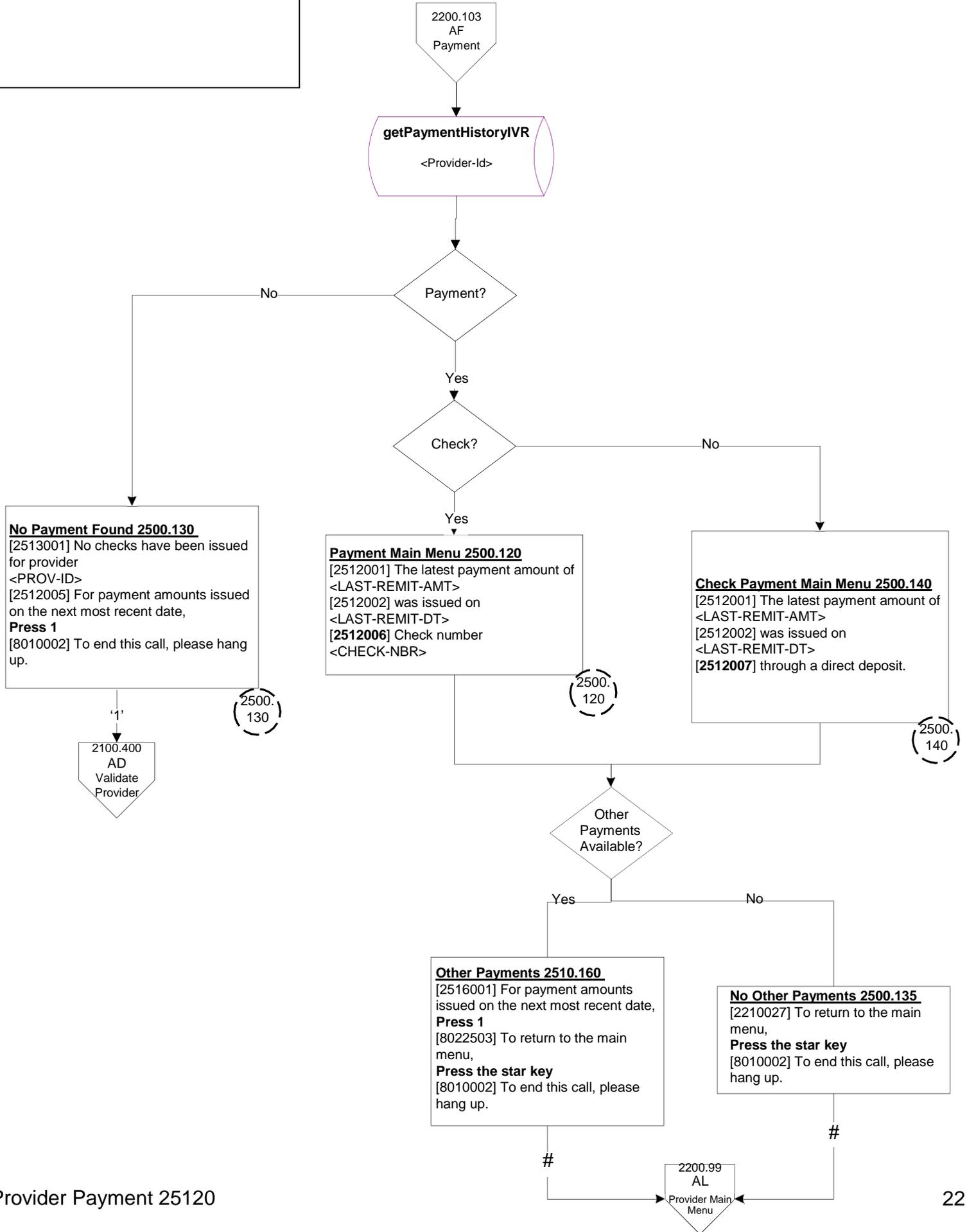
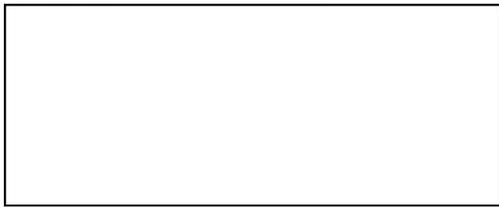


