



# AMMIS Interactive Services Website User Manual

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501 Dexter Avenue  
Montgomery, Alabama 36104**

**HP Enterprise Services  
301 Technacenter Drive  
Montgomery, Alabama 36117**

Version 15.0

# Table of Contents

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|  |          |
|--|----------|
| <b>1. Document Control</b> .....                                       | <b>1</b> |
| <b>1.1 Document Information Page</b> .....                             | <b>1</b> |
| <b>1.2 Amendment History</b> .....                                     | <b>1</b> |
| <b>1.3 Related documentation</b> .....                                 | <b>5</b> |
| <b>2. Introduction</b> .....   | <b>1</b> |
| <b>2.1 Interactive Services Website User Manual Overview</b> .....     | <b>1</b> |
| <b>2.2 Interactive Services Website User Manual Objective</b> .....    | <b>1</b> |
| <b>3. Interactive Services Website Overview</b> .....                  | <b>2</b> |
| <b>3.1 Introduction to the Interactive Services Website</b> .....      | <b>2</b> |
| <b>3.2 Audience</b> .....  | <b>2</b> |
| <b>3.3 Purpose</b> .....   | <b>2</b> |
| <b>3.4 Applications</b> .....  | <b>2</b> |
| <b>3.5 Supporting Documentation</b> .....                              | <b>2</b> |
| <b>3.6 Content Changes</b> .....                                       | <b>2</b> |
| <b>4. Interactive Services Website Navigation</b> .....                | <b>3</b> |
| <b>4.1 Web Browser Setup</b> .....                                     | <b>3</b> |
| 4.1.1 Navigation Buttons .....   | 3        |
| 4.1.2 Screen Display Features .....                                    | 3        |
| 4.1.3 To Set System Text Size .....                                    | 3        |
| <b>4.2 Web Address</b> .....   | <b>3</b> |
| <b>4.3 Users</b> .....   | <b>4</b> |
| 4.3.1 User Roles.....  | 4        |
| 4.3.2 User IDs and Passwords .....                                     | 5        |
| <b>4.4 Application Lists</b> .....                                     | <b>6</b> |
| <b>4.5 Login Page Rules</b> .....                                      | <b>6</b> |
| <b>4.6 Connecting Through an Internet Service Provider (ISP)</b> ..... | <b>7</b> |
| <b>4.7 Login</b> .....   | <b>9</b> |
| 4.7.1 Login Panel Narrative .....                                      | 9        |

- 4.7.2 Login Panel Layout.....9
- 4.7.3 Login Panel Field Descriptions.....9
- 4.7.4 Login Panel Field Edit Error Codes.....10
- 4.7.5 Login Panel Extra Features .....10
- 4.7.6 Login Panel Accessibility .....10
  
- 5. System Wide Common Terminology and Layouts..... 11**
- 5.1 Page Layout ..... 11**
- 5.2 Search Options ..... 13**
  - 5.2.1 Search Panels .....13
  - 5.2.2 Data List Panels.....13
  - 5.2.3 Mini Search.....14
  - 5.2.4 Pop Up Search .....14
- 5.3 Panel Layout..... 15**
  - 5.3.1 Panel Type and Functions.....15
  
- 6. Providers..... 16**
- 6.1 Info Panel Layout ..... 16**
- 6.2 Info..... 16**
  - 6.2.1 Info Panel Narrative .....16
  - 6.2.2 Info Panel Field Descriptions .....16
  - 6.2.3 Info Panel Field Edit Error Codes .....17
  - 6.2.4 Info Panel Extra Features.....17
  - 6.2.5 Info Panel Accessibility .....17
- 6.3 Messages ..... 18**
  - 6.3.1 Messages Panel Narrative .....18
  - 6.3.2 Messages Panel Layout.....18
  - 6.3.3 Messages Panel Field Descriptions .....18
  - 6.3.4 Messages Panel Field Edit Error Codes.....18
  - 6.3.5 Messages Panel Extra Features.....19
  - 6.3.6 Messages Panel Accessibility .....19
  
- 7. Home ..... 20**
- 7.1 Home ..... 20**
  - 7.1.1 Home Panel Narrative .....20
  - 7.1.2 Home Panel Layout.....20
  - 7.1.3 Home Panel Field Descriptions .....21
  - 7.1.4 Home Panel Field Edit Error Codes.....21
  - 7.1.5 Home Panel Extra Features .....21
  - 7.1.6 Home Panel Accessibility .....21
- 7.2 Site Settings ..... 22**
  - 7.2.1 Site Settings Panel Narrative.....22
  - 7.2.2 Site Settings Panel Layout .....22
  - 7.2.3 Site Settings Panel Field Descriptions.....22

|             |   |           |
|-------------|---|-----------|
| 7.2.4       | Site Settings Panel Field Edit Error Codes .....                        | 23        |
| 7.2.5       | Site Settings Panel Extra Features.....                                 | 23        |
| 7.2.6       | Site Settings Panel Accessibility.....                                  | 23        |
| <b>8.</b>   | <b>NDC Look Up Search .....</b>   | <b>24</b> |
| <b>8.1</b>  | <b>NDC Look Up Search Panel Narrative.....</b>                          | <b>24</b> |
| 8.1.1       | NDC Look Up Panel Layout .....  | 24        |
| 8.1.2       | NDC Look Up Search Panel Field Descriptions.....                        | 24        |
| 8.1.3       | NDC Look Up Search Panel Field Edit Error Codes.....                    | 25        |
| 8.1.4       | NDC Look Up Search Panel Extra Features .....                           | 25        |
| 8.1.5       | NDC Look Up Search Panel Accessibility.....                             | 25        |
| <b>8.2</b>  | <b>Drug Information Status Date Panel.....</b>                          | <b>26</b> |
| 8.2.1       | Drug Information Status Date Panel Narrative.....                       | 26        |
| 8.2.2       | Drug Information Status Date Search Results Panel Layout .....          | 26        |
| 8.2.3       | Drug Information Status Date Panel Field Descriptions.....              | 26        |
| 8.2.4       | Drug Information Status Date Panel Field Edit Error Codes .....         | 27        |
| 8.2.5       | Drug Information Status Date Panel Extra Features .....                 | 27        |
| 8.2.6       | Drug Information Status Date Panel Accessibility.....                   | 28        |
| <b>8.3</b>  | <b>Drug Name Search Panel Layout .....</b>                              | <b>29</b> |
| 8.3.1       | Drug Name Search Panel Narrative .....                                  | 29        |
| 8.3.2       | Drug Name Search Panel Layout.....                                      | 29        |
| 8.3.3       | Drug Name Search Panel Field Descriptions .....                         | 29        |
| 8.3.4       | Drug Name Search Panel Field Edit Error Codes .....                     | 30        |
| 8.3.5       | Drug Name Search Panel Extra Features.....                              | 30        |
| 8.3.6       | Drug Name Search Panel Accessibility .....                              | 30        |
| <b>9.</b>   | <b>Information.....</b>   | <b>31</b> |
| <b>9.1</b>  | <b>AL Links.....</b>  | <b>31</b> |
| 9.1.1       | AL Links Panel Narrative.....   | 31        |
| 9.1.2       | AL Links Panel Layout .....   | 32        |
| 9.1.3       | AL Links Panel Field Descriptions.....                                  | 32        |
| 9.1.4       | AL Links Panel Field Edit Error Codes .....                             | 34        |
| 9.1.5       | AL Links Panel Extra Features .....                                     | 34        |
| 9.1.6       | AL Links Panel Accessibility.....                                       | 34        |
| <b>9.2</b>  | <b>Contact Us .....</b>   | <b>35</b> |
| 9.2.1       | Contact Us Panel Narrative .....  | 35        |
| 9.2.2       | Contact Us Panel Layout.....  | 35        |
| 9.2.3       | Contact Us Panel Field Descriptions.....                                | 35        |
| 9.2.4       | Contact Us Panel Field Edit Error Codes.....                            | 35        |
| 9.2.5       | Contact Us Panel Extra Features .....                                   | 35        |
| 9.2.6       | Contact Us Panel Accessibility .....                                    | 35        |
| <b>10.</b>  | <b>Provider Search .....</b>  | <b>36</b> |
| <b>10.1</b> | <b>Patient 1<sup>st</sup> .....</b>                                     | <b>36</b> |
| 10.1.1      | Patient 1 <sup>st</sup> Provider Location – Search Panel Narrative..... | 36        |

- 10.1.2 Patient 1<sup>st</sup> Provider Location – Search Panel Layout .....36
- 10.1.3 Patient 1<sup>st</sup> Provider Location – Search Panel Field Descriptions.....36
- 10.1.4 Patient 1<sup>st</sup> Provider Location – Search Panel Field Edit Error Codes ....36
- 10.1.5 Patient 1<sup>st</sup> Provider Location – Search Panel Extra Features .....36
- 10.1.6 Patient 1<sup>st</sup> Provider Location – Search Panel Accessibility.....37
- 10.2 Patient 1<sup>st</sup> Provider Location Results ..... 38**
  - 10.2.1 Patient 1<sup>st</sup> Provider Location Results Panel Narrative.....38
  - 10.2.2 Patient 1<sup>st</sup> Provider Location Results Panel Layout .....38
  - 10.2.3 Patient 1<sup>st</sup> Provider Location Results Panel Field Descriptions.....38
  - 10.2.4 Patient 1<sup>st</sup> Provider Location Results Panel Field Edit Error Codes .....39
  - 10.2.5 Patient 1<sup>st</sup> Provider Location Results Panel Extra Features .....39
- 11. Account ..... 40**
  - 11.1 Patient 1<sup>st</sup> Provider Location Results Panel Accessibility..... 40**
    - 11.1.1 To Access the Patient 1<sup>st</sup> Provider Location Results Panel.....40
  - 11.2 Account Setup..... 41**
    - 11.2.1 Account Setup Panel Narrative.....41
    - 11.2.2 Account Setup Panel Layout .....41
    - 11.2.3 Account Setup Panel Field Descriptions .....41
    - 11.2.4 Account Setup Panel Field Edit Error Codes .....43
    - 11.2.5 Account Setup Panel Extra Features.....44
    - 11.2.6 Account Setup Panel Accessibility.....44
  - 11.3 Account Maintenance ..... 46**
    - 11.3.1 Account Maintenance Panel Narrative .....46
    - 11.3.2 Account Maintenance Panel Layout.....46
    - 11.3.3 Account Maintenance Panel Field Descriptions .....46
    - 11.3.4 Account Maintenance Panel Field Edit Error Codes .....47
    - 11.3.5 Account Maintenance Panel Extra Features.....48
    - 11.3.6 Account Maintenance Panel Accessibility .....48
  - 11.4 Clerk Maintenance..... 50**
    - 11.4.1 Clerk Maintenance Panel Narrative .....50
    - 11.4.2 Clerk Maintenance Panel Layout .....50
    - 11.4.3 Clerk Maintenance Panel Field Descriptions .....50
    - 11.4.4 Clerk Maintenance Panel Field Edit Error Codes .....52
    - 11.4.5 Clerk Maintenance Panel Extra Features.....53
    - 11.4.6 Clerk Maintenance Panel Accessibility .....53
  - 11.5 Change Password ..... 55**
    - 11.5.1 Change Password Panel Narrative.....55
    - 11.5.2 Change Password Panel Layout .....55
    - 11.5.3 Change Password Panel Field Descriptions.....55
    - 11.5.4 Change Password Panel Field Edit Error Codes .....56
    - 11.5.5 Change Password Panel Extra Features .....56
    - 11.5.6 Change Password Panel Accessibility.....56
  - 11.6 Messages ..... 57**
    - 11.6.1 Messages Panel Narrative .....57

- 11.6.2 Messages Panel Layout .....57
- 11.6.3 Messages Panel Field Descriptions .....57
- 11.6.4 Messages Panel Field Edit Error Codes .....58
- 11.6.5 Messages Panel Extra Features.....58
- 11.6.6 Messages Panel Accessibility .....58
- 11.7 Switch Provider ..... 59**
  - 11.7.1 Switch Provider Panel Narrative.....59
  - 11.7.2 Switch Provider Panel Layout .....59
  - 11.7.3 Switch Provider Panel Field Descriptions.....59
  - 11.7.4 Switch Provider Panel Field Edit Error Codes .....60
  - 11.7.5 Switch Provider Panel Extra Features.....60
  - 11.7.6 Switch Provider Panel Accessibility.....61
- 11.8 Logoff..... 62**
  - 11.8.1 Logoff Panel Narrative.....62
  - 11.8.2 Logoff Panel Layout .....62
  - 11.8.3 Logoff Panel Field Descriptions.....62
  - 11.8.4 Logoff Panel Field Edit Error Codes .....62
  - 11.8.5 Logoff Panel Extra Features .....62
  - 11.8.6 Logoff Panel Accessibility.....63
- 11.9 Reset Password..... 64**
  - 11.9.1 Reset Password Panel Narrative .....64
  - 11.9.2 Reset Password Panel Layout .....64
  - 11.9.3 Reset Password Panel Field Descriptions .....65
  - 11.9.4 Reset Password Panel Field Edit Error Codes .....66
  - 11.9.5 Reset Password Panel Extra Features.....67
  - 11.9.6 Reset Password Panel Accessibility .....67
- 11.10 Secure Site ..... 68**
  - 11.10.1 Login Panel Narrative .....68
  - 11.10.2 Login Panel Layout.....68
  - 11.10.3 Login Panel Field Descriptions.....68
  - 11.10.4 Login Panel Field Edit Error Codes.....69
  - 11.10.5 Login Panel Extra Features .....69
  - 11.10.6 Login Panel Accessibility .....69
- 12. Claims..... 70**
  - 12.1 Claims ..... 70**
    - 12.1.1 Claims Panel Narrative.....70
    - 12.1.2 Claims Panel Layout .....70
    - 12.1.3 Claims Panel Field Descriptions.....70
    - 12.1.4 Claims Panel Field Edit Error Codes .....71
    - 12.1.5 Claims Panel Extra Features .....71
    - 12.1.6 Claims Panel Accessibility.....71
  - 12.2 Claim Search..... 72**
    - 12.2.1 Claim Search Panel Narrative.....72
    - 12.2.2 Claim Search Panel Layout .....72
    - 12.2.3 Claim Search Panel Field Descriptions.....72

- 12.2.4 Claim Search Panel Field Edit Error Codes..... 73
- 12.2.5 Claim Search Panel Extra Features ..... 74
- 12.2.6 Claim Search Panel Accessibility..... 74
- 12.3 Claim Search Results..... 75**
  - 12.3.1 Claim Search Results Panel Narrative..... 75
  - 12.3.2 Claim Search Results Panel Layout ..... 75
  - 12.3.3 Search Results Panel Field Descriptions..... 75
  - 12.3.4 Claim Search Results Panel Field Edit Error Codes ..... 76
  - 12.3.5 Claim Search Results Panel Extra Features ..... 76
  - 12.3.6 Claim Search Results Panel Accessibility ..... 76
- 12.4 Dental..... 77**
  - 12.4.1 Dental Claim Panel Narrative..... 77
  - 12.4.2 Dental Claim Panel Layout ..... 78
  - 12.4.3 Dental Claim Panel Field Descriptions..... 79
  - 12.4.4 Dental Claim Panel Field Edit Error Codes ..... 83
  - 12.4.5 Dental Claim Panel Extra Features ..... 86
  - 12.4.6 Dental Claim Panel Accessibility..... 86
- 12.5 Institutional..... 88**
  - 12.5.1 Institutional Claim Panel Narrative..... 88
  - 12.5.2 Institutional Claim Panel Layout ..... 89
  - 12.5.3 Institutional Claim Panel Field Descriptions ..... 91
  - 12.5.4 Institutional Panel Field Edit Error Codes..... 98
  - 12.5.5 Institutional Claim Panel Extra Features ..... 103
  - 12.5.6 Institutional Claim Panel Accessibility ..... 104
- 12.6 Condition Panel ..... 108**
  - 12.6.1 Condition Panel Narrative..... 108
  - 12.6.2 Condition Panel Layout ..... 108
  - 12.6.3 Condition Panel Field Descriptions..... 108
  - 12.6.4 Condition Panel Field Edit Error Codes ..... 108
  - 12.6.5 Condition Panel Extra Features ..... 109
  - 12.6.6 Condition Panel Accessibility..... 109
- 12.7 Payer ..... 110**
  - 12.7.1 Payer Panel Narrative..... 110
  - 12.7.2 Payer Panel Layout ..... 110
  - 12.7.3 Payer Panel Field Descriptions..... 110
  - 12.7.4 Payer Panel Field Edit Error Codes ..... 110
  - 12.7.5 Payer Panel Extra Features ..... 111
  - 12.7.6 Payer Panel Accessibility..... 111
- 12.8 ICD Procedures ..... 112**
  - 12.8.1 ICD Procedures Panel Narrative..... 112
  - 12.8.2 ICD Procedures Panel Layout ..... 112
  - 12.8.3 ICD Procedures Panel Field Descriptions..... 112
  - 12.8.4 ICD Procedures Panel Field Edit Error Codes ..... 113
  - 12.8.5 ICD Procedures Panel Extra Features ..... 113
  - 12.8.6 ICD Procedures Panel Accessibility..... 113

- 12.9 Occurrence ..... 114**
  - 12.9.1 Occurrence Panel Narrative ..... 114
  - 12.9.2 Occurrence Panel Layout ..... 114
  - 12.9.3 Occurrence Panel Field Descriptions ..... 114
  - 12.9.4 Occurrence Panel Field Edit Error Codes ..... 115
  - 12.9.5 Occurrence Panel Extra Features ..... 115
  - 12.9.6 Occurrence Panel Accessibility ..... 115
  
- 12.10 Pharmacy ..... 117**
  - 12.10.1 Pharmacy Claim Panel Narrative ..... 117
  - 12.10.2 Pharmacy Claim Panel Layout ..... 118
  - 12.10.3 Pharmacy Claim Panel Field Descriptions ..... 119
  - 12.10.4 Pharmacy Claim Panel Field Edit Error Codes ..... 123
  - 12.10.5 Pharmacy Claim Panel Extra Features ..... 125
  - 12.10.6 Pharmacy Claim Panel Accessibility ..... 125
  
- 12.11 Professional ..... 127**
  - 12.11.1 Professional Claim Panel Narrative ..... 127
  - 12.11.2 Professional Claim Panel Layout ..... 128
  - 12.11.3 Professional Claim Panel Field Descriptions ..... 130
  - 12.11.4 Professional Claim Panel Field Edit Error Codes ..... 136
  - 12.11.5 Professional Claim Panel Extra Features ..... 140
  - 12.11.5 Professional Claim Panel Accessibility ..... 140
  
- 13. Eligibility ..... 144**
  - 13.1 Eligibility Verification ..... 144**
    - 13.1.1 Eligibility Verification Request Panel Narrative ..... 144
    - 13.1.2 Eligibility Verification Request Panel Layout ..... 144
    - 13.1.3 Eligibility Verification Request Panel Field Descriptions ..... 144
    - 13.1.4 Eligibility Verification Request Panel Field Edit Error Codes ..... 145
    - 13.1.5 Eligibility Verification Request Panel Extra Features ..... 146
    - 13.1.6 Eligibility Verification Request Panel Accessibility ..... 146
  
  - 13.2 Recipient Information ..... 148**
    - 13.2.1 Recipient Information Panel Narrative ..... 148
    - 13.2.2 Recipient Information Panel Layout ..... 148
    - 13.2.3 Recipient Information Panel Field Descriptions ..... 148
    - 13.2.4 Recipient Information Panel Field Edit Error Codes ..... 149
    - 13.2.5 Recipient Information Panel Extra Features ..... 149
    - 13.2.6 Recipient Information Panel Accessibility ..... 149
  
  - 13.3 Coverage Type ..... 150**
    - 13.3.1 Coverage Type Panel Narrative ..... 150
    - 13.3.2 Coverage Type Panel Layout ..... 150
    - 13.3.3 Coverage Type Panel Field Descriptions ..... 150
    - 13.3.4 Coverage Type Panel Field Edit Error Codes ..... 150
    - 13.3.5 Coverage Type Panel Extra Features ..... 150
    - 13.3.6 Coverage Type Panel Accessibility ..... 151
  
  - 13.4 TPL ..... 152**
    - 13.4.1 TPL Panel Narrative ..... 152

- 13.4.2 TPL Panel Layout ..... 152
- 13.4.3 TPL Panel Field Descriptions ..... 152
- 13.4.4 TPL Panel Field Edit Error Codes ..... 153
- 13.4.5 TPL Panel Extra Features ..... 153
- 13.4.6 TPL Panel Accessibility ..... 153
- 13.5 Managed Care ..... 154**
  - 13.5.1 Managed Care Panel Narrative ..... 154
  - 13.5.2 Managed Care Panel Layout ..... 154
  - 13.5.3 Managed Care Panel Field Descriptions ..... 154
  - 13.5.4 Managed Care Panel Field Edit Error Codes ..... 154
  - 13.5.5 Managed Care Panel Extra Features ..... 155
  - 13.5.6 Managed Care Panel Accessibility ..... 155
- 13.6 Lockin/Lockout ..... 156**
  - 13.6.1 Lockin/Lockout Panel Narrative ..... 156
  - 13.6.2 Lockin/Lockout Panel Layout ..... 156
  - 13.6.3 Lockin/Lockout Panel Field Descriptions ..... 156
  - 13.6.4 Lockin/Lockout Panel Field Edit Error Codes ..... 156
  - 13.6.5 Lockin/Lockout Panel Extra Features ..... 156
  - 13.6.6 Lockin/Lockout Panel Accessibility ..... 157
- 13.7 Benefit Limits ..... 158**
  - 13.7.1 Benefit Limits Panel Narrative ..... 158
  - 13.7.2 Benefit Limits Panel Layout ..... 158
  - 13.7.3 Benefit Limits Panel Field Descriptions ..... 158
  - 13.7.4 Benefit Limits Panel Field Edit Error Codes ..... 158
  - 13.7.5 Benefit Limits Panel Extra Features ..... 158
  - 13.7.6 Benefit Limits Panel Accessibility ..... 159
- 13.8 Dental Benefit Limits ..... 160**
  - 13.8.1 Dental Benefit Limits Panel Narrative ..... 160
  - 13.8.2 Dental Benefit Limits Panel Layout ..... 160
  - 13.8.3 Dental Benefit Limits Panel Field Descriptions ..... 160
  - 13.8.4 Dental Benefit Limits Panel Field Error Codes ..... 160
  - 13.8.5 Dental Benefit Limits Panel Extra Features ..... 161
  - 13.8.6 Dental Benefit Limits Panel Accessibility ..... 161
- 13.9 EPSDT Screening Dates ..... 162**
  - 13.9.1 EPSDT Screening Dates Panel Narrative ..... 162
  - 13.9.2 EPSDT Screening Dates Panel Layout ..... 162
  - 13.9.3 EPSDT Screening Dates Panel Field Descriptions ..... 162
  - 13.9.4 EPSDT Screening Dates Panel Field Edit Error Codes ..... 162
  - 13.9.5 EPSDT Screening Dates Panel Extra Features ..... 162
  - 13.9.6 EPSDT Screening Dates Panel Accessibility ..... 162
- 13.10 LTC/Waiver ..... 163**
  - 13.10.1 LTC/Waiver Panel Narrative ..... 163
  - 13.10.2 LTC/Waiver Panel Layout ..... 163
  - 13.10.3 LTC/Waiver Panel Field Descriptions ..... 163
  - 13.10.4 LTC/Waiver Panel Field Edit Error Codes ..... 163
  - 13.10.5 LTC/Waiver Panel Extra Features ..... 163

- 13.10.6 LTC/Waiver Panel Accessibility..... 163
- 13.11 Maternity Waiver ..... 164**
  - 13.11.1 Maternity Waiver Panel Narrative..... 164
  - 13.11.2 Maternity Waiver Panel Layout ..... 164
  - 13.11.3 Maternity Waiver Panel Field Descriptions..... 164
  - 13.11.4 Maternity Waiver Panel Field Edit Error Codes ..... 164
  - 13.11.5 Maternity Waiver Panel Extra Features ..... 164
  - 13.11.6 Maternity Waiver Panel Accessibility..... 164
- 13.12 Long Term Care Liability ..... 165**
  - 13.12.1 Long Term Care Liability Panel Narrative..... 165
  - 13.12.2 Long Term Care Liability Panel Layout ..... 165
  - 13.12.3 Long Term Care Liability Panel Field Descriptions..... 165
  - 13.12.4 Long Term Care Liability Panel Field Edit Error Codes ..... 165
  - 13.12.5 Long Term Care Liability Panel Extra Features ..... 165
  - 13.12.6 Long Term Care Liability Panel Accessibility..... 165
- 13.13 Service Type/Co-Pay Search Results ..... 166**
  - 13.13.1 Service Type/Co-Pay Search Results Panel Narrative ..... 166
  - 13.13.2 Service Type/Co-Pay Search Results Panel Layout..... 166
  - 13.13.3 Service Type/Co-Pay Search Results Panel Field Descriptions..... 166
  - 13.13.4 Service Type/Co-Pay Search Results Panel Field Edit Error Codes..... 166
  - 13.13.5 Service Type/Co-Pay Search Results Panel Extra Features ..... 167
  - 13.13.6 Service Type/Co-Pay Search Results Panel Accessibility..... 167
- 13.14 HouseHold Inquiry ..... 168**
  - 13.14.1 HouseHold Inquiry Panel Narrative ..... 168
  - 13.14.2 HouseHold Inquiry Panel Layout..... 168
  - 13.14.3 HouseHold Inquiry Panel Field Descriptions ..... 168
  - 13.14.4 HouseHold Inquiry Panel Field Edit Error Codes..... 168
  - 13.14.5 HouseHold Inquiry Panel Extra Features..... 169
  - 13.14.6 HouseHold Inquiry Panel Accessibility ..... 169
- 13.15 HouseHold Inquiry Search Results ..... 170**
  - 13.15.6 Search Results Panel Narrative..... 170
  - 13.15.7 Search Results Panel Layout..... 170
  - 13.15.8 Search Results Panel Field Descriptions..... 170
  - 13.15.9 Search Results Panel Field Edit Error Codes..... 170
  - 13.15.10 Search Results Panel Extra Features ..... 170
  - 13.15.11 Search Results Panel Accessibility..... 171
- 14. Trade Files ..... 172**
  - 14.1 Download..... 172**
    - 14.1.1 File Download Search Narrative..... 172
    - 14.1.2 File Download Search Layout ..... 172
    - 14.1.3 File Download Search Field Descriptions..... 173
    - 14.1.4 File Download Search Field Edit Error Codes ..... 173
    - 14.1.5 File Download Search Extra Features ..... 173
    - 14.1.6 File Download Search Accessibility..... 173

- 14.2 Current Files Available for Download..... 174**
  - 14.2.1 Current Files Available for Download Panel Narrative ..... 174
  - 14.2.2 Current Files Available for Download Panel Layout..... 174
  - 14.2.3 Current Files Available for Download Panel Field Descriptions..... 174
  - 14.2.4 Current Files Available for Download Panel Field Edit Error Codes..... 175
  - 14.2.5 Current Files Available for Download Panel Extra Features ..... 175
  - 14.2.6 Current Files Available for Download Panel Accessibility ..... 175
  
- 14.3 Upload..... 176**
  - 14.3.1 File Upload Panel Narrative..... 176
  - 14.3.2 File Upload Panel Layout ..... 176
  - 14.3.3 File Upload Panel Field Descriptions..... 176
  - 14.3.4 File Upload Panel Field Edit Error Codes ..... 176
  - 14.3.5 File Upload Panel Extra Features ..... 177
  - 14.3.6 File Upload Panel Accessibility ..... 177
  
- 14.4 Uploaded Files..... 178**
  - 14.4.1 Uploaded Files Panel Narrative..... 178
  - 14.4.2 Uploaded Files Panel Layout ..... 178
  - 14.4.3 Uploaded Files Panel Field Descriptions..... 178
  - 14.4.4 Uploaded Files Panel Field Edit Error Codes ..... 178
  - 14.4.5 Uploaded Files Panel Extra Features ..... 178
  - 14.4.6 Uploaded Files Panel Accessibility..... 179
  
- 14.5 Claim Level Detail..... 180**
  - 14.5.1 Claim Level Detail Panel Narrative ..... 180
  - 14.5.2 Claim Level Detail Panel Layout..... 180
  - 14.5.3 Claim Level Detail Panel Field Descriptions ..... 180
  - 14.5.4 Claim Detail Level Panel Field Edit Error Codes ..... 182
  - 14.5.5 Claim Level Detail Panel Extra Features..... 183
  - 14.5.6 Claim Level Detail Panel Accessibility ..... 183
  
- 14.6 Forms Panel Overview..... 184**
  - 14.6.1 Forms Panel Narrative..... 184
  - 14.6.2 Forms Panel Layout ..... 184
  - 14.6.3 Forms Panel Field Descriptions ..... 184
  - 14.6.4 Forms Panel Field Edit Error Codes ..... 184
  - 14.6.5 Forms Panel Extra Features ..... 186
  - 14.6.6 Forms Panel Accessibility ..... 186
  
- 15. Prior Authorization..... 188**
  - 15.1 Prior Authorization Search..... 188**
    - 15.1.1 Prior Authorization Search Panel Narrative ..... 188
    - 15.1.2 Prior Authorization Search Panel Layout..... 188
    - 15.1.3 Prior Authorization Search Panel Field Descriptions ..... 188
    - 15.1.4 Prior Authorization Search Panel Field Edit Error Codes..... 189
    - 15.1.5 Prior Authorization Search Panel Extra Features..... 189
    - 15.1.6 Prior Authorization Search Panel Accessibility ..... 190
  
  - 15.2 Prior Authorization Search Results..... 191**
    - 15.2.1 Search Results Panel Narrative..... 191

- 15.2.2 Search Results Panel Layout..... 191
- 15.2.3 Search Results Panel Field Descriptions..... 191
- 15.2.4 Search Results Panel Field Edit Error Codes..... 192
- 15.2.5 Search Results Panel Extra Features ..... 192
- 15.2.6 Search Results Panel Accessibility ..... 192
- 15.3 Prior Authorization Submit ..... 193**
  - 15.3.1 Prior Authorization Submit Panel Narrative..... 193
  - 15.3.2 Prior Authorization Submit Panel Layout ..... 193
  - 15.3.3 Prior Authorization Submit Field Descriptions..... 194
  - 15.3.4 Prior Authorization Submit Panel Field Edit Error Codes ..... 198
  - 15.3.5 Prior Authorization Submit Panel Extra Features ..... 200
  - 15.3.6 Prior Authorization Submit Panel Accessibility ..... 200
- 15.4 Prior Authorization Submit - Base Information Panel ..... 203**
  - 15.4.1 Prior Authorization Submit - Base Information Panel Narrative..... 203
  - 15.4.2 Prior Authorization Submit - Base Information Panel Layout ..... 203
  - 15.4.3 Prior Authorization Submit - Base Information Panel Field Descriptions  
203
  - 15.4.4 Prior Authorization Submit - Base Information Panel Field Edit Error  
Codes 204
  - 15.4.5 Prior Authorization Submit - Base Information Panel Extra Features 204
  - 15.4.6 Prior Authorization Submit - Base Information Panel Accessibility .... 205
- 15.5 Prior Authorization Submit - Line Item Panel..... 206**
  - 15.5.1 Prior Authorization Submit - Line Item Panel Narrative ..... 206
  - 15.5.2 Prior Authorization Submit - Line Item Panel Layout ..... 206
  - 15.5.3 Prior Authorization Submit - Line Item Panel Field Descriptions ..... 207
  - 15.5.4 Prior Authorization Submit - Line Item Panel Field Edit Error Codes. 209
  - 15.5.5 Prior Authorization Submit - Line Item Panel Extra Features..... 211
  - 15.5.6 Prior Authorization Submit - Line Item Panel Accessibility ..... 211
- 15.6 Prior Authorization Submit New – Notes Panel ..... 213**
  - 15.6.1 Prior Authorization Submit New – Notes Panel Narrative..... 213
  - 15.6.2 Prior Authorization Submit New – Notes Panel Layout ..... 213
  - 15.6.3 Prior Authorization Submit New – Notes Panel Field Descriptions..... 213
  - 15.6.4 Prior Authorization Submit New – Notes Panel Field Edit Error Codes  
214
  - 15.6.5 Prior Authorization Submit New – Notes Panel Extra Features ..... 214
  - 15.6.6 Prior Authorization Submit New – Notes Panel Accessibility..... 214
- 15.7 Prior Authorization Submit - Attachments..... 216**
  - 15.7.1 Prior Authorization Submit - Attachments Panel Narrative..... 216
  - 15.7.2 Prior Authorization Submit - Attachments Panel Layout..... 216
  - 15.7.3 Prior Authorization Submit - Attachments Panel Field Descriptions... 216
  - 15.7.4 Prior Authorization Submit - Attachments Panel Field Edit Error Codes  
217
  - 15.7.5 Prior Authorization Submit - Attachments Panel Extra Features ..... 217
  - 15.7.6 Prior Authorization Submit - Attachments Panel Accessibility ..... 217
- 16. Provider Maintenance ..... 219**

|             |  |            |
|-------------|--|------------|
| <b>16.1</b> | <b>Provider Maintenance Panel Overview</b>                         | <b>219</b> |
| 16.1.1      | Provider Maintenance Panel Narrative                               | 219        |
| 16.1.2      | Provider Maintenance Panel Layout                                  | 219        |
| 16.1.3      | Provider Maintenance Panel Field Descriptions                      | 219        |
| 16.1.4      | Provider Maintenance Panel Field Edit Error Codes                  | 219        |
| 16.1.5      | Provider Maintenance Panel Extra Features                          | 219        |
| 16.1.6      | Provider Maintenance Panel Accessibility                           | 220        |
| <b>16.2</b> | <b>Provider Location Contact Information Panel Overview</b>        | <b>221</b> |
| 16.2.6      | Provider Location Contact Information Panel Narrative              | 221        |
| 16.2.7      | Provider Location Contact Information Panel Layout                 | 221        |
| 16.2.8      | Provider Location Contact Information Panel Field Descriptions     | 221        |
| 16.2.9      | Provider Location Contact Information Panel Field Edit Error Codes | 222        |
| 16.2.10     | Provider Location Contact Information Panel Extra Features         | 222        |
| 16.2.11     | Provider Location Contact Information Panel Accessibility          | 223        |
| <b>16.3</b> | <b>Provider Payer Information Panel Overview</b>                   | <b>224</b> |
| 16.3.6      | Provider Payer Information Panel Narrative                         | 224        |
| 16.3.7      | Provider Payer Information Panel Layout                            | 224        |
| 16.3.8      | Provider Payer Information Panel Field Descriptions                | 224        |
| 16.3.9      | Provider Payer Information Panel Field Edit Error Codes            | 225        |
| 16.3.10     | Provider Payer Information Panel Extra Features                    | 225        |
| 16.3.11     | Provider Payer Information Panel Accessibility                     | 225        |
| <b>17.</b>  | <b>PMP Assignment</b>  | <b>226</b> |
| <b>17.1</b> | <b>PMP Assignment Panel Narrative</b>                              | <b>226</b> |
| 17.1.1      | PMP Assignment Panel Layout  | 226        |
| 17.1.2      | PMP Assignment Panel Field Descriptions                            | 226        |
| 17.1.3      | PMP Assignment Panel Field Edit Error Codes                        | 226        |
| 17.1.4      | PMP Assignment Panel Extra Features                                | 229        |
| 17.1.5      | PMP Assignment Panel Accessibility                                 | 229        |
| <b>18.</b>  | <b>Consent Form Search</b>   | <b>231</b> |
| <b>18.1</b> | <b>Consent Form Search Panel Overview</b>                          | <b>231</b> |
| 18.1.6      | Consent Form Search Panel Narrative                                | 231        |
| 18.1.7      | Consent Form Search Panel Layout                                   | 231        |
| 18.1.8      | Consent Form Search Panel Field Descriptions                       | 231        |
| 18.1.9      | Consent Form Search Panel Field Edit Error Codes                   | 231        |
| 18.1.10     | Consent Form Search Panel Extra Features                           | 232        |
| 18.1.11     | Consent Form Search Panel Accessibility                            | 232        |
| <b>19.</b>  | <b>Search Pop-Up Panels</b>  | <b>233</b> |
| <b>19.1</b> | <b>Admission Type Search</b>                                       | <b>234</b> |
| 19.1.1      | Admission Type Search Panel Narrative                              | 234        |
| 19.1.2      | Admission Type Search Panel Layout                                 | 234        |
| 19.1.3      | Admission Type Search Panel Field Descriptions                     | 234        |
| 19.1.4      | Admission Type Search Panel Field Edit Error Codes                 | 235        |
| 19.1.5      | Admission Type Search Panel Extra Features                         | 235        |

|             |   |            |
|-------------|---|------------|
| 19.1.6      | Admission Type Search Panel Accessibility.....        | 235        |
| <b>19.2</b> | <b>Carrier Code Search.....</b>                       | <b>236</b> |
| 19.2.1      | Carrier Code Search Panel Narrative .....             | 236        |
| 19.2.2      | Carrier Code Search Panel Layout.....                 | 236        |
| 19.2.3      | Carrier Code Search Panel Field Descriptions .....    | 236        |
| 19.2.4      | Carrier Code Search Panel Field Edit Error Codes..... | 237        |
| 19.2.5      | Carrier Code Search Panel Extra Features.....         | 237        |
| 19.2.6      | Carrier Code Search Panel Accessibility .....         | 237        |
| <b>19.3</b> | <b>Condition Search.....</b>                          | <b>238</b> |
| 19.3.1      | Condition Search Panel Narrative .....                | 238        |
| 19.3.2      | Condition Search Panel Layout.....                    | 238        |
| 19.3.3      | Condition Search Panel Field Descriptions.....        | 238        |
| 19.3.4      | Condition Search Panel Field Edit Error Codes.....    | 239        |
| 19.3.5      | Condition Search Panel Extra Features .....           | 239        |
| 19.3.6      | Condition Search Panel Accessibility.....             | 239        |
| <b>19.4</b> | <b>Diagnosis Search .....</b>                         | <b>240</b> |
| 19.4.1      | Diagnosis Search Panel Narrative.....                 | 240        |
| 19.4.2      | Diagnosis Search Panel Layout .....                   | 240        |
| 19.4.3      | Diagnosis Search Panel Field Descriptions.....        | 240        |
| 19.4.4      | Diagnosis Search Panel Field Edit Error Codes .....   | 241        |
| 19.4.5      | Diagnosis Search Panel Extra Features .....           | 241        |
| 19.4.6      | Diagnosis Search Panel Accessibility.....             | 241        |
| <b>19.5</b> | <b>Drug Search Panel Narrative.....</b>               | <b>242</b> |
| 19.5.6      | Drug Search Panel Layout.....                         | 242        |
| 19.5.7      | Drug Search Panel Field Descriptions .....            | 242        |
| 19.5.8      | Drug Search Panel Field Edit Error Codes.....         | 242        |
| 19.5.9      | Drug Search Panel Extra Features.....                 | 243        |
| 19.5.10     | Drug Search Panel Accessibility .....                 | 243        |
| <b>19.6</b> | <b>Modifiers Search .....</b>                         | <b>244</b> |
| 19.6.1      | Modifiers Search Panel Narrative.....                 | 244        |
| 19.6.2      | Modifiers Search Panel Layout .....                   | 244        |
| 19.6.3      | Modifiers Search Panel Field Descriptions.....        | 244        |
| 19.6.4      | Modifiers Search Panel Field Edit Error Codes .....   | 245        |
| 19.6.5      | Modifiers Search Panel Extra Features .....           | 245        |
| 19.6.6      | Modifiers Search Panel Accessibility.....             | 245        |
| <b>19.7</b> | <b>NDC Search .....</b>                               | <b>246</b> |
| 19.7.1      | NDC Search Panel Narrative .....                      | 246        |
| 19.7.2      | NDC Search Panel Layout.....                          | 246        |
| 19.7.3      | NDC Search Panel Field Descriptions.....              | 246        |
| 19.7.4      | NDC Search Panel Field Edit Error Codes.....          | 247        |
| 19.7.5      | NDC Search Panel Extra Features .....                 | 247        |
| 19.7.6      | NDC Search Panel Accessibility.....                   | 247        |
| <b>19.8</b> | <b>Occurrence Code Search .....</b>                   | <b>248</b> |
| 19.8.1      | Occurrence Code Search Panel Narrative .....          | 248        |

|  |            |
|--|------------|
| <b>NOTE:</b>   | <b>248</b> |
| 19.8.2 Occurrence Search Panel Layout                          | 248        |
| 19.8.3 Occurrence Search Panel Field Descriptions              | 248        |
| 19.8.4 Occurrence Code Search Panel Field Edit Error Codes     | 249        |
| 19.8.5 Occurrence Code Search Panel Extra Features             | 249        |
| 19.8.6 Occurrence Code Search Panel Accessibility              | 249        |
| <b>19.9 Patient Status Search</b>                              | <b>250</b> |
| 19.9.1 Patient Status Search Panel Narrative                   | 250        |
| 19.9.2 Patient Status Search Panel Layout                      | 250        |
| 19.9.3 Patient Status Search Panel Field Descriptions          | 250        |
| 19.9.4 Patient Status Search Panel Field Edit Error Codes      | 251        |
| 19.9.5 Patient Status Search Panel Extra Features              | 251        |
| 19.9.6 Patient Status Search Panel Accessibility               | 251        |
| <b>19.10 POS Search</b>  | <b>252</b> |
| 19.10.1 POS Search Panel Narrative                             | 252        |
| 19.10.2 POS Search Panel Layout                                | 252        |
| 19.10.3 POS Search Panel Field Descriptions                    | 252        |
| 19.10.4 POS Search Panel Field Edit Error Codes                | 253        |
| 19.10.5 POS Search Panel Extra Features                        | 253        |
| 19.10.6 POS Search Panel Accessibility                         | 253        |
| <b>19.11 Prescriber License Search</b>                         | <b>254</b> |
| 19.11.1 Prescriber License Search Panel Narrative              | 254        |
| 19.11.2 Prescriber License Search Panel Layout                 | 254        |
| 19.11.3 Prescriber License Search Panel Field Descriptions     | 254        |
| 19.11.4 Prescriber License Search Panel Field Edit Error Codes | 255        |
| 19.11.5 Prescriber License Search Panel Extra Features         | 255        |
| 19.11.6 Prescriber License Search Panel Accessibility          | 255        |
| <b>19.12 Procedure Search</b>                                  | <b>256</b> |
| 19.12.1 Procedure Search Panel Narrative                       | 256        |
| 19.12.2 Procedure Search Panel Layout                          | 256        |
| 19.12.3 Procedure Search Panel Field Descriptions              | 256        |
| 19.12.4 Procedure Search Panel Field Edit Error Codes          | 257        |
| 19.12.5 Procedure Search Panel Extra Features                  | 257        |
| 19.12.6 Procedure Search Panel Accessibility                   | 257        |
| <b>19.13 Procedure ICDSearch</b>                               | <b>258</b> |
| 19.13.1 Procedure ICD Search Panel Narrative                   | 258        |
| 19.13.2 Procedure ICD Search Panel Layout                      | 258        |
| 19.13.3 Procedure ICD Search Panel Field Descriptions          | 258        |
| 19.13.4 Procedure ICD Search Panel Field Edit Error Codes      | 259        |
| 19.13.5 Procedure ICD Search Panel Extra Features              | 259        |
| 19.13.6 Procedure ICD Search Panel Accessibility               | 259        |
| <b>19.14 Provider ID Search</b>                                | <b>260</b> |
| 19.14.2 Provider ID Search Panel Layout                        | 260        |
| 19.14.3 Provider ID Search Panel Field Descriptions            | 260        |
| 19.14.4 Provider ID Search Panel Field Edit Error Codes        | 261        |
| 19.14.5 Provider ID Search Panel Extra Features                | 261        |

|  |            |
|--|------------|
| 19.14.6 Provider ID Search Panel Accessibility .....                       | 261        |
| <b>19.15 Quadrant Search .....</b>   | <b>262</b> |
| 19.15.1 Quadrant Search Panel Narrative .....                              | 262        |
| 19.15.2 Quadrant Search Panel Layout.....                                  | 262        |
| 19.15.3 Quadrant Search Panel Field Descriptions .....                     | 262        |
| 19.15.4 Quadrant Search Panel Field Edit Error Codes.....                  | 263        |
| 19.15.5 Quadrant Search Panel Extra Features .....                         | 263        |
| 19.15.6 Quadrant Search Panel Accessibility .....                          | 263        |
| <b>19.16 Revenue Code Search.....</b>                                      | <b>264</b> |
| 19.16.1 Revenue Code Search Panel Narrative .....                          | 264        |
| 19.16.2 Revenue Code Search Panel Layout.....                              | 264        |
| 19.16.3 Revenue Code Search Panel Field Descriptions .....                 | 264        |
| 19.16.4 Revenue Code Search Panel Field Edit Error Codes.....              | 265        |
| 19.16.5 Revenue Code Search Panel Extra Features .....                     | 265        |
| 19.16.6 Revenue Code Search Panel Accessibility .....                      | 265        |
| <b>19.17 Tooth Search .....</b>  | <b>266</b> |
| 19.17.1 Tooth Search Panel Narrative.....                                  | 266        |
| 19.17.2 Tooth Search Panel Layout .....                                    | 266        |
| 19.17.3 Tooth Search Panel Field Descriptions.....                         | 266        |
| 19.17.4 Tooth Search Panel Field Edit Error Codes .....                    | 267        |
| 19.17.5 Tooth Search Panel Extra Features .....                            | 267        |
| 19.17.6 Tooth Search Panel Accessibility.....                              | 267        |
| <b>19.18 User Name Search .....</b>  | <b>268</b> |
| 19.18.1 User Name Search Panel Narrative .....                             | 268        |
| 19.18.2 User Name Search Panel Layout.....                                 | 268        |
| 19.18.3 User Name Search Panel Field Descriptions .....                    | 268        |
| 19.18.4 User Name Search Panel Field Edit Error Codes.....                 | 268        |
| 19.18.5 User Name Search Panel Extra Features .....                        | 269        |
| 19.18.6 User Name Search Panel Accessibility .....                         | 269        |
| <b>19.19 Group Member Provider ID Search .....</b>                         | <b>270</b> |
| 19.19.1 Group Member Provider ID Search Panel Narrative .....              | 270        |
| 19.19.2 Group Member Provider ID Search Panel Layout .....                 | 270        |
| 19.19.3 Group Member Provider ID Search Panel Field Descriptions .....     | 270        |
| 19.19.4 Group Member Provider ID Search Panel Field Edit Error Codes ..... | 271        |
| 19.19.5 Group Member Provider ID Search Panel Extra Features.....          | 271        |
| 19.19.6 Group Member Provider ID Search Panel Accessibility .....          | 271        |
| <b>20. Help.....</b>   | <b>272</b> |

# 1. Document Control

The latest version of this document is stored electronically. Any printed copy has to be considered an uncontrolled copy.

## 1.1 Document Information Page

| Required Information | Definition  |
|----------------------|---|
| Document Title       | AMMIS Interactive Services Website User Manual  |
| Version:             | 15.0  |
| Location:            | <a href="https://pwb.alix.slg.eds.com/alix/Subsystem/utills/DocDescription.asp?Folder=../Business%20Design/UserManuals/EVCM_UM/WebUser">https://pwb.alix.slg.eds.com/alix/Subsystem/utills/DocDescription.asp?Folder=../Business%20Design/UserManuals/EVCM_UM/WebUser</a> |
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## 1.2 Amendment History

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

| Date       | Document Version | Author                      | Reason for the Change                         | Changes (Section, Page(s) and Text Revised)   |
|------------|------------------|-----------------------------|---|---|
| 10/11/2011 | 0.1              | Sarah Hataway               | Added EIP Change Orders                       | 8594 – Dental Claim panel (12.4)<br>9265 – Pharmacy Claim panel (12.10)<br>8330 – Elig Verification (12.1)<br>8557 – Prior Authorization (15.1, 15.2, 15.3)<br>8791 - Pharmacy Claim panel (12.10)<br>9162- Information (9.1, 9,2)          |
| 10/14/2011 | 0.2              | Marcia Conner               | Agency request<br><br>Added additional Defect | Added PA Assignment Code table to section 15.1.1.<br>DF 9391 – Pharmacy Claim panel (12.10)   |
| 11/01/2011 | 0.3              | Marcia Conner/Sarah Hataway | Agency requested changes.                     | Removed EDS and replaced with HPES.<br>Updated section 4.1 Web Browser Set Up and 4.1.2 Screen Display Features<br>Add Drug Look Up section (CO 8279) (sections 8.1, 8.2 and 8.3)<br>Updated screen shots/ field descriptions where needed. |
| 11/29/2011 | 0.4              | Marcia Conner/Sarah Hataway | Responding to Agency comments received        | Comments 1-17   |

| Date       | Document Version | Author        | Reason for the Change                                      | Changes (Section, Page(s) and Text Revised)  |
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|            |                  |               | 11/10/2011.<br><br>Added additional 5010 EIP Change Orders | CO 8656 – Length of Medical record is increased to 50 characters, length of First Name and MI increased from 25 to 35 characters.<br><br>12.11 - Professional Claim Panel (12.11.2, 12.11.3, 12.11.4, 12.11.6.2)<br><br>CO 8664 – Renamed Admitting Diagnosis to Admitting Diagnosis/Patient Rsn Visit, removed Unit Rate from panel, length of Diagnosis code expanded to accept 7 characters.<br><br>12.5 – Institutional Claim Panel (12.5.2, 12.5.3, 12.5.4, 12.5.6.2) |
| 12/14/2012 | 1.0              | Marcia Conner | Agency approved  |  |
| 03/02/2012 | 1.1              | Marcia Conner | Application of EIP Provider Web Enhancement change orders. | CO 8307 – Added 16.1 Provider Maintenance Panel<br>Added 16.2 Provider Location Contact Information panel. Added 16.2 Added Provider Payer Information panel.  |
| 03/02/2012 | 2.0              | Marcia Conner | Agency approved on 03/01/2012.                             |  |
| 03/16/2012 | 2.1              | Mark Bonner   | Agency approved  | User will able to see the PES software instructions and downloadable PES 3.0 software  |
| 07/09/2012 | 3.0              | Marcia Conner | Application of Production change orders                    | CO 9563: 14.1.2 –File Download Search Layout, 17.18 Group Member Provider ID Search<br>CO 8891 –<br>7.1.2 Home Panel Layout<br>15.1.2 – Prior Authorization Search Panel Layout  |
| 12/21/2012 | 3.1              | Marcia Conner | Application of Production Change order for PES             | CO 10831: PES Release 3.02-Section 9.1 AL Links panel Layout   |
| 04/04/2013 | 4.0              | Marcia Conner | Application of Production change orders                    | CO 7169 - Dental Claim Panel (12.4)-update Carrier Code field length.<br>Professional Claim Panel – 12.11- update Carrier Code field length.<br>Institutional Claim Panel – 12.5- update Carrier Code field length.<br>CO 7756: Updates made to  |

| Date       | Document Version | Author        | Reason for the Change                   | Changes (Section, Page(s) and Text Revised)  |
|------------|------------------|---------------|---|--|
|            |                  |               |   | Eligibility Verification Panel, Recipient Information, Coverage Type, TPL Panel, Managed Care Panel, Lockin/Lockout Panel, Benefit Limits Panel, Dental Benefits Panel, EPSDT Screening Dates Panel<br>CO 7930 – Occurrence Panel-updated field edit error messages  |
| 05/29/2013 | 5.0              | Marcia Conner | Application of Production Change Orders | CO 8814 – Update 12.11.3 Professional Claim Panel Field Descriptions<br>CO 9325 – Update 11.1.4 - Account Setup Panel Field Edit Error Codes and 11.8.4 – Update Reset Password Panel Field Edit Error Codes<br>CO 9966 – Update 9.1.2 AL Links Panel Layout<br>CO 8490 – Update layout and extra features in Section 7 Home panel   |
| 10/03/2013 | 6.0              | M. Spear      | Application of ICD-10 change orders     | CO 10185:<br>Update 15.1.1 Prior Authorization Search Panel layout and field descriptions. Update 15.1.2 Prior Authorization Search Results panel layout and field descriptions<br>Update 15.2 Prior Authorization Search Results panel layout and field descriptions<br>CO 10106: Update Section 12.10 Pharmacy Claim panel layout and field descriptions and field edit error messages.<br>Update 17.4 Diagnosis Search panel layout and field descriptions<br>CO 10107: Update section 12.11 Professional Claim Panel layout, field descriptions and field edit error messages<br>Update section 12.5 Institutional Claim Panel layout, field descriptions and field edit error messages.<br>Update section 12.8 ICD-9 Procedures Panel (known now as ICD Procedure |

| Date       | Document Version | Author   | Reason for the Change            | Changes (Section, Page(s) and Text Revised)   |
|------------|------------------|----------|----------------------------------|---|
|            |                  |          |                                  | <p>Panel) layout, field descriptions and field edit error messages.</p> <p>Update section 18.13 Procedure ICD-9 Search panel (known now as Procedure ICD Search) panel layout and field descriptions</p> <p>Update section 18.4 Diagnosis Search panel layout and field descriptions</p> <p>CO 10186: Update section 15.3 Prior Authorization Submit panel. Update panel layout, field descriptions and field edit error messages.</p> <p>Update Section 15.4 Base Information panel. Update panel layout and field descriptions.</p> <p>Update section 15.5 Line Item Panel. Add new field edit error message.</p> |
| 10/9/2013  | 7.0              | M. Spear | Application of change order 7939 | Add Consent Form Search panel. (new section 17.1)   |
| 10/25/2013 | 8.0              | M. Spear | Application of ACA Change orders | <p>CO 10121</p> <p>Update section 13.1 Eligibility Verification panel – add new layout and field descriptions</p> <p>Add new section 13.13 Service Type/Co-Pay Search Results panel</p>   |
| 11/25/2013 | 9.0              | M.Spear  | Application of CO 9822           | <p>12.4 Dental Claim Panel – Layout and field descriptions updated.</p> <p>12.5 Institutional Claim Panel – Layout and field descriptions updated.</p> <p>12.11 Professional Claim Panel – layout and field descriptions updated.</p>   |
| 01/02/214  | 10.0             | M. Spear | Application of CO 8194           | Add new section: 17: PMP Assignment Panel   |
| 02/26/2014 | 11.0             | M. Spear | Application of CO 11480          | 12.11 Professional Claim panel – narrative, panel layout, field descriptions, field edit error messages updated.  |
| 07/23/2014 | 12.0             | M. Spear | Application of CO 10338          | Add section 14.5.Claim Level Detail panel   |
| 08/28/2014 | 13.0             | M. Spear | Application of CO 11876          | Add section 14.6 Forms panel  |

| Date       | Document Version | Author   | Reason for the Change   | Changes (Section, Page(s) and Text Revised)   |
|------------|------------------|----------|-------------------------|---|
| 09/22/2014 | 14.0             | M. Spear | Application of CO 11768 | Update field edit error messages for Dental Claim, Institutional and Professional Claim Panels. |
| 10/28/2014 | 15.0             | M. Spear | Application of CO 12074 | Update Dental Claim and Institutional Claim Panel layouts                                       |

### 1.3 Related documentation

| Document | Description | url |
|----------|-------------|-----|
|          |             |     |

## **2. Introduction**

### **2.1 Interactive Services Website User Manual Overview**

The AMMIS has several functional areas that perform specific operations for the Alabama Medicaid users. This user manual is designed to cover the information necessary to perform the tasks associated with the Interactive Services website.

This manual covers the following:

- Interactive Services Website Overview
- Interactive Services Website System Navigation
- System Wide Common Terminology and Layouts
- Interactive Services Website Pages/Panels
- Help

### **2.2 Interactive Services Website User Manual Objective**

The purpose of the AMMIS Interactive Services Website User Manual is to provide Alabama Medicaid users with detailed descriptions of the online system, including pages/panels field descriptions, pages/panels functionality descriptions and graphical representations of pages/panels.

## 3. Interactive Services Website Overview

### 3.1 Introduction to the Interactive Services Website

The Interactive Services website allows providers to verify Alabama Medicaid recipient eligibility, claim status, and to upload and download claim files.

The website has been developed by HP Enterprise Services (HPES) and is offered at no cost to Alabama Medicaid providers. This site is available 24-hours a day, seven days a week, excluding time for scheduled maintenance. Through the use of online user friendly forms, a provider is able to inquire on recipient eligibility, claim status, prior authorization requests and household inquiries. A provider is also able to enter and submit claims, including online voids and adjustments and prior authorization requests.

### 3.2 Audience

The information described in this document is designed for use by recipients, providers, clerks, and billing agents participating in the Alabama Medicaid program.

### 3.3 Purpose

This document provides the user with the necessary steps to log on to the website, navigate the website, verify eligibility and claims status, upload and download files, seek assistance for technical issues, and logoff the website.

### 3.4 Applications

The Interactive Services website provides the user with a choice of applications. The primary application is the Eligibility Verification application where Alabama Medicaid recipient eligibility can be verified. A second application is the Claim Status Inquiry. Using this application allows providers to check on the status of adjudicated claims. The third application available is the uploading and downloading of batch files.

### 3.5 Supporting Documentation

Readers of this document may find it useful to consult the *Alabama Medicaid Provider Manual* to completely understand the policy behind the billing procedures of the Alabama Medicaid program. To receive a CD-ROM containing the *Alabama Medicaid Provider Manual*, contact HPES Provider Assistance Center at 1 (800) 688-7989 or download a copy of the manual from the Alabama Medicaid homepage at <http://www.medicaid.alabama.gov/>.

### 3.6 Content Changes

Readers of this document should note that this is a living document and is subject to change at any time based on functionality changes within the website.

## 4. Interactive Services Website Navigation

### 4.1 Web Browser Setup

Workstations must be minimally equipped with Internet Explorer (IE) version 6.0, and is also compatible with IE7, and IE8.

Please refer to the websites for Internet Explorer ([www.microsoft.com](http://www.microsoft.com)) for additional information on downloading the versions available.

#### **NOTE:**

Please refer to the browser installation information to find out the appropriate personal computer recommendations and configurations. The AOL browser does not work well with this Web application.

#### 4.1.1 Navigation Buttons

Do not select the previous/back or following/forward website navigation buttons in the toolbar if the website navigation button offers a selection for “next” or “previous” screen. If you use the navigation or windows buttons instead of those provided by the application, you may risk losing work in progress.

#### 4.1.2 Screen Display Features

The AMMIS is designed to display within Web browser pages that fit on a computer (PC) desktop with a minimum screen resolution of 1024 x 768 pixels and preferred screen resolution of 1400 X 1050 pixels. However, in order to fit large system objects such as panels and pages into one screen print, the user has the option of resetting the text size of the Web browser so that the selected area of the system fits into a screen print.

In addition, there may be some Web browser pages that use a lower pixel configuration and cause a horizontal scroll bar to appear at the bottom of the page for viewing the left side and the right side of the information displayed. In general, pages should only require vertical scrolling.

#### 4.1.3 To Set System Text Size

To set system text size, perform the following steps:

| Step | Action   | Response  |
|------|--|---|
| 1    | Log into the Interactive Service website.            | Home page displays.   |
| 2    | Select <b>View</b> from browser toolbar.             | View menu displays.   |
| 3    | Point to <b>Text Size</b> and click <b>Smaller</b> . | Default text size is set to medium. After the user selects smaller, the system objects will appear smaller. |

### 4.2 Web Address

The address to access the Interactive Services website is:

<https://www.medicaid.alabamaservices.org/ALPortal>

## 4.3 Users

### 4.3.1 User Roles

Interactive Services website users fall into one of four distinct and secure user roles:

- Guests
- Providers
- Clerks
- Trading Partners

The following table describes what features each user can access in the Interactive Services website based on user role:

| Feature                 | Guests | Providers | Clerks* | Trading Partners |
|-------------------------|--------|-----------|---------|------------------|
| <b>Home</b>             | ✓      | ✓         | ✓       | ✓                |
| Site Settings           | ✓      | ✓         | ✓       | ✓                |
| <b>Information</b>      | ✓      | ✓         | ✓       | ✓                |
| AL Links                | ✓      | ✓         | ✓       | ✓                |
| Contact Us              | ✓      | ✓         | ✓       | ✓                |
| <b>Provider Search</b>  | ✓      | ✓         | ✓       | ✓                |
| Patient 1 <sup>st</sup> | ✓      | ✓         | ✓       | ✓                |
| <b>Account</b>          | ✓      | ✓         | ✓       | ✓                |
| Account Setup           | ✓      |           |         |                  |
| Account Maintenance     |        | ✓         | ✓       | ✓                |
| Clerk Maintenance       |        | ✓         |         |                  |
| Change Password         |        | ✓         | ✓       | ✓                |
| Messages                |        | ✓         | ✓       | ✓                |
| Switch Provider         |        |           | ✓       |                  |
| Logoff                  |        | ✓         | ✓       | ✓                |
| Reset Password          | ✓      |           |         |                  |
| Secure Site             | ✓      | ✓         | ✓       | ✓                |
| <b>Claims</b>           |        | ✓         | ✓       |                  |
| Search                  |        | ✓         | ✓       |                  |
| Dental                  |        | ✓         | ✓       |                  |
| Institutional           |        | ✓         | ✓       |                  |
| Pharmacy                |        | ✓         | ✓       |                  |
| Professional            |        | ✓         | ✓       |                  |
| <b>Eligibility</b>      |        | ✓         | ✓       |                  |

| Feature                    | Guests | Providers | Clerks* | Trading Partners |
|----------------------------|--------|-----------|---------|------------------|
| Eligibility Verification   |        | ✓         | ✓       |                  |
| HouseHold Inquiry          |        | ✓         | ✓       |                  |
| <b>Trade Files</b>         |        | ✓         | ✓       | ✓                |
| Download                   |        | ✓         | ✓       | ✓                |
| Upload                     |        |           |         | ✓                |
| <b>Prior Authorization</b> |        | ✓         | ✓       |                  |
| Search                     |        | ✓         | ✓       |                  |
| New                        |        | ✓         | ✓       |                  |
| <b>Providers</b>           |        | ✓         |         |                  |

\* Access privileges determined by permissions granted by Provider.

### 4.3.2 User IDs and Passwords

Providers who use the Interactive Services website must have a valid user ID and password to access the system. Billing provider IDs, with an active contract, will be issued a Personal Identification Number (PIN) in the form of a letter. Refer to section 9.1 *Account Setup* for instructions related to setting up a provider account based on the information received in the Provider PIN letter. An active provider account will be able to access the interactive features noted in the above section, 3.4.1 *User Roles*.

Along with the Provider Electronic Solutions software, providers should receive a letter from HPES issuing a web Personal Identification Number (PIN) which permits a user to create a Trading Partner user ID and password on the Interactive Services website. A Trading Partner web user ID will be restricted to the upload and download features as noted in the above section, 3.4.1 *User Roles*. If a Trading Partner PIN letter has not been received, contact the Electronic Media Claims (EMC) Helpdesk at 1 (800) 456-1242, to request a copy. This form is also readily available on the Interactive Services web site mentioned in section 3.3, by navigating to Information then AL Links.

- Providers that use the Provider Electronic Solutions Software or vendor-based software to submit claims to Alabama Medicaid will be required to request a new Trading Partner ID. Once the ID has been issued, refer to section 9.1 *Account Setup* for instructions related to setting up a Trading Partner account based on the information received in the Trading Partner PIN letter. To request a new Trading Partner ID, navigate to the Information then AL Links page on the new Interactive Services web site, mentioned in section 3.3, where this form resides. Otherwise contact the Electronic Media Claims (EMC) Helpdesk at 1 (800) 456-1242, to request a copy.

**NOTE:**

To update the Provider Electronic Solutions software with the new user ID and password, click on Tools > Options within the Provider Electronic Solutions software. Select the Batch Tab. Enter the Login ID, from the letter, into the Trading Partner ID field, then enter the new Trading Partner web user ID and password in the corresponding fields displayed based on the User Name and Password created on the Account Setup page.

## Resetting Passwords

When users initially log in to the website, an option displays allowing a user to set up two security questions and answers that can be used to create a new password in the event the password is forgotten.

## 4.4 Application Lists

The following features are available through the website:

| This option...             | Does this...   |
|----------------------------|--|
| <b>Home</b>                | Displays the Home page and allows users to access the Site Settings panel.   |
| <b>Information</b>         | Displays the Information page and allows users to access the Software and Documentation via Hyperlinks as well as Contact information.   |
| <b>Account</b>             | Displays the Account page and allows users to set up or maintain account information, such as passwords and messages. Users can access the secure site from this location, as well as logoff the Interactive Services website. |
| <b>Claims</b>              | Displays the Claims page and allows users to search for or submit dental, institutional, professional, crossover, pharmacy or compound drug claims.  |
| <b>Eligibility</b>         | Displays the Eligibility page and allows users to verify eligibility or conduct a HouseHold inquiry.   |
| <b>Trade Files</b>         | Displays the Trade Files page and allows users to download or upload Health Insurance Portability and Accountability Act (HIPAA) compliant files.  |
| <b>Prior Authorization</b> | Displays the Prior Authorization page and allows users to search for or submit prior authorization requests.   |
| <b>Providers</b>           | Displays the Providers page.   |

## 4.5 Login Page Rules

The rules for the Login page are listed below:

- After six invalid password attempts in succession the user's status is changed to a "locked" status. After 10 minutes, the user's account is automatically unlocked, after which the user may again attempt six invalid password attempts in succession before the account is once again "locked". If the user is unable to recall their web password and security answers, they must call the EMC Helpdesk at 1(800) 456-1242 and identify themselves through a security process. The EMC Helpdesk associate resets the user's account by issuing a new PIN, which is sent to the caller's address by mail. Once the new PIN is received, the caller is required to once again setup their account.
- All users will be required to change their password every 30 days. The system prompts the user to change their password.

- After a user changes the password, there is no restriction to the number of times the password can be changed during the 30-day forced change.
- When the web session becomes inactive for an amount of time, the web session “times out” and all unsaved information is destroyed. A message appears requiring the user to “log on” again, creating a new session.

## 4.6 Connecting Through an Internet Service Provider (ISP)

Users must successfully log in to the Interactive Services website in order to utilize the services available within the secure portal.

Follow the steps below to log in to the website using an Internet Service Provider:

| Step | Action   | Response  |
|------|--|---|
| 1    | Click Internet Explorer located on your workstation.   | Internet Explorer launches.                             |
| 2    | Enter <a href="https://www.medicaid.alabamaservices.org/ALPortal">https://www.medicaid.alabamaservices.org/ALPortal</a> ; press <b>Enter</b> key on your keyboard. | Home page of the Interactive Services website displays. |

Connecting through Remote Access Server (RAS) is an option created by the Provider Electronic Solutions Software. Remote access is the ability to obtain access to a computer or a network from a remote distance. This section provides steps to log in to the Web Server through RAS when an Internet Service Provider (ISP) is not available.

This method requires users to be minimally equipped with Internet Explorer version 6.0 and a dial-up modem. If your system does not currently support these options please contact your computer administrator to have it set up on your computer.

### NOTE:

Before beginning this process, you should have followed the instructions outlined in section 2.5.2 Web Tab of the *Provider Electronic Solutions Manual*. If you have not, please refer to the instructions to setup your connection method through a modem. Follow the instructions described in the “Install RAS” and the “Dialup Network” fields.

Follow the steps below to log in to the website using a RAS:

| Step | Action  | Response   |
|------|---|--|
| 1    | Select the <Start> menu option located at the bottom left corner of your computer screen.   | The Start Menu displays.   |
| 2    | Windows 2000 Users: Select Settings > Control Panel > Network and Dial-Up Connections. Open the “AL RAS” option.<br><br>Windows XP Users: Select Control Panel > Network Connections. Open the “AL RAS” option. | Connect AL RAS screen displays.<br><br>Note: Do not modify the User name or Password. The default information must be present. If information has been changed or deleted, contact the EMC Helpdesk to obtain the User name or Password. |
| 3    | Click <b>Properties</b> , and then select the <b>Networking</b> tab.  |  |
| 4    | Highlight <b>Internet Protocol (TCP/IP)</b> and click <b>Properties</b> .   |  |

| Step | Action  | Response  |
|------|---|---|
| 5    | Click <b>Obtain DNS server address automatically</b> .  |   |
| 6    | Click <b>OK</b> to save your changes, and then click <b>OK</b> to exit the Networking tab.  |   |
| 7    | Click <b>Dial</b> to continue to connect through RAS.   | A connection is established with Alabama Medicaid.  |
| 8    | Click Internet Explorer located on your workstation.  | Internet Explorer launches.<br>Note: If you have a default home page within your browser a message may appear that it was unable to connect. Ignore this message. |
| 9    | In the browser address bar, enter <a href="https://www.medicaid.alabamaservices.org/ALPortal">https://www.medicaid.alabamaservices.org/ALPortal</a> ; and then press <b>Enter</b> key on your keyboard. | The Home page of the Interactive Services website displays.   |

## 4.7 Login

### 4.7.1 Login Panel Narrative

The Login panel, accessible via the Secure Site link, allows users to login to the secure Interactive Services website.

Navigation Path: [Account] – [Secure Site]

### 4.7.2 Login Panel Layout

### 4.7.3 Login Panel Field Descriptions

| Field          | Description  | Field Type | Data Type    | Length |
|----------------|--|------------|--------------|--------|
| login          | This button logs the user into the secure site.                                      | Button     | N/A          | 0      |
| reset password | This button redirects the user to the Reset Password page.                           | Button     | N/A          | 0      |
| setup account  | This button redirects the user to the Account Setup page.                            | Button     | N/A          | 0      |
| Password       | Displays the password of the account user in the form of dots for security purposes. | Field      | Character    | 30     |
| User Name      | Displays the Login ID of the user.   | Field      | Alphanumeric | 20     |

**NOTE:**  
 A new PIN letter issuing a new password was mailed to all providers. Users must have a new password to use this application.

#### 4.7.4 Login Panel Field Edit Error Codes

| Field     | Error Message  | To Correct   |
|-----------|--|--|
| Password  | Invalid User Name and/or Password.   | Enter a valid User Name and/or Password.   |
|           | We are sorry but your password has expired. Please change your password.   | Enter a new password.  |
|           | We are sorry but the user name or password is incorrect. Please try again.   | Enter a password that is between 6 to 30 characters in length.   |
| User Name | We are sorry but you are not authorized to access this web site. If you believe this is incorrect please contact the help desk.                  | The account has been reset. Setup the account once the new Personal Identification Number (PIN) has been received or contact the EMC Helpdesk at 1 (800) 456-1242 for additional assistance. |
|           | Invalid User Name and/or Password.   | Enter a valid User Name and/or Password.   |
|           | We are sorry but your account has been locked out due to invalid password attempts. Please contact the system administrator to have it unlocked. | Account Locked. Wait 10 minutes and the account will be automatically unlocked or contact the EMC Helpdesk at 1 (800) 456-1242 for additional assistance.                                    |

#### 4.7.5 Login Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

#### 4.7.6 Login Panel Accessibility

##### 4.7.6.1 To Access the Login Panel

| Step | Action                     | Response            |
|------|----------------------------|---------------------|
| 1    | Click <b>Account</b> .     | Account page opens. |
| 2    | Click <b>Secure Site</b> . | Login panel opens.  |

##### 4.7.6.2 To Add on the Login Panel

| Step | Action                   | Response   |
|------|--------------------------|--|
| 1    | Enter <b>User Name</b> . |  |
| 2    | Enter <b>Password</b> .  |  |
| 3    | Click <b>login</b> .     | Providers page displays for Provider users.<br>Messages page displays for Clerks and Billing Agents. |

##### 4.7.6.3 To Update on the Login Panel

| Step | Action                        | Response                       |
|------|-------------------------------|--------------------------------|
| 1    | Click <b>setup account</b> .  | Account Setup panel displays.  |
| 2    | Click <b>reset password</b> . | Reset Password panel displays. |

## 5. System Wide Common Terminology and Layouts

The following section identifies common system terminology and features, and an associated screen capture or design layout where applicable. This is not an all-inclusive list of common system terms and layouts; however, it is a basic foundation for the novice user to view and understand prior to navigating the system. These terms are used by technical team members, training specialists, and help desk staff when discussing or, more importantly, documenting aspects of the system.

Below is a partial list of common terms described within this document:

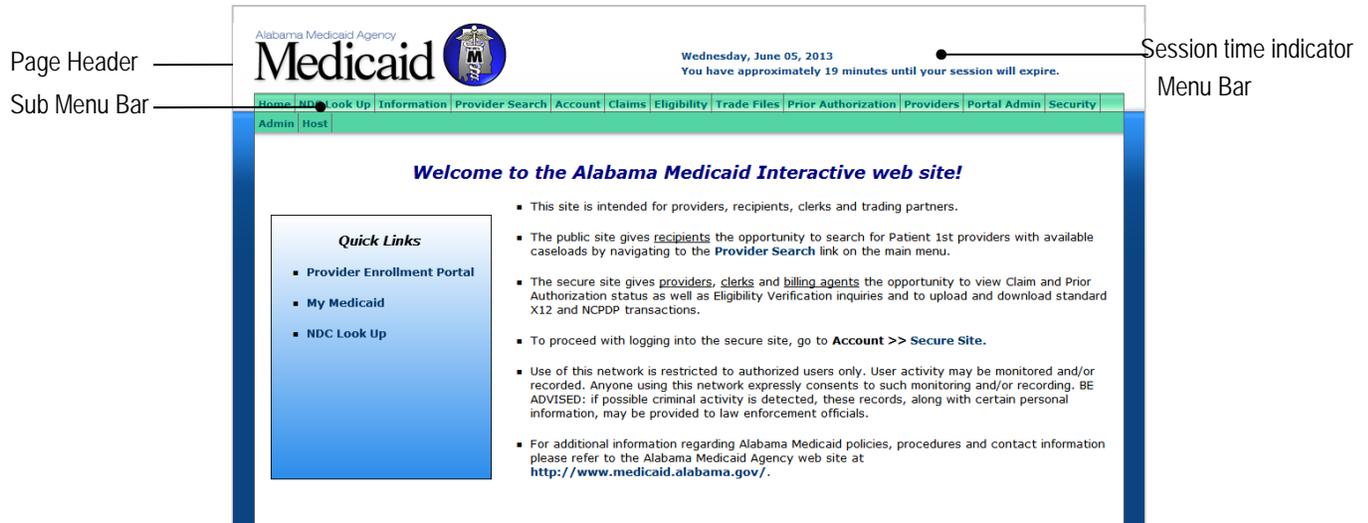
- Page
- Page Header
- Main Menu
- Sub Menu
- Search Panel
- Data List Panel
- Mini Search Panel
- Pop Up Search Panel
- Panel

### 5.1 Page Layout

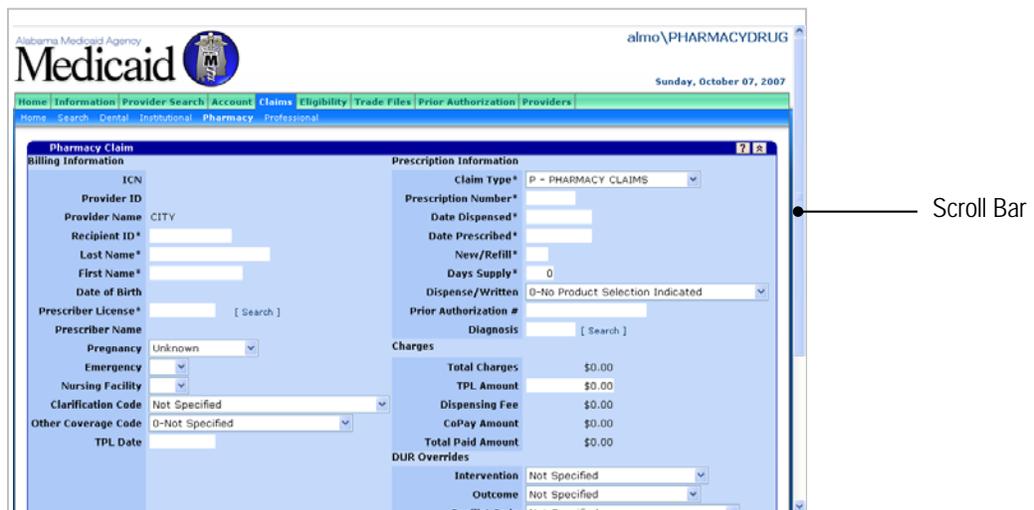
A page is defined as the entire screen that appears in the Web browser. The page contains a page header area with the day and date displayed a Main Menu bar, a Sub Menu bar, and any associated panels.

The Main Menu bar contains a horizontal set of links which display pull-down menus. Each pull down menu opens an associated page within the system.

Beneath the Main Menu bar is the Sub Menu bar of horizontal links that open an associated page within the system. The Sub Menu bar appears in the same order as the Main Menu pull down options, and the Sub Menu links are spelled the same as the Main Menu pull down options.



In general, when navigating a page, the vertical scroll bar is the only scroll bar needed to view panels stacked in a vertical manner.



If a user attempts to add, update, or delete information within the page, then tries to navigate away from the page without saving or cancelling the changes, the system prompts the user with a pop-up window message. When the system generates the message, the detail panels are locked open and navigation away from the page is not permitted until changes are either correctly saved or cancelled.



## 5.2 Search Options

There are several search options available within the AMMIS Interactive Services website, including search panels, data list panels, mini search panels and pop up search panels.

### 5.2.1 Search Panels

Search panels let users enter any combination of search criteria. Clicking **search** displays subsequent search results (if any) in the corresponding search results panel.

**Claim Search: 009910161 MCD**

|                |                                 |                               |                                       |
|----------------|---------------------------------|-------------------------------|---------------------------------------|
| ICN            | <input type="text"/>            | Rendering Provider ID         | <input type="text"/> [ Search ]       |
| Recipient ID   | <input type="text"/> [ Search ] | Claim Type                    | <input type="text"/>                  |
| Recipient Name |                                 | Status                        | <input type="text"/>                  |
| TCN            | <input type="text"/>            | Date Paid                     | <input type="text"/>                  |
| FDOS           | <input type="text"/>            | Show Non-remitted Claims Only | <input type="checkbox"/>              |
| TDOS           | <input type="text"/>            | Records                       | 20                                    |
|                |                                 |                               | <input type="button" value="search"/> |
|                |                                 |                               | <input type="button" value="clear"/>  |

| Search Results |              |            |            |                           |          |            |               |             |  |
|----------------|--------------|------------|------------|---------------------------|----------|------------|---------------|-------------|--|
| ICN            | Recipient ID | FDOS       | TDOS       | Claim Type                | Status   | Date Paid  | Amount Billed | Amount Paid |  |
| 2211066200021  | 000000000000 | 03/01/2011 | 03/01/2011 | PROFESSIONAL CLAIMS       | DENIED   | 03/10/2011 | \$100.00      | \$0.00      |  |
| 2211066200023  | 000000000000 | 03/01/2011 | 03/01/2011 | PROFESSIONAL CLAIMS       | DENIED   | 03/10/2011 | \$100.00      | \$0.00      |  |
| 2211066200022  | 000000000000 | 03/01/2011 | 03/01/2011 | PROFESSIONAL CLAIMS       | PAID     | 03/10/2011 | \$100.00      | \$0.70      |  |
| 2211066200024  | 000000000000 | 03/01/2011 | 03/01/2011 | PROFESSIONAL CLAIMS       | PAID     | 03/10/2011 | \$100.00      | \$0.70      |  |
| 2211098200001  | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | DENIED   | 04/13/2011 | \$165.00      | \$0.00      |  |
| 2211098200005  | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | DENIED   | 04/13/2011 | \$165.00      | \$0.00      |  |
| 2211098200004  | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | DENIED   | 04/13/2011 | \$250.00      | \$0.00      |  |
| 2211098200015  | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | DENIED   | 04/13/2011 | \$320.00      | \$0.00      |  |
| 221110200004   | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | DENIED   | 04/21/2011 | \$365.00      | \$0.00      |  |
| 2211094200001  | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | ADJUSTED | 04/07/2011 | \$250.00      | \$0.00      |  |
| 5111098201001  | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | PAID     | 04/13/2011 | \$250.00      | \$141.00    |  |
| 2211098200002  | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | ADJUSTED | 04/13/2011 | \$165.00      | \$0.00      |  |
| 5111098562001  | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | PAID     | 04/13/2011 | \$165.00      | \$41.00     |  |
| 2211098200014  | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | ADJUSTED | 04/13/2011 | \$165.00      | \$0.00      |  |
| 5111098222001  | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | PAID     | 04/13/2011 | \$165.00      | \$36.00     |  |
| 221110200003   | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | ADJUSTED | 04/21/2011 | \$165.00      | \$0.00      |  |
| 511110131001   | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | PAID     | 04/21/2011 | \$165.00      | \$43.00     |  |
| 2211207000002  | 000000000000 | 03/07/2011 | 03/27/2011 | PROFESSIONAL XOVER CLAIMS | ADJUSTED | 07/28/2011 | \$293.00      | \$0.00      |  |

Claim Count: 18 Total Paid: \$262.40

### 5.2.2 Data List Panels

Data List can be sorted in ascending  or descending  order by clicking the column name in the panel which contains multiple rows. All rows are resorted, not just the rows displayed on the current page.

In some cases, if the user clicks once on a row, the associated information displays in the corresponding panel on the same page. In other cases for search related panels, the associated information displays in a corresponding panel on another page. In the following figure, the user clicks the first row of the Detail panel and detailed information displays at the bottom of the panel.

| Detail |        |               |          |                |
|--------|--------|---------------|----------|----------------|
| Item   | Status | NDC Code      | Quantity | Allowed Amount |
| 1      | PAID   | 62175-0118-37 | 30.000   | \$61.00        |

|                     |                        |
|---------------------|------------------------|
| Type changes below. |                        |
| Item                | 1                      |
| NDC Code *          | 62175011837 [ Search ] |
| Detail Status       | PAID                   |
| Charges *           | \$61.00                |
| Quantity *          | 30.000                 |
| Allowed Amount      | \$61.00                |

### 5.2.3 Mini Search

After the user has viewed at least one search result in an information panel, another search can be completed by using the primary search fields within the Mini Search panel located above the information panel containing the search results.

Mini Search panels contain one or two primary search fields related to the business process.

Next search by: Name  Description

### 5.2.4 Pop Up Search

A Pop Up Search allows the user to search for field data without leaving the page. By clicking on the [Search] link, the user accesses the search panel that is associated with that particular field.

**Operating Physician** [ Close ]

**Search** ? ^

Provider ID \*

Address

City, State

Zip, 4

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

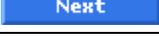
All of the Pop Up Search panels are described in detail in Chapter 14.

## 5.3 Panel Layout

A panel is defined as a portion of a page that performs a well-defined unit of functionality. Some panels always appear on a page, while others only appear when invoked by the user.

### 5.3.1 Panel Type and Functions

The system contains various panel types with specific functions for each panel type. Some panels have common icons while other panels have icons specific to their functions. Listed below are icons that can be found on one or more types of panels:

| Name            | Icon  | Description   |
|-----------------|---|---|
| Add Button      |    | Inserts a new data record.  |
| Cancel Button   |    | Cancels all changes applied to all panels on the page.  |
| Clear Button    |    | Clears all data applied to a panel.   |
| Close           | [Close]   | Closes a pop up search panel.   |
| Delete Button   |    | Deletes a selected data record.   |
| Help Button     |    | Opens a window that displays the panel help page.   |
| Maximize Button |    | Expands a panel to display all of its content.  |
| Minimize Button |   | Collapses a panel.  |
| Next Button     |  | Progresses from one panel to the next.  |
| Previous Button |  | Progresses from one panel to the previous.  |
| Save Button     |  | Saves all changes to all panels on the page.  |
| Search          | [Search]  | Performs search based on criteria entered and displays search results within the pop up search panel. Selecting the desired result returned populates the main panel with the corresponding data. |
| Search Button   |  | Performs search based on criteria entered and displays subsequent search results (if any) in the corresponding search results panel.  |
| Submit          |  | Submits a new or updated data record.   |

## 6. Providers

The Providers page is the first to display after a provider logs into the secure site.

The Providers page permits users to view provider-related information.

### 6.1 Info Panel Layout

```

Provider ID:005555555 WEB
Taxonomy:200000000X
Zip Code: 36111 - 2711

Your 835 transactions and/or Paper Remittance Advice is being sent to:
835 Receiver(s) : N/A
Paper RA : PAY TO NAME
            PAY TO ADDRESS 1, PAY TO ADDRESS 2
            PAY TO CITY, ST ZIP
  
```

## 6.2 Info

### 6.2.1 Info Panel Narrative

This is the main page for all secure site users. It shows some user specific information for the current user logged in.

Navigation Path: [Providers]

### 6.2.2 Info Panel Field Descriptions

| Field           | Description   | Field Type | Data Type | Length |
|-----------------|---|------------|-----------|--------|
| 835 Receiver(s) | Displays the Trading Partner ID and contact name to which the provider's 835 files are being sent.      | Label      | N/A       | 0      |
| Paper RA        | Displays the Payee provider address.  | Label      | N/A       | 0      |
| Provider ID     | Displays the Web number, used to activate the account, of the user currently logged in the application. | Label      | N/A       | 0      |
| Taxonomy        | Displays the taxonomy number for the provider currently logged in the application.                      | Label      | N/A       | 0      |
| Zip Code        | Displays the zip code for the provider currently logged in the application.                             | Label      | N/A       | 0      |

### 6.2.3 Info Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 6.2.4 Info Panel Extra Features

A dynamic feature will display a Trading Partner that has accepted to receive 835 transactions on the part of the Provider. If no action has been taken regarding the provider 835 transaction files, the message is marked as N/A.

### 6.2.5 Info Panel Accessibility

#### To Access the Info Panel

| Step | Action                   | Response                               |
|------|--------------------------|--|
| 1    | Click <b>Providers</b> . | Providers page and Info panel display. |

## 6.3 Messages

### 6.3.1 Messages Panel Narrative

The Messages panel displays the latest ten messages from the user’s secure mailbox.

Navigation Path: [Providers]

### 6.3.2 Messages Panel Layout

| Messages     |                      |  |            |                |            |                                     |
|--------------|----------------------|--|------------|----------------|------------|-------------------------------------|
| Category     | Subject              | Message  | Sent Date  | Effective Date | End Date   | Read                                |
| Notification | Notification of paym | Please contact the Provider assistance center for  | 08/15/2007 | 08/15/2007     | 12/31/2007 | <input checked="" type="checkbox"/> |
| Notification | PIN                  | Make sure you log in with your PIN to reset the Pa | 06/15/1990 | 07/08/1990     | 09/23/2008 | <input checked="" type="checkbox"/> |
| Notification | Notification of paym | Please contact the Provider assistance center for  | 12/31/1994 | 01/14/1995     | 01/14/2008 | <input checked="" type="checkbox"/> |
| Notification | Another Notification | This is simply another notification that you are t | 12/20/2007 | 06/25/2007     | 12/31/2008 | <input type="checkbox"/>            |
| Notification | Claims failing       | Please contact the Provider assistance center for  | 09/01/2005 | 11/01/2005     | 12/31/2008 | <input checked="" type="checkbox"/> |
| Notification | Suspension of claims | This is simply another notification that you are t | 01/12/2001 | 02/14/2001     | 08/14/2009 | <input type="checkbox"/>            |
| Notification | Notification of paym | Please contact the Provider assistance center for  | 12/15/2002 | 01/01/2003     | 01/01/2008 | <input type="checkbox"/>            |
| Notification | Another Notification | This is simply another notification that you are t | 03/07/2006 | 06/15/2007     | 04/15/2008 | <input type="checkbox"/>            |
| Notification | Notification of paym | Please contact the Provider assistance center for  | 06/15/2007 | 04/10/2000     | 07/08/2008 | <input type="checkbox"/>            |
| Notification | Another Notification | This is simply another notification that you are t | 06/15/2007 | 02/13/2007     | 05/15/2008 | <input type="checkbox"/>            |

The latest 10 messages sent by Alabama Medicaid are displayed above. To view all messages sent by Alabama Medicaid, please navigate to the Messages page which is accessible via the Account link located on the main menu bar.

### 6.3.3 Messages Panel Field Descriptions

| Field          | Description   | Field Type | Data Type         | Length |
|----------------|---|------------|-------------------|--------|
| Category       | Displays the category of the message.               | Field      | Alphanumeric      | 30     |
| Effective Date | Displays the effective date of the message.         | Field      | Date (MM/DD/CCYY) | 10     |
| End Date       | Displays the end date of the message.               | Field      | Date (MM/DD/CCYY) | 10     |
| Message        | Displays the messages.                              | Field      | Alphanumeric      | 30     |
| Read           | Indicates if the message has been read. (Read-Only) | Combo Box  | Check Box         | 0      |
| Sent Date      | Displays the sent date of the message.              | Field      | Date (MM/DD/CCYY) | 10     |
| Subject        | Displays the subject line of the message.           | Field      | Alphanumeric      | 100    |

### 6.3.4 Messages Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 6.3.5 Messages Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 6.3.6 Messages Panel Accessibility

#### To Access the Messages Panel

| Step | Action                   | Response                                   |
|------|--------------------------|--|
| 1    | Click <b>Providers</b> . | Providers page and Messages panel display. |

## 7. Home

The Home page opens when you access the AMMIS Interactive Services website and click on Home.

From the Home link in the Main Menu toolbar, users can access the following Sub Menu options:

- Site Settings

### 7.1 Home

#### 7.1.1 Home Panel Narrative

The Home panel is the welcome page for the Interactive Services website. The user has the capability to access any Interactive Services website features from here.

Navigation Path: [Home]

#### 7.1.2 Home Panel Layout

Alabama Medicaid Agency  
**Medicaid**

Wednesday, June 05, 2013  
You have approximately 19 minutes until your session will expire.

Home NDC Look Up Information Provider Search Account Claims Eligibility Trade Files Prior Authorization Providers Portal Admin Security

Admin Host

**Welcome to the Alabama Medicaid Interactive web site!**

**Quick Links**

- Provider Enrollment Portal
- My Medicaid
- NDC Look Up

- This site is intended for providers, recipients, clerks and trading partners.
- The public site gives recipients the opportunity to search for Patient 1st providers with available caseloads by navigating to the **Provider Search** link on the main menu.
- The secure site gives providers, clerks and billing agents the opportunity to view Claim and Prior Authorization status as well as Eligibility Verification inquiries and to upload and download standard X12 and NCPDP transactions.
- To proceed with logging into the secure site, go to **Account >> Secure Site.**
- Use of this network is restricted to authorized users only. User activity may be monitored and/or recorded. Anyone using this network expressly consents to such monitoring and/or recording. BE ADVISED: if possible criminal activity is detected, these records, along with certain personal information, may be provided to law enforcement officials.
- For additional information regarding Alabama Medicaid policies, procedures and contact information please refer to the Alabama Medicaid Agency web site at <http://www.medicaid.alabama.gov/>.

### 7.1.3 Home Panel Field Descriptions

| Field  | Description | Field Type | Data Type | Length |
|--|-------------|------------|-----------|--------|
| No field documentation found for this panel. |             |            |           |        |

### 7.1.4 Home Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 7.1.5 Home Panel Extra Features

| Field   | Field Type |
|---|------------|
| A Quick Links section on the left side contains hyperlinks to navigate users quickly to the Provider Enrollment Portal, the Member Portal, and the NDC Lookup screen. Additional hyperlinks are provided on the right side to navigate users to the Provider Search screen, the Login screen, and the Alabama Medicaid Agency web site. |            |

### 7.1.6 Home Panel Accessibility

#### To Access the Home Panel

| Step | Action              | Response            |
|------|---------------------|---------------------|
| 1    | Click <b>Home</b> . | Home page displays. |

## 7.2 Site Settings

### 7.2.1 Site Settings Panel Narrative

The Site Settings panel allows the user to customize the website according to need. The user has the capability to activate dropdown menus, shortcut keys and focus return.