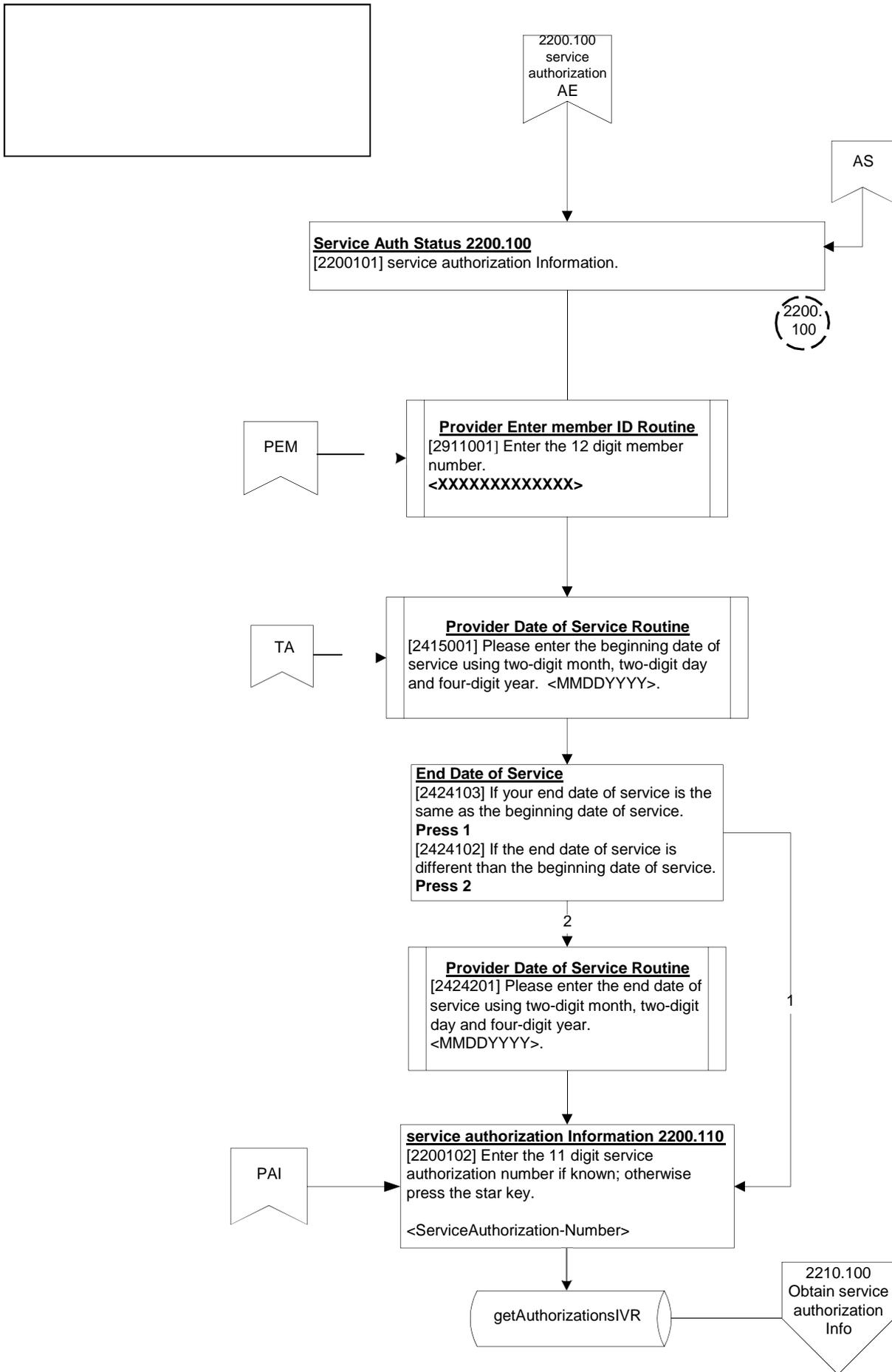


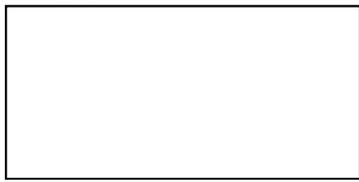
**<CLAIM-STATUS>
VA Status Code**

1 = Paid
3 = Denied
5 = To Be Paid
4, 7 = Pended
6, 9 = To be Denied









2210.100
Obtain service authorization Info

No, Entered without
<ServiceAuthorization-Number>

SA Requests found?

Yes

Obtain SA Info 2

Obtain service member Not Found 2210.200
[2210101] No service authorization requests were found for member
<Member-Id>,
[2210102] dates of service
<Begin-Date>
[2424004] through
<End-Date>
[2210204] And service authorization number
<ServiceAuthorization-Number>

2210.200

No, Entered with
<Service Authorization-Number>

Obtain service member Found 2210.300
[2210301] This response is based on the most current claims information and enrollment status and is subject to change.
For member
<Member-Id>,
[2210302] dates of service
<Begin-Date>
[2424004] through
<End-Date>
[2210204] And service authorization number
<ServiceAuthorization-Number>

2210.300

Next SA

Obtain service No Number Entered No Member 2210.400
[2210101] No service authorization requests were found for member
<Member-Id>,
[2210102] dates of service
<Begin-Date>
[2424204] through
<End-Date>

2210.400

Approved?
A, AC, AM, AR, AT, MC, MM

Denied?
AJ, C, CT, D, DR, J, MJ, MN, N

Pended?
K, MR, MT, P, PR

Next procedure code

Service Auth Request Approved 2210.500
[2210501] A service authorization request was approved for procedure
<Procedure-Code>
[2210503] with authorized dates
<Begin-Date>
[2424204] through
<End-Date>
[2210504] There were
<Units-Authorised>
[2210505] units authorized and there are
<Units-Authorised> minus <Units-Used>
[2210506] units remaining.

2210.500

Service Auth Request Denied 2210.600
[2210601] A service authorization request was denied for procedure
<Procedure-Code>
[2210602] with requested dates
<Begin-Date>
[2424204] through
<End-Date>

2210.600

Service Auth Request Under Review 2210.700
[2210701] A service authorization request was Pended for procedure
<Procedure-Code>
[2210602] with requested dates
<Begin-Date>
[2424204] through
<End-Date>

2210.700

Obtain SA Info 2

Service Auth Request More Pas 2210.800
[2210801] There are more requests that match the entered criteria. To continue,
Press 1
[2210802] To enter next dates of service,
Press 2
[2210803] To enter next service authorization number,
Press 3
[2210903] To enter another member,
Press 4
[2210116] To terminate this call, please hangup

2210.800

All PA's Played?

service Auth Request All Played 2210.900
[2210901] To enter next dates of service,
Press 1
[2210902] To enter next service authorization number,
Press 2
[2210903] To enter another member,
Press 3
[2210116] To terminate this call, please hangup

2210.900

Obtain Service Authorization Info

'3'

'4'

PAI

'3'