Navigation Path: [Home] – [Site Settings]

### 7.2.2 Site Settings Panel Layout

Personal Settings

Activate Dropdown Menus   
 Activate Linearized Tables   
 Activate Focus Return   
 Activate Shortcut Keys   
 Shortcut Key Display Mode

### 7.2.3 Site Settings Panel Field Descriptions

| Field                      | Description  | Field Type | Data Type          | Length |
|----------------------------|--|------------|--------------------|--------|
| update                     | This button saves the settings.  | Button     | N/A                | 0      |
| Activate Dropdown Menus    | This checkbox activates drop down menus in the Interactive Services website.   | Combo Box  | Checkbox           | 0      |
| Activate Focus Return      | This checkbox activates focus return on the Interactive Services website.  | Combo Box  | Checkbox           | 0      |
| Activate Linearized Tables | This checkbox activates linearized tables in the Interactive Services website.   | Combo Box  | Checkbox           | 0      |
| Activate Shortcut Keys     | This checkbox activates shortcut keys on buttons in the Interactive Services website.  | Combo Box  | Checkbox           | 0      |
| Shortcut Key Display Mode  | This drop down list box determines how buttons are displayed in the Interactive Services website. Valid values: None, Underline, ADA Mode. | Combo Box  | Drop Down List Box | 0      |

## 7.2.4 Site Settings Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

## 7.2.5 Site Settings Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

## 7.2.6 Site Settings Panel Accessibility

### 7.2.6.1 To Access the Site Settings Panel

| Step | Action                       | Response                      |
|------|------------------------------|-------------------------------|
| 1    | Click <b>Home</b> .          | Home page displays.           |
| 2    | Click <b>Site Settings</b> . | Site Settings panel displays. |

### 7.2.6.2 To Update on the Site Settings Panel

| Step | Action   | Response   |
|------|--|--|
| 1    | Click <b>Activate Dropdown Menus</b> checkbox.                     | Activates drop down menus in the Interactive Services website.   |
| 2    | Click <b>Activate Focus Return</b> checkbox.                       | Activates focus return on the Interactive Services website.  |
| 3    | Click <b>Activate Linearized Tables</b> checkbox.                  | Activates linearized tables in the Interactive Services website.   |
| 4    | Click <b>Activate Shortcut Keys</b> checkbox.                      | Activates shortcut keys on buttons in the Interactive Services website.                                    |
| 5    | Select option from <b>Shortcut Key Display Mode</b> dropdown menu. | Displays buttons in the Interactive Services website according to valid values: None, Underline, ADA Mode. |
| 6    | Click <b>update</b> .  | Site settings save.  |

## 8. NDC Look Up Search

### 8.1 NDC Look Up Search Panel Narrative

The NDC Look Up Search panel allows users to search for Medicaid covered drugs using NDC, NDC and Date, Drug Name, or Drug Name and Date. Since both covered and non-covered drugs will be included in the search results, repack and obsolete drugs will be omitted to help reduce the number of rows returned.

Navigation Path: [NDC LookUp]

#### 8.1.1 NDC Look Up Panel Layout



Information contained on this website is not a guarantee of payment. The Agency will continue to pay for medication pursuant to current Agency policies.

#### 8.1.2 NDC Look Up Search Panel Field Descriptions

| Field                                      | Description   | Field Type | Data Type         | Length |
|--|---|------------|-------------------|--------|
| clear                                      | This button clears all the search criteria fields.  | Button     | N/A               | 0      |
| Dispense As Written                        | If DAW is selected, the AAC/brand rate will be displayed. If no AAC/brand rate is on file, the WAC rate will be displayed.                    | Field      | Check Box         | 0      |
| Drug Information Status Date               | Allows the user to select search results that will display drugs currently covered (Today), or drugs covered on a previous date (Other Date). | Field      | Radio Button      | 0      |
| Drug Information Status Date Entry (field) | If "Other Date" is selected, a valid, previous date must be entered in the date field.  | Field      | Date (MM/DD/CCYY) | 10     |
| Drug Name                                  | Enter a partial or complete label name of a drug used to perform a search.  | Field      | Alphanumeric      | 40     |
| Drug Name [search]                         | Allows the user to search for corresponding field data without leaving the page.  | Hyperlink  | N/A               | 0      |
| NDC  | Enter National Drug Code number to perform a search.  | Field      | Character         | 11     |

### 8.1.3 NDC Look Up Search Panel Field Edit Error Codes

| Field                        | Error Message   | To Correct  |
|------------------------------|---|---|
| SEARCH                       | Please enter NDC or drug name and date to perform a search.   | Enter a valid NDC or drug name in search criteria fields.                       |
| NDC                          | Numeric field only, user will not be able to enter alpha or special characters.   | Enter a numeric NDC.  |
| NDC                          | No drug information found that matches the search criteria.   | Enter a valid, 11-digit NDC.  |
| NDC and Drug Name            | Return drug information on the NDC that was entered, ignoring the data entered in the "Drug Name" field.<br>No drug information found that matches the search criteria. | Perform the drug search using either the NDC or the drug name.                  |
| Drug Name                    | No drug information found that matches the search criteria  | Enter a valid NDC or drug name.   |
| Drug Information Status Date | Date entered cannot be a future date.   | Perform the drug search using either the current date or a valid previous date. |
| Drug Information Status Date | Date format should be mmddccyy or mm/dd/ccyy.   | The user selects OTHER DATE and enters the date in MMDDCCYY format.             |

### 8.1.4 NDC Look Up Search Panel Extra Features

| Field     | Field Type                                    |
|-----------|---|
| Drug Name | Search Hyperlink appears after the Drug Name. |
| Search    | Main Search Button of the Panel.              |

A 'pop-up' search panel allows the user to search for field data without leaving the page. By clicking the [Search] hyperlink, the user accesses the search panel that is associated with that particular field.

### 8.1.5 NDC Look Up Search Panel Accessibility

#### 8.1.5.1 To Access the NDC Look Up Panel

| Step | Action                            | Response                        |
|------|-----------------------------------|---------------------------------|
| 1    | Click the <b>NDC Look Up</b> tab. | NDC Look Up Panel will display. |

#### 8.1.5.2 To Search on the NDC Look Up Search Panel

| Step | Action  | Response   |
|------|---|--|
| 1    | Enter one or a combination of the following fields: <b>NDC, Drug Name And Drug Status Information Date.</b> |  |
| 2    | Click <b>search</b> .   | Drug Information Status Date panel will display. |

## 8.2 Drug Information Status Date Panel

### 8.2.1 Drug Information Status Date Panel Narrative

The Drug Information Status Date panel displays NDC information matching the search criteria from the NDC Look Up Search panel. The date entered by the user is shown in the title of the panel. If the user does not enter a Drug Information Status Date, the current date is used as the default date in the search criteria.

Navigation Path: [NDC Lookup] – [Search]

### 8.2.2 Drug Information Status Date Search Results Panel Layout

### 8.2.3 Drug Information Status Date Panel Field Descriptions

| Field                        | Description   | Field Type | Data Type         | Length |
|------------------------------|---|------------|-------------------|--------|
| Coverage Status              | Indicates whether or not the drug is covered on the date selected.  | Field      | Character         | 11     |
| Drug Information Status Date | Displays the date used in the search criteria entered on the NDC Look Up panel. If no date is entered, the current date displays.               | Field      | Date (MM/DD/CCYY) | 10     |
| Drug Name                    | Combination of the drug name appearing on the package label, the strength description, and the dosage form description for a specified product. | Field      | Character         | 10     |

| Field                       | Description  | Field Type | Data Type        | Length |
|-----------------------------|--|------------|------------------|--------|
| Generic Name                | Combination of active ingredient names, route of administration, dosage form and strength.   | Field      | Alphanumeric     | 100    |
| Maximum Quantity            | The maximum units of the drug which can be dispensed within a 30-day period without an override.   | Field      | Number (Integer) | 14     |
| NDC Number                  | Displays the NDC number that was entered at the search. The National Drug Code used to uniquely identify a drug to be searched.  | Field      | Character        | 11     |
| PA Status                   | Displays if a Prior Authorization is required. Valid values are 'Yes' and 'No.'  | Field      | Character        | 1      |
| PDL Status                  | Indicates whether the drug or drug product is preferred or non-preferred   | Field      | Character        | 1      |
| Reimbursement Rate per Unit | Displays the lowest reimbursement rate unless the user selects DAW.<br>If DAW is selected, the AAC/brand rate will be displayed. If no AAC/brand rate is on file, the WAC rate will be displayed. Lower of methodology should follow Rule No. 560-X-16-.06. Reimbursement for Covered Drugs and Services of the administrative code. | Field      | Number (Integer) | 14     |

### 8.2.4 Drug Information Status Date Panel Field Edit Error Codes

| Field                       | Error Message                                 | To Correct   |
|-----------------------------|---|--|
| Reimbursement rate per unit | No price on file, contact myers and stauffer. | No price on file. Contact Myers and Stauffer at 800-591-1183.                        |
| Reimbursement rate per unit | Drug price not available for search date.     | Re-enter a search date that is not greater than 12 months prior to the current date. |

### 8.2.5 Drug Information Status Date Panel Extra Features

| Field                       | Field Type      |
|-----------------------------|-----------------|
| Max Qty                     | Number(Integer) |
| Reimbursement rate per unit | Number(Integer) |

| Field   | Field Type |
|---|------------|
| <p>If Max Qty is 9999999.999, N/A will be displayed, otherwise the quantity will display in numeric format 9999999.999.</p> <p>For Reimbursement rate per unit: the lowest reimbursement rate will be displayed unless the user selects DAW.</p> <p>If DAW is selected, the AAC/brand rate will be displayed. If no AAC/brand rate is on file, the WAC rate will be displayed. Lower of methodology should follow Rule No. 560-X-16-.06. Reimbursement for Covered Drugs and Services of the administrative code.</p> |            |

## 8.2.6 Drug Information Status Date Panel Accessibility

### 8.2.6.1 To Access the Drug Information Status Date Results Panel

| Step | Action  | Response  |
|------|---|---|
| 1    | Enter search criteria and click <b>search</b> . | Detail Information of NDC is displayed in the summary panel or Drug Search Window pop-up is displayed based on search criteria. |

## 8.3 Drug Name Search Panel Layout

### 8.3.1 Drug Name Search Panel Narrative

The Drug Name Search panel will display to allow users to search by a different NDC or Drug Name. After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [NDC Lookup] – [Search]

### 8.3.2 Drug Name Search Panel Layout

| NDC ▲       | Drug Name                |
|-------------|--------------------------|
| 00024540131 | AMBIEN 5 MG TABLET       |
| 00024542131 | AMBIEN 10 MG TABLET      |
| 00024542150 | AMBIEN 10 MG TABLET      |
| 00024550110 | AMBIEN CR 6.25 MG TABLET |
| 00024550131 | AMBIEN CR 6.25 MG TABLET |
| 00024552110 | AMBIEN CR 12.5 MG TABLET |
| 00024552131 | AMBIEN CR 12.5 MG TABLET |
| 00024552150 | AMBIEN CR 12.5 MG TABLET |

### 8.3.3 Drug Name Search Panel Field Descriptions

| Field     | Description   | Field Type | Data Type    | Length |
|-----------|---|------------|--------------|--------|
| clear     | This button clears the search criteria fields.                      | Button     | N/A          | 0      |
| search    | This button initiates the drug look up search.                      | Button     | N/A          | 0      |
| Drug Name | Enter partial or complete label name of a drug to perform a search. | Field      | Alphanumeric | 40     |
| NDC       | Enter National Drug Code number to perform a search.                | Field      | Character    | 11     |

### 8.3.4 Drug Name Search Panel Field Edit Error Codes

| Field             | Error Message                              | To Correct                   |
|-------------------|--|------------------------------|
| NDC and Drug Name | Please enter at least one search criteria. | Enter valid search criteria. |
| NDC               | NDC not found.                             | Enter a valid NDC.           |

### 8.3.5 Drug Name Search Panel Extra Features

| Field  | Field Type |
|--|------------|
| Up to 50 rows per page will be returned on searches using the Drug Name Search panel. When the user selects an NDC from the search results pop-up window, drug information for the selected NDC will display in the main Drug Information Status Date Panel. |            |

### 8.3.6 Drug Name Search Panel Accessibility

#### 8.3.6.1 To Access the Drug Name Search Panel

| Step | Action  | Response  |
|------|---|---|
| 1    | Enter search criteria and click <b>search</b> . | If searching with a NDC, the Drug Information Status Date panel will display. If searching with a drug name with more than one (1) NDC, a drug search panel will pop-up displaying the drug name and corresponding NDCs to select from. |

#### 8.3.6.2 To Search on the Drug Search Panel

| Step | Action   | Response                                      |
|------|--|---|
| 1    | Enter one or a combination of the following fields <b>NDC, Drug Name</b> . |   |
| 2    | Click <b>search</b> .  | Displays up to 50 rows per page if available. |

If data is more than one (1) row, then Drug Search Panel is displayed.

When searching with the drug name and more than one (1) row of data is found, the pop-up drug search panel displays.

## 9. Information

From the Information link in the Main Menu toolbar, users can access the following Sub Menu options:

- AL Links
- Contact Us

### 9.1 AL Links

#### 9.1.1 AL Links Panel Narrative

The AL Links panel provides users the ability to view available documentation or download the Provider Electronic Solutions or Long Term Care (LTC) Admission Notification software full installations or upgrades.

Click a hyperlink to navigate to the selected section of the Interactive Services website.

Navigation Path: [Information] – [AL Links]

## 9.1.2 AL Links Panel Layout

**Business Actions**

- Explanation of Benefit (EOB) Crosswalk
- Carrier Code Information

**Software Download**

**Provider Electronic Solution**

**PLEASE REVIEW PRIOR TO SELECTING AN OPTION FOR SOFTWARE DOWNLOAD**

PES version 3.0 must be in place before March 31st to submit 5010 and NCPDP 1.2 transactions.

Users have two options: **1)** An upgrade from PES version 2.16 to PES version 3.0 (desired), or **2)** A full install of PES version 3.0.

**1) Upgrade information:**

Prior to upgrading to PES version 3.0:

- Users must be using PES version 2.16
- If not, you must upgrade to PES version 2.16 or do a full install
- Users must submit all "R" status transactions (these cannot be submitted once version 3.0 is in place).

Once PES version 3.0 upgrade has completed list information will remain unchanged, but users will not be able to change, copy, resubmit, or restore archived transactions that were entered in PES version 2.16 of the Provider Electronic Solutions Software.

All transactions converted from PES version 2.16 to version 3.0 will be flagged with a new status based on the status the transaction was in at the time of the upgrade. No further action can be taken on X12 4010 or NCPDP 1.1 transactions.

The following new status codes will be used:

U – All transactions previously in an 'I' status at the time the upgrade is performed will have the status changed to 'U'. U = 4010 Unfinished/Incomplete  
 B – All transactions previously in an 'A' status at the time the upgrade is performed will have the status changed to 'B'. B = 4010 Backup record/Archive  
 C – All transactions previously in an 'R' status at the time the upgrade is performed will have the status changed to 'C'. C = 4010 Completed not yet Submitted/Ready  
 S – All transactions previously in an 'F' status at the time the upgrade is performed will have the status changed to 'S'. S = 4010 Successfully Submitted/Finalized

**2) Full Install information:**

Prior to full installation to PES version 3.0:

- Users may be new to PES or using any previous version of PES
- Current PES users:
  - Lists will not be retained. It is recommended that users print their lists prior to installation so that their lists can be manually created in PES version 3.0.
- Users must submit all "R" status transactions (these cannot be submitted once version 3.0 is in place).

- PES Software Full Install
- PES Software Upgrades
- Microsoft Internet Explorer

**LTC Admission Notification**

- LTC Admission Notification Full Install
- LTC Admission Notification Upgrades

**Documentation**

- Vendor Interface Specifications
- Interactive Service - Web User Guide
- PES Software User Guide
- LTC Software User Guide
- HIPAA Companion Guides
- Trading Partner ID Request Form - This form is to be completed for each unique submitter interested in submitting electronic batch files.

## 9.1.3 AL Links Panel Field Descriptions

| Field                                  | Description   | Field Type | Data Type | Length |
|--|---|------------|-----------|--------|
| Carrier Code Information               | Hyperlink to allow user to access the Carrier Code values and definitions.    | Hyperlink  | N/A       | 0      |
| Explanation of Benefit (EOB) Crosswalk | Hyperlink to allow user to access the Explanation of Benefit (EOB) Crosswalk. | Hyperlink  | N/A       | 0      |
| HIPAA Companion Guides                 | Hyperlink to allow user to access the HIPAA Companion Guides.                 | Hyperlink  | N/A       | 0      |

| Field                                       | Description  | Field Type | Data Type | Length |
|---|--|------------|-----------|--------|
| Interactive Service - Web User Guide        | Hyperlink to allow user to access the Interactive Services Website User Manual.  | Hyperlink  | N/A       | 0      |
| LTC Admission Notification Full Install     | Hyperlink to allow user to access the Long Term Care (LTC) Admission Notification Full Installs. (Only for LTC Providers.) | Hyperlink  | N/A       | 0      |
| LTC Admission Notification Upgrades         | Hyperlink to allow user to access the Long Term Care (LTC) Admission Notification Upgrades. (Only for LTC Providers.)      | Hyperlink  | N/A       | 0      |
| LTC Software User Guide                     | Hyperlink to allow user to access the Long Term Care (LTC) Admission Notification user guide. (Only for LTC Providers.)    | Hyperlink  | N/A       | 0      |
| Microsoft Internet Explorer                 | Hyperlink to allow user to access the Microsoft Internet Explorer browser download.  | Hyperlink  | N/A       | 0      |
| PES Software Full Install                   | Hyperlink to allow user to access the Provider Electronic Solutions Full Installs.   | Hyperlink  | N/A       | 0      |
| PES Software Upgrades                       | Hyperlink to allow user to access the Provider Electronic Solutions Upgrades.  | Hyperlink  | N/A       | 0      |
| PES Software User Guide                     | Hyperlink to allow user to access the Provider Electronic Solutions user guide.  | Hyperlink  | N/A       | 0      |
| interChange Trading Partner ID Request Form | Hyperlink to allow user to access the Trading Partner ID Request form.   | Hyperlink  | N/A       | 0      |
| Vendor Interface Specifications             | Hyperlink to allow user to access the Vendor Specifications on Alabama Medicaid's Vendor page.                             | Hyperlink  | N/A       | 0      |

### 9.1.4 AL Links Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 9.1.5 AL Links Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 9.1.6 AL Links Panel Accessibility

#### 9.1.6.1 To Access the AL Links Panel

| Step | Action                     | Response                    |
|------|----------------------------|-----------------------------|
| 1    | Click <b>Information</b> . | Information panel displays. |
| 2    | Click <b>AL Links</b> .    | AL Links page displays.     |

## 9.2 Contact Us

### 9.2.1 Contact Us Panel Narrative

The Contact Us panel provides contact information for the Customer Service Help Desk.

Navigation Path: [Information] – [Contact Us]

### 9.2.2 Contact Us Panel Layout

The Alabama Medicaid Interactive web site is intended for providers, clerks, and billing agents. This is meant to supplement the Customer Service Help Desk by handling claims status inquiry, eligibility inquiry, and other common requests.

The Customer Service Help Desk is available to handle your general billing, claim, or policy questions.

The Help Desk hours are Monday through Friday, 7:00 AM to 8:00 PM. Saturday (including holidays) 9:00 AM to 5:00 PM.

The local and long distance number is 1-334-215-0111

The toll free number when calling within Alabama and border communities is 1-800-456-1242

The email address is AlabamaSystemsEMC@hp.com

The mailing address:  
 Hewlett-Packard Enterprise Services (HPES)  
 Attn: EMC Helpdesk  
 301 Technacenter Drive  
 Montgomery, AL 36117

Use of the Alabama secure web pages is restricted to authorized users. You must obtain a username and password to be used to access the secure web pages. Access to individual web pages may further be restricted by the profile assigned to your username. Access to the remainder of the help pages requires a valid login.

### 9.2.3 Contact Us Panel Field Descriptions

| Field  | Description | Field Type | Data Type | Length |
|--|-------------|------------|-----------|--------|
| No field documentation found for this panel. |             |            |           |        |

### 9.2.4 Contact Us Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 9.2.5 Contact Us Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 9.2.6 Contact Us Panel Accessibility

#### To Access the Contact Us Panel

| Step | Action                     | Response                   |
|------|----------------------------|----------------------------|
| 1    | Click <b>Information</b> . | Information page displays. |
| 2    | Click <b>Contact Us</b> .  | Contact Us page displays.  |

## 10. Provider Search

From the Provider Search link in the Main Menu toolbar, recipients can access the following Sub Menu option:

- Patient 1<sup>st</sup>

### 10.1 Patient 1<sup>st</sup>

#### 10.1.1 Patient 1<sup>st</sup> Provider Location – Search Panel Narrative

The Patient 1<sup>st</sup> panel allows recipients to perform searches for Patient 1<sup>st</sup> providers that are close to their residence who may be currently accepting new patients.

Navigation Path: [Provider Search] – [Patient 1<sup>st</sup>]

#### 10.1.2 Patient 1<sup>st</sup> Provider Location – Search Panel Layout



#### **NOTE:**

Recipients should call the provider prior to calling the Recipient Call Center to ensure the provider is accepting new Alabama Medicaid recipients.

#### 10.1.3 Patient 1<sup>st</sup> Provider Location – Search Panel Field Descriptions

| Field        | Description   | Field Type | Data Type | Length |
|--------------|---|------------|-----------|--------|
| search       | This button initiates the search.   | Button     | N/A       | 0      |
| Recipient ID | Displays the Recipient's first 12-digits of their Medicaid identification number. | Field      | Character | 12     |

#### 10.1.4 Patient 1<sup>st</sup> Provider Location – Search Panel Field Edit Error Codes

| Field        | Error Message                        | To Correct                              |
|--------------|--------------------------------------|---|
| Recipient ID | A Medicaid Recipient ID is required. | Enter a 12 digit Medicaid Recipient ID. |

#### 10.1.5 Patient 1<sup>st</sup> Provider Location – Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

## 10.1.6 Patient 1<sup>st</sup> Provider Location – Search Panel Accessibility

### 10.1.6.1 To Access the Patient 1<sup>st</sup> Provider Location – Search Panel

| Step | Action                                | Response  |
|------|---------------------------------------|---|
| 1    | Click <b>Provider Search</b> .        | Provider Search page opens.                                     |
| 2    | Click <b>Patient 1<sup>st</sup></b> . | Patient 1 <sup>st</sup> Provider Location – Search panel opens. |

### 10.1.6.2 To Search on the Patient 1<sup>st</sup> Provider Location – Search Panel

| Step | Action                      | Response                       |
|------|-----------------------------|--------------------------------|
| 1    | Enter <b>Recipient ID</b> . |                                |
| 2    | Click <b>search</b> .       | Search results panel displays. |

## 10.2 Patient 1<sup>st</sup> Provider Location Results

### 10.2.1 Patient 1<sup>st</sup> Provider Location Results Panel Narrative

The Patient 1<sup>st</sup> Search Results panel displays Patient 1<sup>st</sup> provider information matching search criteria entered in the Patient 1<sup>st</sup> Provider Location - Search panel.

Navigation Path: [Provider Search] – [Patient 1<sup>st</sup>] – [search]

### 10.2.2 Patient 1<sup>st</sup> Provider Location Results Panel Layout

|                        |                  |                           |                                    |
|------------------------|------------------|---------------------------|------------------------------------|
| <b>Distance</b>        | 0051             | <b>Provider Specialty</b> | Hospital Based Rural Health Clinic |
| <b>EPSDT</b>           | N                | <b>Provider Name</b>      | FLOMATON MEDICAL CENTER            |
| <b>Provider Assoc.</b> | BRENT YODER      | <b>Provider Address</b>   | 174 HWY 113                        |
| <b>City</b>            | FLOMATON         | <b>State</b>              | AL                                 |
| <b>Phone Number</b>    | (251)296-2456    | <b>24-Hour Number</b>     | (251)850-8452                      |
| <b>Distance</b>        | 0056             | <b>Provider Specialty</b> | Family Practitioner                |
| <b>EPSDT</b>           | Y                | <b>Provider Name</b>      | HASSELL JAMES A                    |
| <b>Provider Assoc.</b> |                  | <b>Provider Address</b>   | PO BOX 1388                        |
| <b>City</b>            | CHATOM           | <b>State</b>              | AL                                 |
| <b>Phone Number</b>    | (251)847-3077    | <b>24-Hour Number</b>     | (251)847-3077                      |
| <b>Distance</b>        | 0056             | <b>Provider Specialty</b> | Internal Medicine                  |
| <b>EPSDT</b>           | N                | <b>Provider Name</b>      | KURTSIKIDZE NINO                   |
| <b>Provider Assoc.</b> |                  | <b>Provider Address</b>   | 14634 ST STEPHENS AVE              |
| <b>City</b>            | CHATOM           | <b>State</b>              | AL                                 |
| <b>Phone Number</b>    | (251)847-2221    | <b>24-Hour Number</b>     | (251)847-2221                      |
| <b>Distance</b>        | 0056             | <b>Provider Specialty</b> | Rural Health Clinic (RHC)          |
| <b>EPSDT</b>           | Y                | <b>Provider Name</b>      | CHATOM PRIMARY CARE PC             |
| <b>Provider Assoc.</b> | MELLISSA WILLIAM | <b>Provider Address</b>   | 14714 ST.STEPHEN AVENUE            |
| <b>City</b>            | CHATOM           | <b>State</b>              | AL                                 |
| <b>Phone Number</b>    | (251)847-6262    | <b>24-Hour Number</b>     | (251)847-6262                      |
| <b>Distance</b>        | 0056             | <b>Provider Specialty</b> | Rural Health Clinic (RHC)          |
| <b>EPSDT</b>           | Y                | <b>Provider Name</b>      | JAY MEDICAL CLINIC                 |
| <b>Provider Assoc.</b> | TWYLA COTTON     | <b>Provider Address</b>   | 14088 ALABAMA STREET               |
| <b>City</b>            | JAY              | <b>State</b>              | FL                                 |
| <b>Phone Number</b>    | (850)675-4546    | <b>24-Hour Number</b>     | (850)675-4546                      |

1 2 Next >

### 10.2.3 Patient 1<sup>st</sup> Provider Location Results Panel Field Descriptions

| Field            | Description   | Field Type | Data Type        | Length |
|------------------|---|------------|------------------|--------|
| 24-Hour Number   | Displays the provider's 24-hour phone number.   | Field      | Number (Integer) | 12     |
| City             | Displays the provider's city.   | Field      | Character        | 20     |
| Distance         | Displays the distance, in miles, between the provider and recipient.                                    | Field      | Number (Integer) | 4      |
| EPSDT            | Displays if the provider is an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screener. | Field      | Character        | 1      |
| Phone Number     | Displays the provider's phone number.   | Field      | Number (Integer) | 12     |
| Provider Address | Displays the provider's address.  | Field      | Character        | 30     |
| Provider Assoc.  | Displays the Mid Level associate to the provider.   | Field      | Character        | 20     |

| Field              | Description                                    | Field Type | Data Type | Length |
|--------------------|--|------------|-----------|--------|
| Provider Name      | Displays the Provider's name.                  | Field      | Character | 20     |
| Provider Specialty | Displays the provider's specialty description. | Field      | Character | 15     |
| State              | Indicates the provider's state.                | Field      | Character | 2      |

#### 10.2.4 Patient 1<sup>st</sup> Provider Location Results Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

#### 10.2.5 Patient 1<sup>st</sup> Provider Location Results Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

## 11. Account

Account features allows users to setup or maintain personal account information or, as a provider, to setup or maintain the account information for a designated clerk. Users can access the secure site from this location, as well as logoff the Interactive Services website.

From the Account link in the Main Menu toolbar, users can access the following Sub Menu options prior to login:

- Account Setup
- Reset Password
- Secure Site

From the Account link in the Main Menu toolbar, users can access the following Sub Menu options after login:

- Account Maintenance
- Clerk Maintenance
- Change Password
- Messages
- Switch Provider
- Logoff

### 11.1 Patient 1<sup>st</sup> Provider Location Results Panel Accessibility

#### 11.1.1 To Access the Patient 1<sup>st</sup> Provider Location Results Panel

| Step | Action  | Response  |
|------|---|---|
| 1    | Click <b>Provider Search</b> .                  | Provider Search page opens.                                     |
| 2    | Click <b>Patient 1<sup>st</sup></b> .           | Patient 1 <sup>st</sup> Provider Location – Search panel opens. |
| 3    | Enter search criteria and click <b>search</b> . | Search results panel displays.                                  |

## 11.2 Account Setup

### 11.2.1 Account Setup Panel Narrative

The Account Setup panel allows users to setup their account and profile after receiving their PIN Letter. The user has the capability to update personal information, set security questions, create and/or change a password.

Navigation Path: [Account] – [Account Setup]

**NOTE:**

Each field which contains an asterisk represents a required field. Therefore, the corresponding panel is not considered complete until those fields have been completed with the appropriate data.

### 11.2.2 Account Setup Panel Layout

Required fields are are indicated with an asterisk (\*).

|                      |                      |                   |                      |
|----------------------|----------------------|-------------------|----------------------|
| User Name*           | <input type="text"/> | Password*         | <input type="text"/> |
| Contact Last Name*   | <input type="text"/> | Confirm Password* | <input type="text"/> |
| Contact First Name*  | <input type="text"/> | EEmail*           | <input type="text"/> |
| Phone Number*        | <input type="text"/> | Confirm Email*    | <input type="text"/> |
| 1st Secret Question* | <input type="text"/> |                   |                      |
| 1st Answer*          | <input type="text"/> |                   |                      |
| 2nd Secret Question  | <input type="text"/> |                   |                      |
| 2nd Answer           | <input type="text"/> |                   |                      |

submit    cancel

**NOTE:**

Section 9.1.3 acts as a reference guide to further define each field, listed in alphabetical order, and the buttons available on the Account Setup panel. Please refer to section 9.1.6.2 for step by step instructions on how to complete the Account Setup panel.

### 11.2.3 Account Setup Panel Field Descriptions

| Field  | Description   | Field Type | Data Type | Length |
|--------|---|------------|-----------|--------|
| cancel | This button discards any changes made to the page and stays on the same page. | Button     | N/A       | 0      |

| Field                          | Description   | Field Type | Data Type        | Length |
|--------------------------------|---|------------|------------------|--------|
| setup account                  | This button displays the user profile panel.  | Button     | N/A              | 0      |
| submit                         | This button submits the user profile and navigates to the Home page.  | Button     | N/A              | 0      |
| 1st Answer                     | Enter the 1st secret question Answer.   | Field      | Alphanumeric     | 20     |
| 1st Secret Question            | Enter 1st secret security question for the account user.  | Field      | Character        | 50     |
| 2nd Answer                     | Enter Answer to 2nd Secret Question.  | Field      | Alphanumeric     | 20     |
| 2nd Secret Question            | Enter 2nd secret security question for the account user.  | Field      | Character        | 50     |
| Confirm Email                  | Enter the email address again to confirm.   | Field      | Character        | 50     |
| Confirm Password               | Enter the password again to confirm.  | Field      | Alphanumeric     | 30     |
| Contact First Name             | Enter the first name of the account user.   | Field      | Character        | 50     |
| Contact Last Name              | Enter the last name of the account user.  | Field      | Character        | 50     |
| Email                          | Enter the email address of the account user.  | Field      | Character        | 50     |
| Login ID                       | Enter the login identification.   | Field      | Alphanumeric     | 10     |
| Password                       | Enter the password for User account. A Web Password must, at a minimum, include the following format: <ul style="list-style-type: none"> <li>▪ 1 Lower and 1 Upper Case value;</li> <li>▪ 1 numeric value; and</li> <li>▪ be at least 8 bytes in length.</li> </ul> | Field      | Alphanumeric     | 30     |
| Personal Identification Number | Enter the personal identification number (PIN).   | Field      | Alphanumeric     | 10     |
| Phone Number                   | Enter the Phone Number of the account user.   | Field      | Number (Integer) | 10     |
| Phone Number Ext               | Enter the extension for the phone number of the account user. This field is optional.   | Field      | Number (Integer) | 4      |
| User Name                      | Enter the login identification for the user account.  | Field      | Alphanumeric     | 20     |

## 11.2.4 Account Setup Panel Field Edit Error Codes

| Field               | Error Message  | To Correct   |
|---------------------|--|--|
| setup account       | Sorry, we could not find that Login ID/Personal Identification Number. Please try again.   | Enter correct Login ID/Personal Identification Number.                             |
|                     | This Login ID/Personal Identification Number has already been used to register a user.   | Enter Unregistered Login ID/Personal Identification Number.                        |
|                     | Unable to setup account at this time, please contact the EMC Help Desk for further assistance.<br>(800) 456-1242 – AL, FL, GA, MS and TN<br>(334) 215-0111 – All other locations | Contact the EMC Help Desk for further assistance.                                  |
| 1st Answer          | 1st Answer cannot contain other than [A-Z/a-z/0-9] and blank spaces.   | Ensure that the field contains only alphanumeric A-Z and 0-9 and blank spaces.     |
|                     | 1st Answer is required.  | Enter an answer that corresponds with the 1 <sup>st</sup> Secret Question entered. |
| 1st Secret Question | 1st Secret Question is required.   | Enter the 1 <sup>st</sup> Secret Question.   |
| 2nd Answer          | 2nd Answer cannot contain other than [A-Z/a-z/0-9] and blank spaces.   | Ensure that the field contains only alphanumeric A-Z and 0-9 and blank spaces.     |
|                     | 2nd Answer is required when Secret question2 is entered.   | Please check whether the Secret Answer 2 is filled.                                |
| 2nd Secret Question | 2nd Secret Question is required when Secret answer2 is entered.  | Please check whether the 2nd secret Question is filled.                            |
| Confirm Email       | Confirm Email contains an invalid value.   | Re-enter a valid email address.  |
|                     | Confirm Email is required.   | Re-enter a valid email address.  |
|                     | Email must be same as Confirm Email.   | Check whether the Email and Confirm Email values are typed the same.               |
|                     | Confirm Email is invalid for a Email type value.   | Re-enter a valid email address.  |
| Confirm Password    | Password must be same as Confirm Password.   | Check whether the Password and Confirm Password values are typed the same.         |
|                     | Confirm Password is required.  | Re-enter the password.   |
| Contact First Name  | First Name is required.  | Enter the contact's first name.  |
| Contact Last Name   | Last Name is required.   | Enter the contact's last name.   |
| Email               | Email is invalid for a Email type value.   | Enter a valid email address.   |
|                     | Email contains an invalid value.   | Enter a valid email address.   |
|                     | Email is required.   | Enter the contact's email address.   |

| Field        | Error Message  | To Correct   |
|--------------|--|--|
| Password     | Password is required.  | Enter a password.  |
|              | The new password does not meet the security requirements of the domain. Please refer to the field help on the New Password field for requirements and try again. | Ensure the format of the password is correct. Format requirements are noted within the help text for the Password field. |
| Phone Number | Phone Number contains an invalid value.  | Enter the contact's phone number.  |
| User Name    | User Name cannot contain values other than [A-Z/a-z/0-9].  | Ensure the field contains only A - Z and 0 - 9.  |
|              | User Name must be at least 6 characters in length.   | Enter a user name that is at least 6 bytes in length.  |
|              | User Name is required.   | Enter a user name that is at least 6 bytes in length.  |
|              | The User Name entered is already registered to another user. Please try again.   | Enter a different user name that is not already registered to another user.  |
|              | User Name must be less than or equal to 20 characters in length.   | Enter a user name that is less than or equal to 20 characters in length.   |

### 11.2.5 Account Setup Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 11.2.6 Account Setup Panel Accessibility

#### 11.2.6.1 To Access the Account Setup Panel

| Step | Action                       | Response                   |
|------|------------------------------|----------------------------|
| 1    | Click <b>Account</b> .       | Account page opens.        |
| 2    | Click <b>Account Setup</b> . | Account Setup panel opens. |

#### 11.2.6.2 To Add on the Account Setup Panel

| Step | Action  | Response                         |
|------|---|----------------------------------|
| 1    | Enter <b>Login ID</b> .                             |                                  |
| 2    | Enter <b>Personal Identification Number</b> .       |                                  |
| 3    | Click <b>setup account</b> .                        | Web User Profile panel displays. |
| 4    | Enter <b>User Name</b> .                            |                                  |
| 5    | Enter <b>Contact Last Name</b> .                    |                                  |
| 6    | Enter <b>Contact First Name</b> .                   |                                  |
| 7    | Enter <b>Phone Number</b> and (optional) extension. |                                  |

| Step | Action  | Response                         |
|------|---|----------------------------------|
| 8    | Enter <b>1<sup>st</sup> Secret Question.</b>  |                                  |
| 9    | Enter <b>1<sup>st</sup> Answer</b> that corresponds with the 1 <sup>st</sup> Secret Question entered. |                                  |
| 10   | Enter <b>2<sup>nd</sup> Secret Question.</b>  |                                  |
| 11   | Enter <b>2<sup>nd</sup> Answer</b> that corresponds with the 2 <sup>nd</sup> Secret Question entered. |                                  |
| 12   | Enter <b>Password.</b>  |                                  |
| 13   | Re-enter password in <b>Confirm Password</b> field.   |                                  |
| 14   | Enter <b>Email</b> address.   |                                  |
| 15   | Re-enter email address in <b>Confirm Email</b> field.   |                                  |
| 16   | Click <b>submit.</b>  | Account Setup information saves. |

## 11.3 Account Maintenance

### 11.3.1 Account Maintenance Panel Narrative

The Account Maintenance panel allows users to manage profile information. The user has the capability to update personal information and security questions, as well as the option to go to the Change Password panel.

Navigation Path: [Account] – [Account Maintenance]

**NOTE:**

Each field which contains an asterisk represents a required field. Therefore, the corresponding panel is not considered complete until those fields have been completed with the appropriate data.

### 11.3.2 Account Maintenance Panel Layout

The screenshot shows a web form titled "Account Maintenance" with a sub-section "User Profile". The form contains the following fields and values:

- User Name: TST430
- Contact First Name\*: manu
- Contact Last Name\*: manu
- Phone Number\*: (111)111-1111
- E-Mail\*: manu@eds.com
- Confirm EMail: (empty)
- 1st Secret Question\*: manu
- 1st Answer: (empty)
- 2nd Secret Question: manu
- 2nd Answer: (empty)

At the bottom right of the form, there are three buttons: "save", "cancel", and "change password".

**NOTE:**

Section 9.2.3 acts as a reference guide to further define each field, listed in alphabetical order, and the buttons available on the Account Maintenance panel. Please refer to section 9.2.6.2 for step by step instructions on how to complete the Account Maintenance panel.

### 11.3.3 Account Maintenance Panel Field Descriptions

| Field           | Description   | Field Type | Data Type    | Length |
|-----------------|---|------------|--------------|--------|
| cancel          | This button discards any changes made to the page.  | Button     | N/A          | 0      |
| change password | This button redirects the user to the change password page so the user can change their password. | Button     | N/A          | 0      |
| save            | This button saves the changes made to the page.   | Button     | N/A          | 0      |
| 1st Answer      | Enter the answer to 1st Secret Question.  | Field      | Alphanumeric | 20     |

| Field               | Description   | Field Type | Data Type        | Length |
|---------------------|---|------------|------------------|--------|
| 1st Secret Question | Enter the 1st secret security question for the account user.                          | Field      | Character        | 50     |
| 2nd Answer          | Enter the answer to 2nd Secret Question.  | Field      | Alphanumeric     | 20     |
| 2nd Secret Question | Enter the 2nd secret security question for the account user.                          | Field      | Character        | 50     |
| Confirm Email       | Enter the email identification again to confirm.                                      | Field      | Character        | 50     |
| Contact First Name  | Enter the first name of the account user.   | Field      | Character        | 50     |
| Contact Last Name   | Enter the last name of the account user.  | Field      | Character        | 50     |
| Email               | Enter the email address of the account user.  | Field      | Character        | 50     |
| Phone Number        | Enter the phone number of the account user.   | Field      | Number (Integer) | 10     |
| Phone Number Ext    | Enter the extension for the phone number of the account user. This field is optional. | Field      | Number (Integer) | 4      |
| User Name           | This field is auto populated after user logs into secure site.                        | Field      | Alphanumeric     | 20     |

### 11.3.4 Account Maintenance Panel Field Edit Error Codes

| Field               | Error Message   | To Correct   |
|---------------------|---|--|
| save                | Save was Successful.  | Message is displayed when successfully updated.  |
| 1st Answer          | 1st Answer is Required.   | Enter an answer that corresponds with the 1st Secret Question entered.   |
|                     | 1st Answer cannot contain other than [A-Z/a-z/0-9] and blank spaces.                | Field should be alpha numeric including spaces.  |
| 1st Secret Question | 1st Secret Question is required.  | Enter the 1st Secret Question.   |
| 2nd Answer          | 2nd Answer cannot contain other than [A-Z/a-z/0-9] and blank spaces.                | Field should be alpha numeric including spaces.  |
|                     | 2nd Answer is Required when Secret question 2 is entered.                           | This field must be completed when 2nd secret question is entered.  |
| 2nd Secret Question | 2nd Secret Question is Required.  | This field must be completed when 2nd Answer is entered.   |
| All fields          | Invalid number / Invalid date / Invalid character data / Invalid alphanumeric data. | Ensure that the field matches the data type as documented in the field descriptions above. Number fields must only contain digits 0 - 9; |

| Field              | Error Message                            | To Correct  |
|--------------------|--|---|
|                    |  | date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 - 9. |
|                    | Field exceeds max length.                | Ensure that the field matches the field lengths as documented in the field descriptions above.  |
| Confirm Email      | Confirm Email contains an invalid value. | Re-enter a valid email address.   |
|                    | Email must be same as Confirm Email.     | Email and Confirm Email should match this case valid only when the modified Email and the previously entered are different.                 |
|                    | Confirm Email is required.               | Re-enter a valid email address.   |
| Contact First Name | First Name is required.                  | Enter the contact's first name.   |
| Contact Last Name  | Last Name is required.                   | Enter the contact's last name.  |
| Email              | Email is invalid for a Email type value. | Enter a valid email address.  |
|                    | Email contains an invalid value.         | Enter a valid email address.  |
|                    | Email is required.                       | Enter the contact's email address.  |
| Phone Number       | Phone Number is required.                | Enter the contact's phone number.   |

### 11.3.5 Account Maintenance Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 11.3.6 Account Maintenance Panel Accessibility

#### 11.3.6.1 To Access the Account Maintenance Panel

| Step | Action                             | Response                         |
|------|------------------------------------|----------------------------------|
| 1    | Click <b>Account</b> .             | Account page opens.              |
| 2    | Click <b>Account Maintenance</b> . | Account Maintenance panel opens. |

#### 11.3.6.2 To Add on the Account Maintenance Panel

| Step | Action  | Response |
|------|---|----------|
| 1    | Enter <b>Contact First Name</b> .                   |          |
| 2    | Enter <b>Contact Last Name</b> .                    |          |
| 3    | Enter <b>Phone Number</b> and (optional) extension. |          |

| Step | Action  | Response                               |
|------|---|--|
| 4    | Enter <b>Email</b> address.   |  |
| 5    | Re-enter email address in <b>Confirm Email</b> field.   |  |
| 6    | Enter <b>1<sup>st</sup> Secret Question</b> .   |  |
| 7    | Enter <b>1<sup>st</sup> Answer</b> that corresponds with the 1 <sup>st</sup> Secret Question entered. |  |
| 8    | Enter <b>2<sup>nd</sup> Secret Question</b> .   |  |
| 9    | Enter <b>2<sup>nd</sup> Answer</b> that corresponds with the 2 <sup>nd</sup> Secret Question entered. |  |
| 10   | Click <b>save</b> .   | Account Maintenance information saves. |

### 11.3.6.3 To Update on the Account Maintenance Panel

| Step | Action  | Response                               |
|------|---|--|
| 1    | Click in field(s) to update and perform update. |  |
| 2    | Click <b>save</b> .                             | Account Maintenance information saves. |

## 11.4 Clerk Maintenance

### 11.4.1 Clerk Maintenance Panel Narrative

This panel allows providers to create/add, manage or remove clerks. The user has the capability to grant roles to clerks. The role configuration set applies only when the clerk is representing a particular provider.

Navigation Path: [Account] – [Clerk Maintenance] - [add clerk]

#### NOTE:

Each field which contains an asterisk represents a required field. Therefore, the corresponding panel is not considered complete until those fields have been completed with the appropriate data.

### 11.4.2 Clerk Maintenance Panel Layout

### 11.4.3 Clerk Maintenance Panel Field Descriptions

| Field        | Description  | Field Type | Data Type | Length |
|--------------|--|------------|-----------|--------|
| add clerk    | This button allows user to create and add a new clerk.         | Button     | N/A       | 0      |
| cancel       | This button cancels any changes made to the page.              | Button     | N/A       | 0      |
| remove clerk | This button removes a selected clerk from the clerk data list. | Button     | N/A       | 0      |
| submit       | This button initiates the save process.                        | Button     | N/A       | 0      |

| Field              | Description   | Field Type | Data Type          | Length |
|--------------------|---|------------|--------------------|--------|
| Assigned Roles     | Allows the user to select roles from the Available Roles List Box and move them to the Assigned Roles Box.  | Field      | N/A                | 0      |
| Available Roles    | Displays the list of available roles.   | Field      | N/A                | 0      |
| Clerk Roles        | Displays the list of assigned and available roles.  | Combo Box  | Drop Down List Box | 0      |
| Confirm Email      | Displays the confirmation of the Email address of the account user.   | Field      | Character          | 50     |
| Confirm Password   | Displays the retyping of the password to confirm.   | Field      | Alphanumeric       | 30     |
| Contact First Name | Displays the contact's last name for the account user.  | Field      | Character          | 50     |
| Contact Last Name  | Displays the contact's last name for the account user.  | Field      | Character          | 50     |
| Email              | Displays the email address of the account user.   | Field      | Character          | 50     |
| Password           | Displays the initial password for the clerk. Will be set as expired requiring the user to change the password when logging in. A Web Password must, at a minimum, include the following format: <ul style="list-style-type: none"> <li>▪ 1 Lower and 1 Upper Case value;</li> <li>▪ 1 numeric value; and</li> <li>▪ be at least 8 bytes in length.</li> </ul> | Field      | Alphanumeric       | 30     |
| Phone Number       | Displays the phone number of the account user.  | Field      | Number (Integer)   | 10     |
| Phone Number Ext   | Displays the phone number extension of the clerk.   | Field      | Number (Integer)   | 4      |
| User Name          | Displays the login identification of the user.  | Field      | Alphanumeric       | 20     |

### 11.4.4 Clerk Maintenance Panel Field Edit Error Codes

| Field              | Error Message  | To Correct   |
|--------------------|--|--|
| All fields         | Invalid number / Invalid date / Invalid character data / Invalid alphanumeric data.  | Ensure that the field matches the data type as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 - 9. |
|                    | Field exceeds max length.  | Ensure that the field matches the field lengths as documented in the field descriptions above.   |
| Confirm Email      | Email must be same as Confirm Email.   | Check whether the Email and Confirm Email values are typed the same.   |
|                    | Confirm Email is required.   | Re-enter the Email address.  |
| Confirm Password   | Password must be same as Confirm Password.   | Check whether the Password and Confirm Password values are typed the same.   |
|                    | Confirm Password is required.  | Re-enter the password.   |
| Contact First Name | Contact First Name is required.  | Enter the contact's first name.  |
| Contact Last Name  | Contact Last Name is required.   | Enter the contact's last name.   |
| Email              | Email is required.   | Enter the contact's email address.   |
|                    | Email is invalid for a Email type value.   | Enter a valid email address.   |
| Password           | The new password does not meet the security requirements of the domain. Please refer to the field help on the New Password field for requirements and try again. | Ensure the format of the password is correct. Format requirements are noted within the help text for the Password field.   |
|                    | Password is required.  | Enter a password.  |
| Phone Number       | Phone Number is required.  | Enter the contact's phone number.  |
| User Name          | User Name must be at least 6 characters in length.   | Enter a user name that is at least 6 bytes in length.  |
|                    | The User Name already exists.  | Enter a unique user ID.  |
|                    | User Name cannot contain values other than [A-Z/a-z/0-9].  | Ensure the field contains only A - Z and 0 - 9.  |
|                    | User Name cannot contain Numeric in the beginning.   | Enter a User Name that begins with an alpha character.   |
|                    | User Name is required.   | Enter a User Name that is between 6 to 20 bytes in length.   |

## 11.4.5 Clerk Maintenance Panel Extra Features

The Clerk Maintenance panel is visible and the Contact Name, Phone and E-mail are read-only for an existing clerk (a clerk was selected in the clerks list).

When the "add clerk" button is clicked, the Contact Name, Phone and E-mail, password is editable.

When Add New Clerk is clicked, if an existing clerk, search for current clerk by username, select current clerk, and add the necessary roles and click submit. If not an existing clerk, enter the new clerk's contact name, phone, e-mail and roles and click the submit button.

Roles may be edited on existing clerks by selecting the clerk in the Clerk data list and modifying the roles for the clerk.

The provider verbally communicates or emails password to distribute to clerk (password is set as expired so when clerk logs in they are required to change their password).

When a clerk is selected in the list, the corresponding information of that selected clerk is displayed in the clerk panel as read-only and the fields Confirm Email, Password and Confirm Password are not visible.

The users are allowed to assign/revoke roles.

## 11.4.6 Clerk Maintenance Panel Accessibility

### 11.4.6.1 To Access the Clerk Maintenance Panel

| Step | Action                           | Response                       |
|------|----------------------------------|--------------------------------|
| 1    | Click <b>Account</b> .           | Account page opens.            |
| 2    | Click <b>Clerk Maintenance</b> . | Clerk Maintenance panel opens. |

### 11.4.6.2 To Add on the Clerk Maintenance Panel

| Step | Action  | Response  |
|------|---|---|
| 1    | Click <b>add clerk</b> .                                      | Activates fields for entry of data or selection from lists.   |
| 2    | Enter <b>User Name</b> or click [Search] to select from list. | Clicking [Search] activates the User Name Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel. |
| 3    | Enter <b>Contact First Name</b> .                             |   |
| 4    | Enter <b>Contact Last Name</b> .                              |   |
| 5    | Enter <b>Phone Number</b> and (optional) extension.           |   |
| 6    | Enter <b>Email</b> .  |   |
| 7    | Re-enter email address in <b>Confirm Email</b> field.         |   |
| 8    | Enter <b>Password</b> .                                       |   |
| 9    | Re-enter password in <b>Confirm Password</b> field.           |   |

| Step | Action   | Response                             |
|------|--|--------------------------------------|
| 10   | Select option(s) from <b>Available Roles</b> , and then click [ <b>&lt;</b> ] or [ <b>&lt;&lt;</b> ] to add to <b>Assigned Roles</b> . |                                      |
| 11   | Click <b>submit</b> .  | Clerk Maintenance information saves. |

### 11.4.6.3 To Update on the Clerk Maintenance Panel

| Step | Action  | Response                             |
|------|---|--------------------------------------|
| 1    | Click in field(s) to update and perform update.   |                                      |
| 2    | Select option(s) from <b>Assigned Roles</b> , and then click [ <b>&gt;</b> ] or [ <b>&gt;&gt;</b> ] to return to <b>Available Roles</b> or click [ <b>&lt;</b> ] or [ <b>&lt;&lt;</b> ] to add to <b>Assigned Roles</b> . |                                      |
| 3    | Click <b>save</b> .   | Clerk Maintenance information saves. |

## 11.5 Change Password

### 11.5.1 Change Password Panel Narrative

The Change Password panel allows users to change their account password.

Navigation Path: [Account] – [Change Password] OR [Account] – [Account Maintenance] – [click on change password button]

**NOTE:**

Each field which contains an asterisk represents a required field. Therefore, the corresponding panel is not considered complete until those fields have been completed with the appropriate data.

### 11.5.2 Change Password Panel Layout

### 11.5.3 Change Password Panel Field Descriptions

| Field                | Description   | Field Type | Data Type    | Length |
|----------------------|---|------------|--------------|--------|
| cancel               | This button discards any changes made and return you to the home page.  | Button     | N/A          | 0      |
| save                 | This button confirms and saves the new password.  | Button     | N/A          | 0      |
| Confirm New Password | Enter your new password again to ensure it matches the password entered above.  | Field      | Alphanumeric | 30     |
| Current Password     | Enter your current password.  | Field      | Alphanumeric | 30     |
| New Password         | Enter the password for User account. A Web Password must, at a minimum, include the following format: <ul style="list-style-type: none"> <li>▪ 1 Lower and 1 Upper Case value;</li> <li>▪ 1 numeric value; and</li> <li>▪ be at least 8 bytes in length.</li> </ul> | Field      | Alphanumeric | 30     |
| User Name            | This is your user name.   | Label      | Alphanumeric | 20     |

### 11.5.4 Change Password Panel Field Edit Error Codes

| Field                | Error Message   | To Correct   |
|----------------------|---|--|
| Confirm New Password | Confirm New Password is required.   | Re-enter to confirm the new password.  |
| Current Password     | Password must be same as Confirm Password.  | Ensure New Password matches Confirm New Password.  |
|                      | Current Password is required.   | Enter the current password.  |
| New Password         | New Password field is required.   | Enter the new password.  |
|                      | We were unable to update the password for this account. The account has been created but not activated. Please contact your system administrator. | Ensure the format of the password is correct. Format requirements are noted within the help text for the New Password field. |

### 11.5.5 Change Password Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 11.5.6 Change Password Panel Accessibility

#### 11.5.6.1 To Access the Change Password Panel

| Step | Action                         | Response                     |
|------|--------------------------------|------------------------------|
| 1    | Click <b>Account</b> .         | Account page opens.          |
| 2    | Click <b>Change Password</b> . | Change Password panel opens. |

#### 11.5.6.2 To Update on the Change Password Panel

| Step | Action  | Response                           |
|------|---|------------------------------------|
| 1    | Enter <b>Current Password</b> .                             |                                    |
| 2    | Enter <b>New Password</b> .                                 |                                    |
| 3    | Re-enter new password in <b>Confirm New Password</b> field. |                                    |
| 4    | Click <b>save</b> .   | Change Password information saves. |

## 11.6 Messages

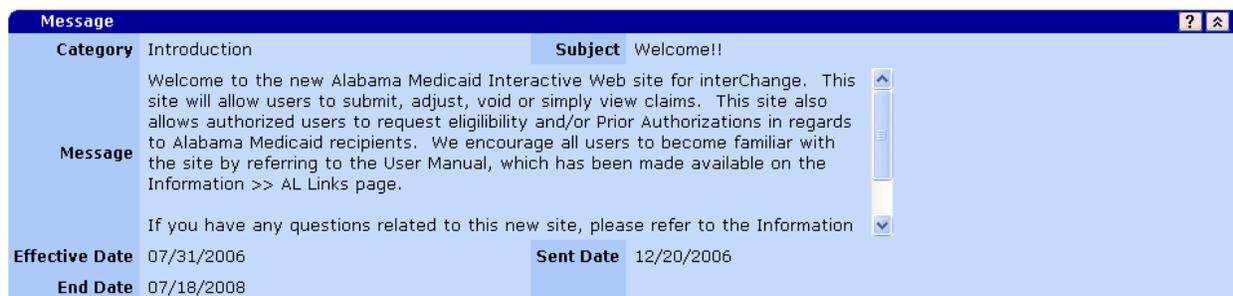
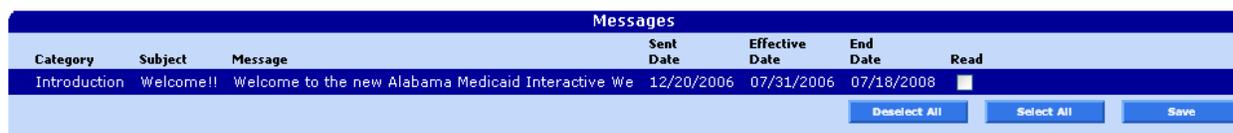
### 11.6.1 Messages Panel Narrative

The Messages panel displays all the messages for a user. The user has the capability to view the details for any message selected.

Select a message from the Messages list to display the full text and details of the message.

Navigation Path: [Account] – [Messages]

### 11.6.2 Messages Panel Layout



### 11.6.3 Messages Panel Field Descriptions

| Field          | Description  | Field Type | Data Type         | Length |
|----------------|--|------------|-------------------|--------|
| deselect All   | Unchecks all of the Read check boxes.                    | Button     | N/A               | 0      |
| save           | Updates the Read field on the database.                  | Button     | N/A               | 0      |
| select All     | Checks all of the Read check boxes.                      | Button     | N/A               | 0      |
| Category       | Displays the category of the message. (Read-Only).       | Field      | Alphanumeric      | 30     |
| Effective Date | Displays the effective date of the message. (Read-Only). | Field      | Date (MM/DD/CCYY) | 10     |
| End Date       | Displays the end date of the message. (Read-Only).       | Field      | Date (MM/DD/CCYY) | 10     |
| Message        | Displays the body of the message. (Read-Only).           | Field      | Alphanumeric      | 4000   |
| Read           | Displays whether the user has read the message.          | Combo Box  | Check Box         | 0      |

| Field     | Description  | Field Type | Data Type         | Length |
|-----------|--|------------|-------------------|--------|
| Sent Date | Displays the date the message was sent. (Read-Only). | Field      | Date (MM/DD/CCYY) | 10     |
| Subject   | Displays the short description of the message.       | Field      | Alphanumeric      | 100    |

### 11.6.4 Messages Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 11.6.5 Messages Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 11.6.6 Messages Panel Accessibility

#### 11.6.6.1 To Access the Messages Panel

| Step | Action                  | Response              |
|------|-------------------------|-----------------------|
| 1    | Click <b>Account</b> .  | Account page opens.   |
| 2    | Click <b>Messages</b> . | Messages panel opens. |

## 11.7 Switch Provider

### 11.7.1 Switch Provider Panel Narrative

The Switch Provider panel allows clerks to switch to different authorized provider account profiles and locations. The user has the capability to select from a list of authorized providers. A default user indicator can be set so the provider account is set automatically when the user logs on.

After logging in the clerk can switch providers by selecting which provider to represent. Clerks will switch providers by selecting a row in a list of available providers and clicking 'switch to'. Confirmation of the current National Provider Identifier (NPI) number will appear as a page title. After selection, the clerk will be redirected to the Account Home page.

To associate a clerk to a billing NPI number, please refer to Section 9.3 *Clerk Maintenance*.

Navigation Path: [Account] – [Switch Provider]

### 11.7.2 Switch Provider Panel Layout

The screenshot shows a web interface for switching providers. At the top, it displays 'Current Provider 2003000000'. Below this is a table with columns: National Provider ID, Medicaid Provider ID, Address, City, State, Zip, Zip + 4, Taxonomy, Provider Type, and Default Provider ID. Three rows are visible, with the second row (1200002000) selected. Below the table, there is a section for the 'Selected Provider' with fields for Medicaid Provider ID, Address, State, Zip + 4, Provider Type, National Provider ID, City, Zip, Taxonomy, and Default Provider ID. At the bottom right, there are two buttons: 'set as default' and 'switch to'.

| National Provider ID | Medicaid Provider ID | Address           | City     | State | Zip   | Zip + 4 | Taxonomy   | Provider Type | Default Provider ID                 |
|----------------------|----------------------|-------------------|----------|-------|-------|---------|------------|---------------|-------------------------------------|
| 1930000102           | 529910000            | 1003 LEIGHTON AVE | ANNISTON | AL    | 36707 |         | 100300000X | Dentist       | <input type="checkbox"/>            |
| 1200002000           | 2003000000           | 4440 PARK AVE     | PORTLAND | OR    | 97501 | 8008    | 200X00000X | Therapist     | <input checked="" type="checkbox"/> |
| 1000800000           | 100000000A           | PO BOX 5000       | PORTLAND | OR    | 73054 |         | 200RP0001X | Physician     | <input type="checkbox"/>            |

Current Provider: 2003000000  
 Selected Provider:  
 Medicaid Provider ID: 100000000A  
 Address: PO BOX 5000  
 State: OR  
 Zip + 4:  
 Provider Type: Physician  
 National Provider ID: 1000800000  
 City: PORTLAND  
 Zip: 73054  
 Taxonomy: 200RP0001X  
 Default Provider ID: N

Buttons: set as default, switch to

### 11.7.3 Switch Provider Panel Field Descriptions

| Field          | Description   | Field Type | Data Type    | Length |
|----------------|---|------------|--------------|--------|
| set as default | This button sets the selected provider as the default provider for when the clerk logs into the secured site. | Button     | N/A          | 0      |
| switch to      | This button switches to the selected provider.  | Button     | N/A          | 0      |
| Address        | Displays address line 1 of the provider's physical address. (Read-Only)                                       | Field      | Alphanumeric | 30     |
| City           | Displays the city of the provider's physical address. (Read-Only)   | Field      | Alphanumeric | 30     |

| Field                | Description  | Field Type | Data Type        | Length |
|----------------------|--|------------|------------------|--------|
| Current Provider     | Displays the current provider number who the clerk is logged in to represent. (Read-Only)  | Field      | Alphanumeric     | 10     |
| Default Provider ID  | This checkbox indicates that this provider should be used as the default when the user is logging into the web portal. (Read-Only) | Combo Box  | Check Box        | 0      |
| Medicaid Provider ID | Displays the Medicaid Provider Identification of the provider. (Read-Only)   | Field      | Alphanumeric     | 10     |
| National Provider ID | Displays the National Provider Identifier (NPI) of the provider. (Read-Only)   | Field      | Alphanumeric     | 10     |
| Provider Type        | Displays the provider type description. (Read-Only)  | Field      | Alphanumeric     | 30     |
| State                | Displays the state of the provider's physical address. (Read-Only)   | Field      | Alphanumeric     | 2      |
| Taxonomy             | Displays the taxonomy code of the provider. (Read-Only)  | Field      | Alphanumeric     | 10     |
| Zip                  | Displays the zip code of the provider's physical address. (Read-Only)  | Field      | Number (Integer) | 5      |
| Zip 4                | Displays the zip code extension of the provider's physical address. (Read-Only)  | Field      | Number (Integer) | 4      |

#### 11.7.4 Switch Provider Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

#### 11.7.5 Switch Provider Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

## 11.7.6 Switch Provider Panel Accessibility

### 11.7.6.1 To Access the Switch Provider Panel

| Step | Action                         | Response                     |
|------|--------------------------------|------------------------------|
| 1    | Click <b>Account</b> .         | Account page opens.          |
| 2    | Click <b>Switch Provider</b> . | Switch Provider panel opens. |

### 11.7.6.2 To Update on the Switch Provider Panel

| Step | Action   | Response                            |
|------|--|-------------------------------------|
| 1    | Select a provider from the provider data list. |                                     |
| 2    | Click <b>set as default</b> .                  | Default provider information saves. |

| Step   | Action   | Response                                |
|--|--|---|
| By following these steps, a user may also switch to another NPI number, so they may masquerade as that provider when submitting and/or inquiring on claims and prior authorization requests. |  |   |
| 1  | Select a provider from the provider data list. |   |
| 2  | Click <b>switch to</b> .                       |   |
| 3  | Click <b>OK</b> .                              | User will act as the provider selected. |

## 11.8 Logoff

### 11.8.1 Logoff Panel Narrative

The Logoff panel displays when a user's session has expired. The only functionality of this window is a button that allows the user to return to the Login panel.

A session expires after 20 minutes since the last request was sent to the web server. A request is sent to the web server when the user causes the screen to refresh, such as by clicking a button or navigating between menu items. Simply entering data into a field does not send a request to the web server and thereby does not cause the 20 minute setting to reset.

Navigation Path: N/A – session expired

### 11.8.2 Logoff Panel Layout



### 11.8.3 Logoff Panel Field Descriptions

| Field           | Description                                      | Field Type | Data Type | Length |
|-----------------|--|------------|-----------|--------|
| Login           | This button takes the user to the log on screen. | Button     | N/A       | 0      |
| Session Expired | Informs the user of a session expiration.        | Label      | N/A       | 0      |

### 11.8.4 Logoff Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 11.8.5 Logoff Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

## 11.8.6 Logoff Panel Accessibility

### 11.8.6.1 To Access the Logoff Panel

| Step | Action                   | Response               |
|------|--------------------------|------------------------|
| 1    | Allow session to expire. | Logoff panel displays. |

### 11.8.6.2 To Update on the Logoff Panel

| Step | Action               | Response              |
|------|----------------------|-----------------------|
| 1    | Click <b>Login</b> . | Login panel displays. |

## 11.9 Reset Password

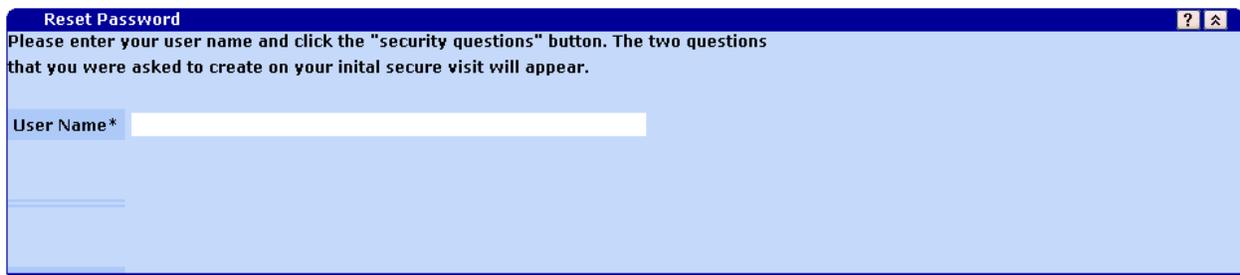
### 11.9.1 Reset Password Panel Narrative

The Reset Password panel allows users to reset their Interactive Services website password. The user needs to provide self authentication before he or she is allowed to change his or her password.

The Reset Password panel also allows users to reset the password for a clerk selected from the Clerk Maintenance panel.

Navigation Path: [Account] – [Reset password]

### 11.9.2 Reset Password Panel Layout

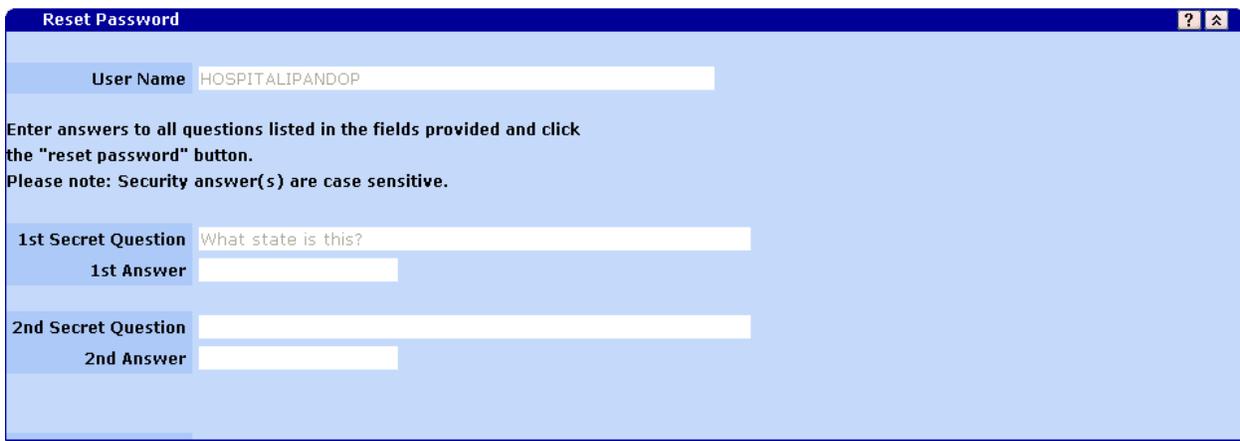


**Reset Password** ? ⌵

Please enter your user name and click the "security questions" button. The two questions that you were asked to create on your initial secure visit will appear.

User Name\*

security questions



**Reset Password** ? ⌵

User Name

Enter answers to all questions listed in the fields provided and click the "reset password" button.  
Please note: Security answer(s) are case sensitive.

1st Secret Question   
1st Answer

2nd Secret Question   
2nd Answer

reset password

### 11.9.3 Reset Password Panel Field Descriptions

| Field               | Description   | Field Type | Data Type    | Length |
|---------------------|---|------------|--------------|--------|
| cancel              | This button cancels the current operation and discards any changes.                   | Button     | N/A          | 0      |
| reset password      | This button validates security answers and displays the password fields.              | Button     | N/A          | 0      |
| security questions  | This button validates the user name and displays the secret questions.                | Button     | N/A          | 0      |
| submit              | This button initiates the reset password changes to the active directory.             | Button     | N/A          | 0      |
| 1st Answer          | Displays the answer for the 1st secret question.                                      | Field      | Alphanumeric | 20     |
| 1st Secret Question | Displays the 1st secret question to prompt user to remember password.                 | Field      | Character    | 50     |
| 2nd Answer          | Displays the answer for the 2nd secret question.                                      | Field      | Alphanumeric | 20     |
| 2nd Secret Question | Displays the 2nd secret question to prompt user to remember password.                 | Field      | Character    | 50     |
| Confirm Password    | Displays the re-typed password of the user in the form of dots for security purposes. | Field      | Character    | 30     |

| Field        | Description  | Field Type | Data Type    | Length |
|--------------|--|------------|--------------|--------|
| New Password | Enter your new password. The new Web Password must differ from past passwords and must also, at a minimum, include the following format: <ul style="list-style-type: none"> <li>▪ 1 Lower and 1 Upper Case value;</li> <li>▪ 1 numeric value; and</li> <li>▪ be at least 8 bytes in length.</li> </ul> | Field      | Character    | 30     |
| User Name    | Displays the user name of the user.  | Field      | Alphanumeric | 20     |

### 11.9.4 Reset Password Panel Field Edit Error Codes

| Field              | Error Message  | To Correct   |
|--------------------|--|--|
| 1st Answer         | Invalid Secret Answer(s).  | Enter a valid secret Answer.   |
|                    | 1st Answer cannot contain values other than [A-Z/a-z/0-9] and blank spaces.  | Ensure that the field matches the datatype as documented in the field descriptions above. character fields must only contain A-Z; alphanumeric fields must only contain A-Z and 0-9. |
|                    | 1st Answer is required   | Enter an answer that corresponds with the 1st Secret Question entered.   |
| 2nd Answer         | Invalid Secret Answer(s)   | Enter a valid secret Answer.   |
|                    | 2nd Answer cannot contain values other than [A-Z/a-z/0-9] and blank spaces.  | Ensure that the field matches the datatype as documented in the field descriptions above. Character fields must only contain A-Z; alphanumeric fields must only contain A-Z and 0-9. |
|                    | 2nd Answer is required.  | Enter an answer that corresponds with the 2nd Secret Question entered.   |
| Confirm Password   | Confirm Password is required.  | Re-enter the new password.   |
|                    | New Password must be same as Confirm New Password.   | Confirm Password should be the same as New Password.   |
| New Password       | Password is required.  | Enter the new password.  |
|                    | The new password does not meet the security requirements of the domain. Please refer to the field help on the New Password field for requirements and try again. | Ensure the format of the password is correct. Format requirements are noted within the help text for the Password field.   |
| security questions | You are not authorized to access this account, please contact the EMC Help Desk for further assistance.<br><br>(800) 456-1242 – AL, FL, GA, MS and TN            | Contact the EMC Help Desk for further assistance.  |

| Field     | Error Message                                      | To Correct  |
|-----------|--|---|
|           | (334) 215-0111 – All other locations               |   |
| User Name | Invalid User entered.                              | Enter a valid user name.  |
|           | User Name cannot contain other than [A-Z/a-z/0-9]. | Ensure that the field matches the data type as documented in the field descriptions above. Character fields must only contain A-Z; alphanumeric fields must only contain A-Z and 0-9. |

### 11.9.5 Reset Password Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 11.9.6 Reset Password Panel Accessibility

#### 11.9.6.1 To Access the Reset Password Panel

| Step | Action                        | Response                    |
|------|-------------------------------|-----------------------------|
| 1    | Click <b>Account</b> .        | Account page opens.         |
| 2    | Click <b>Reset Password</b> . | Reset Password panel opens. |

#### 11.9.6.2 To Update on the Reset Password Panel

| Step | Action   | Response                          |
|------|--|-----------------------------------|
| 1    | Enter <b>User Name</b> .   |                                   |
| 2    | Click <b>security questions</b> .  | Security questions display.       |
| 3    | Enter <b>1<sup>st</sup> Answer</b> and <b>2<sup>nd</sup> Answer</b> , if <b>2<sup>nd</sup> Secret Question</b> is not blank. |                                   |
| 4    | Click <b>reset password</b> .  | New password fields display.      |
| 5    | Enter <b>New Password</b> .  |                                   |
| 6    | Re-enter new password in <b>Confirm Password</b> field.  |                                   |
| 7    | Click <b>submit</b> .  | Reset Password information saves. |

## 11.10 Secure Site

### 11.10.1 Login Panel Narrative

The Login panel, accessible via the Secure Site link, allows users to login to the secure Interactive Services website.

Navigation Path: [Account] – [Secure Site]

### 11.10.2 Login Panel Layout

### 11.10.3 Login Panel Field Descriptions

| Field          | Description  | Field Type | Data Type    | Length |
|----------------|--|------------|--------------|--------|
| login          | This button logs the user into the secure site.                                      | Button     | N/A          | 0      |
| reset password | This button redirects the user to the Reset Password page.                           | Button     | N/A          | 0      |
| setup account  | This button redirects the user to the Account Setup page.                            | Button     | N/A          | 0      |
| Password       | Displays the password of the account user in the form of dots for security purposes. | Field      | Character    | 30     |
| User Name      | Displays the Login ID of the user.   | Field      | Alphanumeric | 20     |

**NOTE:**

A new PIN letter issuing a new password was mailed to all providers. Users must have a new password to use this application.

### 11.10.4 Login Panel Field Edit Error Codes

| Field     | Error Message  | To Correct   |
|-----------|--|--|
| Password  | Invalid User Name and/or Password.   | Enter a valid User Name and/or Password.   |
|           | We are sorry but your password has expired. Please change your password.   | Enter a new password.  |
|           | We are sorry but the user name or password is incorrect. Please try again.   | Enter a password that is between 6 to 30 characters in length.   |
| User Name | We are sorry but you are not authorized to access this web site. If you believe this is incorrect please contact the help desk.                  | The account has been reset. Setup the account once the new Personal Identification Number (PIN) has been received or contact the EMC Helpdesk at 1 (800) 456-1242 for additional assistance. |
|           | Invalid User Name and/or Password.   | Enter a valid User Name and/or Password.   |
|           | We are sorry but your account has been locked out due to invalid password attempts. Please contact the system administrator to have it unlocked. | Account Locked. Wait 10 minutes and the account will be automatically unlocked or contact the EMC Helpdesk at 1 (800) 456-1242 for additional assistance.                                    |

### 11.10.5 Login Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 11.10.6 Login Panel Accessibility

#### 11.10.6.1 To Access the Login Panel

| Step | Action                     | Response            |
|------|----------------------------|---------------------|
| 1    | Click <b>Account</b> .     | Account page opens. |
| 2    | Click <b>Secure Site</b> . | Login panel opens.  |

#### 11.10.6.2 To Add on the Login Panel

| Step | Action                   | Response  |
|------|--------------------------|---|
| 1    | Enter <b>User Name</b> . |   |
| 2    | Enter <b>Password</b> .  |   |
| 3    | Click <b>login</b> .     | Providers page displays for Provider users. Messages page displays for Clerks and Billing agents. |

#### 11.10.6.3 To Update on the Login Panel

| Step | Action                        | Response                       |
|------|-------------------------------|--------------------------------|
| 1    | Click <b>setup account</b> .  | Account Setup panel displays.  |
| 2    | Click <b>reset password</b> . | Reset Password panel displays. |

## 12. Claims

Claims features allow users to search for or submit dental, institutional, professional, crossover, pharmacy or compound drug claims via the Interactive Services website.

From the Claims link in the Main Menu toolbar, users can access the following Sub Menu options:

- Search
- Dental
- Institutional
- Pharmacy
- Professional

**NOTE:**

Medicare/Medicaid (crossover) claims will be entered within the respective claims types of Institutional and/or Professional.

### 12.1 Claims

#### 12.1.1 Claims Panel Narrative

The Claim Submission Links panel allows users to launch a claim search and entry panel for any of the four types of claims: dental, institutional, pharmacy or professional.

Navigation Path: [Claims]

#### 12.1.2 Claims Panel Layout

|   |
|---|
| <p>Claims</p> <ul style="list-style-type: none"> <li>▪ Search</li> <li>▪ Dental</li> <li>▪ Institutional (for Inpatient, Outpatient, Long Term Care)</li> <li>▪ Pharmacy</li> <li>▪ Professional</li> </ul> |
|---|

#### 12.1.3 Claims Panel Field Descriptions

| Field         | Description  | Field Type | Data Type | Length |
|---------------|--|------------|-----------|--------|
| Dental        | Hyperlink to allow user to enter Dental claims.        | Hyperlink  | N/A       | 0      |
| Institutional | Hyperlink to allow user to enter Institutional claims. | Hyperlink  | N/A       | 0      |
| Pharmacy      | Hyperlink to allow user to enter Pharmacy claims.      | Hyperlink  | N/A       | 0      |

| Field        | Description   | Field Type | Data Type | Length |
|--------------|---|------------|-----------|--------|
| Professional | Hyperlink to allow user to enter Professional claims. | Hyperlink  | N/A       | 0      |
| Search       | Hyperlink to allow user to search for a claim.        | Hyperlink  | N/A       | 0      |

### 12.1.4 Claims Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 12.1.5 Claims Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 12.1.6 Claims Panel Accessibility

#### 12.1.6.1 To Access the Claims Panel

| Step | Action                | Response              |
|------|-----------------------|-----------------------|
| 1    | Click <b>Claims</b> . | Claims page displays. |

## 12.2 Claim Search

### 12.2.1 Claim Search Panel Narrative

The Claim Search panel allows users to search for all of the claims associated with their corresponding billing NPI number. The user also has the capability to narrow the search results by entering specific search criteria.

Navigation Path: [Claims] – [Search]

### 12.2.2 Claim Search Panel Layout

### 12.2.3 Claim Search Panel Field Descriptions

| Field      | Description  | Field Type | Data Type          | Length |
|------------|--|------------|--------------------|--------|
| clear      | This button clears all the search criteria fields.   | Button     | N/A                | 0      |
| search     | This button allows user to search on a specific claim.   | Button     | N/A                | 0      |
| Claim Type | Displays the type of claim.  | Combo Box  | Drop Down List Box | 0      |
| Date Paid  | Displays the date of the check write.  | Field      | Date (MM/DD/CCYY)  | 10     |
| FDOS       | Displays the from date of service.   | Field      | Date (MM/DD/CCYY)  | 10     |
| ICN        | Displays the Internal Control Number (ICN) which uniquely identifies the claim. To identify a range of claims, enter the first 7 digits of the ICN which identifies the ICN region, year and Julian date. Regions are: <ul style="list-style-type: none"> <li>▪ 40 - Converted Electronic Claim</li> <li>▪ 47 - Converted Paper Claim</li> <li>▪ 41 - Converted Medicare Claim</li> <li>▪ 20 - Electronic Claim</li> <li>▪ 22 - Web Claim</li> <li>▪ 10 - Paper</li> </ul> Example ICN fuzzy search: 2007011 (Electronic (20) Year 2007 (07) Date January 11th (011)). | Field      | Number (Integer)   | 13     |

| Field                         | Description   | Field Type | Data Type          | Length |
|-------------------------------|---|------------|--------------------|--------|
| Recipient ID                  | Displays the recipient's first 12-digits of their Medicaid identification number.   | Field      | Character          | 12     |
| Recipient Name                | Displays the Recipient's name including Last Name, First Name and Middle Initial.   | Field      | Character          | 50     |
| Records                       | Allows the user to select the number of search results to display per page.   | Combo Box  | Drop Down List Box | 0      |
| Rendering Provider ID         | Displays the provider who performed the service on 1 <sup>st</sup> detail on the claim.   | Field      | Alphanumeric       | 10     |
| Show Non-remitted Claims Only | Displays claims that are still in process. Claims are still in process when they have not yet been written to a remittance advice as being either paid or denied.                           | Check Box  | Check Box          | 0      |
| Status                        | Displays the status of the claim in the system.   | Combo Box  | Drop Down List Box | 0      |
| TCN                           | Displays a cross reference between claims from the old system (identified by a TCN) and their converted counterpart claims (identified by a claim System Assigned Key) on the current MMIS. | Field      | Character          | 17     |
| TDOS                          | Displays the to date of service.  | Field      | Date (MM/DD/CCYY)  | 10     |

### 12.2.4 Claim Search Panel Field Edit Error Codes

| Field      | Error Message   | To Correct   |
|------------|---|--|
| All fields | Invalid number / Invalid date / Invalid character data / Invalid alphanumeric data.   | Ensure that the field matches the data type as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 - 9. |
|            | Field exceeds max length.   | Ensure that the field matches the field lengths as documented in the field descriptions above.   |
|            | The total number of claims that would be returned exceeds # which is the maximum number allowed. Please add additional search criteria that would limit the number of claims found. The total number of claims that would be returned is: # with a total billed amount of: \$#.## and a total paid amount of: \$#.##. | Add more items to the search criteria to try to narrow the results to a lower number of claims found.  |
| ICN        | ICN must be Numeric.  | Enter a numeric ICN.   |

| Field | Error Message                            | To Correct                                |
|-------|--|---|
| TDOS  | FDOS must be less than or equal to TDOS. | Ensure that the date is on or after FDOS. |

## 12.2.5 Claim Search Panel Extra Features

| Field      | Field Type  |
|------------|---|
| NPI or MCD | Hyperlink appears after the Rendering Provider ID field is populated with a valid provider ID. The NPI or MCD link indicates the provider number type displayed in the main panel: National Provider Identification (NPI) or Medicaid (MCD) number. Clicking NPI or MCD displays the Provider ID / Number panel, from which users can switch the provider number displayed from NPI to MCD. |

Based on the User ID to NPI number association, the billing NPI number is automatically inserted as part of the search criteria. To search using a different billing NPI number, clerks may access the Switch Provider panel.

## 12.2.6 Claim Search Panel Accessibility

### 12.2.6.1 To Access the Claim Search Panel

| Step | Action                | Response                     |
|------|-----------------------|------------------------------|
| 1    | Click <b>Claims</b> . | Claims page displays.        |
| 2    | Click <b>Search</b> . | Claim Search panel displays. |

### 12.2.6.2 To Search on the Claim Search Panel

| Step | Action   | Response                             |
|------|--|--------------------------------------|
| 1    | Enter one or a combination of the following fields: <b>ICN, Recipient ID, TCN, FDOS, TDOS, Rendering Provider ID, Claim Type, Status</b> and/or <b>Date Paid</b> . |                                      |
| 2    | Click <b>search</b> .  | Claim Search Results panel displays. |

#### NOTE:

“No rows found” indicates a match was not identified based on the search criteria. A user can refine his or her search or contact the HPES Provider Assistance Center at 1 (800) 688-7989 for additional assistance during normal business hours; Monday – Friday from 8:00am – 5:00pm CST.

## 12.3 Claim Search Results

### 12.3.1 Claim Search Results Panel Narrative

The Claim Search Results panel displays claim information matching the search criteria from the Claim Search panel. The billing NPI number is automatically used as part of the search criteria based on the provider account selected for the corresponding user identification number. To view claims for a different billing NPI number, the clerk must switch to that provider account by means of the Switch Provider panel. Only clerks with direct permission from the billing provider may access their account to view or submit claims.

Navigation Path: [Claims] – [Search] – [search]

### 12.3.2 Claim Search Results Panel Layout

| Search Results |              |            |            |                           |          |            |               |             |
|----------------|--------------|------------|------------|---------------------------|----------|------------|---------------|-------------|
| ICN            | Recipient ID | FDOS       | TDOS       | Claim Type                | Status   | Date Paid  | Amount Billed | Amount Paid |
| 2211066200021  | 000000000000 | 03/01/2011 | 03/01/2011 | PROFESSIONAL CLAIMS       | DENIED   | 03/10/2011 | \$100.00      | \$0.00      |
| 2211066200023  | 000000000000 | 03/01/2011 | 03/01/2011 | PROFESSIONAL CLAIMS       | DENIED   | 03/10/2011 | \$100.00      | \$0.00      |
| 2211066200022  | 000000000000 | 03/01/2011 | 03/01/2011 | PROFESSIONAL CLAIMS       | PAID     | 03/10/2011 | \$100.00      | \$0.70      |
| 2211066200024  | 000000000000 | 03/01/2011 | 03/01/2011 | PROFESSIONAL CLAIMS       | PAID     | 03/10/2011 | \$100.00      | \$0.70      |
| 2211098200001  | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | DENIED   | 04/13/2011 | \$165.00      | \$0.00      |
| 2211098200005  | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | DENIED   | 04/13/2011 | \$165.00      | \$0.00      |
| 2211098200004  | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | DENIED   | 04/13/2011 | \$250.00      | \$0.00      |
| 2211098200015  | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | DENIED   | 04/13/2011 | \$320.00      | \$0.00      |
| 2211110200004  | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | DENIED   | 04/21/2011 | \$365.00      | \$0.00      |
| 2211094200001  | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | ADJUSTED | 04/07/2011 | \$250.00      | \$0.00      |
| 5111098201001  | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | PAID     | 04/13/2011 | \$250.00      | \$141.00    |
| 2211098200002  | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | ADJUSTED | 04/13/2011 | \$165.00      | \$0.00      |
| 5111098562001  | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | PAID     | 04/13/2011 | \$165.00      | \$41.00     |
| 2211098200014  | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | ADJUSTED | 04/13/2011 | \$165.00      | \$0.00      |
| 5111098222001  | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | PAID     | 04/13/2011 | \$165.00      | \$36.00     |
| 2211110200003  | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | ADJUSTED | 04/21/2011 | \$165.00      | \$0.00      |
| 5111110131001  | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | PAID     | 04/21/2011 | \$165.00      | \$43.00     |
| 2211207000002  | 000000000000 | 03/07/2011 | 03/27/2011 | PROFESSIONAL XOVER CLAIMS | ADJUSTED | 07/28/2011 | \$293.00      | \$0.00      |

Claim Count: 18

Total Paid: \$262.40

### 12.3.3 Search Results Panel Field Descriptions

| Field         | Description  | Field Type | Data Type         | Length |
|---------------|--|------------|-------------------|--------|
| Amount Billed | Displays the amount billed for the claim.                                  | Field      | Number (Decimal)  | 9      |
| Amount Paid   | Amount sent to a provider for payment of services rendered to a recipient. | Field      | Number (Decimal)  | 9      |
| Claim Type    | Displays the type of claim.  | Field      | Alphanumeric      | 50     |
| Date Paid     | Displays the date on which the claim was paid.                             | Field      | Date (MM/DD/CCYY) | 10     |
| FDOS          | Displays the from date of service for the claim.                           | Field      | Date (MM/DD/CCYY) | 10     |
| ICN           | Displays the internal control number for the claim issued by Medicaid.     | Field      | Alphanumeric      | 13     |
| Recipient ID  | Displays the recipient's Medicaid identification number.                   | Field      | Alphanumeric      | 12     |
| Status        | Displays the status of the claim.  | Field      | Alphanumeric      | 10     |

| Field    | Description   | Field Type | Data Type         | Length |
|----------|---|------------|-------------------|--------|
| TDOS     | Displays the end date of service for the claim.           | Field      | Date (MM/DD/CCYY) | 10     |
| Next     | Displays the link to the next page of search results.     | Hyperlink  | N/A               | 0      |
| Previous | Displays the link to the previous page of search results. | Hyperlink  | N/A               | 0      |

### 12.3.4 Claim Search Results Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 12.3.5 Claim Search Results Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 12.3.6 Claim Search Results Panel Accessibility

#### 12.3.6.1 To Access the Claim Search Results Panel

| Step | Action  | Response                             |
|------|---|--------------------------------------|
| 1    | Click <b>Claims</b> .                           | Claims page displays.                |
| 2    | Click <b>Search</b> .                           | Claim Search panel displays.         |
| 3    | Enter search criteria and click <b>search</b> . | Claim Search Results panel displays. |

## 12.4 Dental

### 12.4.1 Dental Claim Panel Narrative

The Dental panel allows a dental provider to submit a claim and/or adjust or void a paid claim. The user has the capability to enter all of the required information to submit a dental claim, including multiple detail lines. For a paid claim, the user has the option of updating select fields and re-submitting the claim as an adjustment or to void the claim.

The Dental Claim panel includes the following sections:

- Dental Claim
- Third Party Liability (TPL)
- Detail
- Surfaces
- Claim Status Information
- Adjustment Information
- Explanation of Benefit (EOB) Information

**NOTE:**

The Adjustment Information and EOB Information panels appear after a claim has been submitted.

Navigation Path: [Claim] - [Dental] OR [Claim]-[click on Dental link] OR [Claim] - [Search] - [search for dental claims]-[select dental claim from search results]

**NOTE:**

Each field which contains an asterisk represents a required field. Therefore, the claim is not considered complete until those fields have been completed with the appropriate data.