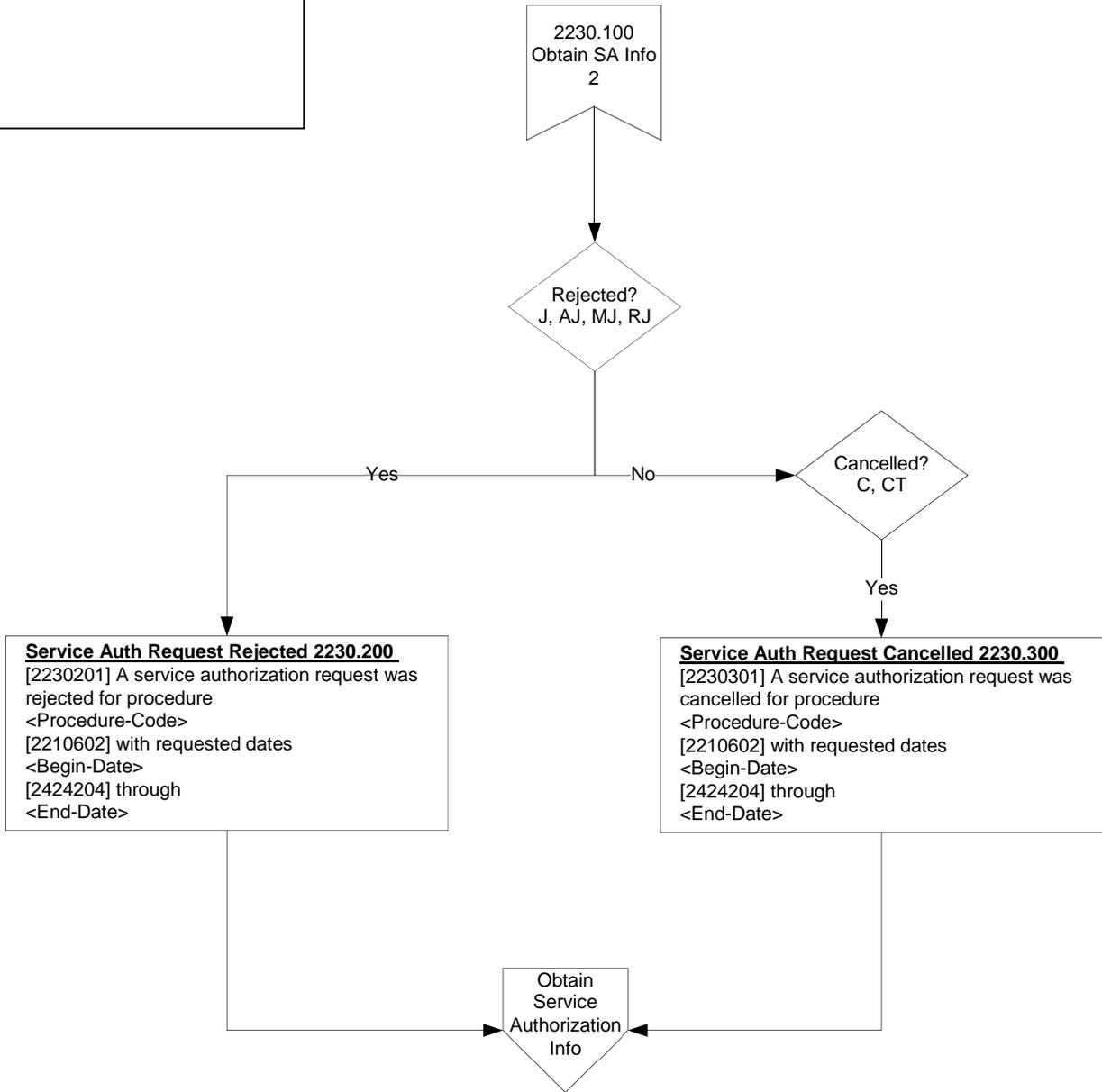
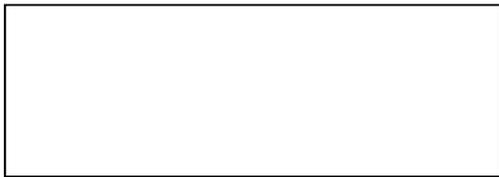
TA

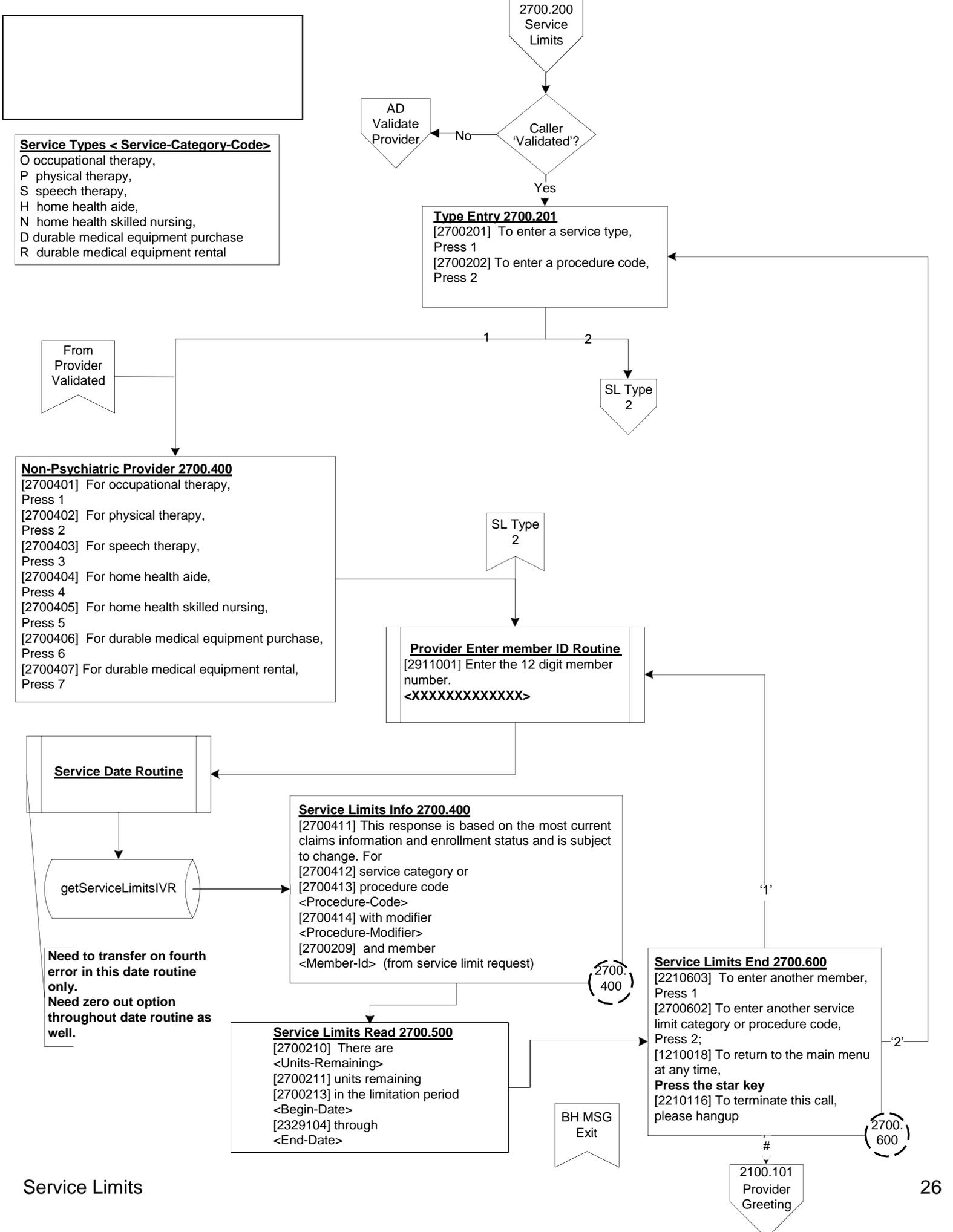
'2'