## 12.4.2 Dental Claim Panel Layout

| Dental Claim  |                                 | Service Information                                  |                                    |
|---|---------------------------------|--|------------------------------------|
| <b>Billing Information</b>                              |                                 | <b>Emergency</b> No <input type="button" value="v"/> |                                    |
| ICN   |                                 | POS*   | <input type="text"/> [ Search ]    |
| Provider ID   | 1528078219 NPI                  | <b>Related Causes</b>                                |                                    |
| Provider Name   | UAHSF-AL CONGENITAL HRT         | Cause 1  | <input type="text"/>               |
| Recipient ID*   | <input type="text"/>            | Cause 2  | <input type="text"/>               |
| Last Name*  | <input type="text"/>            | <b>Total Charges</b>                                 |                                    |
| First Name*   | <input type="text"/>            | Total Charges  | \$0.00                             |
| Date of Birth   | <input type="text"/>            | TPL Amount   | \$0.00                             |
| Patient Account #                                       | <input type="text"/>            | Total Paid Amount                                    | \$0.00                             |
| <b>TPL</b>  |                                 |  |                                    |
| *** No rows found ***                                   |                                 |  |                                    |
| Select row above to update -or- click Add button below. |                                 |  |                                    |
| Policy Number   | <input type="text"/>            |  |                                    |
| Plan Name   | <input type="text"/>            |  |                                    |
| Relationship to Insured                                 | <input type="text"/>            |  |                                    |
| Carrier Code  | <input type="text"/> [ Search ] |  |                                    |
| Carrier Name  | <input type="text"/>            |  |                                    |
| Payer Respons. Code                                     | Primary <input type="text"/>    |  |                                    |
| Paid Date   | <input type="text"/>            |  |                                    |
| Paid Amt  | <input type="text"/>            |  |                                    |
| Deductible Amt  | <input type="text"/>            |  |                                    |
| CoInsurance Amt   | <input type="text"/>            |  |                                    |
| CoPay Amt   | <input type="text"/>            |  |                                    |
| <b>Policy Holder</b>                                    |                                 |  |                                    |
| Last Name   | <input type="text"/>            |  |                                    |
| First Name, MI  | <input type="text"/>            |  |                                    |
| Date of Birth   | <input type="text"/>            |  |                                    |
|   |                                 | <input type="button" value="delete"/>                | <input type="button" value="add"/> |

| Detail |        |     |           |       |              |          |         |                |  |
|--------|--------|-----|-----------|-------|--------------|----------|---------|----------------|--|
| Item   | Status | DOS | Procedure | Units | Tooth Number | Quadrant | Charges | Allowed Amount |  |
| A      | 1      |     |           | 0     |              |          | \$0.00  | \$0.00         |  |

Type data below for new record.

|                    |                                 |                |                                 |
|--------------------|---------------------------------|----------------|---------------------------------|
| Item               | 1                               | DOS*           | <input type="text"/>            |
| Detail Status      |                                 | Units*         | 0                               |
| Procedure*         | <input type="text"/> [ Search ] | Charges*       | \$0.00                          |
| Tooth Number       | <input type="text"/>            | Allowed Amount | \$0.00                          |
| Quadrant           | <input type="text"/> [ Search ] | POS            | <input type="text"/> [ Search ] |
| Rendering Provider | <input type="text"/> [ Search ] |                |                                 |

---

**Third Party Payments (Detail Item 1)**

\*\*\* No rows found \*\*\*

Select row above to update -or- click Add button below.

|                 |                      |
|-----------------|----------------------|
| Carrier Code    | <input type="text"/> |
| Paid Date       | <input type="text"/> |
| Paid Amt        | <input type="text"/> |
| Deductible Amt  | <input type="text"/> |
| CoInsurance Amt | <input type="text"/> |
| CoPay Amt       | <input type="text"/> |

---

**Surfaces (Detail Item 1)**

\*\*\* No rows found \*\*\*

Select row above to update -or- click Add button below.

|         |                      |
|---------|----------------------|
| Surface | <input type="text"/> |
|---------|----------------------|

---

**Claim Status Information**

Claim Status: Not Submitted

---

**Adjustment Information**

| ICN           | Date Adjusted | Claim Status History Date | Claim Status | Location | Adjustment Reason | Adjustment Analyst ID |
|---------------|---------------|---------------------------|--------------|----------|-------------------|-----------------------|
| 5200164102001 | 06/13/2007    | 06/18/2007                | DENIED       | 99       | 8200              |                       |

---

**Claim Status Information**

|                |               |
|----------------|---------------|
| Claim Status   | PAID          |
| Claim ICN      | 2007117110009 |
| Paid Date      | 03/04/2007    |
| Allowed Amount | \$29.00       |

---

**EOB Information**

| Detail Number | Code | Description                                  |
|---------------|------|--|
| 1             | 9918 | PRICING ADJUSTMENT - MAX FEE PRICING APPLIED |

**NOTE:**

Section 10.4.3 acts as a reference guide to further define each field, listed in alphabetical order, and the buttons available on the dental claim form. Please refer to section 10.4.6.2 for step by step instructions on how to complete the dental claim form.

### 12.4.3 Dental Claim Panel Field Descriptions

| Field  | Description   | Field Type | Data Type | Length |
|--------|---|------------|-----------|--------|
| add    | This button is used to add data to a panel (Detail, Surfaces, TPL). | Button     | N/A       | 0      |
| adjust | This button submits adjustments for a paid claim.                   | Button     | N/A       | 0      |

| Field                 | Description   | Field Type | Data Type          | Length |
|-----------------------|---|------------|--------------------|--------|
| cancel                | This button cancels the current operation and discards any changes.   | Button     | N/A                | 0      |
| copy claim            | This button creates a new claim from the current claim.   | Button     | N/A                | 0      |
| delete                | This button is used to delete data from a panel (Detail, Surfaces, TPL).  | Button     | N/A                | 0      |
| re-submit             | This button submits modifications made to a denied claim for adjudication.                                      | Button     | N/A                | 0      |
| submit                | This button submits a claim for adjudication.   | Button     | N/A                | 0      |
| void                  | This button submits a void request for a paid claim.  | Button     | N/A                | 0      |
| Adjustment Analyst ID | Displays the identification number of the analyst that adjusted the claim. (Read-Only)                          | Field      | Alphanumeric       | 10     |
| Adjustment Reason     | Displays the adjustment reason code. (Read-Only)  | Field      | Number (Integer)   | 4      |
| Allowed Amount        | Displays the amount approved to pay for services provided to a recipient. (Read-Only)                           | Field      | Number (Decimal)   | 9      |
| Carrier Code          | Displays the 5-digit carrier code that identifies the recipient's TPL insurance plan.                           | Field      | Number (Integer)   | 10     |
| Carrier Name          | Displays the carrier name based on the carrier code entered. (Read-Only)  | Field      | Character          | 45     |
| Cause 1               | Displays if the accident occurred at work, in an automobile or an environment other than work or an automobile. | Combo Box  | Drop Down List Box | 0      |
| Cause 2               | Displays if the accident occurred at work, in an automobile or an environment other than work or an automobile. | Combo Box  | Drop Down List Box | 0      |
| Charges               | Displays the usual and customary charge for the service provided.   | Field      | Number (Decimal)   | 13     |

| Field                     | Description   | Field Type | Data Type         | Length |
|---------------------------|---|------------|-------------------|--------|
| Claim ICN                 | Displays the claim's internal control number (ICN) issued by Medicaid. (Read-Only)  | Field      | Number (Integer)  | 13     |
| Claim Status              | Indicates the status after adjudication. Possible values are PAID, DENIED, SUSPENDED or ADJUSTED. The status of "Adjusted" reflects this claim is no longer paid. Refer to the Adjustment Information panel for claims which have reprocessed per the Adjustment process. | Field      | N/A               | 0      |
| Claim Status History Date | Displays the original claim date before the claim was adjusted. (Read-Only)   | Field      | Date (MM/DD/CCYY) | 10     |
| Code                      | Displays the explanation of benefits code. (Read-Only)  | Field      | Number (Integer)  | 4      |
| Colnsurance Amt           | Medicare Information: the coinsurance amount Medicare applied to this claim.  | Field      | Number (Decimal)  | 8      |
| CoPay Amt                 | Copay amount the third party payer applied to this claim (TPL) or to the detail (Third Party Payer).  | Field      | Number (Decimal)  | 10     |
| DOS                       | Displays the date of service on the claim.  | Field      | Date (MM/DD/CCYY) | 10     |
| Date Adjusted             | Displays the date the claim was adjusted. (Read-Only)   | Field      | Date (MM/DD/CCYY) | 10     |
| Date of Birth             | Header: Displays the recipient's date of birth. (Read-Only and defaulted.) TPL: Displays the date of birth of the third party policy holder.  | Field      | Date (MM/DD/CCYY) | 10     |
| Deductible Amt            | Displays the amount the recipient must pay before Medicare.   | Field      | Number (Decimal)  | 10     |
| Denied Date               | Displays the date the claim was denied. (Read-Only)   | Field      | Date (MM/DD/CCYY) | 10     |
| Description               | Displays the explanation of benefits description. (Read-Only)   | Field      | Alphanumeric      | 79     |
| Detail Number             | Displays the line item detail number of the claim. (Read-Only)  | Field      | Number (Integer)  | 2      |

| Field                     | Description  | Field Type | Data Type          | Length |
|---------------------------|--|------------|--------------------|--------|
| Detail Status             | Displays the status of the detail line. (Read-Only).   | Field      | Alphanumeric       | 10     |
| Emergency                 | Displays if the service was provided as the result of an emergency situation.  | Combo Box  | Drop Down List Box | 0      |
| First Name                | Displays the first name of the recipient on the header.  | Field      | Character          | 35     |
| First Name, M             | Displays the first name and middle initial of third party policy holder.   | Field      | Alphanumeric       | 25     |
| ICN                       | Displays the claim's internal control number (ICN) issued by Medicaid. (Read-Only)   | Field      | Number (Integer)   | 13     |
| Item                      | Displays the detail line number. (Read-Only)   | Field      | Number (Integer)   | 3      |
| Last Name                 | Displays the last name of the recipient. TPL: Displays the last name of third party policy holder.                         | Field      | Character          | 60     |
| Location                  | Displays the location code of the claim.   | Field      | Number (Integer)   | 2      |
| POS                       | Displays the place of service (POS) where the service was rendered.  | Field      | Number (Integer)   | 2      |
| Paid Amt                  | Medicare Information: Displays the dollar amount paid by Medicare for the services (may be a negative or positive amount). | Field      | Character          | 10     |
| Paid Date                 | Displays the date the claim was billed and paid. (Read-Only)   | Field      | Date (MM/DD/CCYY)  | 10     |
| Patient Account           | Displays the identification for a recipient assigned by a provider and used in their system.                               | Field      | Character          | 38     |
| Payer Responsibility Code | Value identifying the third payer's level of responsibility on this claim.   | Combo Box  | Drop Down List Box | 0      |
| Plan Name                 | Displays the TPL plan name.  | Field      | Alphanumeric       | 60     |
| Policy Number             | Displays the TPL policy number.  | Field      | Alphanumeric       | 30     |
| Procedure                 | Displays the code used to identify a dental procedure.   | Field      | Alphanumeric       | 6      |

| Field                   | Description  | Field Type | Data Type          | Length |
|-------------------------|--|------------|--------------------|--------|
| Provider ID             | Displays the National Provider Identification number of the billing provider. (Read-Only and Defaulted.)   | Field      | Alphanumeric       | 10     |
| Provider Name           | Displays the name of the billing provider. (Read Only and defaulted on header panel.)  | Field      | Alphanumeric       | 15     |
| Quadrant                | Displays the quadrant of the mouth where services were performed.  | Combo Box  | Drop Down List Box | 0      |
| Recipient ID            | Displays the recipient's Medicaid identification number.   | Field      | Number (Integer)   | 13     |
| Relationship to Insured | Displays the third party liability's insured relationship.   | Combo Box  | Drop Down List Box | 0      |
| Rendering Provider      | Displays the identification number of the rendering physician.   | Field      | Alphanumeric       | 10     |
| Surface                 | Displays the code which identifies the tooth surface on which a service was performed. This surface displayed is associated to a specific detail as noted in the title bar as (Detail Item). | Combo Box  | Drop Down List Box | 0      |
| TPL Amount              | Displays the amount paid by a third party liability insurance.   | Field      | Number (Decimal)   | 14     |
| Tooth Number            | Displays the tooth number that identifies the tooth on which the provider rendered services. A letter indicates temporary teeth and a number indicates permanent teeth.                      | Field      | Alphanumeric       | 2      |
| Total Charges           | Displays the total amount charged for the claim. (Read-Only and calculated from Detail Charges.)   | Field      | Number (Decimal)   | 13     |
| Total Paid Amount       | Displays the total amount paid. (Read-Only)  | Field      | Number (Decimal)   | 13     |
| Units                   | Displays the units of service on this detail. (Dental services will always be billed one unit per line item.)  | Field      | Number (Decimal)   | 6      |

#### 12.4.4 Dental Claim Panel Field Edit Error Codes

| Field | Error Message | To Correct |
|-------|---------------|------------|
|-------|---------------|------------|

| Field        | Error Message   | To Correct   |
|--------------|---|--|
| adjust       | Adjust was successful. See Claim Status Information for details.                  | Ensures that the claim adjustment request was sent successfully and status details can be viewed on the Claim Status Information panel.  |
| copy claim   | Copy was successful.  | Ensures that the copy was successful and modifications can be made prior to submission.  |
| submit       | Submit was successful. See Claim Status Information for details.                  | Ensures that the claim was sent successfully and status details can be viewed on the Claim Status Information panel.   |
| void         | Void was successful. See Claim Status Information for details.                    | Ensures that the claim void request was sent successfully and status details can be viewed on the Claim Status Information panel.  |
| All fields   | Invalid number / Invalid date / Invalid character data/Invalid alphanumeric data. | Ensure that the field matches the data type as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 - 9. |
|              | Field exceeds max length.   | Ensure that the field matches the field lengths as documented in the field descriptions above.   |
|              | Exceeded maximum number of details.   | Exceeded maximum number of details - 50 detail lines.  |
| Carrier Code | Carrier Code is required.   | Enter a Carrier Code when TPL is being entered.  |
| Charges      | Charges must be less than or equal to 9999999.99.                                 | Ensure the amount is not greater than \$9,999,999.99.  |
|              | Charges must be greater than or equal to 0.01.                                    | Ensure that the amount is greater than or equal to 0.01.   |
|              | Charges are required.   | Enter the detail charges.  |
| DOS          | DOS is required.  | Enter the date of service.   |
|              | DOS must be less than or equal to Today.  | Enter a date of service that is less than or equal to today's date.  |
|              | DOS must be greater than or equal to 01/01/1990.                                  | Enter a date of service that is greater than or equal to 01/01/1990.   |
|              | DOS must be less than or equal to   | Enter a date of service that is less than or   |

| Field                   | Error Message  | To Correct   |
|-------------------------|--|--|
|                         | 12/31/2299.  | equal to 12/31/2299.   |
| Date of Birth           | Date of Birth is required.                                 | Ensure that the Date of Birth, on the TPL panel, is on or before today's date.             |
|                         | Date of Birth must be greater than or equal to 01/01/1900. | Enter a Date of Birth greater than or equal to 01/01/1900.                                 |
|                         | Date of Birth must be less than or equal to 12/31/2299.    | Enter a Date of Birth less than or equal to 12/31/2299.                                    |
|                         | Date of Birth must be less than or equal to Today.         | Ensure that the Date of Birth, on the TPL panel, is on or before today's date.             |
| First Name              | First Name is required.                                    | Enter the recipient's first name.  |
| First Name, MI          | First Name is required.                                    | Enter a first name when TPL is applicable.   |
| Last Name               | Last Name is required.                                     | Header: Enter the recipient's last name.<br>TPL: Enter a last name when TPL is applicable. |
| POS                     | A valid POS is required.                                   | Enter a valid Place of Service (POS).  |
|                         | POS contains an invalid value.                             | Enter a valid Place of Service (POS).  |
| Paid Date               | Paid Date is required.                                     | Enter a Paid Date when TPL is being entered.   |
|                         | Paid Date must be greater than or equal to 01/01/1900.     | Enter a Paid Date greater than or equal to 01/01/1900 when TPL is being entered.           |
|                         | Paid Date must be less than or equal to 12/31/2299.        | Enter a Paid Date less than or equal to 12/31/2299 when TPL is being entered.              |
|                         | Paid Date must be less than or equal to Today.             | Ensure that the date is on or before today's date.   |
| Plan Name               | Plan Name is required.                                     | Enter a Plan Name when TPL is being entered.   |
| Policy Number           | Policy Number is required.                                 | Enter a Policy Number when TPL is being entered.   |
| Procedure               | A valid Procedure is required.                             | Enter a valid ICD-9 procedure.   |
| Recipient ID            | A valid Recipient ID is required and must be 13 digits.    | Enter a valid 13 digit Recipient ID.   |
| Relationship to Insured | Relationship to Insured is required.                       | Select a Relationship to Insured when TPL is applicable.                                   |
| Surface                 | A valid Surface is required.                               | Enter a valid tooth surface code.  |
| TPL Amount              | TPL Amount is required when TPL records are present.       | Enter a TPL Amount in the Dental Claim panel when data is entered into the TPL             |

| Field         | Error Message   | To Correct  |
|---------------|---|---|
|               |   | panel.  |
|               | TPL Amount must be less than or equal to 999999.99.     | Ensure that the amount is not greater than \$999,999.99.          |
|               | TPL Amount must be greater than or equal to 0.          | Ensure that the amount is greater than or equal to 0.             |
| Tooth Number  | Tooth Number is not valid.                              | Ensure that the tooth value is a valid value. Value = 00-33, A-T. |
| Total Charges | Total Charges must be less than or equal to 9999999.99. | Ensure the amount is not greater than \$9,999,999.99.             |
| Units         | Units must be less than or equal to 999999999999.999.   | Ensure the units billed are not greater than 999,999,999,999.999. |
|               | Units must be greater than or equal to 0.01.            | Ensure that the amount is greater than or equal to 0.01.          |
|               | Units are required.                                     | Enter the detail units.   |

### 12.4.5 Dental Claim Panel Extra Features

| Field          | Field Type  |
|----------------|---|
| Date of Birth  | Read-only field displays after Recipient ID field populated.  |
| First Name, MI | Read-only field displays after Recipient ID field populated.  |
| Last Name      | Read-only field displays after Recipient ID field populated.  |
| NPI or MCD     | Hyperlink appears after the Rendering Physician ID field is populated with a valid NPI number. The NPI or MCD link indicates the provider number type displayed in the main panel: National Provider Identification (NPI) or Medicaid (MCD) number. Clicking NPI or MCD displays the Provider ID / Number panel, from which users can switch the provider number displayed from NPI to MCD. |
| Provider ID    | Read-only field displays the billing NPI number associated with the user's ID.  |
| Provider Name  | Read-only field associated with the Provider ID field.  |
| Surface        | There is a limit of five surfaces.  |

### 12.4.6 Dental Claim Panel Accessibility

#### 12.4.6.1 To Access the Dental Claim Panel

| Step | Action                | Response              |
|------|-----------------------|-----------------------|
| 1    | Click <b>Claims</b> . | Claims page displays. |

|   |                       |                              |
|---|-----------------------|------------------------------|
| 2 | Click <b>Dental</b> . | Dental Claim panel displays. |
|---|-----------------------|------------------------------|

### 12.4.6.2 To Add on the Dental Claim Panel

| Step | Action  | Response  |
|------|---|---|
| 1    | Enter <b>Recipient ID</b> .   |   |
| 2    | Enter the recipient's <b>Last Name</b> .                                      |   |
| 3    | Enter the recipient's <b>First Name</b> .                                     |   |
| 4    | Enter <b>Patient Account #</b> .  |   |
| 5    | Select <b>Emergency</b> indicator from drop down list.                        |   |
| 6    | Enter <b>POS</b> or click [Search] to select from list.                       | Clicking [Search] activates the POS Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.                   |
| 7    | Select a related cause from the <b>Cause 1</b> drop down list.                |   |
| 8    | Select a related cause from the <b>Cause 2</b> drop down list.                |   |
| 9    | Enter <b>TPL Amount</b> .   |   |
| 10   | Click <b>add</b> in TPL section.  | Activates fields for entry of data or selection from lists.   |
| 11   | Enter <b>Policy Number</b> .  |   |
| 12   | Enter <b>Plan Name</b> .  |   |
| 13   | Select <b>Relationship to Insured</b> from drop down list.                    |   |
| 14   | Enter <b>Carrier Code</b> or click [Search] to select from list.              | Clicking [Search] activates the Carrier Code Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.          |
| 15   | Enter <b>Paid Date</b> .  |   |
| 16   | Enter policy holder <b>Last Name</b> .  |   |
| 17   | Enter policy holder <b>First Name, MI</b> .                                   |   |
| 18   | Enter policy holder <b>Date of Birth</b> .                                    |   |
| 19   | Click <b>add</b> in Detail section.   | Activates fields for entry of data or selection from lists.   |
| 20   | Enter <b>Procedure</b> code or click [Search] to select from list.            | Clicking [Search] activates the Procedure Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.             |
| 21   | Enter <b>Tooth Number</b> .   |   |
| 22   | Select <b>Quadrant</b> from drop down list.                                   |   |
| 23   | Enter <b>Rendering Provider</b> number or click [Search] to select from list. | Clicking [Search] activates the Rendering Provider ID Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel. |

| Step | Action  | Response  |
|------|---|---|
| 24   | Enter <b>DOS</b> .  |   |
| 25   | Enter <b>Units</b> .  |   |
| 26   | Enter <b>Charges</b> .  |   |
| 27   | Enter <b>POS</b> or click [Search] to select from list.                                     | Clicking [Search] activates the POS Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel. |
| 28   | Click <b>add</b> in Surfaces section.   | Activates fields for entry of data or selection from lists.   |
| 29   | Select <b>Surface</b> from drop down list.  |   |
| 30   | Click <b>add</b> in Detail section to add another service line and repeat steps 21 thru 30. | Activates fields for entry of data or selection from lists.   |
| 31   | Click <b>submit</b> .   | Submits dental claim.   |

### 12.4.6.3 To Update on the Dental Claim Panel

| Step | Action  | Response   |
|------|---|--|
| 1    | Click row to update.                            |  |
| 2    | Click in field(s) to update and perform update. |  |
| 3    | Click <b>adjust, void</b> or <b>re-submit</b> . | Submits an adjustment, void or re-submits a denied dental claim. |

## 12.5 Institutional

### 12.5.1 Institutional Claim Panel Narrative

The Institutional panel allows an institutional provider to submit an inpatient, outpatient, long term care (LTC), or crossover claim, and/or adjust or void a paid claim. The user has the capability to enter all of the required information to submit an institutional claim, including multiple detail lines. For a paid claim, the user has the option of updating select fields and re-submitting the claim as an adjustment or to void the claim.

The Institutional Claim panel includes the following sections:

- Institutional Claim
- Diagnosis
- TPL
- Medicare Information
- Detail
- Claim Status Information
- Adjustment Information

- EOB Information

**NOTE:**

The Adjustment Information and EOB Information panels appear after a claim has been submitted.

Click the link to activate and display the following panels. Only one panel can be displayed at a time.

- Condition
- Payer
- Procedure
- Occurrence

Navigation Path: [Claim] – [Institutional] OR [Claim]-[click on Institutional link] OR [Claim] – [Search] - [search for institutional claims]-[select institutional claim from search results]

**NOTE:**

Each field which contains an asterisk represents a required field. Therefore, the claim is not considered complete until those fields have been completed with the appropriate data.

### 12.5.2 Institutional Claim Panel Layout

| Institutional Claim   |  |
|---|--|
| <b>Billing Information</b>  |  |
| ICN   |  |
| Provider ID   | 1770 NPI   |
| Provider Name   | RUSH FOUNDATION HOSPITAL                             |
| Recipient ID*   | <input type="text"/>                                 |
| Last Name*  | <input type="text"/>                                 |
| First Name*   | <input type="text"/>                                 |
| Date of Birth   |  |
| Patient Account #   | <input type="text"/>                                 |
| Medical Record #  | <input type="text"/>                                 |
| Attending Phys*   | <input type="text"/> [ Search ]                      |
| Referring Phys  | <input type="text"/> [ Search ]                      |
| Operating Physician   | <input type="text"/> [ Search ]                      |
| <b>Diagnosis</b>  |  |
| Admitting Diagnosis   | <input type="text"/> [ Search ] <input type="text"/> |
| E-Code  | <input type="text"/> [ Search ] <input type="text"/> |
| Primary Diagnosis   | <input type="text"/> [ Search ] <input type="text"/> |
| Patient Rsn Visit1  | <input type="text"/> [ Search ] <input type="text"/> |
| Patient Rsn Visit2  | <input type="text"/> [ Search ] <input type="text"/> |
| Patient Rsn Visit3  | <input type="text"/> [ Search ] <input type="text"/> |
| <b>Service Information</b>  |  |
| Claim Type*   | <input type="text"/>                                 |
| Service Authorization   | <input type="text"/>                                 |
| Delay Reason  | <input type="text"/>                                 |
| Type Of Bill*   | <input type="text"/>                                 |
| From Date*  | <input type="text"/>                                 |
| To Date*  | <input type="text"/>                                 |
| Patient Status  | <input type="text"/> [ Search ]                      |
| Admission Type  | <input type="text"/> [ Search ]                      |
| Admission Date  | <input type="text"/>                                 |
| Admission Hour  | <input type="text"/>                                 |
| Discharge Time  | <input type="text"/>                                 |
| Covered Days  | <input type="text" value="0"/>                       |
| Non Covered Days  | <input type="text" value="0"/>                       |
| <b>Charges</b>  |  |
| TPL Amount  | \$0.00   |
| Total Charges   | \$0.00   |
| Total Copay   | \$0.00   |
| Total Paid Amount   | \$0.00   |
| District Plan<br><input type="text"/>   |  |
| Click the link below to activate the corresponding panel:<br><a href="#">Condition</a> <a href="#">Procedure</a> <a href="#">Occurrence</a> |  |

| Diagnosis |             |           |             |
|-----------|-------------|-----------|-------------|
| Sequence  | ICD Version | Diagnosis | Description |
| A         | 1           |           |             |

Type data below for new record.

Sequence 1

Diagnosis\*  [ Search ]

---

**TPL**

\*\*\* No rows found \*\*\*

Select row above to update -or- click Add button below.

Policy Number

Plan Name

Relationship to Insured

Carrier Code  [ Search ]

Carrier Name

Payer Respons. Code

Paid Date

Paid Amt

Deductible Amt

CoInsurance Amt

CoPay Amt

Policy Holder

Last Name

First Name, MI

Date of Birth

---

**Detail**

| Item | Status | Revenue Code | HCPCS | Units | Charges | Non Covered Charges | Allowed Amount |
|------|--------|--------------|-------|-------|---------|---------------------|----------------|
| A    | 1      |              |       | 0     | \$0.00  | \$0.00              | \$0.00         |

Type data below for new record.

|                     |                      |                      |                                   |
|---------------------|----------------------|----------------------|-----------------------------------|
| Item                | 1                    | Revenue Code*        | <input type="text"/> [ Search ]   |
| Detail Status       |                      | HCPCS                | <input type="text"/> [ Search ]   |
| From DOS            | <input type="text"/> | Modifier 1           | <input type="text"/> [ Search ]   |
| To DOS              | <input type="text"/> | Modifier 2           | <input type="text"/> [ Search ]   |
| Units*              | 0                    | Modifier 3           | <input type="text"/> [ Search ]   |
| Charges*            | \$0.00               | Modifier 4           | <input type="text"/> [ Search ]   |
| Non Covered Charges | \$0.00               | Units of Measurement | <input type="text" value="Unit"/> |
|                     |                      | Allowed Amount       | \$0.00                            |
|                     |                      | CoPay Amount         | \$0.00                            |

---

**Third Party Payments (Detail Item 1)**

\*\*\* No rows found \*\*\*

Select row above to update -or- click Add button below.

Carrier Code

Paid Date

Paid Amt

Deductible Amt

CoInsurance Amt

CoPay Amt

---

**Claim Status Information**

Claim Status Not Submitted

| Adjustment Information |               |                           |              |          |                   |                       |
|------------------------|---------------|---------------------------|--------------|----------|-------------------|-----------------------|
| ICN                    | Date Adjusted | Claim Status History Date | Claim Status | Location | Adjustment Reason | Adjustment Analyst ID |
| 4402363923643          | 09/10/2002    | 09/13/2002                | DENIED       | 99       | X989              |                       |

| Claim Status Information |               |
|--------------------------|---------------|
| Claim Status             | PAID          |
| Claim ICN                | 4003403402055 |
| Paid Date                | 07/22/2002    |
| Allowed Amount           | \$32.00       |

| EOB Information |      |   |
|-----------------|------|---|
| Detail Number   | Code | Description   |
| 1               | X357 | PAYMENT AMOUNT, IF ANY, REPRESENTS THE MAXIMUM PAYMENT ALLOWED BY MEDICAID. |
| 2               | X357 | PAYMENT AMOUNT, IF ANY, REPRESENTS THE MAXIMUM PAYMENT ALLOWED BY MEDICAID. |
| 3               | X357 | PAYMENT AMOUNT, IF ANY, REPRESENTS THE MAXIMUM PAYMENT ALLOWED BY MEDICAID. |

**NOTE:**  
 Section 10.5.3 acts as a reference guide to further define each field, listed in alphabetical order, and the buttons available on the institutional claim form. Please refer to section 10.5.6.2 for step by step instructions on how to complete the institutional claim form.

### 12.5.3 Institutional Claim Panel Field Descriptions

| Field                 | Description   | Field Type | Data Type        | Length |
|-----------------------|---|------------|------------------|--------|
| add                   | This button is used to add data to a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).      | Button     | N/A              | 0      |
| adjust                | This button submits adjustments for a paid claim.   | Button     | N/A              | 0      |
| cancel                | This button cancels the current operation and discards any changes.   | Button     | N/A              | 0      |
| copy claim            | This button creates a new claim from the current claim.   | Button     | N/A              | 0      |
| delete                | This button is used to delete data from a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail). | Button     | N/A              | 0      |
| re-submit             | This button submits modifications made to a denied claim for adjudication.  | Button     | N/A              | 0      |
| submit                | This button submits a claim for adjudication.   | Button     | N/A              | 0      |
| void                  | This button submits a void request for a paid claim.  | Button     | N/A              | 0      |
| Adjustment Analyst ID | Displays the identification number of the analyst that adjusted the claim. (Read-Only)                                | Field      | Alphanumeric     | 10     |
| Adjustment Reason     | Displays the adjustment reason code. (Read-Only)  | Field      | Number (Integer) | 4      |

| Field                     | Description   | Field Type | Data Type         | Length |
|---------------------------|---|------------|-------------------|--------|
| Admission Date            | Displays the date that the recipient was admitted by the provider for inpatient care, outpatient care or start of care.   | Field      | Date (MM/DD/CCYY) | 10     |
| Admission Hour            | Displays the hour during which the patient was admitted for inpatient or outpatient care, in military time.   | Field      | Number (Integer)  | 4      |
| Admission Type            | Displays the code which indicates the priority of the admission for inpatient or outpatient care.   | Field      | Character         | 2      |
| Admitting Diagnosis       | This field is used for the Admitting Diagnosis Code for Inpatient claims and for the Patient Reason For Visit Diagnosis Code for certain outpatient claims.   | Field      | Character         | 7      |
| Allowed Amount            | Displays the amount approved to pay for services provided to a recipient. (Read-Only)   | Field      | Number (Decimal)  | 9      |
| Attending Phys#           | Displays the identification number of the physician who would be expected to certify and recertify the medical necessity of the services rendered and /or who has primary responsibility for the patient's medical care and treatment.                                    | Field      | Alphanumeric      | 10     |
| Carrier Code              | Displays the 5-digit carrier code that identifies the recipient's third party liability's insurance plan.   | Field      | Number (Integer)  | 5      |
| Carrier Name              | Displays the carrier name based on the carrier code entered. (Read-Only)  | Field      | Character         | 45     |
| Charges                   | Displays the usual and customary charge for the service provided.   | Field      | Number (Decimal)  | 13     |
| Claim ICN                 | Displays the claim's internal control number (ICN) issued by Medicaid. (Read-Only)  | Field      | Number (Integer)  | 13     |
| Claim Status              | Indicates the status after adjudication. Possible values are PAID, DENIED, SUSPENDED or ADJUSTED. The status of "Adjusted" reflects this claim is no longer paid. Refer to the Adjustment Information panel for claims which have reprocessed per the Adjustment process. | Field      | N/A               | 0      |
| Claim Status History Date | Displays the original claim date before the claim was adjusted. (Read-Only)   | Field      | Date (MM/DD/CCYY) | 10     |

| Field              | Description   | Field Type | Data Type          | Length |
|--------------------|---|------------|--------------------|--------|
| Claim Type         | Displays the code and description that specifies the type of claim. Note: Long Term Care Crossover claims are listed as claim type A – UB04 Inst Xover Claims.  | Combo Box  | Drop Down List Box | 0      |
| CoPay Amount       | Displays the amount recipient is to pay for service rendered. (Read-Only)   | Field      | Number (Decimal)   | 9      |
| Code               | Displays the explanation of benefits code. (Read-Only)  | Field      | Number (Integer)   | 4      |
| Coinsurance Amount | Displays the amount which represents the recipients' coinsurance payment.   | Field      | Number (Decimal)   | 8      |
| Coinsurance Days   | Displays the amount of coinsurance days used during the inpatient stay on this claim.   | Field      | Number (Integer)   | 5      |
| Condition          | Displays the code used to identify conditions relating to a UB04 claim that may affect payer processing.  | Field      | Character          | 2      |
| CoPay Amt          | Copay amount the third party payer applied to this claim.   | Field      | Number(Decimal)    | 10     |
| Covered Days       | Displays the number of days covered for the statement period of the claim.  | Field      | Number (Integer)   | 5      |
| Date Adjusted      | Displays the date the claim was adjusted. (Read-Only)   | Field      | Date (MM/DD/CCYY)  | 10     |
| Date of Birth      | Header: Displays the recipient's date of birth. (Read-Only and defaulted.) TPL: Displays the date of birth of the third party policy holder.  | Field      | Date (MM/DD/CCYY)  | 10     |
| Deductible Amount  | Displays the amount the recipient must pay before Medicare.   | Field      | Number (Decimal)   | 8      |
| Delay Reason       | Displays the delay reason codes that are used by specific Medicaid providers. These do not affect hospitals, State Mental Health or Nursing Home providers. These delay reasons cannot override claims over the year past filing limit. | Combo Box  | Drop Down List Box | 0      |
| Denied Date        | Displays the date the claim was denied. (Read-Only)   | Field      | Date (MM/DD/CCYY)  | 10     |
| Description        | Displays the explanation of benefits description. (Read-Only)   | Field      | Alphanumeric       | 79     |
| Detail             | Displays the line item detail number of the claim. (Read-Only)  | Field      | Number (Integer)   | 2      |

| Field           | Description   | Field Type | Data Type         | Length |
|-----------------|---|------------|-------------------|--------|
| Detail Number   | Displays the line item detail number of the claim. (Read-Only)  | Field      | Number (Integer)  | 2      |
| Detail Status   | Displays the status of the detail line. (Read-Only).  | Field      | Alphanumeric      | 10     |
| Diagnosis       | Displays the diagnosis code.  | Field      | Character         | 7      |
| Discharge Time  | Displays the discharge time.  | Field      | Number (Integer)  | 4      |
| District Plan   | Displays the district code that identifies the type of encounter. H01 – H08 identifies a Partnership Hospital Program claim. P01 – P14 identifies a Maternity Care claim. (Read-Only) | Field      | Alphanumeric      | 5      |
| Drug Unit Price | Price per unit of product.  | Field      | Number(Integer)   | 19     |
| E-code          | Displays the E-code.  | Field      | Character         | 7      |
| First Name      | Displays the first name of the recipient.   | Field      | Character         | 35     |
| First Name, MI  | Displays the first name and middle initial of third party policy holder.  | Field      | Character         | 35     |
| From DOS        | Displays the beginning date on which service was provided.  | Field      | Date (MM/DD/CCYY) | 10     |
| From Date       | Displays the date on which the statement period on the claim began. Occurrence: The date when the occurrence code began.  | Field      | Date (MM/DD/CCYY) | 10     |
| HCPCS           | Displays the code that identifies the service that was provided.  | Field      | Alphanumeric      | 6      |
| ICD Version     | Code to denote which version of the ICD diagnosis code set is being referenced. The valid values will be '9' for ICD-9 and '0' for ICD-10.  | Field      | Character         | 1      |
| ICN             | Displays the claim's internal control number (ICN) issued by Medicaid. (Read-Only)  | Field      | Number (Integer)  | 13     |
| Item            | Displays the line item number. (Read-Only)  | Field      | Number (Integer)  | 3      |
| Last Name       | Displays the last name of the recipient. TPL: Displays the last name of third party policy holder.  | Field      | Character         | 60     |

| Field                   | Description   | Field Type | Data Type         | Length |
|-------------------------|---|------------|-------------------|--------|
| Lifetime Reserve Days   | Displays the amount of lifetime reserve days used during the inpatient stay on this claim. Under Medicare, each beneficiary has a lifetime reserve of 60 additional days of inpatient hospital services after using 90 days of inpatient hospital services during a spell of illness. | Field      | Number (Integer)  | 5      |
| Location                | Displays the place of service (POS) where the service was rendered.   | Field      | Number (Integer)  | 2      |
| Medical Record#         | Displays the medical record number assigned to the recipient by the provider for the service that was performed.  | Field      | Alphanumeric      | 50     |
| Medicare Allowed Amount | Displays the amount allowed by Medicare.  | Field      | Number (Decimal)  | 10     |
| Medicare Paid Amount    | Displays the amount paid by Medicare.   | Field      | Number (Decimal)  | 10     |
| Medicare Paid Date      | Displays the date Medicare paid for the services rendered.  | Field      | Date (MM/DD/CCYY) | 10     |
| Modifier 1              | Displays the first modifier when applicable.  | Field      | Number (Integer)  | 2      |
| Modifier 2              | Displays the second modifier when applicable.   | Field      | Number (Integer)  | 2      |
| Modifier 3              | Displays the third modifier when applicable.  | Field      | Number (Integer)  | 2      |
| Modifier 4              | Displays the fourth modifier when applicable.   | Field      | Number (Integer)  | 2      |
| NDC                     | This is the National Drug Code.   | Field      | Character         | 16     |
| NDC Sequence Number     | The number of the detail on a claim record. (Read Only)   | Field      | Number(Integer)   | 4      |
| Non Covered Charges     | Displays the amount not covered by insurance.   | Field      | Number (Decimal)  | 8      |
| Non Covered Days        | Displays the number of days not covered for the statement period of the claim.  | Field      | Number (Integer)  | 5      |
| Occurrence              | Displays the code identifying a significant event relating to this bill that may affect payer processing.   | Field      | Character         | 2      |
| Operating Physician     | Displays the identification number of other physician who performed services.   | Field      | Alphanumeric      | 10     |
| Paid Amt                | The total paid amount for this claim by the Third Party Payer.  | Field      | Number (Decimal)  | 10     |

| Field                  | Description   | Field Type | Data Type          | Length |
|------------------------|---|------------|--------------------|--------|
| Paid Date              | Displays the date the claim was billed and paid. (Read-Only) Medicare: Displays the date Medicare paid for the services. TPL: Displays the date third party policy paid for the services. | Field      | Date (MM/DD/CCYY)  | 10     |
| Patient Account#       | Displays the identification for a recipient assigned by a provider and used in their system.  | Field      | Alphanumeric       | 38     |
| Patient Rsn Visit1     | This field is used for the Patient Reason Visit1 Code for outpatient claims.  | Field      | Character          | 7      |
| Patient Rsn Visit2     | This field is used for the Patient Reason Visit2 Code for outpatient claims.  | Field      | Character          | 7      |
| Patient Rsn Visit3     | This field is used for the Patient Reason Visit3 Code for outpatient claims.  | Field      | Character          | 7      |
| Patient Status         | Displays the code which indicates the status of the recipient as of the ending service date of the period covered on a UB04 claim.  | Field      | Alphanumeric       | 2      |
| Payer                  | Displays if the payer is Medicaid, Medicare, or other third party.  | Combo Box  | Drop Down List Box | 0      |
| Payer Respons. Code    | Value identifying the third payer's level of responsibility on this claim.  | Combo Box  | Drop Down List Box | 0      |
| Plan Name              | Displays the third party liability's plan name.   | Field      | Alphanumeric       | 60     |
| Policy Number          | Displays the third party liability's policy number.   | Field      | Alphanumeric       | 30     |
| PoA Indicator          | Displays the PoA indicator associated to diagnosis code for UB92 claims   | Combo Box  | Alphanumeric       | 1      |
| Prescription Number    | The prescription number.  | Field      | Character          | 50     |
| Prescription Qualifier | The Prescription Qualifier.   | Combo Box  | Character          | 3      |
| Primary Diagnosis      | Displays the Primary Diagnosis code.  | Field      | Character          | 7      |
| Primary NDC            | Indicates the selected NDC, is the primary NDC.   | Check Box  | N/A                | 0      |
| Prior Payment          | Displays the amount that has been received prior to this billing from this payer.   | Field      | Number (Decimal)   | 9      |
| Procedure              | Displays the surgical code which identifies the service provided.   | Field      | Character          | 7      |

| Field                   | Description  | Field Type | Data Type          | Length |
|-------------------------|--|------------|--------------------|--------|
| Procedure Date          | Displays the date on which the surgical procedure code was performed.                                    | Field      | Date (MM/DD/CCYY)  | 10     |
| Provider ID             | Displays the National Provider Identification number of the billing provider. (Read-Only and Defaulted.) | Field      | Alphanumeric       | 10     |
| Provider Name           | Displays the name of the billing provider. (Read Only and defaulted on header panel.)                    | Field      | Alphanumeric       | 15     |
| Recipient ID            | Displays the recipient's Medicaid identification number.   | Field      | Number (Integer)   | 13     |
| Referring Phys          | Displays the identification number of the referring physician.   | Field      | Alphanumeric       | 10     |
| Relationship to Insured | Displays the third party liability's insured relationship.   | Combo Box  | Drop Down List Box | 0      |
| Revenue Code            | Displays the code which identifies a specific accommodation, ancillary service or billing calculation.   | Field      | Character          | 4      |
| Sequence                | Displays the sequence number which indicates the position in which the information occurs on the claim.  | Label      | Alphanumeric       | 2      |
| Service Authorization   | Displays the type of maternity override or if the service was due to an emergency.                       | Combo Box  | Drop Down List Box | 0      |
| TPL Amount              | Displays the dollar amount paid by a third party liability insurance. (Read-Only)                        | Field      | Number (Decimal)   | 15     |
| To DOS                  | Displays the ending date on which service was provided.  | Field      | Date (MM/DD/CCYY)  | 10     |
| To Date                 | Displays the date on which the statement period on the claim ended.                                      | Field      | Date (MM/DD/CCYY)  | 10     |
| Total Charges           | Displays the total amount charged for the claim. (Read-Only and calculated from Detail Charges.)         | Field      | Number (Decimal)   | 13     |
| Total Copay             | Displays the total amount recipient is to pay for services rendered. (Read-Only)                         | Field      | Number (Decimal)   | 9      |
| Total Paid Amount       | Displays the total amount paid. (Read-Only).   | Field      | Number (Decimal)   | 13     |
| Type Of Bill            | Displays bill type on a UB04 claim form.   | Field      | Alphanumeric       | 3      |
| Units of Measurement    | Displays the measurement of units. (Read-Only)   | Combo Box  | Drop Down List Box | 0      |
| Units                   | Displays the units of service on this detail.  | Field      | Number (Integer)   | 6      |

| Field                    | Description   | Field Type | Data Type        | Length |
|--------------------------|---|------------|------------------|--------|
| UOM                      | Code specifying the units in which a value is being expressed.                    | Combo Box  | Character        | 0      |
| Unit Quantity Calculated | This is the unit quantity calculated.   | Field      | Number (Integer) | 18     |
| Unit Quantity Submitted  | This is the unit count that the provider submitted. The Drug – not HCPCS – units. | Field      | Number (Integer) | 18     |

### 12.5.4 Institutional Panel Field Edit Error Codes

| Field          | Error Message   | To Correct  |
|----------------|---|---|
| adjust         | Adjust was successful. See Claim Status Information for details.              | Ensures that the claim adjustment request was sent successfully and status details can be viewed on the Claim Status Information panel. |
| copy claim     | Copy was successful.  | Ensures that the copy was successful and modifications can be made prior to submission.   |
| submit         | Submit was successful. See Claim Status Information for details.              | Ensures that the claim was sent successfully and status details can be viewed on the Claim Status Information panel.                    |
| void           | Void was successful. See Claim Status Information for details.                | Ensures that the claim was sent successfully and status details can be viewed on the Claim Status Information panel.                    |
| Admission Date | Admission Date is required for the selected Claim Type.                       | Enter the Admission Date when the claim type is Inpatient, Long Term Care or Inpatient Crossover.                                       |
|                | Admission Date must be less than or equal to Today.                           | Ensure that the date is on or before today's date.  |
| Admission Hour | Admission Hour must be Numeric.   | Enter a 4 digit numeric value represent time.   |
|                | Admission Hour must be 4 character(s) in length.                              | Ensure the Admission Hour is valid and in HHMM format.  |
|                | Admission Hour is required for the selected Claim Type and Type of Bill.      | Enter the Admission Hour when the claim type is Inpatient Crossover and the Type of Bill begins with '1'.                               |
| Admission Type | Admission Type is required for the selected Claim Type and Type of Bill.      | Enter the Admission Type when the claim type is Inpatient Crossover and the Type of Bill begins with '1'.                               |
|                | Admission Type contains an invalid value.                                     | Enter a valid Admission Type.   |
| Admission Type | Admission Type is required for the selected Claim Type and Type of Bill.      | Enter the Admission Type when the claim type is Inpatient Crossover and the Type of Bill begins with '1'.                               |
| All fields     | Invalid number / Invalid date / Invalid character data / Invalid alphanumeric | Ensure that the field matches the data type as documented in the field descriptions above.  |

| Field              | Error Message   | To Correct  |
|--------------------|---|---|
|                    | data.   | Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 - 9. |
|                    | Field exceeds max length.                                   | Ensure that the field matches the field lengths as documented in the field descriptions above.  |
|                    | Exceeded maximum number of details.                         | Enter a claim with 999 detail lines or less.  |
| Attending Phys     | Attending Phys is required.                                 | Enter a valid Attending Physician.  |
|                    | A valid Attending Physician is required.                    | Enter a valid Attending Physician.  |
| Carrier Code       | Carrier Code is required.                                   | Enter a valid Carrier Code.   |
| Charges            | Charges must be less than or equal to 99999999.99.          | Ensure the amount is not greater than \$9,999,999.99.   |
|                    | Charges must be greater than or equal to 0.01.              | Ensure that the amount is greater than or equal to 0.01.  |
|                    | Charges are required.                                       | Enter the detail charges.   |
| Claim Type         | A valid Claim Type is required.                             | Enter a valid Claim Type.   |
| Coinsurance Amount | Coinsurance Amount must be less than or equal to 999999.99. | Ensure that the amount is not greater than \$999,999.99.  |
|                    | Coinsurance Amount must be greater than or equal to 0.      | Ensure that the amount is greater than or equal to 0.   |
| Coinsurance Days   | Coinsurance Days must be greater than or equal to 0.        | Ensure that the amount is greater than or equal to 0.   |
|                    | Coinsurance Days must be less than or equal to 9999.99.     | Ensure that the number of days is not greater than 9999.  |
| Condition          | A valid Condition is required.                              | Enter a valid condition if adding Conditions.   |
| Covered Days       | Covered Days must be less than or equal to 9999.            | Ensure that the number of days is not greater than 9999.  |
|                    | Covered Days is required for the selected Claim Type.       | Enter the Covered Days when the claim type is Inpatient, Long Term Care or Inpatient Crossover.   |
| Date of Birth      | Date of Birth is required.                                  | Enter a date of birth in the TPL panel.   |
|                    | Date of Birth must be less than or equal to Today.          | Ensure that the Date of Birth, on the TPL panel, is on or before today's date.  |
|                    | Date of Birth must be greater than or equal to 01/01/1900.  | Enter a Date of Birth greater than or equal to 01/01/1900.  |
|                    | Date of Birth must be less than or equal to 12/31/2299.     | Enter a Date of Birth less than or equal to 12/31/2299.   |
| Deductible Amount  | Deductible Amount must be less than or equal to 999999.99.  | Ensure that the amount is not greater than \$999,999.99.  |

| Field                   | Error Message  | To Correct  |
|-------------------------|--|---|
|                         | Deductible Amount must be greater than or equal to 0.                  | Ensure that the amount is greater than or equal to 0.                                   |
| Diagnosis               | A valid Diagnosis is required.   | Enter a valid diagnosis code.   |
| Discharge Time          | Discharge Time is not valid.   | Ensure the Discharge Time is valid and in HHMM format.                                  |
| First Name              | First Name is required.  | Enter the recipient's first name.   |
| First Name, MI          | First Name is required.  | Enter a first name when TPL is applicable.  |
| From DOS                | From DOS must be less than or equal to To DOS.                         | Ensure From DOS is less than or equal to the To DOS.                                    |
|                         | From DOS must be less than or equal to Today.                          | Ensure that the date is on or before today's date.                                      |
|                         | From DOS must be greater than or equal to 1/1/1990.                    | Enter a From date of service that is greater than or equal to 1/1/1990.                 |
|                         | From DOS must be less than or equal to 12/31/2299.                     | Enter a From date of service that is less than or equal to 12/31/2299.                  |
| From Date               | From Date is required.   | Enter a from date.  |
|                         | From Date must be less than or equal to To Date.                       | Ensure From Date is less than or equal to the To Date.                                  |
|                         | From Date must be less than or equal to Today.                         | Ensure that the date is on or before today's date.                                      |
|                         | From Date must be greater than or equal to 01/01/1990.                 | Ensure From Date is greater than or equal to 01/01/1990.                                |
|                         | From Date must be less than or equal to 12/31/2299.                    | Ensure From Date is less than or equal to 12/31/2299.                                   |
| HCPCS                   | HCPCS contains an invalid value.                                       | Enter a valid HCPCS code.   |
| ICD Version             | ICD Version for Diagnosis and Procedure codes should be the same type. | Ensure version type of all diagnosis codes and Procedure codes are same.                |
| Last Name               | Last Name is required.   | Header: Enter the recipient's last name. TPL: Enter a last name when TPL is applicable. |
| Lifetime Reserve Days   | Lifetime Reserve Days must be greater than or equal to 0.              | Ensure that the amount is greater than or equal to 0.                                   |
|                         | Lifetime Reserve Days must be less than or equal to 9999.99.           | Ensure that the number of days is not greater than 9999.                                |
| Medicare Allowed Amount | Medicare Allowed Amount must be less than or equal to 99999999.99.     | Ensure that the amount is not greater than \$99,999,999.99.                             |
|                         | Medicare Allowed Amount must be  | Ensure that the amount is greater than or equal to 0.                                   |

| Field                | Error Message  | To Correct   |
|----------------------|--|--|
|                      | greater than or equal to 0.  |  |
| Medicare Paid Amount | Medicare Paid Amount must be less than or equal to 99999999.99.                          | Ensure that the amount is not greater than \$99,999,999.99.            |
|                      | Medicare Paid Amount must be greater than or equal to 0.                                 | Ensure that the amount is greater than or equal to 0.                  |
| Medicare Paid Date   | Medicare Paid Date is required.  | Enter a Medicare Paid Date when crossover information is entered.      |
|                      | Medicare Paid Date must be greater than or equal to 01/01/1900.                          | Enter a Medicare Paid Date greater than or equal to 01/01/1900.        |
|                      | Medicare Paid Date must be less than or equal to 12/31/2299.                             | Enter a Medicare Paid Date less than or equal to 12/31/2299.           |
|                      | Medicare Paid Date must be less than or equal to Today.                                  | Ensure that the date is on or before today's date.                     |
| Modifier 1           | Modifier 1 contains an invalid value.  | Enter a valid Modifier Code.   |
| Modifier 2           | Modifier 2 contains an invalid value.  | Enter a valid Modifier Code.   |
|                      | Modifiers must be entered in sequence and no blank Modifiers are allowed between values. | Enter modifiers in sequence and do not skip modifier fields.           |
| Modifier 3           | Modifier 3 contains an invalid value.  | Enter a valid Modifier Code.   |
|                      | Modifiers must be entered in sequence and no blank Modifiers are allowed between values. | Enter modifiers in sequence and do not skip modifier fields.           |
| Modifier 4           | Modifier 4 contains an invalid value.  | Enter a valid Modifier Code.   |
|                      | Modifiers must be entered in sequence and no blank Modifiers are allowed between values. | Enter modifiers in sequence and do not skip modifier fields.           |
| NDC                  | NDC contains invalid characters. Please enter only Numeric characters in this field.     | Enter a NDC number that does not contain special characters.           |
|                      | NDC is required. Please type or select a valid NDC.                                      | Enter a valid National Drug Code, or select one from the Search panel. |
| Non Covered Charges  | Non Covered Charges must be less than or equal to 999999.99.                             | Ensure the amount is not greater than \$999,999.99.                    |
|                      | Non Covered Charges must be greater than or equal to 0.                                  | Ensure that the amount is greater than or equal to 0.                  |
| Non Covered Days     | Non Covered Days must be less than or equal to 9999.                                     | Ensure that the number of days is not greater than 9999.               |
| Occurrence Code      | A valid Occurrence Code is required.   | Enter a valid Occurrence Code if Occurrence is being added.            |
| Operating Physician  | A valid Operating Physician is required.   | Enter a valid Operating Physician.                                     |

| Field                   | Error Message  | To Correct  |
|-------------------------|--|---|
| Paid Date               | Paid Date is required.   | Enter a Paid Date when TPL is being entered.  |
|                         | Paid Date must be greater than or equal to 01/01/1900.                   | Enter a Paid Date greater than or equal to 01/01/1900.  |
|                         | Paid Date must be less than or equal to 12/31/2299.                      | Enter a Paid Date less than or equal to 12/31/2299.   |
|                         | Paid Date must be less than or equal to Today.                           | Ensure that the date is on or before today's date.  |
| Patient Status          | Patient Status is required for the selected Claim Type.                  | Enter the Patient Status when the claim type is Inpatient, Long Term Care or Inpatient Crossover. |
|                         | Patient Status contains an invalid value.                                | Enter a valid Patient Status.   |
| Payer                   | Payer is required.   | Enter a valid payer if adding Payers.   |
| Plan Name               | Plan Name is required.   | Enter a Plan Name when TPL is being entered.  |
| Policy Number           | Policy Number is required.   | Enter a Policy Number when TPL is being entered.  |
| Prescription Number     | Prescription Number is required when Prescription Qualifier is selected. | Enter Prescription Number when you have Prescription Qualifier selected.                          |
| Prescription Qualifier  | Prescription Qualifier is required when Prescription Number is entered.  | Select Prescription Qualifier from the drop down when you entered Prescription Number.            |
| Prior Payment           | Prior Payment must be greater than \$0.00.                               | Ensure that the amount is greater than 0.   |
|                         | Prior Payment must be greater than or equal to \$0.00.                   | Ensure that the amount is greater than or equal to 0.   |
|                         | Prior Payment must be less than or equal to 9999999.99.                  | Ensure that the amount is not greater than \$9,999,999.99.  |
| Procedure               | A valid Procedure is required.   | Enter a valid ICD procedure.  |
| Procedure Date          | Procedure Date must be less than or equal to Today.                      | Ensure that the date is on or before today's date.  |
|                         | Procedure Date must be greater than or equal to 1/1/1990.                | Enter a Procedure Date that is greater than or equal to 1/1/1990.                                 |
|                         | Procedure Date must be less than or equal to 12/31/2299.                 | Enter a Procedure Date that is less than or equal to 12/31/2299.                                  |
| Recipient ID            | Recipient ID is required and must be 13 digits.                          | Enter a valid 13 digit Recipient ID.  |
| Referring Physician     | A valid Referring Phys is required.                                      | Enter a valid Referring Physician.  |
| Relationship to Insured | Relationship to Insured is required.                                     | Select a Relationship to Insured when TPL is applicable.  |
| Revenue Code            | A valid Revenue Code is required.  | Enter a valid Revenue Code.   |

| Field         | Error Message   | To Correct  |
|---------------|---|---|
| TPL Amount    | TPL Amount must be less than or equal to 9999999.99.        | Ensure that the amount is not greater than \$999,999.99.              |
|               | TPL Amount must be greater than or equal to 0.              | Ensure that the amount is greater than or equal to 0.                 |
| To DOS        | To DOS must be less than or equal to Today.                 | Ensure that the date is on or before today's date.                    |
|               | To DOS must be greater than or equal to 1/1/1990.           | Enter a To date of service that is greater than or equal to 1/1/1990. |
|               | To DOS must be less than or equal to 12/31/2299.            | Enter a To date of service that is less than or equal to 12/31/2299.  |
| To Date       | To Date is required.  | Enter a To Date at the header. The Occurrence To Date is optional.    |
|               | From Date must be less than or equal to To Date.            | Ensure From Date is less than or equal to the To Date.                |
|               | To Date must be less than or equal to Today.                | Ensure that the date is on or before today's date.                    |
|               | To Date must be greater than or equal to 1/1/1990.          | Ensure To Date is greater than or equal to 1/1/1990.                  |
|               | To Date must be less than or equal to 12/31/2299.           | Ensure To Date is less than or equal to 12/31/2299.                   |
| Total Charges | Total Charges must be less than or equal to 9999999.99.     | Ensure the amount is not greater than \$9,999,999.99.                 |
| Type Of Bill  | Type Of Bill is required.                                   | Enter a valid Type of Bill.   |
|               | Type Of Bill must be at least 3 characters in length.       | Enter a valid Type of Bill.   |
|               | Type Of Bill is not valid.                                  | Enter a valid Type of Bill.   |
| Unit Rate     | Unit Rate Amount must be less than or equal to 999999.9999. | Ensure that the amount is not greater than \$999,999.9999.            |
|               | Unit Rate must be greater than or equal to 0.               | Ensure that the amount is greater than or equal to 0.                 |
| Units         | Units must be less than or equal to 999999999999.999.       | Ensure the units billed are not greater than 999,999,999,999.999.     |
|               | Units must be greater than 0.01.                            | Ensure that the amount is greater than or equal to 0.01.              |
|               | Units are required.   | Enter the detail units.   |

### 12.5.5 Institutional Claim Panel Extra Features

| Field        | Field Type   |
|--------------|--|
| Carrier Name | Read-only field displays after Carrier Code field populated. |

| Field         | Field Type  |
|---------------|---|
| Date of Birth | Read-only field displays after Recipient ID field populated.  |
| NPI or MCD    | Hyperlink appears after the Attending Phys, Referring Phys or Operating Physician field(s) is populated with a valid NPI number. The NPI or MCD link indicates the provider number type displayed in the main panel: National Provider Identification (NPI) or Medicaid (MCD) number. Clicking NPI or MCD displays the Provider ID / Number panel, from which users can switch the provider number displayed from NPI to MCD. |
| Provider ID   | Read-only field displays the billing NPI number associated with the user's ID.  |
| Provider Name | Read-only field associated with the Provider ID field.  |

## 12.5.6 Institutional Claim Panel Accessibility

### 12.5.6.1 To Access the Institutional Claim Panel

| Step | Action                       | Response                            |
|------|------------------------------|-------------------------------------|
| 1    | Click <b>Claims</b> .        | Claims page displays.               |
| 2    | Click <b>Institutional</b> . | Institutional Claim panel displays. |

### 12.5.6.2 To Add on the Institutional Claim Panel

| Step | Action   | Response  |
|------|--|---|
| 1    | Enter <b>Recipient ID</b> .  |   |
| 2    | Enter the recipient's <b>Last Name</b> .   |   |
| 3    | Enter the recipient's <b>First Name</b> .  |   |
| 4    | Enter <b>Patient Account #</b> .   |   |
| 5    | Enter <b>Medical Record #</b> .  |   |
| 6    | Enter <b>Attending Phys</b> or click [Search] to select from list.                                   | Clicking [Search] activates the Attending Phys Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.      |
| 7    | Enter <b>Referring Phys</b> or click [Search] to select from list.                                   | Clicking [Search] activates the Referring Phys Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.      |
| 8    | Enter <b>Operating Physician</b> or click [Search] to select from list.                              | Clicking [Search] activates the Operating Physician Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel. |
| 9    | Enter <b>Admitting Diagnosis</b> or Patient Reason for Visit and click [Search] to select from list. | Clicking [Search] activates the Admitting Diagnosis Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel. |
| 10   | Select <b>Claim Type</b> from drop down list.  |   |
| 11   | Select <b>Service Authorization</b> from drop down list.   |   |

| Step | Action  | Response   |
|------|---|--|
| 13   | Select <b>Delay Reason</b> from drop down list.   |  |
| 14   | Enter <b>Type Of Bill</b> .   |  |
| 15   | Enter <b>From Date</b> .  |  |
| 16   | Enter <b>To Date</b> .  |  |
| 17   | Enter <b>Patient Status</b> or click [Search] to select from list.                          | Clicking [Search] activates the Patient Status Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel. |
| 18   | Enter <b>Admission Type</b> or click [Search] to select from list.                          | Clicking [Search] activates the Admission Type Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel. |
| 19   | Enter <b>Admission Date</b> .   |  |
| 20   | Enter <b>Admission Hour</b> .   |  |
| 21   | Enter <b>Discharge Time</b> .   |  |
| 22   | Enter <b>Covered Days</b> .   |  |
| 23   | Enter <b>Non Covered Days</b> .   |  |
| 24   | Click <b>Condition</b> .  | Condition panel displays. Please refer to section 10.6.6.2 for step by step instructions on how to complete the Condition panel.         |
| 25   | Click <b>Payer</b> .  | Payer panel displays. Please refer to section 10.7.6.2 for step by step instructions on how to complete the Condition panel.             |
| 26   | Click <b>Procedure</b> .  | Procedure panel displays. Please refer to section 10.8.6.2 for step by step instructions on how to complete the Condition panel.         |
| 27   | Click <b>Occurrence</b> .   | Occurrence panel displays. Please refer to section 10.9.6.2 for step by step instructions on how to complete the Condition panel.        |
| 28   | Enter <b>Sequence</b> .   |  |
| 29   | Enter <b>Diagnosis</b> or click [Search] to select from list.                               | Clicking [Search] activates the Diagnosis Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.      |
| 30   | Click <b>add</b> in Diagnosis section to add another diagnosis and repeat steps 28 thru 29. | Activates fields for entry of data or selection from lists.  |
| 31   | Click <b>add</b> in TPL section.  | Activates fields for entry of data or selection from lists.  |
| 32   | Enter <b>Policy Number</b> .  |  |
| 33   | Enter <b>Plan Name</b> .  |  |
| 34   | Select <b>Relationship to Insured</b> from drop down list.                                  |  |
| 35   | Enter <b>Carrier Code</b> or click [Search] to  | Clicking [Search] activates the Carrier Code Search panel. Refer to Chapter 14 for additional  |

| Step | Action  | Response   |
|------|---|--|
|      | select from list.   | information regarding this pop-up panel.   |
| 36   | Select <b>Payer Respons. Code</b> from drop down list.                                      |  |
| 37   | Enter TPL <b>Paid Date</b> .  |  |
| 38   | Enter policy holder <b>Last Name</b> .  |  |
| 39   | Enter policy holder <b>First Name, MI</b> .   |  |
| 40   | Enter policy holder <b>Date of Birth</b> .  |  |
| 41   | Click <b>add</b> in TPL section to add another TPL carrier and repeat steps 32 thru 39.     | Activates fields for entry of data or selection from lists.  |
| 42   | Enter <b>Medicare Paid Date</b> .   |  |
| 43   | Enter <b>Medicare Allowed Amount</b> .  |  |
| 44   | Enter <b>Medicare Paid Amount</b> .   |  |
| 45   | Enter <b>Lifetime Reserve Days</b> .  |  |
| 46   | Enter <b>Deductible Amount</b> .  |  |
| 47   | Enter <b>Coinsurance Amount</b> .   |  |
| 48   | Enter <b>Coinsurance Days</b> .   |  |
| 49   | Enter <b>From DOS</b> .   |  |
| 50   | Enter <b>To DOS</b> .   |  |
| 51   | Enter <b>Units</b> .  |  |
| 52   | Enter <b>Charges</b> .  |  |
| 53   | Enter <b>Non Covered Charges</b> .  |  |
| 54   | Enter <b>Revenue Code</b> or click [Search] to select from list.                            | Clicking [Search] activates the Revenue Code Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel. |
| 55   | Enter <b>HCPCS</b> or click [Search] to select from list.                                   | Clicking [Search] activates the HCPCS Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.        |
| 56   | Enter <b>Unit Rates</b> .   |  |
| 57   | Enter <b>Modifiers</b> or click [Search] to select from list.                               | Clicking [Search] activates the Modifiers Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.    |
| 58   | Click <b>add</b> in Detail section to add another service line and repeat steps 48 thru 56. | Activates fields for entry of data or selection from lists.  |
| 59   | Click <b>submit</b> .   | Submits institutional claim.   |

### 12.5.6.3 To Update on the Institutional Claim Panel

| Step | Action               | Response |
|------|----------------------|----------|
| 1    | Click row to update. |          |

| Step | Action  | Response  |
|------|---|---|
| 2    | Click in field(s) to update and perform update. |   |
| 3    | Click <b>adjust, void</b> or <b>re-submit</b> . | Submits an adjustment, void or re-submits a denied institutional claim. |

## 12.6 Condition Panel

### 12.6.1 Condition Panel Narrative

The Condition panel allows users to add condition information to an institutional claim.

Navigation Path: [Claims] – [Institutional] – [Condition]

#### NOTE:

Each field which contains an asterisk represents a required field after a user has clicked on 'add'. Therefore, the claim is not considered complete until those fields have been completed with the appropriate data. If you do not wish to complete these fields, click 'delete'.

### 12.6.2 Condition Panel Layout

The screenshot shows a web interface for adding a condition. At the top, there is a table with columns: Sequence, Condition, and Description. Below the table, there is a text input area with the prompt "Type data below for new record." and a search button. At the bottom, there are two input fields labeled "Sequence\*" and "Condition\*", followed by a search button and two buttons labeled "delete" and "add".

### 12.6.3 Condition Panel Field Descriptions

| Field     | Description   | Field Type | Data Type        | Length |
|-----------|---|------------|------------------|--------|
| add       | This button is used to add data to a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).      | Button     | N/A              | 0      |
| delete    | This button is used to delete data from a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail). | Button     | N/A              | 0      |
| Condition | Displays the code used to identify conditions relating to a UB04 claim that may affect payer processing.              | Field      | Character        | 2      |
| Sequence  | Displays the sequence number which indicates the position in which the information occurs on the claim.               | Field      | Number (Integer) | 2      |

### 12.6.4 Condition Panel Field Edit Error Codes

| Field     | Error Message                                | To Correct  |
|-----------|--|---|
| Condition | A valid Condition is required.               | Enter a valid condition if adding Conditions.           |
| Sequence  | Sequence is required.                        | Enter a valid Sequence number.                          |
|           | Sequence must be greater than or equal to 1. | Ensure that the Sequence is greater than or equal to 1. |
|           | Sequence must be Numeric.                    | Ensure the Sequence is numeric.                         |

| Field | Error Message                 | To Correct               |
|-------|-------------------------------|--------------------------|
|       | Sequence contains duplicates. | Enter a unique Sequence. |

### 12.6.5 Condition Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 12.6.6 Condition Panel Accessibility

#### 12.6.6.1 To Access the Condition Panel

| Step | Action                       | Response                            |
|------|------------------------------|-------------------------------------|
| 1    | Click <b>Claims</b> .        | Claims page displays.               |
| 2    | Click <b>Institutional</b> . | Institutional Claim panel displays. |
| 3    | Click <b>Condition</b> .     | Condition panel displays.           |

#### 12.6.6.2 To Add on the Condition Panel

| Step | Action  | Response  |
|------|---|---|
| 1    | Click <b>add</b> .  | Activates fields for entry of data or selection from lists.   |
| 2    | Enter <b>Sequence</b> .                                       |   |
| 3    | Enter <b>Condition</b> or click [Search] to select from list. | Clicking [Search] activates the Condition Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel. |
| 4    | Click <b>submit</b> .   | Submits institutional claim.  |

#### 12.6.6.3 To Update on the Condition Panel

| Step | Action  | Response                     |
|------|---|------------------------------|
| 1    | Click row to update.                            |                              |
| 2    | Click in field(s) to update and perform update. |                              |
| 3    | Click <b>submit</b> .                           | Submits institutional claim. |

## 12.7 Payer

### 12.7.1 Payer Panel Narrative

The Payer panel allows users to add payer information to an institutional claim.

Navigation Path: [Claims] – [Institutional] – [Payer]

**NOTE:**

Each field which contains an asterisk represents a required field after a user has clicked on 'add'. Therefore, the claim is not considered complete until those fields have been completed with the appropriate data. If you do not wish to complete these fields, click 'delete'.

### 12.7.2 Payer Panel Layout

### 12.7.3 Payer Panel Field Descriptions

| Field         | Description   | Field Type | Data Type          | Length |
|---------------|---|------------|--------------------|--------|
| add           | This button is used to add data to a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).      | Button     | N/A                | 0      |
| delete        | This button is used to delete data from a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail). | Button     | N/A                | 0      |
| Payer         | Displays if the payer is Medicaid, Medicare, or other third party.  | Combo Box  | Drop Down List Box | 0      |
| Prior Payment | Displays the amount that has been received prior to this billing from this payer.                                     | Field      | Number (Decimal)   | 9      |
| Sequence      | Displays the sequence number which indicates the position in which the information occurs on the claim.               | Field      | Number (Integer)   | 2      |

### 12.7.4 Payer Panel Field Edit Error Codes

| Field         | Error Message                              | To Correct                                |
|---------------|--|---|
| Payer         | Payer is required.                         | Enter a valid payer if adding Payers.     |
| Prior Payment | Prior Payment must be greater than \$0.00. | Ensure that the amount is greater than 0. |

| Field    | Error Message   | To Correct   |
|----------|---|--|
|          | Prior Payment must be greater than or equal to \$0.00   | Ensure that the amount is greater than or equal to 0.                      |
|          | Prior Payment must be less than or equal to 9999999.99. | Ensure that the amount is not greater than \$9,999,999.99.                 |
| Sequence | Sequence is required.                                   | Enter a valid sequence number.   |
|          | Sequence must be greater than or equal to 1.            | Ensure that the sequence is greater than or equal to 1.                    |
|          | Sequence must be less than or equal to 3.               | Ensure that the sequence is greater than or equal to 3 on the Payer panel. |
|          | Sequence must be Numeric.                               | Ensure the sequence is numeric.  |
|          | Sequence contains duplicates.                           | Enter a unique sequence.   |

### 12.7.5 Payer Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 12.7.6 Payer Panel Accessibility

#### 12.7.6.1 To Access the Payer Panel

| Step | Action                       | Response                            |
|------|------------------------------|-------------------------------------|
| 1    | Click <b>Claims</b> .        | Claims page displays.               |
| 2    | Click <b>Institutional</b> . | Institutional Claim panel displays. |
| 3    | Click <b>Payer</b> .         | Payer panel displays.               |

#### 12.7.6.2 To Add on the Payer Panel

| Step | Action                                   | Response  |
|------|--|---|
| 1    | Click <b>add</b> .                       | Activates fields for entry of data or selection from lists. |
| 2    | Enter <b>Sequence</b> .                  |   |
| 3    | Select <b>Payer</b> from drop down list. |   |
| 4    | Enter <b>Prior Payment</b> .             |   |
| 5    | Enter <b>Estimated Amount Due</b> .      |   |
| 6    | Click <b>submit</b> .                    | Submits institutional claim.                                |

#### 12.7.6.3 To Update on the Payer Panel

| Step | Action  | Response                     |
|------|---|------------------------------|
| 1    | Click row to update.                            |                              |
| 2    | Click in field(s) to update and perform update. |                              |
| 3    | Click <b>submit</b> .                           | Submits institutional claim. |

## 12.8 ICD Procedures

### 12.8.1 ICD Procedures Panel Narrative

The ICD Procedures panel allows users to add surgical procedure information to an institutional claim.

Navigation Path: [Claims] – [Institutional] – [Procedure]

#### NOTE:

Each field which contains an asterisk represents a required field after a user has clicked on 'add'. Therefore, the claim is not considered complete until those fields have been completed with the appropriate data. If you do not wish to complete these fields, click 'delete'.

### 12.8.2 ICD Procedures Panel Layout

### 12.8.3 ICD Procedures Panel Field Descriptions

| Field          | Description  | Field Type | Data Type         | Length |
|----------------|--|------------|-------------------|--------|
| add            | This button is used to add data to a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).                           | Button     | N/A               | 0      |
| delete         | This button is used to delete data from a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).                      | Button     | N/A               | 0      |
| Description    | Displays the Medical Description of surgical or diagnostic procedure.  | Field      | Alphanumeric      | 60     |
| ICD Version    | Code to denote which version of the ICD diagnosis code set is being referenced. The valid values will be '9' for ICD-9 and '0' for ICD-10. | Field      | Character         | 1      |
| Procedure      | Displays the surgical code which identifies the service provided.  | Field      | Character         | 7      |
| Procedure Date | Displays the date on which the surgical procedure code was performed.  | Field      | Date (MM/DD/CCYY) | 10     |
| Sequence       | Displays the sequence number which indicates the position in which the information occurs on the claim.                                    | Field      | Number (Integer)  | 2      |

### 12.8.4 ICD Procedures Panel Field Edit Error Codes

| Field          | Error Message   | To Correct  |
|----------------|---|---|
| Procedure      | A valid Procedure is required.                              | Enter a valid ICD procedure.  |
| Procedure Date | Procedure Date must be greater than or equal to 01/01/1990. | Enter a Procedure Date that is greater than or equal to 01/01/1990. |
|                | Procedure Date must be less than or equal to 12/31/2299.    | Enter a Procedure Date that is less than or equal to 12/31/2299.    |

### 12.8.5 ICD Procedures Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 12.8.6 ICD Procedures Panel Accessibility

#### 12.8.6.1 To Access the ICD Procedures Panel

| Step | Action                       | Response                            |
|------|------------------------------|-------------------------------------|
| 1    | Click <b>Claims</b> .        | Claims page displays.               |
| 2    | Click <b>Institutional</b> . | Institutional Claim panel displays. |
| 3    | Click <b>Procedure</b> .     | ICD Procedures panel displays.      |

#### 12.8.6.2 To Add on the ICD Procedures Panel

| Step | Action  | Response  |
|------|---|---|
| 1    | Click <b>add</b> .  | Activates fields for entry of data or selection from lists.   |
| 2    | Enter <b>Sequence</b> .                                       |   |
| 3    | Enter <b>Procedure</b> or click [Search] to select from list. | Clicking [Search] activates the Procedure ICD Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel. |
| 4    | Enter <b>Procedure Date</b> .                                 |   |
| 5    | Click <b>submit</b> .   | Submits institutional claim.  |

#### 12.8.6.3 To Update on the ICD Procedures Panel

| Step | Action  | Response                     |
|------|---|------------------------------|
| 1    | Click row to update.                            |                              |
| 2    | Click in field(s) to update and perform update. |                              |
| 3    | Click <b>submit</b> .                           | Submits institutional claim. |

## 12.9 Occurrence

### 12.9.1 Occurrence Panel Narrative

The Occurrence panel allows users to add occurrence and duration information to an institutional claim.

Navigation Path: [Claims] – [Institutional] – [Occurrence]

#### NOTE:

Each field which contains an asterisk represents a required field after a user has clicked on 'add'. Therefore, the claim is not considered complete until those fields have been completed with the appropriate data. If you do not wish to complete these fields, click 'cancel'.

### 12.9.2 Occurrence Panel Layout

### 12.9.3 Occurrence Panel Field Descriptions

| Field           | Description  | Field Type | Data Type         | Length |
|-----------------|--|------------|-------------------|--------|
| add             | This button is used to add data to a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).         | Button     | N/A               | 0      |
| delete          | This button is used to delete data from a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).    | Button     | N/A               | 0      |
| From Date       | Displays the date on which the statement period on the claim began. Occurrence: The date when the occurrence code began. | Field      | Date (MM/DD/CCYY) | 10     |
| Occurrence Code | Displays the code identifying a significant event relating to this bill that may affect payer processing.                | Field      | Character         | 2      |
| Sequence        | Displays the sequence number which indicates the position in which the information occurs on the claim.                  | Field      | Number (Integer)  | 1      |
| To Date         | Displays the date on which the statement period on the claim ended. Occurrence: The date when the occurrence code ended. | Field      | Date (MM/DD/CCYY) | 10     |

## 12.9.4 Occurrence Panel Field Edit Error Codes

| Field           | Error Message  | To Correct  |
|-----------------|--|---|
| From Date       | From Date is required.                                 | Enter a from date.  |
|                 | From Date must be less than or equal to Today.         | Ensure that the date is on or before today's date.          |
|                 | From Date must be greater than or equal to 01/01/1990. | Ensure From Date is greater than or equal to 01/01/1990.    |
|                 | From Date must be less than or equal to 12/31/2299.    | Ensure From Date is less than or equal to 12/31/2299.       |
| Occurrence Code | A valid Occurrence Code is required.                   | Enter a valid Occurrence Code if Occurrence is being added. |
| Sequence        | Sequence is required.                                  | Enter a valid sequence number.                              |
|                 | Sequence must be greater than or equal to 1.           | Ensure that the sequence is greater than or equal to 1.     |
|                 | Sequence must be Numeric.                              | Ensure the sequence is numeric.                             |
|                 | Sequence contains duplicates.                          | Enter a unique sequence.                                    |
| TO Date         | From Date must be less than or equal to To Date.       | From Date must be less than or equal to To Date.            |
|                 | From Date must be greater than or equal to 01/01/1990. | Ensure From Date is greater than or equal to 01/01/1990.    |

## 12.9.5 Occurrence Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

## 12.9.6 Occurrence Panel Accessibility

### 12.9.6.1 To Access the Occurrence Panel

| Step | Action                       | Response                            |
|------|------------------------------|-------------------------------------|
| 1    | Click <b>Claims</b> .        | Claims page displays.               |
| 2    | Click <b>Institutional</b> . | Institutional Claim panel displays. |
| 3    | Click <b>Occurrence</b> .    | Occurrence panel displays.          |

### 12.9.6.2 To Add on the Occurrence Panel

| Step | Action  | Response  |
|------|---|---|
| 1    | Click <b>add</b> .                                | Activates fields for entry of data or selection from lists. |
| 2    | Enter <b>Sequence</b> .                           |   |
| 3    | Enter <b>Occurrence Code</b> or click [Search] to | Clicking [Search] activates the Occurrence Code             |

| Step | Action                   | Response  |
|------|--------------------------|---|
|      | select from list.        | Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel. |
| 4    | Enter <b>From Date</b> . |   |
| 5    | Click <b>submit</b> .    | Submits institutional claim.  |

### 12.9.6.3 To Update on the Occurrence Panel

| Step | Action  | Response                     |
|------|---|------------------------------|
| 1    | Click row to update.                            |                              |
| 2    | Click in field(s) to update and perform update. |                              |
| 3    | Click <b>submit</b> .                           | Submits institutional claim. |

## 12.10 Pharmacy

### 12.10.1 Pharmacy Claim Panel Narrative

The Pharmacy panel allows a pharmacy provider to submit a claim and/or adjust or void a paid claim. The user has the capability to enter all of the required information to submit a pharmacy claim, including multiple detail lines for a compounded drug claim. For a paid claim, the user has the option of updating selected fields and re-submitting the claim as an adjustment or to void an entire claim.

The Pharmacy Claim panel includes the following sections:

- Pharmacy Claim
- Detail
- Claim Status Information
- Adjustment Information
- EOB Information

**NOTE:**

The Adjustment Information and EOB Information panels appear after a claim has been submitted.

Navigation Path: [Claim] – [Pharmacy] OR [Claim]-[click on Pharmacy link] OR [Claim] – [Search] - [search for pharmacy claims]-[select pharmacy claim from search results].

**NOTE:**

Each field which contains an asterisk represents a required field. Therefore, the claim is not considered complete until those fields have been completed with the appropriate data.

## 12.10.2 Pharmacy Claim Panel Layout

| Pharmacy Claim             |                                 | Prescription Information   |               |
|----------------------------|---------------------------------|----------------------------|---------------|
| <b>Billing Information</b> |                                 | <b>Charges</b>             |               |
| ICN                        |                                 | Gross Due Amt*             | \$0.00        |
| Provider ID                | 1578503421 NPI                  | Usual/Cust Amt             | \$0.00        |
| Provider Name              | PUBLIX PHARMACY # 0745          | TPL Amount                 | \$0.00        |
| Recipient ID*              | <input type="text"/>            | Dispensing Fee             | \$0.00        |
| Last Name*                 | <input type="text"/>            | Copay                      | \$0.00        |
| First Name*                | <input type="text"/>            | Total Paid Amount          | \$0.00        |
| Date of Birth              |                                 | Patient Responsibility Amt | \$0.00        |
| Prescriber License*        | <input type="text"/> [ Search ] | <b>DUR Overrides</b>       |               |
| Prescriber Name            |                                 | Intervention               | Not Specified |
| Pregnancy                  | Unknown                         | Outcome                    | Not Specified |
| Emergency                  |                                 | Conflict Code              | Not Specified |
| Nursing Facility           |                                 |                            |               |
| Clarification Code 1       | Not Specified                   |                            |               |
| Clarification Code 2       | Not Specified                   |                            |               |
| Clarification Code 3       | Not Specified                   |                            |               |
| Other Coverage Code        | Not Specified                   |                            |               |
| TPL Date                   | <input type="text"/>            |                            |               |
| Compound Dispensing Unit   |                                 |                            |               |
| Compound Dosage Code       |                                 |                            |               |

## Compound Drug Claim Detail

| Detail  |                        |   |          |
|---|------------------------|---|----------|
| Item  | Status                 | NDC Code                                  | Quantity |
| A   | 1                      |   | 0        |
| Type data below for new record.   |                        |   |          |
| Item  | 1                      | NDC Code* <input type="text"/> [ Search ] |          |
| Detail Status   |                        | Ingred Cost* <input type="text"/> \$0.00  |          |
| Quantity*   | <input type="text"/> 0 |   |          |
| <input type="button" value="delete"/> <input type="button" value="add"/>    |                        |   |          |
| Claim Status Information  |                        |   |          |
| Claim Status  | Not Submitted          |   |          |
| <input type="button" value="submit"/> <input type="button" value="cancel"/> |                        |   |          |

**NOTE:**

Section 10.10.3 acts as a reference guide to further define each field, listed in alphabetical order, and the buttons available on the pharmacy claim form. Please refer to section 10.10.6.2 for step by step instructions on how to complete the pharmacy claim form.

**12.10.3 Pharmacy Claim Panel Field Descriptions**

| Field                 | Description   | Field Type | Data Type        | Length |
|-----------------------|---|------------|------------------|--------|
| add                   | This button is used to add data to the detail panel. Only 25 detail lines are allowed for compound claim types. | Button     | N/A              | 0      |
| adjust                | This button submits adjustments for a paid claim.   | Button     | N/A              | 0      |
| cancel                | This button cancels the current operation and discards any changes.   | Button     | N/A              | 0      |
| copy claim            | This button creates a new claim from the current claim.   | Button     | N/A              | 0      |
| delete                | This button is used to delete data from the detail panel.   | Button     | N/A              | 0      |
| re-submit             | This button submits modifications made to a denied claim for adjudication.                                      | Button     | N/A              | 0      |
| submit                | This button submits a claim for adjudication.   | Button     | N/A              | 0      |
| void                  | This button submits a void request for a paid claim.  | Button     | N/A              | 0      |
| Adjustment Analyst ID | Displays the identification number of the analyst that adjusted the claim. (Read-Only)                          | Field      | Alphanumeric     | 10     |
| Adjustment Reason     | Displays the adjustment reason code. (Read-Only)  | Field      | Number (Integer) | 4      |
| Allowed Amount        | Amount approved to pay for services provided to a recipient on claim type 'P' Pharmacy Claims. (Read-Only)      | Field      | Number (Decimal) | 9      |
| Claim ICN             | Displays the claim's internal control number (ICN) issued by Medicaid. (Read-Only)                              | Field      | Number (Integer) | 13     |

| Field                     | Description   | Field Type | Data Type          | Length |
|---------------------------|---|------------|--------------------|--------|
| Claim Status              | Indicates the status after adjudication. Possible values are PAID, DENIED, SUSPENDED or ADJUSTED. The status of "Adjusted" reflects this claim is no longer paid. Refer to the Adjustment Information panel for claims which have reprocessed per the Adjustment process. | Field      | N/A                | 0      |
| Claim Status History Date | Displays the original claim date before the claim was adjusted. (Read-Only)   | Field      | Date (MM/DD/CCYY)  | 10     |
| Claim Type                | Displays the code that specifies the type of claim.   | Combo Box  | Drop Down List Box | 0      |
| Clarification Code        | Displays the code indicating that the pharmacist is clarifying the submission. Alabama recognizes a value of 8 for compound drugs.  | Combo Box  | Drop Down List Box | 0      |
| CoPay Amount              | Displays the amount the recipient is to pay for services rendered. (Read-Only)  | Field      | Number (Decimal)   | 9      |
| Copay Exemption           | Select 'Y' (Yes) if the Medicaid recipient is a Native American Indian with an active user letter from the Indian Health Services. Otherwise this field is left "blank".  | Combo Box  | Drop Down List Box | 0      |
| Code                      | Displays the explanation of benefits code. (Read-Only)  | Field      | Number (Integer)   | 4      |
| Conflict Code             | Displays the code for the drug utilization review conflict.   | Combo Box  | Drop Down List Box | 0      |
| Date Adjusted             | Displays the date the claim was adjusted. (Read-Only)   | Field      | Date (MM/DD/CCYY)  | 10     |
| Date Dispensed            | Displays the date on which a pharmacy filled a prescription for a recipient.  | Field      | Date (MM/DD/CCYY)  | 10     |
| Date Prescribed           | Displays the date on which physician prescribed a drug for a recipient.   | Field      | Date (MM/DD/CCYY)  | 10     |
| Date of Birth             | Displays the recipient's date of birth. (Read-Only and defaulted.)  | Field      | Date (MM/DD/CCYY)  | 10     |
| Days Supply               | Displays the number of days a prescribed drug should last a recipient.  | Field      | Number (Integer)   | 3      |
| Denied Date               | Displays the date the claim was denied. (Read-Only)   | Field      | Date (MM/DD/CCYY)  | 10     |
| Description               | Displays the explanation of benefits description. (Read-Only)   | Field      | Character          | 79     |

| Field            | Description   | Field Type | Data Type          | Length |
|------------------|---|------------|--------------------|--------|
| Detail Number    | Displays the line item detail number of the claim. (Read-Only)  | Field      | Number (Integer)   | 2      |
| Detail Status    | Displays the status of the detail line. (Read-Only)   | Field      | Alphanumeric       | 10     |
| Diagnosis        | Displays the diagnosis code.  | Field      | Alphanumeric       | 7      |
| Dispense/Written | Displays the dispense as written indicator.   | Combo Box  | Drop Down List Box | 0      |
| Dispensing Fee   | Displays the amount of the dispensing fee, if paid. Format 99999.99. (Read-Only)  | Field      | Number (Decimal)   | 7      |
| Emergency        | Displays if the service was provided as the result of an emergency situation.   | Combo Box  | Drop Down List Box | 0      |
| First Name       | Displays the first name of the recipient.   | Field      | Character          | 35     |
| Gross Due Amt    | Total Amount Billed or Sum of Ingredient Cost.  | Field      | Number (Decimal)   | 13     |
| ICD Version      | Code to denote which version of the ICD diagnosis code set is being referenced. The valid values are '9' for ICD-9, '0' for ICD-10 or blank if corresponding code is not present. | Combo Box  | Drop Down List Box | 1      |
| ICN              | Displays the claim's internal control number (ICN) issued by Medicaid. (Read-Only)  | Field      | Number (Integer)   | 13     |
| Ingred Cost      | Cost of an ingredient on a Compound drug claim detail.  | Field      | Number (Decimal)   | 13     |
| Intervention     | Displays the pharmacist's interaction when a conflict code has been established.  | Combo Box  | Drop Down List Box | 0      |
| Item             | Displays the detail line number. (Read-Only)  | Field      | Number (Integer)   | 3      |
| Last Name        | Displays the last name of the recipient.  | Field      | Character          | 60     |
| Location         | Displays the place of service (POS) where the service was rendered.   | Field      | Number (Integer)   | 2      |
| NDC Code         | Displays the National Drug Code used to identify a specific drug.   | Field      | Alphanumeric       | 11     |
| New/Refill       | Displays if the prescription is new or a refill. '00' represents a "new" prescription.  | Field      | Character          | 2      |
| Nursing Facility | Displays if the drug was prescribed in a nursing home facility.   | Combo Box  | Drop Down List Box | 0      |

| Field                      | Description   | Field Type | Data Type          | Length |
|----------------------------|---|------------|--------------------|--------|
| Other Coverage Code        | Displays the code that indicates the recipient's primary insurance coverage status on the particular prescription being filled. | Combo Box  | Drop Down List Box | 0      |
| Outcome                    | Indicates the action taken by the pharmacist after a drug utilization review warning is returned.                               | Combo Box  | Drop Down List Box | 0      |
| Paid Date                  | Displays the date the claim was billed and paid. (Read-Only)  | Field      | Date (MM/DD/CCYY)  | 10     |
| Patient Responsibility Amt | The patient's cost share from a previous payer.   | Field      | Number(Decimal)    | 10     |
| Pregnancy                  | Displays the code indicating the patient as pregnant or not pregnant.   | Combo Box  | Drop Down List Box | 0      |
| Prescriber License         | Displays the license number of the provider who prescribed the drugs being administered to the recipient.                       | Field      | Alphanumeric       | 10     |
| Prescriber Name            | Displays the name of the prescriber. (Read-Only and defaulted on header panel.)   | Field      | Alphanumeric       | 2      |
| Prescription Number        | Displays the number which uniquely identifies a drug dispensed to a recipient.  | Field      | Alphanumeric       | 7      |
| Prior Authorization        | Displays the Prior Authorization number.  | Field      | Alphanumeric       | 10     |
| Provider ID                | Displays the National Provider Identification number of the billing provider. (Read-Only and Defaulted.)                        | Field      | Alphanumeric       | 10     |
| Provider Name              | Displays the name of the billing provider. (Read-Only and defaulted on header panel.)   | Field      | Alphanumeric       | 15     |
| Quantity                   | Displays the number of units of a drug dispensed to a recipient.  | Field      | Number (Integer)   | 14     |
| Recipient ID               | Displays the recipient's Medicaid identification number.  | Field      | Number (Integer)   | 13     |
| TPL Amount                 | Displays the dollar amount paid by a third party liability insurance.   | Field      | Number (Decimal)   | 14     |
| TPL Date                   | Displays the date the third party paid towards the drug.  | Field      | Date (MM/DD/CCYY)  | 10     |
| Total Paid Amount          | Displays the total amount paid. (Read-Only)   | Field      | Number (Decimal)   | 13     |
| Usual/Cust Amt             | Amount charged to the Recipient.  | Field      | Number (Decimal)   | 13     |