'1'

'2'

'1'





Service Types < Service-Category-Code>
 O occupational therapy,
 P physical therapy,
 S speech therapy,
 H home health aide,
 N home health skilled nursing,
 D durable medical equipment purchase
 R durable medical equipment rental

Non-Psychiatric Provider 2700.400
 [2700401] For occupational therapy, Press 1
 [2700402] For physical therapy, Press 2
 [2700403] For speech therapy, Press 3
 [2700404] For home health aide, Press 4
 [2700405] For home health skilled nursing, Press 5
 [2700406] For durable medical equipment purchase, Press 6
 [2700407] For durable medical equipment rental, Press 7

Provider Enter member ID Routine
 [2911001] Enter the 12 digit member number.
 <XXXXXXXXXXXX>

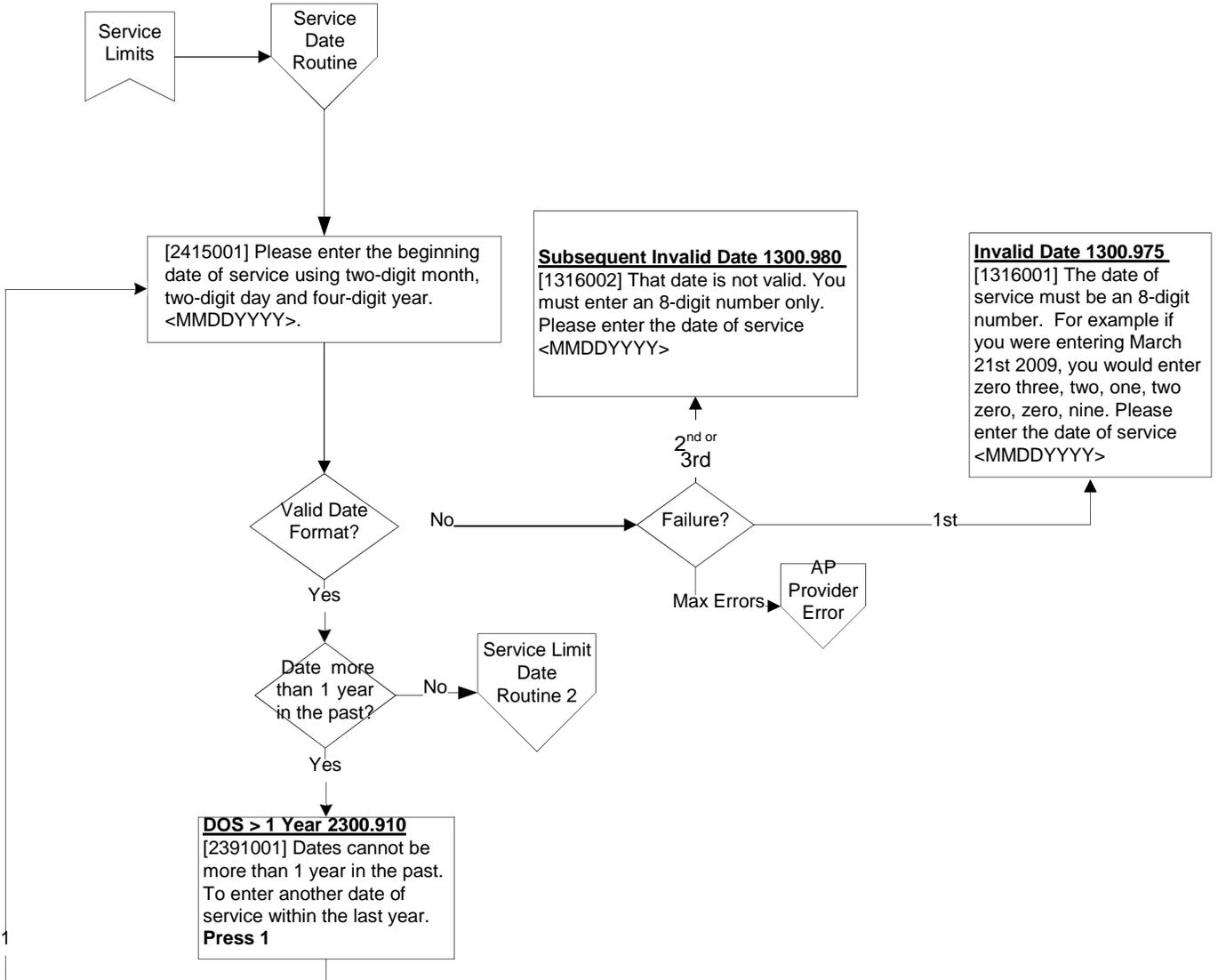
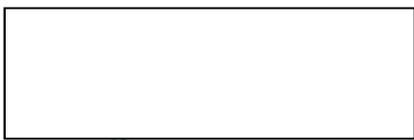
Service Limits Info 2700.400
 [2700411] This response is based on the most current claims information and enrollment status and is subject to change. For
 [2700412] service category or
 [2700413] procedure code
 <Procedure-Code>
 [2700414] with modifier
 <Procedure-Modifier>
 [2700209] and member
 <Member-Id> (from service limit request)