## 12.10.4 Pharmacy Claim Panel Field Edit Error Codes

| Field           | Error Message   | To Correct   |
|-----------------|---|--|
| add             | Only 25 details are allowed for Compound claim types.                               | Add button will be disabled after 25 detail lines for Compound claim types.  |
| adjust          | Adjust was successful. See Claim Status Information for details.                    | Ensures that the claim adjustment request was sent successfully and status details can be viewed on the Claim Status Information panel.  |
| copy claim      | Copy was successful.  | Ensures that the copy was successful and modifications can be made prior to submission.  |
| submit          | Submit was successful. See Claim Status Information for details.                    | Ensures that the claim was sent successfully and status details can be viewed on the Claim Status Information panel.   |
| void            | Void was successful. See Claim Status Information for details.                      | Ensures that the claim void request was sent successfully and status details can be viewed on the Claim Status Information panel.  |
| All fields      | Invalid number / Invalid date / Invalid character data / Invalid alphanumeric data. | Ensure that the field matches the data type as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 - 9. |
|                 | Field exceeds max length.   | Ensure that the field matches the field lengths as documented in the field descriptions above.   |
| Date Dispensed  | Date Dispensed is required.   | Enter the dispensed date.  |
|                 | Date Dispensed must be less than or equal to Today.                                 | Enter a dispensed date that is less than or equal to today's date.   |
|                 | Date Dispensed must be greater than or equal to 01/01/1990.                         | Enter a dispensed date that is greater than or equal to 01/01/1990.  |
|                 | Date Dispensed must be less than or equal to 12/31/2299.                            | Enter a dispensed date that is less than or equal to 12/31/2299.   |
| Date Prescribed | Date Prescribed is required.  | Enter the prescribed date.   |
|                 | Date Prescribed must be less than or equal to Today.                                | Enter a prescribed date that is less than or equal to today's date.  |
|                 | Date Prescribed must be greater than or equal to 1/1/1990.                          | Enter a prescribed date that is greater than or equal to 1/1/1990.   |
|                 | Date Prescribed must be less than or equal to 12/31/2299.                           | Enter a prescribed date that is less than or equal to 12/31/2299.  |
| Days Supply     | Days Supply is required.  | Enter a Days Supply.   |
|                 | Days Supply must be greater than 0.   | Ensure that the days supply is greater than 0.   |
| Diagnosis       | Diagnosis contains an invalid value.  | Enter a valid Diagnosis code, or use the search panel to search a valid code.  |

| Field               | Error Message   | To Correct   |
|---------------------|---|--|
| First Name          | First Name is required.   | Enter the recipient's first name.  |
| Gross Due Amt       | Gross Due Amt must be greater than or equal to .01.               | Enter a dollar amount equal to or greater than \$.01.  |
|                     | Gross Due Amt must be equal to or greater than the Usual/Cust Amt | Verify the amount entered in the Gross Due Amt field is equal to or greater than the Usual/Cust Amt field. |
|                     | Gross Due Amt is Required   | Enter the Gross Amount Due on the claim.   |
| Ingred Cost         | Ingred Cost must be less than or equal to 999999.99.              | Enter a dollar amount equal to or less than 999999.99.   |
|                     | Ingred Cost must be greater than or equal to 0.01.                | Enter a dollar amount equal to or greater than \$.01.  |
|                     | Ingred Cost is required.  | Ingredient Cost is required on each compound drug claim detail.  |
| Last Name           | Last Name is required.  | Enter the recipient's last name.   |
| NDC Code            | A valid NDC Code is required.                                     | Enter a valid NDC code.  |
| New/Refill          | New/Refill is required.   | Enter a New/Refill.  |
|                     | New/Refill must be Numeric.                                       | Enter a valid numeric value.   |
| Prescriber License  | A valid Prescriber License is required.                           | Enter a valid prescriber license.  |
| Prescription Number | Prescription Number is required.                                  | Enter a prescription number.   |
|                     | Prescription Number must be AlphaNumeric.                         | Enter a prescription number that contains alpha [A-Z] or numeric [0-9] values.                             |
| Quantity            | Quantity must be less than or equal to 9999999.999.               | Ensure the quantity billed is not greater than 9,999,999.999.  |
|                     | Quantity must be greater than or equal to 0.001.                  | Ensure that the quantity is greater than or equal to 0.001.  |
|                     | Quantity is required.   | Enter the detail quantity.   |
| Recipient ID        | Recipient ID is required and must be 13 digits.                   | Enter a valid 13 digit Recipient ID.   |
| TPL Amount          | TPL Amount must be less than or equal to 999999.99.               | Ensure that the amount is not greater than \$999,999.99.   |
|                     | TPL Amount must be greater than or equal to 0.                    | Enter a TPL amount greater than or equal to 0.   |
| TPL Date            | TPL Date must be less than or equal to Today.                     | Ensure that the date is on or before today's date.   |
|                     | TPL Date must be greater than or equal to 1/1/1990.               | Enter a TPL Date greater than or equal to 01/01/1900.  |

| Field | Error Message                                      | To Correct   |
|-------|--|--|
|       | TPL Date must be less than or equal to 12/31/2299. | Enter a TPL Date less than or equal to 12/31/2299. |

### 12.10.5 Pharmacy Claim Panel Extra Features

| Field         | Field Type   |
|---------------|--|
| Date of Birth | Read-only field displays after Recipient ID field populated.                             |
| Prescriber ID | Entering and tabbing through the Prescriber ID field displays the Prescriber Name field. |
| Provider ID   | Read-only field displays the billing NPI number associated with the user's ID.           |
| Provider Name | Read-only field associated with the Provider ID field.                                   |

### 12.10.6 Pharmacy Claim Panel Accessibility

#### 12.10.6.1 To Access the Pharmacy Claim Panel

| Step | Action                  | Response                       |
|------|-------------------------|--------------------------------|
| 1    | Click <b>Claims</b> .   | Claims page displays.          |
| 2    | Click <b>Pharmacy</b> . | Pharmacy Claim panel displays. |

#### 12.10.6.2 To Add on the Pharmacy Claim Panel

| Step | Action   | Response   |
|------|--|--|
| 1    | Enter <b>Recipient ID</b> .  |  |
| 2    | Enter the recipient's <b>Last Name</b> .                               |  |
| 3    | Enter the recipient's <b>First Name</b> .                              |  |
| 4    | Enter <b>Prescriber License</b> or click [Search] to select from list. | Clicking [Search] activates the Prescriber License Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel. |
| 5    | Select <b>Pregnancy</b> indicator from drop down list.                 |  |
| 6    | Select <b>Emergency</b> indicator from drop down list.                 |  |
| 7    | Select <b>Nursing Facility</b> indicator from drop down list.          |  |
| 8    | Select <b>Clarification Code</b> from drop down list.                  |  |
| 9    | Select <b>Other Coverage Code</b> from drop down list.                 |  |
| 10   | Enter <b>TPL Date</b> .  |  |
| 11   | Select <b>Claim Type</b> from drop down list.                          |  |

| Step | Action  | Response  |
|------|---|---|
| 12   | Enter <b>Prescription Number</b> .  |   |
| 13   | Enter <b>Date Dispensed</b> .   |   |
| 14   | Enter <b>Date Prescribed</b> .  |   |
| 15   | Enter <b>New/Refill</b> .   |   |
| 16   | Enter <b>Days Supply</b> .  |   |
| 17   | Select <b>Dispense / Written</b> from drop down list.                                       |   |
| 18   | Enter <b>Prior Authorization #</b> .  |   |
| 19   | Enter <b>Diagnosis</b> or click [Search] to select from list.                               | Clicking [Search] activates the Diagnosis Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel. |
| 20   | Enter <b>TPL Amount</b> .   |   |
| 21   | Select <b>Intervention</b> from drop down list.   |   |
| 22   | Select <b>Outcome</b> from drop down list.  |   |
| 23   | Select <b>Conflict Code</b> from drop down list.  |   |
| 24   | Enter <b>Quantity</b> .   |   |
| 25   | Enter <b>NDC Code</b> (without dashes) or click [Search] to select from list.               | Clicking [Search] activates the NDC Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.       |
| 26   | Click <b>add</b> in Detail section to add another service line and repeat steps 24 thru 26. | Activates fields for entry of data or selection from lists.   |
| 27   | Click <b>submit</b> .   | Submits pharmacy claim.   |

### 12.10.6.3 To Update on the Pharmacy Claim Panel

| Step | Action  | Response   |
|------|---|--|
| 1    | Click row to update.                            |  |
| 2    | Click in field(s) to update and perform update. |  |
| 3    | Click <b>adjust, void</b> or <b>re-submit</b> . | Submits an adjustment, void or re-submits a denied pharmacy claim. |

## 12.11 Professional

### 12.11.1 Professional Claim Panel Narrative

The Professional panel allows a medical provider to submit a professional or crossover claim and/or adjust or void a paid claim. The user has the capability to enter all of the required information to submit a professional claim, to include multiple detail lines. For a paid claim, the user has the option of updating select fields and re-submitting the claim as an adjustment or to void the claim.

The Professional Claim panel includes the following sections:

- Professional Claim
- Diagnosis
- TPL
- Detail
- Claim Status Information
- Adjustment Information
- EOB Information

**NOTE:**

The Adjustment Information and EOB Information panels appear after a claim has been submitted.

Navigation Path: [Claim] - [Professional] OR [Claim] - [Click on Professional link] OR [Claim] – [Search] - [search for professional claims]-[select professional claim from search results]

**NOTE:**

Each field which contains an asterisk represents a required field. Therefore, the claim is not considered complete until those fields have been completed with the appropriate data.

## 12.11.2 Professional Claim Panel Layout

| Billing Information        |                              | Service Information          |                         |
|----------------------------|------------------------------|------------------------------|-------------------------|
| <b>ICN</b>                 |                              | <b>Claim Type*</b>           | M - PROFESSIONAL CLAIMS |
| <b>Provider ID</b>         | 1083765689 NPI               | <b>Service Authorization</b> |                         |
| <b>Provider Name</b>       | DEPT OF MNTL HLTH & MNTL RTR | <b>Delay Reason</b>          |                         |
| <b>Recipient ID*</b>       |                              | <b>Related Causes</b>        |                         |
| <b>Last Name*</b>          |                              | <b>Cause 1</b>               |                         |
| <b>First Name*</b>         |                              | <b>Cause 2</b>               |                         |
| <b>Date of Birth</b>       |                              | <b>Charges</b>               |                         |
| <b>Medical Record #</b>    |                              | <b>TPL Amount</b>            | \$0.00                  |
| <b>Patient Account #</b>   |                              | <b>Total Charges</b>         | \$0.00                  |
| <b>Referring Physician</b> | [ Search ]                   | <b>Total Copay</b>           | \$0.00                  |
|                            |                              | <b>Total Paid Amount</b>     | \$0.00                  |

| Sequence                        | ICD Version | Diagnosis | Description |
|---------------------------------|-------------|-----------|-------------|
| Type data below for new record. |             |           |             |
| Sequence                        | 1           |           |             |
| Diagnosis*                      | [ Search ]  |           |             |

| TPL   |            |
|---|------------|
| *** No rows found ***                                   |            |
| Select row above to update -or- click Add button below. |            |
| <b>Policy Number</b>                                    |            |
| <b>Plan Name</b>  |            |
| <b>Relationship to Insured</b>                          |            |
| <b>Carrier Code</b>                                     | [ Search ] |
| <b>Carrier Name</b>                                     |            |
| <b>Payer Respons. Code</b>                              | Primary    |
| <b>Paid Date</b>  |            |
| <b>Paid Amt</b>   |            |
| <b>Deductible Amt</b>                                   |            |
| <b>CoInsurance Amt</b>                                  |            |
| <b>CoPay Amt</b>  |            |
| <b>Policy Holder</b>                                    |            |
| <b>Last Name</b>  |            |
| <b>First Name, MI</b>                                   |            |
| <b>Date of Birth</b>                                    |            |

| Detail  |               |          |        |                            |                          |             |
|---|---------------|----------|--------|----------------------------|--------------------------|-------------|
| Item  | Status        | From DOS | To DOS | Procedure                  | Units                    | Paid Amount |
| A   | 1             |          |        |                            | 0                        | \$0.00      |
| Type data below for new record.                         |               |          |        |                            |                          |             |
| Item  | 1             |          |        | POS*                       | [ Search ]               |             |
| Detail Status   |               |          |        | Procedure*                 | [ Search ]               |             |
| From DOS*   |               |          |        | Emergency                  |                          |             |
| To DOS*   |               |          |        | EPSDT Ref                  |                          |             |
| Units*  | 0             |          |        | Family Planning            |                          |             |
| Charges*  | \$0.00        |          |        | Copay Exemption            |                          |             |
| Rendering Physician*                                    | [ Search ]    |          |        | Allowed Amount             | \$0.00                   |             |
| Diagnosis Code Pointer*                                 |               |          |        | CoPay Amount               | \$0.00                   |             |
| Modifier 1  | [ Search ]    |          |        | Paid Amount                | \$0.00                   |             |
| Modifier 2  | [ Search ]    |          |        |                            |                          |             |
| Modifier 3  | [ Search ]    |          |        | Ordering Physician         | [ Search ]               |             |
| Modifier 4  | [ Search ]    |          |        |                            |                          |             |
| Referring Physician                                     | [ Search ]    |          |        |                            |                          |             |
| <b>Medicare Information</b>                             |               |          |        |                            |                          |             |
| Medicare Paid Date                                      |               |          |        | Coinsurance Amount         | \$0.00                   |             |
| Allowed Amount  | \$0.00        |          |        | Deductible Amount          | \$0.00                   |             |
| Original Medicare Paid Amount                           | \$0.00        |          |        | Final Medicare Paid Amount | \$0.00                   |             |
| 2% Sequestration Amount                                 | \$0.00        |          |        |                            |                          |             |
| eRX Reduction Amount                                    | \$0.00        |          |        |                            |                          |             |
| delete add  |               |          |        |                            |                          |             |
| <b>NDC (Detail Item 1)</b>                              |               |          |        |                            |                          |             |
| *** No rows found ***                                   |               |          |        |                            |                          |             |
| Select row above to update -or- click Add button below. |               |          |        |                            |                          |             |
| NDC Sequence Number                                     |               |          |        | Drug Unit Price            |                          |             |
| NDC   | [ Search ]    |          |        | Unit Quantity Submitted    |                          |             |
| UOM   |               |          |        | Unit Quantity Calculated   |                          |             |
| Prescription Number                                     |               |          |        | Primary NDC                | <input type="checkbox"/> |             |
| Prescription Qualifier                                  |               |          |        |                            |                          |             |
| delete add  |               |          |        |                            |                          |             |
| <b>Third Party Payments (Detail Item 1)</b>             |               |          |        |                            |                          |             |
| *** No rows found ***                                   |               |          |        |                            |                          |             |
| Select row above to update -or- click Add button below. |               |          |        |                            |                          |             |
| Carrier Code  |               |          |        |                            |                          |             |
| Paid Date   |               |          |        |                            |                          |             |
| Paid Amt  |               |          |        |                            |                          |             |
| Deductible Amt  |               |          |        |                            |                          |             |
| CoInsurance Amt   |               |          |        |                            |                          |             |
| CoPay Amt   |               |          |        |                            |                          |             |
| delete add  |               |          |        |                            |                          |             |
| <b>Claim Status Information</b>                         |               |          |        |                            |                          |             |
| Claim Status  | Not Submitted |          |        |                            |                          |             |
| submit cancel   |               |          |        |                            |                          |             |

| Adjustment Information          |               |  |              |          |                   |                       |
|---------------------------------|---------------|--|--------------|----------|-------------------|-----------------------|
| ICN                             | Date Adjusted | Claim Status History Date                    | Claim Status | Location | Adjustment Reason | Adjustment Analyst ID |
| 5007137137201                   | 05/17/2007    | 05/21/2007                                   | PAID         | 99       | 8200              |                       |
| <b>Claim Status Information</b> |               |  |              |          |                   |                       |
| Claim Status                    | ADJUSTED      |  |              |          |                   |                       |
| Claim ICN                       | 2007129636868 |  |              |          |                   |                       |
| Paid Date                       | 05/09/2007    |  |              |          |                   |                       |
| Allowed Amount                  | \$42.00       |  |              |          |                   |                       |
| <b>EOB Information</b>          |               |  |              |          |                   |                       |
| Detail Number                   | Code          | Description                                  |              |          |                   |                       |
| 1                               | 9918          | PRICING ADJUSTMENT - MAX FEE PRICING APPLIED |              |          |                   |                       |

**NOTE:**

This Section 12.11.3 acts as a reference guide to further define each field, listed in alphabetical order, and the buttons available on the professional claim form. Please refer to section 12.11.6.2 for step by step instructions on how to complete the professional claim form.

**12.11.3 Professional Claim Panel Field Descriptions**

| Field                   | Description  | Field Type | Data Type          | Length |
|-------------------------|--|------------|--------------------|--------|
| 2% Sequestration Amount | The dollar amount of the 2% sequestration as required by the Affordable Care Act (ACA)   | Field      | Number (Decimal)   | 8      |
| add                     | This button is used to add data to a panel (Diagnosis, TPL and Detail). This button becomes disabled in the Diagnosis panel after eight diagnoses have been added, and in the Detail panel after 50 details have been added. | Button     | N/A                | 0      |
| adjust                  | This button submits adjustments for a paid claim.  | Button     | N/A                | 0      |
| Adjustment Analyst ID   | Displays the identification number of the analyst that adjusted the claim. (Read-Only)   | Field      | Alphanumeric       | 10     |
| Adjustment Reason       | Displays the adjustment reason code. (Read-Only)   | Field      | Number (Integer)   | 4      |
| Allowed Amount          | Displays the amount approved to pay for services provided to a recipient. (Read-Only) Medicare: Displays the amount allowed by Medicare.   | Field      | Number (Decimal)   | 10     |
| cancel                  | This button cancels the current operation and discards any changes.  | Button     | N/A                | 0      |
| Carrier Code            | Displays the 5-digit carrier code that identifies the recipient's TPL insurance plan.  | Field      | Number (Integer)   | 10     |
| Carrier Name            | Displays the carrier name based on the carrier code entered. (Read-Only)   | Field      | Character          | 45     |
| Cause 1                 | Displays if the accident occurred at work, in an automobile or an environment other than work or an automobile.  | Combo Box  | Drop Down List Box | 0      |
| Cause 2                 | Displays if the accident occurred at work, in an automobile or an environment other than work or an automobile.  | Combo Box  | Drop Down List Box | 0      |

| Field                     | Description   | Field Type | Data Type          | Length |
|---------------------------|---|------------|--------------------|--------|
| Charges                   | Displays the usual and customary charge for the service provided.   | Field      | Number (Decimal)   | 13     |
| Claim ICN                 | Displays the claim's internal control number (ICN) issued by Medicaid. (Read-Only)  | Field      | Number (Integer)   | 13     |
| Claim Status              | Indicates the status after adjudication. Possible values are PAID, DENIED, SUSPENDED or ADJUSTED. The status of "Adjusted" reflects this claim is no longer paid. Refer to the Adjustment Information panel for claims which have reprocessed per the Adjustment process. | Field      | N/A                | 0      |
| Claim Status History Date | Displays the original claim date before the claim was adjusted. (Read-Only)   | Field      | Date (MM/DD/CCYY)  | 10     |
| Claim Type                | Displays the code and description that specifies the type of claim.   | Combo Box  | Drop Down List Box | 0      |
| Code                      | Displays the explanation of benefits code. (Read-Only)  | Field      | Number (Integer)   | 4      |
| Coinsurance Amount        | Displays the amount which represents the recipients' coinsurance payment.   | Field      | Number (Decimal)   | 1      |
| CoPay Amount              | Displays the amount the recipient is to pay for services rendered. (Read-Only)  | Field      | Number (Decimal)   | 9      |
| Copay Exemption           | Enter 'Y' (Yes) if the Medicaid recipient is a Native American Indian with an active user letter from the Indian Health Services. Otherwise this field is left "blank".   | Combo Box  | Drop Down List     | 0      |
| copy claim                | This button creates a new claim from the current claim.   | Button     | N/A                | 0      |
| Date Adjusted             | Displays the date the claim was adjusted. (Read-Only)   | Field      | Date (MM/DD/CCYY)  | 10     |
| Date of Birth             | Header: Displays the recipient's date of birth. (Read-Only and defaulted.) TPL: Displays the date of birth of the third party policy holder   | Field      | Date (MM/DD/CCYY)  | 10     |
| Deductible Amount         | Displays the amount the recipient must pay before Medicare.   | Field      | Number (Decimal)   | 10     |

| Field                    | Description   | Field Type | Data Type          | Length |
|--------------------------|---|------------|--------------------|--------|
| Delay Reason             | Displays the delay reason codes that are used by specific Medicaid providers. These do not affect hospitals, State Mental Health or Nursing Home providers. These delay reasons cannot override claims over the year past filing limit.   | Combo Box  | Drop Down List Box | 0      |
| delete                   | This button is used to delete data from a panel (Diagnosis, TPL and Detail).  | Button     | N/A                | 0      |
| Denied Date              | Displays the date the claim was denied. (Read-Only)   | Field      | Date (MM/DD/CCYY)  | 10     |
| Description              | Displays the explanation of benefits description. (Read-Only)   | Field      | Alphanumeric       | 79     |
| Detail Number            | Displays the line item detail number of the claim. (Read-Only)  | Field      | Number (Integer)   | 2      |
| Detail Status            | Displays the status of the detail line. (Read-Only).  | Field      | Alphanumeric       | 10     |
| Diagnosis                | Displays the diagnosis code.  | Field      | Character          | 7      |
| Diagnosis Code Pointer   | Indicates which diagnosis (or diagnoses) for which services were provided. If a diagnosis code was entered, enter the matching sequence number as seen on the 'Diagnosis' panel to indicate which diagnosis the procedure is a result of. | Field      | Alphanumeric       | 2      |
| Diagnosis Code Pointer 2 | Indicates which diagnosis (or diagnoses) for which services were provided. If a diagnosis code was entered, enter the matching sequence number as seen on the 'Diagnosis' panel to indicate which diagnosis the procedure is a result of. | Field      | Alphanumeric       | 2      |
| Diagnosis Code Pointer 3 | Indicates which diagnosis (or diagnoses) for which services were provided. If a diagnosis code was entered, enter the matching sequence number as seen on the 'Diagnosis' panel to indicate which diagnosis the procedure is a result of. | Field      | Alphanumeric       | 2      |
| Diagnosis Code Pointer 4 | Indicates which diagnosis (or diagnoses) for which services were provided. If a diagnosis code was entered, enter the matching sequence number as seen on the 'Diagnosis' panel to indicate which diagnosis the procedure is a result of. | Field      | Alphanumeric       | 2      |
| Drug Unit Price          | Price per unit of product.  | Field      | Number (Decimal)   | 19     |

| Field                       | Description  | Field Type | Data Type          | Length |
|-----------------------------|--|------------|--------------------|--------|
| Emergency                   | Displays if the service was provided as the result of an emergency situation.  | Combo Box  | Drop Down List Box | 0      |
| EPSDT Ref                   | Displays if the service being billed is due to an EPSDT referral.  | Combo Box  | Drop Down List Box | 0      |
| eRX Reduction Amount        | The dollar amount of the eRX reduction.  | Field      | Number (Decimal)   | 9      |
| Family Planning             | Displays if the service is family planning related.  | Combo Box  | Drop Down List Box | 0      |
| Final Medicare Paid Amount. | The dollar amount paid by Medicare for the services provided. The dollar amount paid by Medicare plus the 2% sequestration amount for the services provided. | Field      | Number (Decimal)   | 10     |
| First Name                  | Displays the first name of the recipient on the header.  | Field      | Character          | 35     |
| First Name, MI              | Displays the first name and middle initial of third party policy holder.   | Field      | Character          | 35     |
| From DOS                    | Displays the beginning date on which service was provided.   | Field      | Date (MM/DD/CCYY)  | 10     |
| ICD                         | Code to denote which version of the ICD diagnosis code set is being referenced. The valid values will be '9' for ICD-9 and '0' for ICD-10.                   | Field      | Character          | 1      |
| ICN                         | Displays the claim's internal control number (ICN) issued by Medicaid. (Read-Only)   | Field      | Number (Integer)   | 13     |
| Item                        | Displays the line item number. (Read-Only)   | Field      | Number (Integer)   | 3      |
| Last Name                   | Displays the last name of the recipient. TPL: Displays the last name of third party policy holder  | Field      | Character          | 60     |
| Medical Record#             | Displays the medical record number assigned to the recipient by the provider for the service that was performed.   | Field      | Alphanumeric       | 50     |
| Medicare Paid Date          | Displays the date Medicare paid for the services rendered.   | Field      | Date (MM/DD/CCYY)  | 10     |
| Modifier 1                  | Displays the first modifier when applicable.   | Field      | Alphanumeric       | 2      |
| Modifier 2                  | Displays the second modifier when applicable.  | Field      | Alphanumeric       | 2      |
| Modifier 3                  | Displays the third modifier when applicable.   | Field      | Alphanumeric       | 2      |

| Field                         | Description   | Field Type | Data Type          | Length |
|-------------------------------|---|------------|--------------------|--------|
| Modifier 4                    | Displays the fourth modifier when applicable.   | Field      | Alphanumeric       | 2      |
| NDC                           | National Drug Code.   | Field      | Number (Integer)   | 16     |
| NDC Sequence Number           | Number of the detail on the claim record. Display Only.   | Field      | Number (Integer)   | 4      |
| Original Medicare Paid Amount | The dollar amount paid by Medicare for the services provided. This amount reflects the subtraction of the 2% sequestration amount.  | Field      | Number (Decimal)   | 10     |
| Paid Amount                   | Detail: Displays the dollar amount paid by Medicaid for the services. (Read-Only)<br>Medicare: Displays the amount paid by Medicare | Field      | Character          | 1      |
| Paid Date                     | Displays the date the claim was billed and paid. (Read-Only) TPL: Displays the date the third party paid for the services rendered. | Field      | Date (MM/DD/CCYY)  | 10     |
| Patient Account#              | Displays the identification for a recipient assigned by a provider and used in their system.  | Field      | Alphanumeric       | 38     |
| Payer Respons. Code           | Value identifying the third payer's level of responsibility on this claim.  | Combo Box  | Drop Down List Box | 0      |
| Plan Name                     | Displays the TPL plan name.   | Field      | Alphanumeric       | 60     |
| Policy Number                 | Displays the TPL policy number.   | Field      | Alphanumeric       | 30     |
| POS                           | Displays the place of service (POS) where the service was rendered.   | Field      | Number (Integer)   | 2      |
| Prescription Number           | The prescription number.  | Field      | Character          | 50     |
| Prescription Qualifier        | The prescription qualifier.   | Field      | Character          | 3      |
| Primary NDC                   | Indicates the selected NDC is the primary NDC.  | Check Box  | N/A                | 0      |
| Procedure                     | Displays the code which identifies the service provided.  | Field      | Alphanumeric       | 6      |
| Provider ID                   | Displays the National Provider Identification number of the billing provider. (Read-Only and Defaulted.)                            | Field      | Alphanumeric       | 10     |
| Provider Name                 | Displays the name of the billing provider. (Read Only and defaulted on header panel.)   | Field      | Alphanumeric       | 15     |

| Field                    | Description   | Field Type | Data Type          | Length |
|--------------------------|---|------------|--------------------|--------|
| Recipient ID             | Displays the recipient's Medicaid identification number.  | Field      | Number (Integer)   | 13     |
| Referring Physician      | Displays the identification number of the referring physician.  | Field      | Alphanumeric       | 10     |
| Relationship to Insured  | Displays the third party liabilities insured relationship.  | Combo Box  | Drop Down List Box | 0      |
| Rendering Physician      | Displays the rendering (performing) provider's NPI number.  | Field      | Alphanumeric       | 10     |
| re-submit                | This button submits modifications made to a denied claim for adjudication.  | Button     | N/A                | 0      |
| Sequence                 | Displays the sequence number which indicates the position in which the diagnosis information occurs on the claim. | Field      | Alphanumeric       | 2      |
| Service Authorization    | Displays the type of maternity override or if the service was due to an emergency.                                | Combo Box  | Drop Down List Box | 0      |
| submit                   | This button submits a claim for adjudication.   | Button     | N/A                | 0      |
| To DOS                   | Displays the ending date on which service was provided.   | Field      | Date (MM/DD/CCYY)  | 10     |
| Total Charges            | Displays the total amount charged for the claim. (Read-Only and calculated from Detail Charges.)                  | Field      | Number (Decimal)   | 13     |
| Total Copay              | Displays the total amount the recipient is to pay for services rendered. (Read-Only)                              | Field      | Number (Decimal)   | 9      |
| Total Paid Amount        | Displays the total amount paid. (Read-Only).  | Field      | Number (Decimal)   | 13     |
| TPL Amount               | Displays the dollar amount paid by third party liability.   | Field      | Number (Decimal)   | 14     |
| Unit Quantity Calculated | The unit quantity calculated.   | Field      | Number (Decimal)   | 18     |
| Unit Quantity Submitted  | The unit count that the provider submitted. The Drug units.   | Field      | Number (Decimal)   | 18     |
| Units                    | Displays the units of service on this detail.   | Field      | Number (Integer)   | 12     |
| UOM                      | Unit of Measure. Code specifying the units in which a value is being expressed.                                   | Combo Box  | Character          | 0      |
| void                     | This button submits a void request for a paid claim.  | Button     | N/A                | 0      |

### 12.11.4 Professional Claim Panel Field Edit Error Codes

| Field                   | Error Message   | To Correct   |
|-------------------------|---|--|
| 2% Sequestration Amount | 2% Sequestration Amount must be less than or equal to \$ 99999.99                   | Ensure that the amount is less than or equal to \$99999.99.  |
|                         | 2% Sequestration Amount must be greater than or equal to \$-99999.99.               | Ensure that the amount is greater than or equal to \$-99999.99.  |
| adjust                  | Adjust was successful. See Claim Status Information for details.                    | Ensures that the claim adjustment request was sent successfully and status details can be viewed on the Claim Status Information panel.  |
| Copy claim              | Copy was successful.  | Ensures that the copy was successful and modifications can be made prior to submission.  |
| Submit                  | Submit was successful. See Claim Status Information for details.                    | Ensures that the claim was sent successfully and status details can be viewed on the Claim Status Information panel.   |
| Void                    | Void was successful. See Claim Status Information for details.                      | Ensures that the claim void request was sent successfully and status details can be viewed on the Claim Status Information panel.  |
| All fields              | Invalid number / Invalid date / Invalid character data / Invalid alphanumeric data. | Ensure that the field matches the data type as documented in the field descriptions above. Number fields must only contain digits 0 – 9; date fields must only contain valid dates; character fields must only contain A – Z; alphanumeric fields must only contain A – Z and 0 – 9. |
|                         | Field exceeds max length.   | Ensure that the field matches the field lengths as documented in the field descriptions above.   |
|                         | Exceed maximum number of details.   | Ensure that the maximum number of details are not exceeded – 50 detail lines.  |
|                         | Exceed maximum number of diagnoses.   | Ensure that the maximum number of diagnoses are not exceeded – 8 diagnosis lines.  |
| Allowed Amount          | Allowed Amount must be less than or equal to 999999.99.                             | Ensure that the amount is not greater than \$999,999.99.   |
|                         | Allowed Amount must be greater than or equal to 0.01.                               | Ensure that the amount is greater than or equal to 0.01.   |
| Carrier Code            | Carrier Code is required.   | Enter a valid Carrier Code.  |
| Charges                 | Charges must be less than or equal to 9999999.99.                                   | Ensure the amount is not greater than \$9,999,999.99.  |
|                         | Charges must be greater than or equal to 0.01.                                      | Ensure that the amount is greater than or equal to 0.01.   |
|                         | Charges is required.  | Enter the detail charges.  |
| Coinsurance Amount      | Coinsurance Amount must be less than or equal to 999999.99.                         | Ensure that the amount is not greater than \$999,999.99.   |

| Field                      | Error Message   | To Correct  |
|----------------------------|---|---|
|                            | Either Coinsurance Amount or Deductible Amount must be greater than \$0.00.   | Ensure either the Coinsurance or Deductible Amount is greater than \$0.00.  |
| Date of Birth              | Date of Birth is required.  | Enter a date of birth in the TPL panel.   |
|                            | Date Of Birth must be less than or equal to Today.  | Ensure that the Date of Birth, on the TPL panel, is on or before today's date.  |
|                            | Date of Birth must be greater than or equal to 01/01/1900.  | Enter a Date of Birth greater than or equal to 01/01/1900.  |
|                            | Date of Birth must be less than or equal to 12/31/2299.   | Enter a Date of Birth less than or equal to 12/31/2299.   |
| Deductible Amount          | Deductible Amount must be less than or equal to 999999.99.  | Ensure that the amount is not greater than \$999,999.99.  |
|                            | Either Coinsurance Amount or Deductible Amount must be greater than \$0.00.   | Ensure either the Coinsurance or Deductible Amount is greater than \$0.00.  |
| Diagnosis                  | A valid Diagnosis is required.  | Enter a diagnosis code.   |
| Diagnosis Code Pointer     | Diagnosis indicator must be less than or equal to number of diagnosis on the claim.                                       | Ensure all of the numbers in any of the Diagnosis Code Pointer fields are less than or equal to the total number of diagnoses on the claim. |
|                            | Diagnosis Code Pointer cannot contain duplicate values.   | Ensure the Diagnosis Code Pointer fields do not contain the same number for the same claim detail.  |
|                            | Diagnosis Code Pointer is required.   | Enter a diagnosis code pointer.   |
|                            | Boxes must be completed left to right and cannot be skipped. At least one diagnosis indicator is required on each detail. | Verify the value and make sure all left side diagnosis indicator box is filled with value.  |
| eRX Reduction Amount       | eRX Reduction Amount must be less than or equal to 99999999.99.   | Ensure that the amount is less than or equal to 99999999.99.  |
|                            | eRX Reduction Amount must be greater than or equal to 99999999.99.  | Ensure that the amount is greater than or equal to -99999999.99.  |
| First Name                 | First Name is required.   | Enter the recipient's first name.   |
| First Name, MI             | First Name is required.   | Enter a First Name when TPL is applicable.  |
| Final Medicare Paid Amount | Final Medicare Paid Amount must be less than or equal to 99999999.99.   | Ensure that the amount is not greater than \$99,999,999.99.   |
|                            | Final Medicare Paid Amount must be greater than or equal to 99999999.99.  | Ensure that the amount is greater than or equal to -99999999.99.  |
| From DOS                   | From DOS is required.   | Enter a from date of service.   |

| Field                         | Error Message  | To Correct  |
|-------------------------------|--|---|
|                               | From DOS must be less than or equal to To DOS.   | Ensure From DOS is less than or equal to the To DOS.                                    |
|                               | From DOS must be less than or equal to Today.  | Ensure that the date is on or before today's date.                                      |
|                               | From DOS must be greater than or equal to 01/01/1990.                                    | Enter a From date of service that is greater than or equal to 01/01/1990.               |
|                               | From DOS must be less than or equal to 12/31/2299.                                       | Enter a From date of service that is less than or equal to 12/31/2299.                  |
| ICD Version                   | ICD Version for Diagnosis codes should be the same type.                                 | Ensure version type of all diagnosis codes are same.                                    |
| Last Name                     | Last Name is required.   | Header: Enter the recipient's last name. TPL: Enter a last name when TPL is applicable. |
| Medicare Paid Date            | Medicare Paid Date is required.  | Enter a Medicare Paid Date when crossover information is entered.                       |
|                               | Medicare Paid Date must be greater than or equal to 01/01/1990.                          | Enter a Medicare Paid Date greater than or equal to 01/01/1990.                         |
|                               | Medicare Paid Date must be less than or equal to Today.                                  | Ensure that the date is on or before today's date.                                      |
| Modifier 1                    | Modifier1 contains an invalid value.   | Enter a valid Modifier Code.  |
| Modifier 2                    | Modifier2 contains an invalid value.   | Enter a valid Modifier Code.  |
|                               | Modifiers must be entered in sequence and no blank Modifiers are allowed between values. | Enter modifiers in sequence and do not skip modifier fields.                            |
| Modifier 3                    | Modifier3 contains an invalid value.   | Enter a valid Modifier Code.  |
|                               | Modifiers must be entered in sequence and no blank Modifiers are allowed between values. | Enter modifiers in sequence and do not skip modifier fields.                            |
| Modifier 4                    | Modifier4 contains an invalid value.   | Enter a valid Modifier Code.  |
|                               | Modifiers must be entered in sequence and no blank Modifiers are allowed between values. | Enter modifiers in sequence and do not skip modifier fields.                            |
| POS                           | A valid POS is required.   | Enter a Place of Service (POS).   |
| Original Medicare Paid Amount | Medicare Paid Amount must be less than or equal to 99999999.99                           | Ensure that the amount is not greater than \$99999999.99.                               |
|                               | Medicare Paid Amount must be greater than or equal to                                    | Ensure that the amount is not less than \$-9999999.99.                                  |

| Field                   | Error Message   | To Correct  |
|-------------------------|---|---|
|                         | 9999999.99.   |   |
| Paid Amount             | Paid Amount must be less than or equal to 999999.99.                      | Ensure that the amount is not greater than \$999,999.99.                                    |
|                         | Paid Amount must be greater than or equal to .01.                         | Ensure that the amount is greater than or equal to 0.01.                                    |
| Paid Date               | Paid Date is required.  | Enter a Paid Date when TPL is being entered.  |
|                         | Paid Date must be greater than or equal to 0/01/1900.                     | Enter a Paid Date greater than or equal to 01/01/1900.                                      |
|                         | Paid Date must be less than or equal to 12/31/2299.                       | Enter a Paid Date less than or equal to 12/31/2299.   |
|                         | Paid Date must be less than or equal to Today.                            | Ensure that the date is on or before today's date.  |
| Plan Name               | Plan Name is required.  | Enter a Plan Name when TPL is being entered.  |
| Policy Number           | Policy Number is required.  | Enter a Policy Number when TPL is being entered.  |
| Prescription Number     | Prescription Number is required when Prescription Qualifier is selected.  | Enter Prescription Number when you have Prescription Qualifier selected.                    |
| Prescription Qualifier  | Prescription Qualifier is required when a prescription number is entered. | Select the appropriate prescription qualifier from the list.                                |
| Procedure               | A valid Procedure is required.  | Enter a valid ICD-9 procedure.  |
| Recipient ID            | Recipient ID is required and must be 13 digits.                           | Enter a valid 13 digit Recipient ID.  |
| Relationship to Insured | Relationship to Insured is required.                                      | Select a Relationship to Insured when TPL is applicable.                                    |
| Rendering Physician     | A valid Rendering Physician is required.                                  | Enter a valid Rendering Physician.  |
| Sequence                | Sequence is required.   | Enter a valid sequence number.  |
|                         | Sequence must be greater than or equal to 1.                              | Ensure that the sequence is greater than or equal to 1.                                     |
|                         | Sequence must be Numeric.   | Ensure the sequence is numeric.   |
|                         | Sequence contains duplicates.   | Enter a unique sequence.  |
| TPL Amount              | TPL Amount is required when TPL records are present.                      | Enter a TPL Amount in the Professional Claim panel when data is entered into the TPL panel. |
|                         | TPL Amount must be less than or equal to 9999999.99.                      | Ensure that the amount is not greater than \$999,999.99.                                    |
|                         | TPL Amount must be greater than or equal to 0.                            | Ensure that the amount is greater than or equal to 0.                                       |
| To DOS                  | To DOS is required.   | Enter a to date of service.   |

| Field         | Error Message   | To Correct  |
|---------------|---|---|
|               | To DOS must be less than or equal to Today.             | Ensure that the date is on or before today's date.                      |
|               | To DOS must be greater than or equal to 01/01/1990.     | Enter a To date of service that is greater than or equal to 01/01/1990. |
|               | To DOS must be less than or equal to 12/31/2299.        | Enter a To date of service that is less than or equal to 12/31/2299.    |
| Total Charges | Total Charges must be less than or equal to 9999999.99. | Ensure the amount is not greater than \$9,999,999.99.                   |
| Units         | Units must be less than or equal to 999999999999.999.   | Ensure the units billed are not greater than 999,999,999,999.999.       |
|               | Units must be greater than 0.001.                       | Ensure that the amount is greater than or equal to 0.001.               |
|               | Units are required.                                     | Enter the detail units.   |

### 12.11.5 Professional Claim Panel Extra Features

| Field         | Field Type   |
|---------------|--|
| Carrier Name  | Read-only field displays after Carrier Code field populated.   |
| Date of Birth | Read-only field displays after Recipient ID field populated.   |
| NPI or MCD    | Hyperlink appears after the Referring Physician or Rendering Physician field(s) is populated with a valid NPI number. The NPI or MCD link indicates the provider number type displayed in the main panel: National Provider Identification (NPI) or Medicaid (MCD) number. Clicking NPI or MCD displays the Provider ID / Number panel, from which users can switch the provider number displayed from NPI to MCD. |
| Provider ID   | Read-only field displays the billing NPI number associated with the user's ID.   |
| Provider Name | Read-only field associated with the Provider ID field.   |

### 12.11.5 Professional Claim Panel Accessibility

#### 12.11.6.1 To Access the Professional Claim Panel

| Step | Action                      | Response                           |
|------|-----------------------------|------------------------------------|
| 1    | Click <b>Claims</b> .       | Claims page displays.              |
| 2    | Click <b>Professional</b> . | Professional Claim panel displays. |

#### 12.11.6.2 To Add on the Professional Claim Panel

| Step | Action                      | Response |
|------|-----------------------------|----------|
| 1    | Enter <b>Recipient ID</b> . |          |

| Step | Action  | Response  |
|------|---|---|
| 2    | Enter the recipient's <b>Last Name</b> .                                    |   |
| 3    | Enter the recipient's <b>First Name</b> .                                   |   |
| 4    | Enter <b>Medical Record #</b> .   |   |
| 5    | Enter <b>Patient Account #</b> .  |   |
| 6    | Enter <b>Referring Physician</b> or click [Search] to select from list.     | Clicking [Search] activates the Referring Physician Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel. |
| 7    | Select <b>Claim Type</b> from drop down list.                               |   |
| 8    | Select <b>Service Authorization</b> from drop down list.                    |   |
| 9    | Select <b>Delay Reason</b> from drop down list.                             |   |
| 10   | Select <b>Cause 1</b> accident related cause indicator from drop down list. |   |
| 11   | Select <b>Cause 2</b> accident related cause indicator from drop down list. |   |
| 12   | Enter <b>TPL Amount</b> .   |   |
| 13   | Enter <b>Sequence</b> .   |   |
| 14   | Enter <b>Diagnosis</b> or click [Search] to select from list.               | Clicking [Search] activates the Diagnosis Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.           |
| 15   | Click <b>add</b> in TPL section.  | Activates fields for entry of data or selection from lists.   |
| 16   | Enter <b>Policy Number</b> .  |   |
| 17   | Enter <b>Plan Name</b> .  |   |
| 18   | Select <b>Relationship to Insured</b> from drop down list.                  |   |
| 19   | Enter <b>Carrier Code</b> or click [Search] to select from list.            | Clicking [Search] activates the Carrier Code Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.        |
| 20   | Select <b>Payer Respons. Code</b> from drop down list.                      |   |
| 21   | Enter TPL <b>Paid Date</b> .  |   |
| 22   | Enter policy holder <b>Last Name</b> .                                      |   |
| 23   | Enter policy holder <b>First Name, MI</b> .                                 |   |
| 24   | Enter policy holder <b>Date of Birth</b> .                                  |   |
| 25   | Enter <b>From DOS</b> .   |   |
| 26   | Enter <b>To DOS</b> .   |   |
| 27   | Enter <b>Units</b> .  |   |
| 28   | Enter <b>Charges</b> .  |   |

| Step | Action  | Response  |
|------|---|---|
| 29   | Enter <b>Rendering Physician</b> or click [Search] to select from list.                     | Clicking [Search] activates the Rendering Physician Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel. |
| 30   | Enter <b>Diagnosis Code Pointer(s)</b> .  |   |
| 31   | Enter <b>Modifier(s)</b> or click [Search] to select from list. (Maximum of 4 can be added) | Clicking [Search] activates the Modifiers Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.           |
| 32   | Enter <b>Referring Physician</b> or click [Search] to select from list.                     | Clicking [Search] activates the Referring Physician Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel. |
| 33   | Enter <b>POS</b> or click [Search] to select from list.                                     | Clicking [Search] activates the POS Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.                 |
| 34   | Enter <b>Procedure</b> or click [Search] to select from list.                               | Clicking [Search] activates the Procedure Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.           |
| 35   | Select <b>Emergency</b> indicator from drop down list.                                      |   |
| 36   | Select <b>EPSDT Ref</b> indicator from drop down list.                                      |   |
| 37   | Select <b>Family Planning</b> indicator from drop down list.                                |   |
| 38   | Select <b>Copay Exemption</b> indicator from drop down list.                                |   |
| 39   | Enter <b>Medicare Paid Date</b> .   |   |
| 40   | Enter Medicare <b>Allowed Amount</b> .  |   |
| 41   | Enter <b>Original Medicare Paid Amount</b> .  |   |
| 42   | Enter Medicare <b>2% Sequestration Amount</b> .   |   |
| 43   | Enter Medicare <b>eRX Reduction Amount</b> .  |   |
| 44   | Enter Medicare <b>Coinsurance Amount</b> .  |   |
| 45   | Enter Medicare <b>Deductible Amount</b> .   |   |
| 46   | Enter Medicare <b>Final Medicare Paid Amount</b> .  |   |
| 47   | Click <b>add</b> in Detail section to add another service line and repeat steps 25 thru 42. | Activates fields for entry of data or selection from lists.   |
| 48   | Click <b>submit</b> .   | Submits professional claim.   |

### 12.11.6.3 To Update on the Professional Claim Panel

| Step | Action               | Response |
|------|----------------------|----------|
| 1    | Click row to update. |          |

| Step | Action  | Response   |
|------|---|--|
| 2    | Click in field(s) to update and perform update. |  |
| 3    | Click <b>adjust, void</b> or <b>re-submit</b> . | Submits an adjustment, void or re-submits a denied professional claim. |

## 13. Eligibility

The Eligibility and Verification Request (270 transaction) and Response (271 transaction) web pages are used by the provider to request and receive eligibility verification information for a recipient.

The Household Inquiry request and response web pages are used by the provider to obtain a household member's recipient identification number using the parent/guardian's identification number and the household member's date of birth.

From the Eligibility link in the Main Menu toolbar, users can access the following Sub Menu options:

- Eligibility Verification
- Household Inquiry

### 13.1 Eligibility Verification

#### 13.1.1 Eligibility Verification Request Panel Narrative

The Eligibility panel allows users to verify eligibility of recipients for Alabama Medicaid.