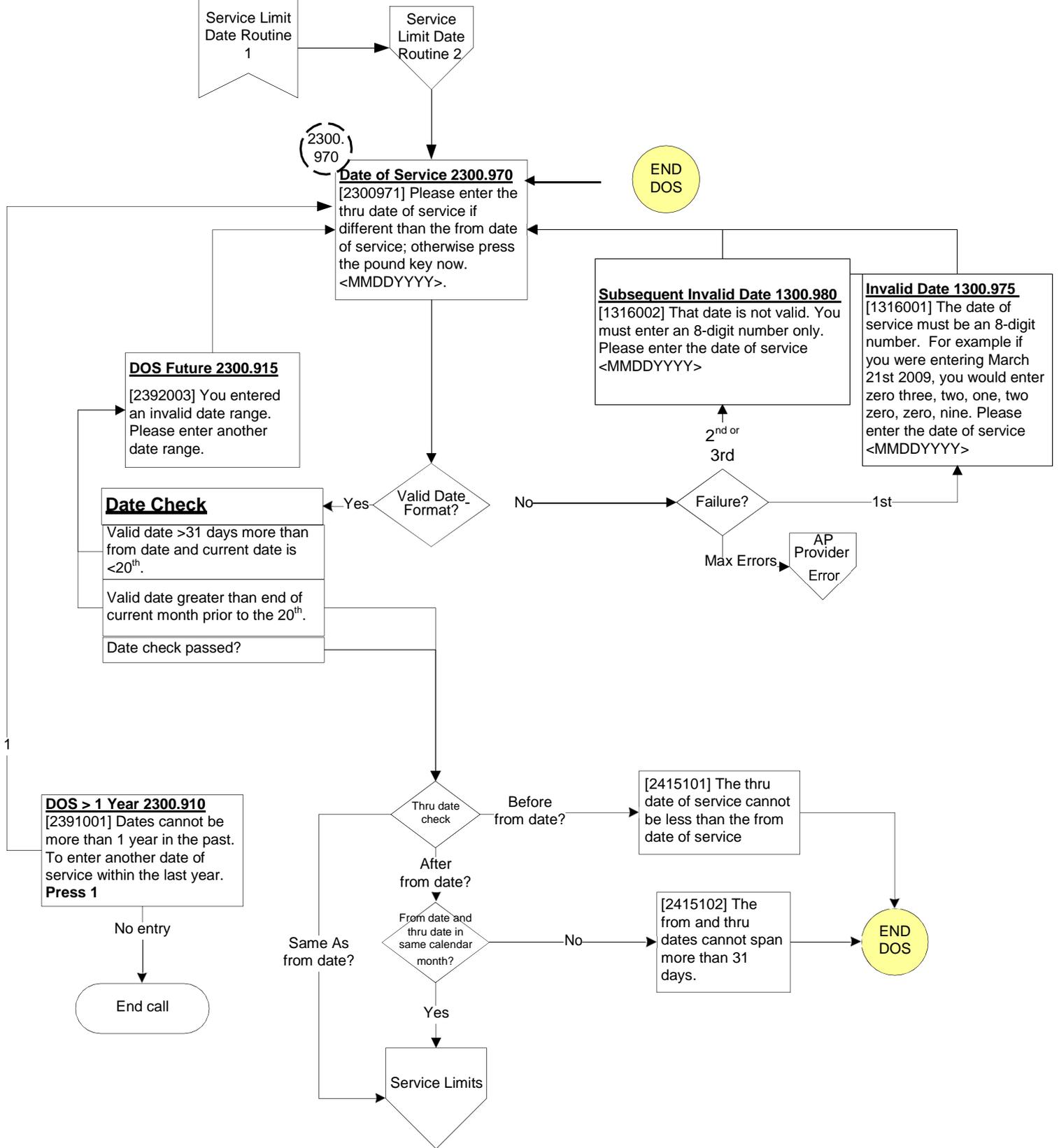
Service Limits Read 2700.500
 [2700210] There are
 <Units-Remaining>
 [2700211] units remaining
 [2700213] in the limitation period
 <Begin-Date>
 [2329104] through
 <End-Date>

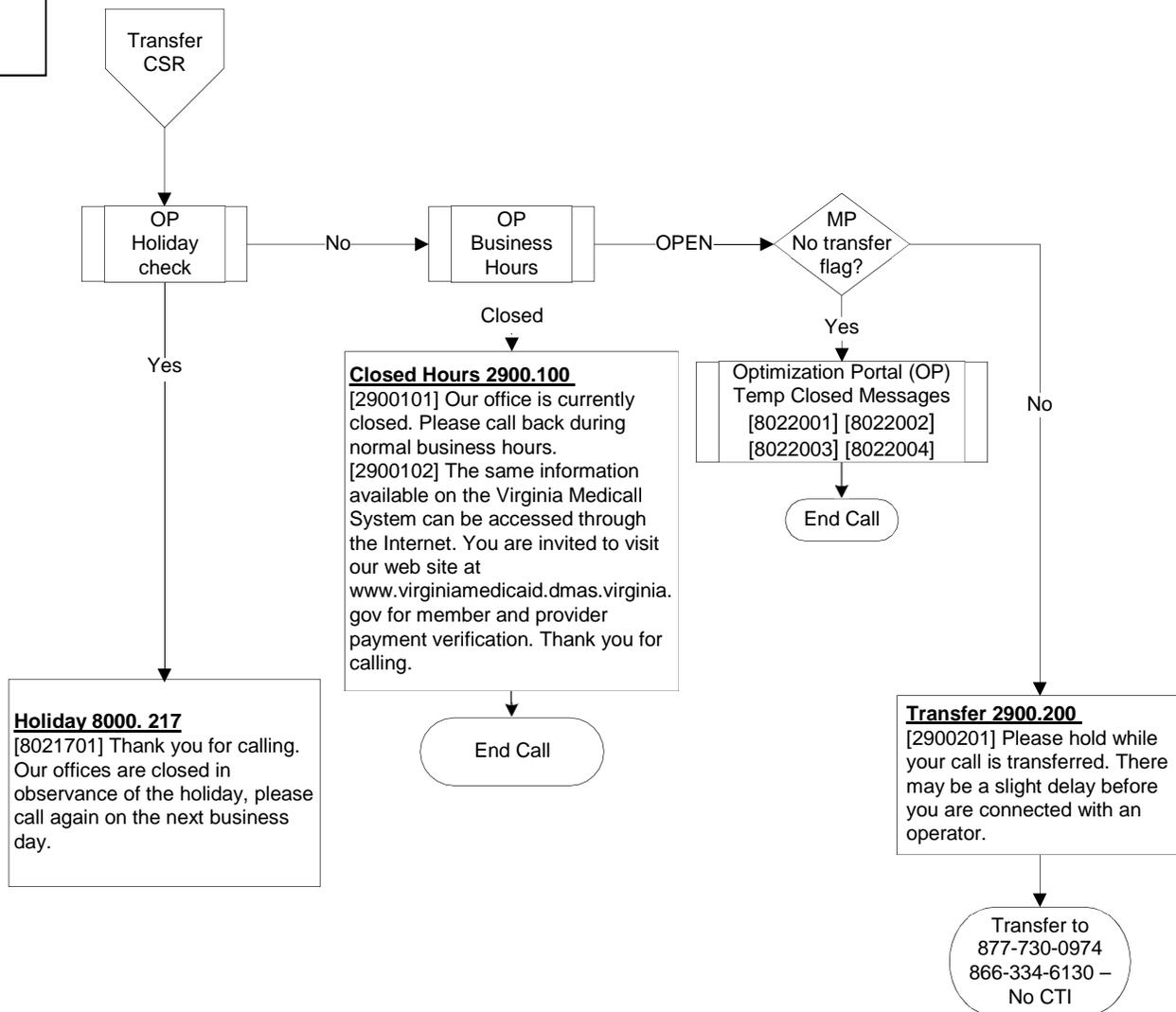
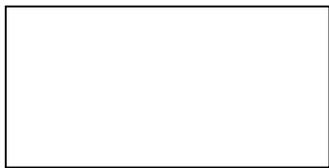
Service Limits End 2700.600
 [2210603] To enter another member, Press 1
 [2700602] To enter another service limit category or procedure code, Press 2;
 [1210018] To return to the main menu at any time,
Press the star key
 [2210116] To terminate this call, please hangup

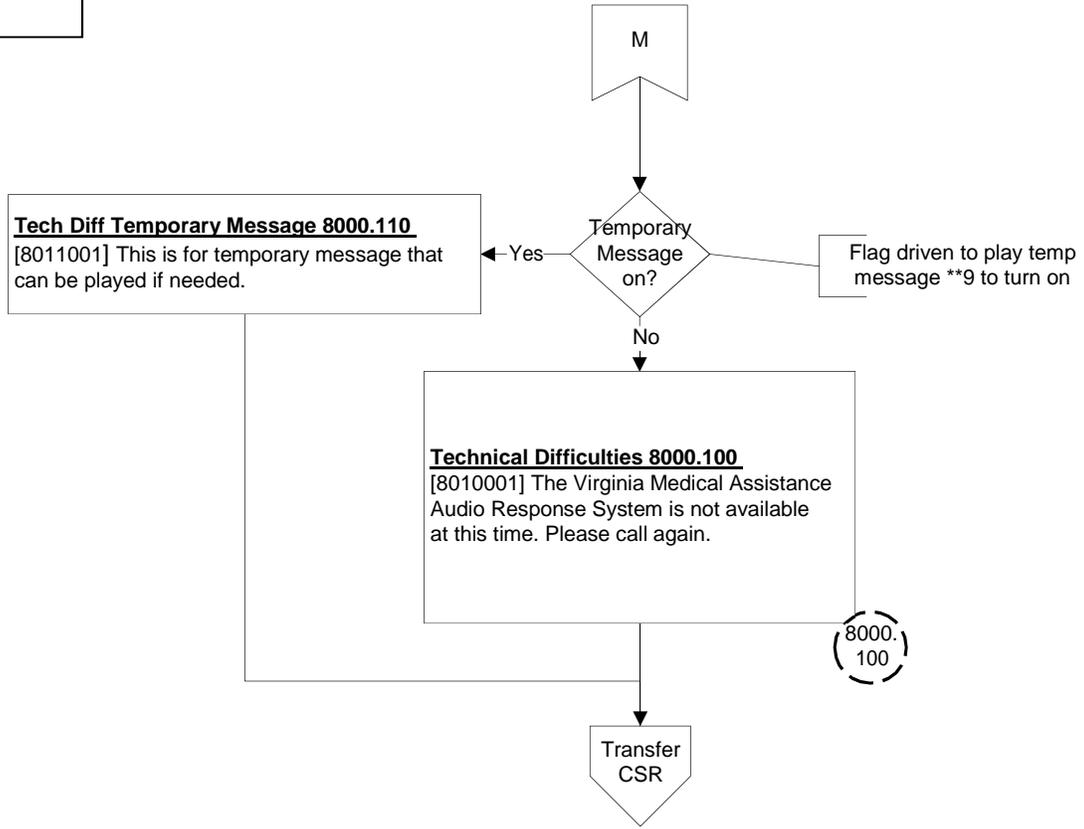
Service Date Routine

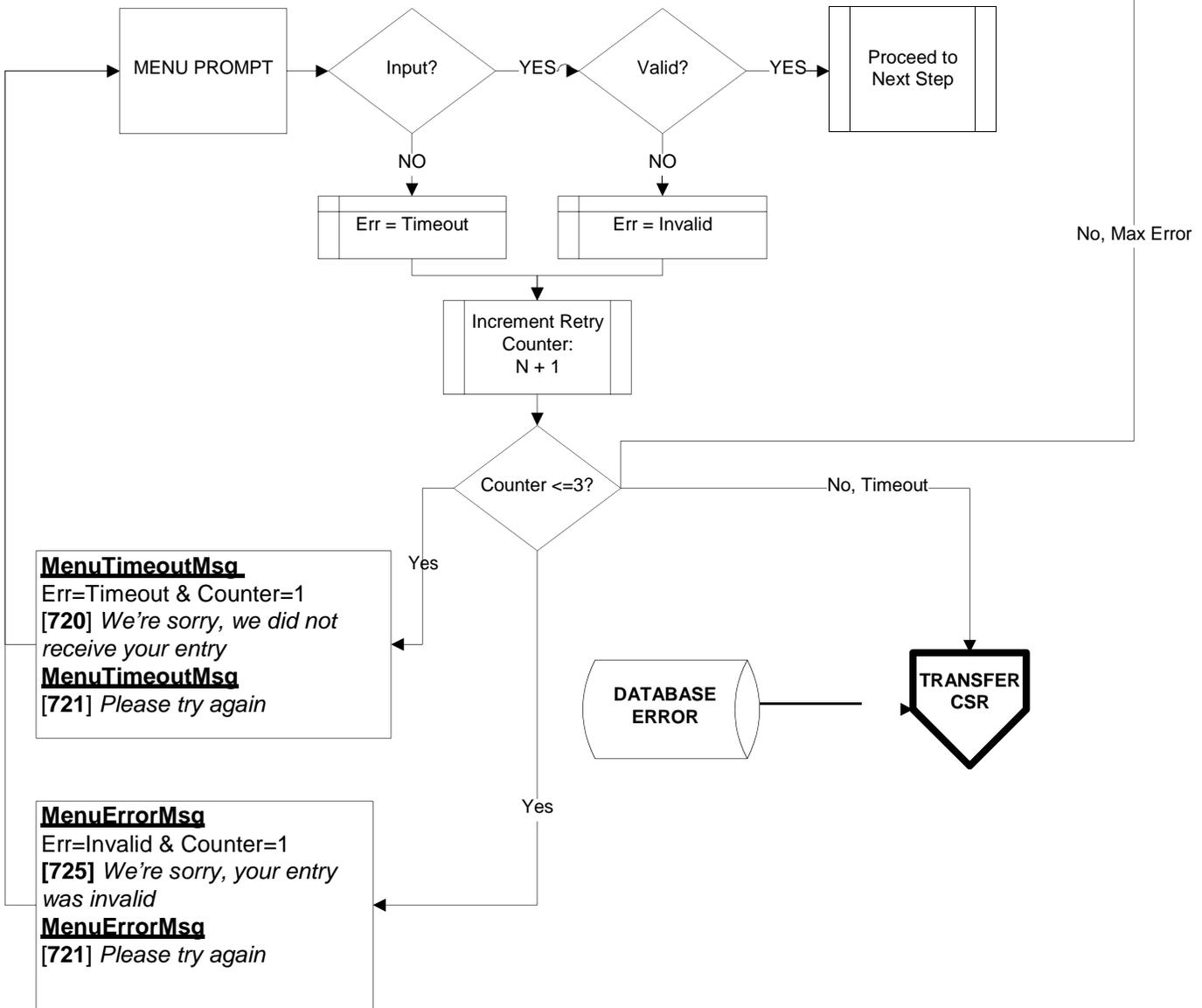
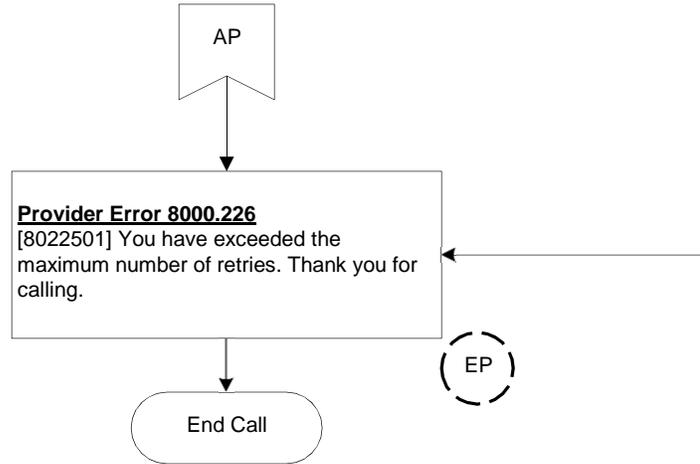
Need to transfer on fourth error in this date routine only.
 Need zero out option throughout date routine as well.







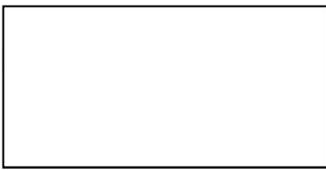






Check Points

8000.220	Emergency Message	2300.170	Get member Info
2100.101	Provider Greeting	2400.710	Invalid ID Member
2200.100	PROVIDER Main Menu	2400.100	Claim Status
2200.120	PROVIDER Failure Menu	2430.000	Provider Type
2900.500	Internet Info	2400.260	Claim Exit Menu
2200.115	PROVIDER Sub Main Menu	2400.243	Provider MisMatch
2100.401	Virginia Medicaid Provider Identification	2400.240	No Claim Info Found
2100.465	Provider Validate Failure	2400.242	To Many Claims Found
2100.480	Invalid Provider ID	2400.550	Provider Multiple Claims Found
2100.485	Inactive Provider ID	2400.243	Multiple Claim Exit Menu
2300.100	Member Identification	2500.130	No Payment Found
2300.499	Exit Menu	2500.120	Payment Main Menu
2300.915	DOS Future	2500.140	Check Payment Main Menu
2300.920	Invalid DOS	2200.100	service Auth Status
1100.905	Dup member ID	2210.300	Obtain service member Found
2300.930	Invalid SSN	2210.200	Obtain service member Not Found
2300.935	Invalid	2210.400	Obtain service No Number Entered No
2300.950	Multiple Records	Member	
2300.940	Invalid DOB	2210.500	service Auth Request Approved
2400.910	Enter member ID	2210.600	service Auth Request Denied
2400.915	Invalid ID Length		
2400.925	ReTry ID Length		
2400.920	Validate ID		
2300.950	Enter SSN		
2300.960	Invalid SSN Length		
1100.875	Date of Birth		
1100.876	Date of Birth Failure		
2400.150	Date of Service		
2415.000	Eligibility DOS		
2300.970	Date of Service		
2329.100	Member Eligibility		
2400.710	Invalid ID Member		



Exit Points

8000.220	Emergency Message	2300.170	Get member Info
2100.101	Provider Greeting	2400.710	Invalid ID Member
2200.100	PROVIDER Main Menu	2400.100	Claim Status
2200.120	PROVIDER Failure Menu	2430.000	Provider Type
2900.500	Internet Info	2400.260	Claim Exit Menu
2200.115	PROVIDER Sub Main Menu	2400.243	Provider MisMatch
2100.401	Virginia Medicaid Provider Identification	2400.240	No Claim Info Found
2100.465	Provider Validate Failure	2400.242	To Many Claims Found
2100.480	Invalid Provider ID	2400.550	Provider Multiple Claims Found
2100.485	Inactive Provider ID	2400.243	Multiple Claim Exit Menu
2300.100	Member Identification	2500.130	No Payment Found
2300.499	Exit Menu	2500.120	Payment Main Menu
2300.915	DOS Future	2500.140	Check Payment Main Menu
2300.920	Invalid DOS	2200.100	service Auth Status
1100.905	Dup member ID	2210.300	Obtain service member Found
2300.930	Invalid SSN	2210.200	Obtain service member Not Found
2300.935	Invalid	2210.400	Obtain service No Number Entered No
2300.950	Multiple Records	Member	
2300.940	Invalid DOB	2210.500	service Auth Request Approved
2400.910	Enter member ID	2210.600	service Auth Request Denied
2400.915	Invalid ID Length		
2400.925	ReTry ID Length		
2400.920	Validate ID		
2300.950	Enter SSN		
2300.960	Invalid SSN Length		
1100.875	Date of Birth		
1100.876	Date of Birth Failure		
2400.150	Date of Service		
2415.000	Eligibility DOS		
2300.970	Date of Service		
2329.100	Member Eligibility		
2400.710	Invalid ID Member		

Optimization Portal SET UP

Emergency Closed Msg

[8022001] Due to conditions beyond our control, we are unable to answer your call. We believe that this condition is temporary and we'll resume business as soon as possible.

[8022002] Due to weather conditions our offices are closed for the day.

[8022003] Due to weather conditions our offices are closed for the day. We expect to reopen on the next business day.

[8022004] Thank you for calling our offices are currently closed.

Holidays

TBD

Business Hours & Transfers

TBD

Provider Temporary Message 2100.110

FLAG.MSG.PROVIDER_TEMP Yes/ No

Emergency Message 8000.220

FLAG.MSG.EMERGENCY Yes/No

No Transfer Message

FLAG.MSG.STOP_TRANSFERS Yes/NO

Tech Diff Temporary Message 8000.110

FLAG.MSG.STOP_TECH_DIFFICULTIES Yes/NO

Queue
TBD

Transfer Number

DNIS CTI

MCO Providers

OPTIMA FAMILY CARE, FORMERLY SENTARA
(SPOKEN WHEN MCO PHYSICIAN EQUALS
ProviderID 4700082) === NPI / API 47000820

HEALTHKEEPERS PLUS, PENINSULA
(SPOKEN WHEN MCO PHYSICIAN EQUALS
ProviderID 47000747) === NPI / API 47000747

HEALTHKEEPERS PLUS, PRIORITY
(SPOKEN WHEN MCO PHYSICIAN EQUALS
ProviderID 4700066) === NPI / API 47000663

HEALTHKEEPERS PLUS, RICHMOND
(SPOKEN WHEN MCO PHYSICIAN EQUALS
ProviderID 4700325) === NPI / API 47003253

VIRGINIA PREMIER HEALTH PLAN
(SPOKEN WHEN MCO PHYSICIAN EQUALS
ProviderID 4700104) === NPI / API 47001042

SOUTHERN HEALTH CARE NET
(SPOKEN WHEN MCO PHYSICIAN EQUALS
ProviderID 4700317) === NPI / API 47003170

UNICARE HEALTH PLAN OF VIRGINIA, INC.
(SPOKEN WHEN MCO PHYSICIAN EQUALS
ProviderID 4700333) === NPI /
API null, not updated in the table

MAJESTACARE
(SPOKEN WHEN MCO PHYSICIAN EQUALS
ProviderID 1578841060) === NPI / API 15788410

InTotal Health (formerly Amerigroup)
(SPOKEN WHEN MCO PHYSICIAN EQUALS
ProviderID 1790768380) === NPI / API 17907683

KAISER PERMANENTE
(SPOKEN WHEN MCO PHYSICIAN EQUALS
ProviderID 1730254681) === NPI / API 17302546

HEALTHKEEPERS
(SPOKEN WHEN MCO PHYSICIAN EQUALS
ProviderID 169988422) === NPI/API 16998842

HUMANA HEALTH PLAN
(SPOKEN WHEN MCO PHYSICIAN EQUALS
ProviderID 169988778) === NPI/API 16998877

VIRGINIA PREMIER HEALTH
(SPOKEN WHEN MCO PHYSICIAN EQUALS
ProviderID 169996953) === NPI/API 16999695

BH Procedure Codes

90785,90791,90792,90804,
90805,90806,90807,90808,
90809,90810,90811,90812,
90813,90814,90815,90832,
90833,90834,90836,90837,
90838,90846,90847,90853,
90857,90863,90889,90899,
99408, 99409,

A1,A8

H006,H0015,H0018,H0020,
H0023,H0031,H0032,H0035
H0036,H0039,H0046,H0047,
H0050,H2012,H2016,
H2017,H2019,H2020,H2022,
H2033

T1016

ERROR REASON	ERROR TEXT
004	Invalid or missing member ID.
039	Coverage limited to Medicare deductible and coinsurance.
117	Invalid E.P.S.D.T. procedure modifier.
148	Rendering provider not certified to perform procedure.
Remaining Rejects 999	For additional information, please refer to your reject payment request cover letter or visit the D-MAS web site.
301	Duplicate payment request.
302	Duplicate of history file record.
303	Frequency limitation.
305	Services not authorized.
306	Services not justified.
307	member age twenty-one or older.
308	Payment request filed after one-year limit not justified.
309	Services not covered.
312	member greater than maximum age.
313	Bill any other available insurance.
318	member not eligible on date of service.
320	Provider not eligible on date of service.
325	Maximum units, visits, studies exceeded.
330	Overlapping dates of service.
345	Duplicate of pended payment request.
351	Payment request previously adjusted or voided.
360	Included in related procedure.
361	Extended level of care not substantiated.
365	Dispensing unit outside program minimum maximum allowance.
367	Bill Medicare.
370	Wrong procedure code.
382	Maintenance dose or duration exceeded; give diagnosis.
383	Service limits exceeded or not authorized.
385	Re-bill on title eighteen invoice.
389	This procedure and member age incompatible.
394	Not processable by point-of-sale; submit paper payment request.
396	Adjustment denied; original payment request not on file.
397	Void denied; original payment request not on file.
398	Desi drug; federal funds not available.
418	Early refill; Pro-dur.
419	Not an emergency and not CMM provider I.D.
423	N.D.C. not on file; check N.D.C.
424	Not certified to bill unit dose.
425	Unit dose package not approved for payment.
433	Not nursing home member on service date.
438	Therapeutic duplication; Pro-dur.
453	Enrolled in an M.C.O.
456	member not covered for this service.
480	Not clia certified to perform procedure.
484	Two providers and same date of service.
485	Authorization by Medallion primary care provider not indicated.
488	Resubmit with practitioner referral form.
495	Other insurance information missing.
Remaining Denies 000	For additional information, please refer to your remittance advice or visit the D-MAS web site.

Claim Selection (IVR) <Category-Type>

Claim Status Menu 1

Inpatient	1	010 021 023 170 180 300 601
Long Term Care	2	022 030 041 042 170 180 190 191 192 220 240 291 300 501 701
Outpatient or home health	3	024 060 100 101 120 110 150 160 180 190 191 192 240 250 280 291 601 701
Personal Care	4	180 190 191 250
Practitioner	5	050 090 091 110 022 150 160 170 180 190 191 240 250

Claim Status Menu 2

Pharmacy	1	071 072 180 291
Independent Lab	2	110 180
Crossover	3	180 170 701
Dental	4	080 180
Transportation	5	180 292