Navigation Path: [Eligibility] – [Eligibility Verification]

#### 13.1.2 Eligibility Verification Request Panel Layout

#### 13.1.3 Eligibility Verification Request Panel Field Descriptions

| Field | Description                                    | Field Type | Data Type | Length |
|-------|--|------------|-----------|--------|
| clear | This button clears all search criteria fields. | Button     | N/A       | 0      |

| Field                   | Description   | Field Type        | Data Type         | Length |
|-------------------------|---|-------------------|-------------------|--------|
| search                  | This button initiates the search process.   | Button            | N/A               | 0      |
| Birth Date              | Displays the date of birth of the recipient.  | Field             | Date (MM/DD/CCYY) | 10     |
| Display Dental Benefits | If the check box is selected, the user will see all non-dental and dental benefits. If the check box is not selected, then the user will only see non-dental benefits | Check box         | N/A               | N/A    |
| First Name              | Displays the first name of the recipient.   | Field             | Character         | 35     |
| From DOS                | Displays the from date of service.  | Field             | Date (MM/DD/CCYY) | 10     |
| Last Name               | Displays the last name of the recipient.  | Field             | Character         | 60     |
| Recipient ID            | Displays the recipient's Medicaid identification number.  | Field             | Number (Integer)  | 12     |
| Service Type/Co-Pay     | Determines if the Service Type/Co-Pay panel will be included in the search results  | Check box         | N/A               | N/A    |
| Service Types           | The service types to include in the eligibility search  | Available /Select | N/A               | N/A    |
| SSN                     | Displays the social security number of the recipient. Ex. 000-12-1234.  | Field             | Number (Integer)  | 11     |
| To DOS                  | Displays the thru date of service.  | Field             | Date (MM/DD/CCYY) | 10     |

### 13.1.4 Eligibility Verification Request Panel Field Edit Error Codes

| Field      | Error Message   | To Correct  |
|------------|---|---|
| search     | At least one search field should be entered for search criteria.                                    | Enter at least one search field to complete the search request.                                     |
| Birth Date | Recipient last name, first name, and date of birth are required if there is no SSN or Recipient ID. | Enter the recipient's Last Name, First Name and DOB.  |
|            | No Recipient match using search criteria<br>Last Name: [], First Name: [], and DOB: [].             | Ensure search criteria are correct or attempt the search with the Recipient ID.                     |
|            | No Recipient match using search criteria<br>SSN: [] and DOB: [].                                    | Ensure search criteria are correct or attempt the search with the Recipient ID.                     |
| First Name | Recipient last name, first name, and date of birth are required if there is no SSN or Recipient ID. | Recipient last name, first name, and date of birth are required if there is no SSN or Recipient ID. |
|            | No Recipient match using search criteria<br>Last Name: [], First Name: [], and DOB: [].             | Ensure search criteria are correct or attempt the search with the Recipient ID.                     |
| From DOS   | The from and to dates of service must be in a 13 month window.                                      | Date must not be greater than 13 months in the past.  |
|            | The to date of service must be on or after  | Ensure From DOS is less than or equal to the  |

| Field        | Error Message   | To Correct   |
|--------------|---|--|
|              | the from date of service.   | To DOS.  |
|              | Future eligibility cannot be requested.   | Enter a date of service that is equal to or less than the current date.  |
|              | Service Dates not within Provider Plan Enrollment.  | Enter a From Date of Service that is within the provider's active enrollment period.   |
| Last Name    | Recipient last name, first name, and date of birth are required if there is no SSN or Recipient ID. | Recipient last name, first name, and date of birth are required if there is no SSN or Recipient ID.  |
|              | No Recipient match using search criteria Last Name: [], First Name: [], and DOB: [].                | Ensure search criteria are correct or attempt the search with the Recipient ID.  |
| Recipient ID | Recipient ID is Invalid or not Active.  | Ensure the Recipient ID is correct and try again. If correct, contact the Provider Assistance Center for further information. (800-688-7989) |
| SSN          | No Recipient match using search criteria SSN: [] and DOB: [].                                       | Ensure search criteria are correct or attempt the search with the Recipient ID.  |
| To DOS       | The from and to dates of service must be in a 13 month window.                                      | Date must not be greater than 13 months in the past.   |
|              | The to date of service must be on or after the from date of service.                                | Ensure From DOS is less than or equal to the To DOS.   |
|              | Future eligibility cannot be requested.   | Enter a date of service that is equal to or less than the current date.  |
|              | Service Dates not within provider plan enrollment.  | Enter a To Date of Service that is within the provider's active enrollment period.   |

### 13.1.5 Eligibility Verification Request Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 13.1.6 Eligibility Verification Request Panel Accessibility

#### 13.1.6.1 To Access the Eligibility Verification Request Panel

| Step | Action                                  | Response                                 |
|------|---|--|
| 1    | Click <b>Eligibility</b> .              | Eligibility page opens.                  |
| 2    | Click <b>Eligibility Verification</b> . | Eligibility Verification panel displays. |

#### 13.1.6.2 To Search on the Eligibility Verification Request Panel

| Step | Action   | Response |
|------|--|----------|
| 1    | Enter one or a combination of the following fields: <b>Recipient ID, SSN, Last Name, First Name, Birth Date, From DOS</b> and/or |          |

| Step | Action                | Response  |
|------|-----------------------|---|
|      | <b>To DOS.</b>        |   |
| 2    | Click <b>search</b> . | Displays Recipient Eligibility Information for the requested timeframe. |

**NOTE:**

“No rows found” indicates a match was not identified based on the search criteria. A user can refine his or her search or contact the HPES Provider Assistance Center at 1 (800) 688-7989 for additional assistance during normal business hours; Monday – Friday from 8:00am – 5:00pm CST.

## 13.2 Recipient Information

### 13.2.1 Recipient Information Panel Narrative

The Recipient Information panel displays basic information about the recipient.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

### 13.2.2 Recipient Information Panel Layout

| Recipient Information        |               |                   |                            |
|------------------------------|---------------|-------------------|----------------------------|
| <b>Recipient ID</b>          | 0005555322333 | <b>Last Name</b>  | Doe                        |
| <b>SSN</b>                   | 024-55-5555   | <b>First Name</b> | Jane                       |
| <b>Birth Date</b>            | 03/12/1941    | <b>Gender</b>     | F                          |
| <b>Transaction Date</b>      | 02/21/2007    | <b>MedicareA</b>  | 03/01/2000      02/28/2007 |
| <b>Transaction Time</b>      | 14:44:23      | <b>MedicareB</b>  |                            |
| <b>Eligibility Indicator</b> | Active        | <b>HIC Number</b> | 000024555555A              |
| <b>Authorization Code</b>    | 0373728374    |                   |                            |

### 13.2.3 Recipient Information Panel Field Descriptions

| Field                 | Description   | Field Type | Data Type         | Length |
|-----------------------|---|------------|-------------------|--------|
| Authorization Code    | Displays the authorization number for the eligibility transaction. Also called a Verification Number. | Field      | Alphanumeric      | 10     |
| Birth Date            | Displays the date of birth of the recipient.  | Field      | Date (MM/DD/CCYY) | 10     |
| Eligibility Indicator | Displays the HIPAA eligibility indicators if the recipient is 'Active' or 'Inactive'.                 | Field      | Alphanumeric      | 10     |
| First Name            | Displays the first name of the recipient.   | Field      | Character         | 20     |
| Gender                | Displays the recipient's gender.  | Field      | Alphanumeric      | 1      |
| HIC Number            | Displays the recipient's Medicare HIC number.   | Field      | Alphanumeric      | 15     |
| Last Name             | Displays the last name of the recipient.  | Field      | Character         | 30     |
| Medicare A            | Displays the dates the recipient is eligible for Medicare Part A.                                     | Field      | Date (MM/DD/CCYY) | 10     |
| Medicare B            | Displays the dates the recipient is eligible for Medicare Part B.                                     | Field      | Date (MM/DD/CCYY) | 10     |
| Recipient ID          | Displays the recipient's Medicaid identification number.  | Field      | Number (Integer)  | 13     |
| SSN                   | Displays the social security number (SSN) of the recipient.   | Field      | Number (Integer)  | 9      |
| Transaction Date      | Displays the date the eligibility transaction was performed.  | Field      | Date (MM/DD/CCYY) | 10     |

| Field            | Description   | Field Type | Data Type    | Length |
|------------------|---|------------|--------------|--------|
| Transaction Time | Displays the time that the eligibility transaction was performed. | Field      | Alphanumeric | 8      |

### 13.2.4 Recipient Information Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 13.2.5 Recipient Information Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 13.2.6 Recipient Information Panel Accessibility

#### 13.2.6.1 To Access the Recipient Information Panel

| Step | Action  | Response                                 |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                  |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays. |
| 3    | Enter search criteria and click <b>search</b> . | Recipient Information panel displays.    |

## 13.3 Coverage Type

### 13.3.1 Coverage Type Panel Narrative

The Coverage Type panel displays specific information about the recipient's coverage type.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

### 13.3.2 Coverage Type Panel Layout

| Coverage Type |             |          |                                 |                |            |
|---------------|-------------|----------|---------------------------------|----------------|------------|
| County Code   | County Name | Aid Code | Aid Description                 | Effective Date | End Date   |
| 18            | Craig       | 73       | Full Medicaid Coverage          | 07/01/2001     | 03/31/2006 |
| 18            | Craig       | 42       | Full MCaid&Care w/co-ded no QMB | 04/01/2006     | 02/28/2007 |

### 13.3.3 Coverage Type Panel Field Descriptions

| Field           | Description   | Field Type | Data Type         | Length |
|-----------------|---|------------|-------------------|--------|
| Aid Code        | Displays the recipient's eligibility aid category code.             | Field      | Alphanumeric      | 2      |
| Aid Description | Displays the recipient's eligibility aid category code description. | Field      | Character         | 50     |
| County Code     | Displays the recipient's eligibility aid county code.               | Field      | Alphanumeric      | 2      |
| County Name     | Displays the recipient's eligibility aid county code description.   | Field      | Character         | 20     |
| Effective Date  | Displays the recipients eligibility begin/effective date.           | Field      | Date (MM/DD/CCYY) | 10     |
| End Date        | Displays the recipient's eligibility end/stop date.                 | Field      | Date (MM/DD/CCYY) | 10     |

### 13.3.4 Coverage Type Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 13.3.5 Coverage Type Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

## 13.3.6 Coverage Type Panel Accessibility

### 13.3.6.1 To Access the Coverage Type Panel

| Step | Action  | Response                                 |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                  |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays. |
| 3    | Enter search criteria and click <b>search</b> . | Coverage Type panel displays.            |

## 13.4 TPL

### 13.4.1 TPL Panel Narrative

The TPL panel displays specific information about the recipient's third party liability (TPL) coverage.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

### 13.4.2 TPL Panel Layout

| TPL                   |  |                          |                               |
|-----------------------|--|--------------------------|-------------------------------|
| <b>Policy Holder</b>  | Jane Doe   | <b>Carrier Number</b>    | 02001                         |
| <b>Policy Number</b>  | R59999992  | <b>Carrier Name</b>      | BC/BS OF AL FEDERAL           |
| <b>Group Number</b>   | 90000  | <b>Carrier Address 1</b> | BC/BS OF ALABAMA              |
| <b>Coverage Type</b>  | TYPE=X COV-IND=14 HOSPITAL/SURGICAL              | <b>Carrier Address 2</b> | 450 RIVERCHASE PARKWAY        |
| <b>Effective Date</b> | 05/29/2005                                       | <b>City</b>              | BIRMINGHAM                    |
| <b>End Date</b>       | 12/31/2299                                       | <b>State</b>             | AL                            |
| <b>Zip Code</b>       | 35298  |                          |                               |
| <b>Policy Holder</b>  | Jane Doe   | <b>Carrier Number</b>    | 01924                         |
| <b>Policy Number</b>  | Z5D999D92  | <b>Carrier Name</b>      | CAREMARK/ADVANCE RECAP CLAIMS |
| <b>Group Number</b>   | 90002  | <b>Carrier Address 1</b> | PO BOX 686002                 |
| <b>Coverage Type</b>  | TYPE=X COV-IND=06 MAJOR MED NO MATERNITY-MGDCARE | <b>Carrier Address 2</b> |                               |
| <b>Effective Date</b> | 06/15/2006                                       | <b>City</b>              | SAN ANTONIO                   |
| <b>End Date</b>       | 12/31/2299                                       | <b>State</b>             | TX                            |
| <b>Zip Code</b>       | 78268  |                          |                               |

### 13.4.3 TPL Panel Field Descriptions

| Field             | Description   | Field Type | Data Type         | Length |
|-------------------|---|------------|-------------------|--------|
| Carrier Address 1 | Displays the primary address of each third party liability carrier.   | Field      | Character         | 55     |
| Carrier Address 2 | Displays the secondary address of each third party liability carrier. | Field      | Character         | 55     |
| Carrier Name      | Displays the name of each third party liability carrier.              | Field      | Alphanumeric      | 30     |
| Carrier Number    | Displays the number of each third party liability carrier.            | Field      | Alphanumeric      | 10     |
| City              | Displays the city of each third party liability carrier.              | Field      | Character         | 30     |
| Coverage Type     | Displays the coverage type of the third party liability insurance.    | Field      | Alphanumeric      | 120    |
| Effective Date    | Displays the effective date of each third party liability insurance.  | Field      | Date (MM/DD/CCYY) | 10     |
| End Date          | Displays the end date of each third party liability insurance.        | Field      | Date (MM/DD/CCYY) | 10     |
| Group Number      | Displays the group number of the policy.                              | Field      | Alphanumeric      | 30     |

| Field         | Description  | Field Type | Data Type        | Length |
|---------------|--|------------|------------------|--------|
| Policy Holder | Displays the policy holder of the third party liability insurance. | Field      | Alphanumeric     | 30     |
| Policy Number | Displays the policy number of the third party liability insurance. | Field      | Alphanumeric     | 16     |
| State         | Displays the state of each third party liability carrier.          | Field      | Alphanumeric     | 2      |
| Zip Code      | Displays the zip code of each third party liability carrier.       | Field      | Number (Integer) | 15     |

### 13.4.4 TPL Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 13.4.5 TPL Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 13.4.6 TPL Panel Accessibility

#### 13.4.6.1 To Access the TPL Panel

| Step | Action  | Response                                 |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                  |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays. |
| 3    | Enter search criteria and click <b>search</b> . | TPL panel displays.                      |

## 13.5 Managed Care

### 13.5.1 Managed Care Panel Narrative

The Managed Care panel displays specific information about the recipient's managed care coverage.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

### 13.5.2 Managed Care Panel Layout

| Managed Care |                    |                |               |                |            |
|--------------|--------------------|----------------|---------------|----------------|------------|
| Plan Code    | Provider Name      | Provider Phone | 24 Hour Phone | Effective Date | End Date   |
| PT1ST        | DAVISON NW MEDICAL | (999)551-3607  | () -          | 01/01/2007     | 02/28/2007 |

### 13.5.3 Managed Care Panel Field Descriptions

| Field          | Description   | Field Type | Data Type         | Length |
|----------------|---|------------|-------------------|--------|
| 24 Hour Phone  | Displays the 24 hour phone number of the primary care physician.  | Field      | Character         | 13     |
| Effective Date | Displays the effective date of the Managed Care coverage.   | Field      | Date (MM/DD/CCYY) | 10     |
| End Date       | Displays the end date of the Managed Care coverage.   | Field      | Date (MM/DD/CCYY) | 10     |
| Plan Code      | Displays the recipient's Managed Care Plan Code. MDADV denotes Medicare Advantage and PT1ST denotes Patient 1 <sup>st</sup> . | Field      | Alphanumeric      | 5      |
| Provider Name  | Displays the name of the primary care physician for the managed care program or the name of the Medicare Advantage Plan.      | Field      | Alphanumeric      | 20     |
| Provider Phone | Displays the phone number of the primary care physician.  | Field      | Character         | 13     |

### 13.5.4 Managed Care Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 13.5.5 Managed Care Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 13.5.6 Managed Care Panel Accessibility

#### 13.5.6.1 To Access the Managed Care Panel

| Step | Action  | Response                                 |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                  |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays. |
| 3    | Enter search criteria and click <b>search</b> . | Managed Care panel displays.             |

## 13.6 Lockin/Lockout

### 13.6.1 Lockin/Lockout Panel Narrative

The Lockin/Lockout panel displays specific information about the recipient's lockin and lockout coverage.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

### 13.6.2 Lockin/Lockout Panel Layout

| Lockin/Lockout |   |                |            |               |
|----------------|---|----------------|------------|---------------|
| Lockin/Lockout | Plan Description                              | Effective Date | End Date   | Provider Name |
| Lockin         | Pharmacy Lockin                               | 08/01/2007     | 10/15/2007 | DRUG          |
| Lockout        | TYPE=2 Specific Drug Stipulations             | 06/16/2007     | 12/31/2299 |               |
| Lockout        | TYPE=1 Cntrl Sub. no sched 2, 3, 4 or 5 drugs | 04/01/2007     | 09/30/2007 |               |

### 13.6.3 Lockin/Lockout Panel Field Descriptions

| Field            | Description   | Field Type | Data Type         | Length |
|------------------|---|------------|-------------------|--------|
| Effective Date   | Displays the effective date of each lockin period.                | Field      | Date (MM/DD/CCYY) | 10     |
| End Date         | Displays the end date of each lockin period.                      | Field      | Date (MM/DD/CCYY) | 10     |
| Lockin/Lockout   | Displays if the recipient is locked in or locked out of the plan. | Field      | Alphanumeric      | 10     |
| Plan Description | Displays the lockin plan for the recipient.                       | Field      | Character         | 50     |
| Provider Name    | Displays the name of the lockin provider.                         | Field      | Alphanumeric      | 30     |

### 13.6.4 Lockin/Lockout Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 13.6.5 Lockin/Lockout Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

## 13.6.6 Lockin/Lockout Panel Accessibility

### 13.6.6.1 To Access the Lockin/Lockout Panel

| Step | Action  | Response                                 |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                  |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays. |
| 3    | Enter search criteria and click <b>search</b> . | Lockin/Lockout panel displays.           |

## 13.7 Benefit Limits

### 13.7.1 Benefit Limits Panel Narrative

The Benefit Limits panel displays information about the recipient's services suspended and services paid for the requested year.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

### 13.7.2 Benefit Limits Panel Layout

| Benefit Limits          |      |           |
|-------------------------|------|-----------|
| Service Description     | Paid | Suspended |
| INPT Days               | 0    | 0         |
| Outpat Days             | 0    | 0         |
| Physician Office Visits | 0    | 0         |
| Home Health Visits      | 0    | 0         |
| Ambulatory Surgery      | 0    | 0         |
| Dialysis Services       | 0    | 0         |
| Eye Frames              | 0    | 0         |
| Eye Lens                | 0    | 0         |
| Eye Fitting             | 0    | 0         |
| Eye Exam                | 0    | 0         |

### 13.7.3 Benefit Limits Panel Field Descriptions

| Field               | Description   | Field Type | Data Type        | Length |
|---------------------|---|------------|------------------|--------|
| Paid                | Displays the amount of services paid for the calendar year, to date.      | Field      | Number (Integer) | 3      |
| Service Description | Displays the types of service offered.                                    | Field      | Character        | 20     |
| Suspended           | Displays the amount of services suspended for the calendar year, to date. | Field      | Number (Integer) | 3      |

### 13.7.4 Benefit Limits Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 13.7.5 Benefit Limits Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

## 13.7.6 Benefit Limits Panel Accessibility

### 13.7.6.1 To Access the Benefit Limits Panel

| Step | Action  | Response                                 |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                  |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays. |
| 3    | Enter search criteria and click <b>search</b> . | Benefit Limits panel displays.           |

## 13.8 Dental Benefit Limits

### 13.8.1 Dental Benefit Limits Panel Narrative

The Dental Benefit Limits panel displays information about the recipient’s paid dental services. This includes the two most recent dates those services occurred as well as the provider whom performed those services.

The category “Paid Dental Xray” reflects full and/or panoramic xrays.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

### 13.8.2 Dental Benefit Limits Panel Layout

| Dental Benefit Limits  |   |
|--|---|
| <b>Most Recent Service :</b><br><b>Service Description</b><br><b>Date Of Service</b><br><b>Provider Name</b> | Paid Dental Fluoride<br>06/03/2008<br>MARCIA WHITE    |
| <b>Previous Services :</b><br><b>Service Description</b><br><b>Date Of Service</b><br><b>Provider Name</b>   | Paid Dental Fluoride<br>12/03/2007<br>MARCIA WHITE    |
| <b>Most Recent Service :</b><br><b>Service Description</b><br><b>Date Of Service</b><br><b>Provider Name</b> | Paid Dental Prophylaxis<br>06/03/2008<br>MARCIA WHITE |
| <b>Previous Services :</b><br><b>Service Description</b><br><b>Date Of Service</b><br><b>Provider Name</b>   | Paid Dental Prophylaxis<br>12/03/2007<br>MARCIA WHITE |
| <b>Most Recent Service :</b><br><b>Service Description</b><br><b>Date Of Service</b><br><b>Provider Name</b> | Paid Dental Oral Exam<br>12/03/2007<br>MARCIA WHITE   |
| <b>Previous Services :</b><br><b>Service Description</b><br><b>Date Of Service</b><br><b>Provider Name</b>   | Paid Dental Oral Exam<br>05/31/2007<br>MARCIA WHITE   |

### 13.8.3 Dental Benefit Limits Panel Field Descriptions

| Field               | Description   | Field Type | Data Type         | Length |
|---------------------|---|------------|-------------------|--------|
| Date of Service     | The date for when the dental service was paid.                                    | Field      | Date (MM/DD/CCYY) | 10     |
| Provider Name       | The name of the Provider who performed the service on the Date of Service listed. | Field      | Character         | 20     |
| Service Description | Displays the types of service paid.   | Field      | Character         | 25     |

### 13.8.4 Dental Benefit Limits Panel Field Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 13.8.5 Dental Benefit Limits Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 13.8.6 Dental Benefit Limits Panel Accessibility

#### 13.8.6.1 To Access the Dental Benefit Limits Panel

| Step | Action  | Response                                 |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                  |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays. |
| 3    | Enter search criteria and click <b>search</b> . | Dental Benefit Limits panel displays.    |

## 13.9 EPSDT Screening Dates

### 13.9.1 EPSDT Screening Dates Panel Narrative

The EPSDT Screening Dates panel displays information about the recipient’s last EPSDT screening date(s).

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

### 13.9.2 EPSDT Screening Dates Panel Layout

| EPSDT Screening Dates  |                     |
|------------------------|---------------------|
| Screening Description  | Last Screening Date |
| Last Medical Screening | 08/10/2001          |
| Last Dental Screening  | 06/06/2005          |
| Last Hearing Screening | 05/06/2004          |
| Last Vision Screening  | 05/06/2004          |

### 13.9.3 EPSDT Screening Dates Panel Field Descriptions

| Field                 | Description  | Field Type | Data Type         | Length |
|-----------------------|--|------------|-------------------|--------|
| Last Screening Date   | Displays the date of the last Medical, Dental, Hearing and Vision EPSDT screening. | Field      | Date (MM/DD/CCYY) | 10     |
| Screening Description | Displays the description for the type of EPSDT screening.                          | Field      | Alphanumeric      | 30     |

### 13.9.4 EPSDT Screening Dates Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 13.9.5 EPSDT Screening Dates Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 13.9.6 EPSDT Screening Dates Panel Accessibility

#### 13.9.6.1 To Access the EPSDT Screening Dates Panel

| Step | Action  | Response                                 |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                  |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays. |
| 3    | Enter search criteria and click <b>search</b> . | EPSDT Screening Dates panel displays.    |

## 13.10 LTC/Waiver

### 13.10.1 LTC/Waiver Panel Narrative

The LTC/Waiver Information panel displays information about the recipient’s waiver type, description and date information. This panel also returns Long Term Care (LTC) admission information based on the dates requested.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

### 13.10.2 LTC/Waiver Panel Layout

| LTC/Waiver                       |                |            |
|----------------------------------|----------------|------------|
| LTC/Waiver Information           | Effective Date | End Date   |
| EDWV Elderly and Disabled Waiver | 01/01/2007     | 01/31/2007 |
| SNF Skilled Nursing Facility     | 02/01/2007     | 02/28/2007 |

### 13.10.3 LTC/Waiver Panel Field Descriptions

| Field                  | Description   | Field Type | Data Type         | Length |
|------------------------|---|------------|-------------------|--------|
| Effective Date         | Displays the effective date of the LTC or waiver admission period.      | Field      | Date (MM/DD/CCYY) | 10     |
| End Date               | Displays the end date of the LTC or waiver admission period.            | Field      | Date (MM/DD/CCYY) | 10     |
| LTC/Waiver Information | Displays the code and description of the LTC or waiver enrollment type. | Field      | Character         | 50     |

### 13.10.4 LTC/Waiver Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 13.10.5 LTC/Waiver Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 13.10.6 LTC/Waiver Panel Accessibility

#### 13.10.6.1 To Access the LTC/Waiver Panel

| Step | Action  | Response                                 |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                  |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays. |
| 3    | Enter search criteria and click <b>search</b> . | LTC/Waiver panel displays.               |

## 13.11 Maternity Waiver

### 13.11.1 Maternity Waiver Panel Narrative

The Maternity Waiver Information panel displays information about the recipient's maternity waiver provider and effective/end dates.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

### 13.11.2 Maternity Waiver Panel Layout

| Maternity Waiver            |                |                |            |
|-----------------------------|----------------|----------------|------------|
| Provider Name               | Provider Phone | Effective Date | End Date   |
| GIFT OF LIFE FOUNDATION INC | 3342722222     | 07/01/1999     | 02/28/2007 |

### 13.11.3 Maternity Waiver Panel Field Descriptions

| Field          | Description                                | Field Type | Data Type         | Length |
|----------------|--|------------|-------------------|--------|
| Effective Date | Displays the effective date of the waiver. | Field      | Date (MM/DD/CCYY) | 10     |
| End Date       | Displays the end date of the waiver.       | Field      | Date (MM/DD/CCYY) | 10     |
| Provider Name  | Displays the provider's name.              | Field      | Character         | 20     |
| Provider Phone | Displays the provider's phone number.      | Field      | Character         | 10     |

### 13.11.4 Maternity Waiver Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 13.11.5 Maternity Waiver Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 13.11.6 Maternity Waiver Panel Accessibility

#### 13.11.6.1 To Access the Maternity Waiver Information Panel

| Step | Action  | Response                                 |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                  |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays. |
| 3    | Enter search criteria and click <b>search</b> . | Maternity Waiver panel displays.         |

## 13.12 Long Term Care Liability

### 13.12.1 Long Term Care Liability Panel Narrative

The Long Term Care Liability panel displays information about the recipient's long term care liability dates and amounts.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

### 13.12.2 Long Term Care Liability Panel Layout

| Long Term Care Liability |                          |                    |
|--------------------------|--------------------------|--------------------|
| Liability Amount         | Liability Effective Date | Liability End Date |
| \$1,260.00               | 02/01/2007               | 02/28/2007         |

### 13.12.3 Long Term Care Liability Panel Field Descriptions

| Field                    | Description   | Field Type | Data Type         | Length |
|--------------------------|---|------------|-------------------|--------|
| Liability Amount         | Displays the long term care liability amount.         | Field      | Character         | 9      |
| Liability Effective Date | Displays the long term care liability effective date. | Field      | Date (MM/DD/CCYY) | 10     |
| Liability End Date       | Displays the long term care liability end date.       | Field      | Date (MM/DD/CCYY) | 10     |

### 13.12.4 Long Term Care Liability Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 13.12.5 Long Term Care Liability Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 13.12.6 Long Term Care Liability Panel Accessibility

#### 13.12.6.1 To Access the Long Term Care Liability Panel

| Step | Action  | Response                                 |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                  |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays. |
| 3    | Enter search criteria and click <b>search</b> . | Long Term Care Liability panel displays. |

## 13.13 Service Type/Co-Pay Search Results

### 13.13.1 Service Type/Co-Pay Search Results Panel Narrative

The Service Type/Co-Pay Search Results panel displays qualifying service type information matching the search criteria from the Eligibility Verification Search panel.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

### 13.13.2 Service Type/Co-Pay Search Results Panel Layout

| Service Type Codes/Co-Pay |  |            |            |              |            |             |  |
|---------------------------|--|------------|------------|--------------|------------|-------------|--|
| Benefit Plan              | Service Type                               | Co-Pay Min | Co-Pay Max | Co-Insurance | Deductible | Status      | Message  |
| TXIX                      | 1  | \$0.00     | \$3.90     | \$0.00       | \$0.00     | Covered     |  |
| TXIX                      | 12 - DURABLE MEDICAL EQUIPMENT PURCHASE    | \$0.00     | \$3.90     | \$0.00       | \$0.00     | Covered     |  |
| TXIX                      | 30 - HEALTH BENEFIT PLAN COVERAGE          | \$0.00     | \$0.00     | \$0.00       | \$0.00     | Covered     |  |
| TXIX                      | 33 - CHIROPRACTIC                          | \$0.00     | \$3.90     | \$0.00       | \$0.00     | Covered     | EPDST referral required for service type(s):33 |
| TXIX                      | 35 - DENTAL CARE                           | \$0.00     | \$0.00     | \$0.00       | \$0.00     | Covered     |  |
| TXIX                      | 47 - HOSPITAL                              | \$0.00     | \$50.00    | \$0.00       | \$0.00     | Covered     |  |
| TXIX                      | 48 - HOSPITAL-INPATIENT                    | \$0.00     | \$50.00    | \$0.00       | \$0.00     | Covered     |  |
| TXIX                      | 50 - HOSPITAL-OUTPATIENT                   | \$0.00     | \$3.90     | \$0.00       | \$0.00     | Covered     |  |
| TXIX                      | 86 - EMERGENCY SERVICES                    | \$0.00     | \$3.90     | \$0.00       | \$0.00     | Covered     |  |
| TXIX                      | 88 - PHARMACY                              | \$0.00     | \$3.90     | \$0.00       | \$0.00     | Covered     |  |
| TXIX                      | 98 - PROFESSIONAL (PHYSICIAN) VISIT-OFFICE | \$0.00     | \$3.90     | \$0.00       | \$0.00     | Covered     |  |
| TXIX                      | AL - VISION(OPTOMETRY)                     | \$0.00     | \$3.90     | \$0.00       | \$0.00     | Covered     |  |
| TXIX                      | MH - MENTAL HEALTH                         | \$0.00     | \$3.90     | \$0.00       | \$0.00     | Covered     |  |
| TXIX                      | UC - URGENT CARE                           | \$0.00     | \$3.90     | \$0.00       | \$0.00     | Covered     |  |
| TXIX                      | 81 - ROUTINE PHYSICAL                      | \$0.00     | \$3.90     | \$0.00       | \$0.00     | Not Covered |  |

VARIABLE COPAY IS DISPLAYED. PLEASE REFER TO THE PROVIDER MANUAL FOR COPAY INFORMATION

### 13.13.3 Service Type/Co-Pay Search Results Panel Field Descriptions

| Field        | Description  | Field Type | Data Type        | Length |
|--------------|--|------------|------------------|--------|
| Benefit Plan | Displays the benefit plan code.                          | Field      | Character        | 4      |
| Co-Insurance | Displays the Co-Insurance amount for the service type.   | Field      | Number (Decimal) | 6      |
| Co-Pay Max   | Displays the Maximum Co-Pay amount for the service type. | Field      | Number (Decimal) | 6      |
| Co-Pay Min   | Displays the Minimum Co-Pay amount for the service type. | Field      | Number (Decimal) | 6      |
| Deductible   | Displays the Deductible amount for the service type      | Field      | Number (Decimal) | 6      |
| Message      | Displays the coverage message                            | Field      | Character        | 50     |
| Service Type | Displays the code and description of the service type.   | Field      | Character        | 50     |
| Status       | Displays the coverage status of the service type.        | Field      | Character        | 11     |

### 13.13.4 Service Type/Co-Pay Search Results Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 13.13.5 Service Type/Co-Pay Search Results Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 13.13.6 Service Type/Co-Pay Search Results Panel Accessibility

#### 13.13.6.1 To Access the Service Type/Co-Pay Search Results Panel

| Step | Action  | Response  |
|------|---|---|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                                 |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays.                |
| 3    | Enter search criteria and click <b>search</b> . | Eligibility Verification Search Results panels display. |

## 13.14 HouseHold Inquiry

### 13.14.1 HouseHold Inquiry Panel Narrative

The HouseHold Inquiry panel allows users to inquire on recipient records based on the payee's Medicaid number.

Navigation Path: [Eligibility] – [HouseHold Inquiry]

### 13.14.2 HouseHold Inquiry Panel Layout

### 13.14.3 HouseHold Inquiry Panel Field Descriptions

| Field                   | Description  | Field Type | Data Type          | Length |
|-------------------------|--|------------|--------------------|--------|
| clear                   | This button clears all the search criteria fields.                             | Button     | N/A                | 0      |
| search                  | This button initiates the search.  | Button     | N/A                | 0      |
| Records                 | Displays the number of records to display per page in the Search Results list. | Combo Box  | Drop Down List Box | 0      |
| Parent ID Number        | Displays the parent's first 12-digits of their Medicaid identification number. | Field      | Number (Integer)   | 12     |
| Recipient Date of Birth | Displays the child's date of birth.  | Field      | Date (MM/DD/CCYY)  | 10     |

### 13.14.4 HouseHold Inquiry Panel Field Edit Error Codes

| Field                   | Error Message   | To Correct  |
|-------------------------|---|---|
| Parent ID Number        | Parent ID Number and Recipient Date of Birth is required for search criteria. | Enter the Parent ID Number and Recipient Date of Birth. |
|                         | Parent ID Number must be numeric.   | Enter a valid parent ID.                                |
| Recipient Date of Birth | Parent ID Number and Recipient Date of Birth is required for search criteria. | Enter the Parent ID Number and Recipient Date of Birth. |
|                         | Invalid date. Format is MM/DD/YYYY.   | Enter a valid date in MM/DD/CCYY format.                |

### 13.14.5 Household Inquiry Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 13.14.6 Household Inquiry Panel Accessibility

#### 13.14.6.1 To Access the Household Inquiry Panel

| Step | Action                           | Response                          |
|------|----------------------------------|-----------------------------------|
| 1    | Click <b>Eligibility</b> .       | Eligibility page opens.           |
| 2    | Click <b>HouseHold Inquiry</b> . | HouseHold Inquiry panel displays. |

#### 13.14.6.2 To Add on the Household Inquiry Panel

| Step | Action                                     | Response   |
|------|--|--|
| 1    | Enter <b>Parent ID Number</b> .            |  |
| 2    | Enter <b>Recipient Date of Birth</b> .     |  |
| 3    | Select <b>Records</b> from drop down list. | Determines the number of records to display in the search results panel. |
| 4    | Click <b>search</b> .                      | HouseHold Inquiry Search Results panel displays.                         |

## 13.15 HouseHold Inquiry Search Results

### 13.15.6 Search Results Panel Narrative

The HouseHold Inquiry Search Results panel displays household inquiry information matching the search criteria from the HouseHold Inquiry Search panel.

Navigation Path: [Eligibility] – [HouseHold Inquiry] – [search]

### 13.15.7 Search Results Panel Layout

| Search Results   |              |               |        |                      |                    |
|------------------|--------------|---------------|--------|----------------------|--------------------|
| Recipient Name   | Recipient ID | Date of Birth | Sex    | Race                 | Certifying Program |
| TC 45459, WAYLAN | 000016886189 | 06/11/2004    | Male   | Caucasian            | SOBRA              |
| PAUL, JANET      | 000002398    | 06/11/2004    | Female | White (Non-Hispanic) | District Office    |

You must verify eligibility before submitting claims for recipient(s) listed above. If the recipient name appears as unborn or newborn, please ask the parent/guardian to contact his/her caseworker to report the correct name and date of birth.

### 13.15.8 Search Results Panel Field Descriptions

| Field              | Description   | Field Type | Data Type         | Length |
|--------------------|---|------------|-------------------|--------|
| Certifying Program | Displays the child's eligibility category.                                    | Field      | Character         | 20     |
| Date of Birth      | Displays the child's date of birth.   | Field      | Date (MM/DD/CCYY) | 10     |
| Race               | Displays the child's race.  | Field      | Character         | 15     |
| Recipient ID       | Displays the child's first 12 digits of their Medicaid identification number. | Field      | Number (Integer)  | 12     |
| Recipient Name     | Displays the child's name in Last Name, First Name format.                    | Field      | Character         | 50     |
| Sex                | Displays the child's sex.   | Field      | Character         | 7      |

### 13.15.9 Search Results Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 13.15.10 Search Results Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

## 13.15.11 Search Results Panel Accessibility

### 13.15.11.1 To Access the Search Results Panel

| Step | Action  | Response   |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                          |
| 2    | Click <b>HouseHold Inquiry</b> .                | HouseHold Inquiry panel displays.                |
| 3    | Enter search criteria and click <b>search</b> . | HouseHold Inquiry Search Results panel displays. |

## 14. Trade Files

Trading Partners can upload batch files from directories within their personal computer (PC) or Local Area Network (LAN) to Alabama Medicaid's web server for processing. Authorized users can access the Interactive Services website to perform this function or use a software program that runs on a user's PC or server that connects to the secure website.

Another function within the Interactive Services website allows users to download batch files from Alabama Medicaid's web server to directories within their PC or LAN. Authorized users can access the Interactive Services website to perform this function or use a software program that runs on a user's PC or server that connects to the secure website. The user's site sends a request using the HTTPS protocol containing parameters that include the User ID, the associated password, and the requested transaction type.

From the Trade Files link in the Main Menu toolbar, users can access the following Sub Menu options:

- Download
- Upload

### 14.1 Download

#### 14.1.1 File Download Search Narrative

This window allows the user to download specific files from the state's secure website. The files are ordered by the date they become available, beginning with the most recent. A hyperlink is provided to allow users to download and install Adobe Acrobat Reader which is required to view an electronic Explanation of Payment (EOP).

The File Download panel allows users to download specific files from the Alabama Medicaid secure website. The user has the capability to search for files based on transaction type, and then download selected files from the available files.

Providers or clerks may use this feature to download an electronic Remittance Advice (RA) or their Managed Care Enrollment Roster in the PDF format, which requires Adobe Acrobat Reader.

Navigation Path: [Trade Files] – [Download]

#### 14.1.2 File Download Search Layout

**File Download Search** ? ↗

**Transaction Type\*** PRV-A035-M - Provider Reenrollment Facsimile

**Group Member Provider ID** [ Search ]

search

clear

You will need Adobe Acrobat Reader on your computer to view and/or download reports in PDF format.

Files are listed in order of the date they become available.

### 14.1.3 File Download Search Field Descriptions

| Field            | Description   | Field Type | Data Type          | Length |
|------------------|---|------------|--------------------|--------|
| search           | This button initiates the search.                         | Button     | N/A                | 0      |
| Transaction Type | Displays the transaction type of the file to be searched. | Combo Box  | Drop Down List Box | 0      |

### 14.1.4 File Download Search Field Edit Error Codes

| Field            | Error Message   | To Correct   |
|------------------|---|--|
| Transaction Type | A Transaction Type is required. Please select a Transaction Type and try your search again. | Select a Transaction Type and try your search again. |

### 14.1.5 File Download Search Extra Features

| Field                | Field Type   |
|----------------------|--|
| Adobe Acrobat Reader | Hyperlink to <a href="http://www.adobe.com/products/acrobat/readstep2.html">http://www.adobe.com/products/acrobat/readstep2.html</a> . |

### 14.1.6 File Download Search Accessibility

#### 14.1.6.1 To Access the File Download Search Panel

| Step | Action                     | Response                          |
|------|----------------------------|-----------------------------------|
| 1    | Click <b>Trade Files</b> . | Trade Files page opens.           |
| 2    | Click <b>Download</b> .    | File Download Search panel opens. |

#### 14.1.6.2 To Add on the File Download Search Panel

| Step | Action  | Response   |
|------|---|--|
| 1    | Select <b>Transaction Type</b> from drop down list. |  |
| 2    | Click <b>search</b> .                               | Current Files Available for Download panel displays. |

## 14.2 Current Files Available for Download

### 14.2.1 Current Files Available for Download Panel Narrative

The Current Files Available for Download panel displays the files available for download that match the search criteria from the Download panel.

Navigation Path: [Trade Files] – [Download] – [search]

### 14.2.2 Current Files Available for Download Panel Layout

#### Trading Partner Download Panel Layout

Files are listed in order of the date they become available.

| Current Files Available for Download               |                      |                |                         |  |
|--|----------------------|----------------|-------------------------|--|
| File Name  | Transaction Type     | Date Available | Date Downloaded         |  |
| 4923_4916_405EB6C1_271X12BATCH_37468_100000003.271 | Eligibility Response | 09/26/2007     | 09/26/2007              |  |
| 4832_4826_F590B421_271X12BATCH_36203_100000003.271 | Eligibility Response | 09/20/2007     | Has Not Been Downloaded |  |
| 4644_4640_E5D8B07B_271X12BATCH_34422_100000003.271 | Eligibility Response | 09/14/2007     | Has Not Been Downloaded |  |
| 4608_4596_039B859B_271X12BATCH_34132_100000003.271 | Eligibility Response | 09/13/2007     | Has Not Been Downloaded |  |
| 3794_3788_1229DA7B_271X12BATCH_29929_100000003.271 | Eligibility Response | 09/08/2007     | Has Not Been Downloaded |  |
| 3796_3790_4ADDB291_271X12BATCH_29931_100000003.271 | Eligibility Response | 09/08/2007     | Has Not Been Downloaded |  |
| 3795_3789_6B6ABEE0_271X12BATCH_29930_100000003.271 | Eligibility Response | 09/08/2007     | Has Not Been Downloaded |  |
| 2404_2371_7C950CC2_271X12BATCH_22058_100000003.271 | Eligibility Response | 08/22/2007     | Has Not Been Downloaded |  |
| 2283_2268_B2DD0397_271X12BATCH_20886_100000003.271 | Eligibility Response | 08/17/2007     | Has Not Been Downloaded |  |
| 2282_2267_86E4116A_271X12BATCH_20872_100000003.271 | Eligibility Response | 08/17/2007     | Has Not Been Downloaded |  |

1 2 Next >

#### Provider Download Panel Layout

| Current Reports Available for Download |                   |             |           |             |
|--|-------------------|-------------|-----------|-------------|
| File Name                              | Transaction Type  | Provider ID | Payee ID  | Report Date |
| EOP146766.10132011.pdf                 | Remittance Advice | 1477685717  | 100000009 | 10/13/2011  |
| EOP146325.10112011.pdf                 | Remittance Advice | 1477685717  | 100000009 | 10/11/2011  |
| EOP145910.10062011.pdf                 | Remittance Advice | 1477685717  | 100000009 | 10/06/2011  |
| EOP145191.09292011.pdf                 | Remittance Advice | 1477685717  | 100000009 | 09/29/2011  |
| EOP143858.09212011.pdf                 | Remittance Advice | 1477685717  | 100000009 | 09/21/2011  |
| EOP143059.09152011.pdf                 | Remittance Advice | 1477685717  | 100000009 | 09/15/2011  |
| EOP131684.05122011.pdf                 | Remittance Advice | 1477685717  | 100000009 | 05/12/2011  |

### 14.2.3 Current Files Available for Download Panel Field Descriptions

| Field            | Description  | Field Type | Data Type         | Length |
|------------------|--|------------|-------------------|--------|
| Date Available   | Displays the date the file became available for download.      | Field      | Date (MM/DD/CCYY) | 10     |
| Date Downloaded  | Displays the date the file was downloaded.                     | Field      | Date (MM/DD/CCYY) | 10     |
| File Name        | Displays the name of the file available for download.          | Field      | Alphanumeric      | 50     |
| Payee ID         | Displays the Payee ID for the Remittance Advice.               | Field      | Character         | 10     |
| Provider ID      | Displays the individual Provider ID for the Remittance Advice. | Field      | Character         | 10     |
| Report Date      | Date the Remittance Advice is generated.                       | Field      | Date (MM/DD/CCYY) | 10     |
| Transaction Type | Displays the file type.  | Field      | Alphanumeric      | 20     |

#### 14.2.4 Current Files Available for Download Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

#### 14.2.5 Current Files Available for Download Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

#### 14.2.6 Current Files Available for Download Panel Accessibility

##### 14.2.6.1 To Access the Current Files Available for Download Panel

| Step | Action  | Response   |
|------|---|--|
| 1    | Click <b>Trade Files</b> .                          | Trade Files page opens.                              |
| 2    | Click <b>Download</b> .                             | File Download Search panel opens.                    |
| 3    | Select a transaction type and click <b>search</b> . | Current Files Available for Download panel displays. |

## 14.3 Upload

### 14.3.1 File Upload Panel Narrative

The Upload panel allows the user to upload HIPAA compliant files to the Alabama Medicaid secure web server. A Trading Partner has the capability to view all the files uploaded to the Alabama Medicaid secure web server. This option is not available under a Provider logon.

Navigation Path: [Trade Files] – [Upload]

#### NOTE:

Each field which contains an asterisk represents a required field. Therefore, the corresponding panel is not considered complete until those fields have been completed with the appropriate data.

### 14.3.2 File Upload Panel Layout

### 14.3.3 File Upload Panel Field Descriptions

| Field            | Description  | Field Type | Data Type          | Length |
|------------------|--|------------|--------------------|--------|
| Browse           | This button allows the user to navigate their hard drive to select a local file they wish to upload. | Button     | N/A                | 0      |
| upload           | This button initiates the upload process.  | Button     | N/A                | 0      |
| Transaction Type | Displays a type of transaction that is being transmitted.  | Combo Box  | Drop Down List Box | 0      |
| Save As Filename | Displays the name the user wishes to name the uploaded file. This overrides the selected file name.  | Field      | Alphanumeric       | 50     |
| Upload File      | Allows the user to select the file they wish to upload.  | Field      | Character          | 50     |

### 14.3.4 File Upload Panel Field Edit Error Codes

| Field  | Error Message  | To Correct  |
|--------|--|---|
| Upload | Please select a file to upload.  | Click on <browse> button to select a file to upload onto the server.        |
|        | File is either invalid or has 0 bytes size. Please validate file and upload again. | File selected for upload is empty. Select a non-empty or correct file name. |

| Field            | Error Message                 | To Correct                 |
|------------------|-------------------------------|----------------------------|
| Transaction Type | Transaction Type is required. | Select a Transaction Type. |

### 14.3.5 File Upload Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 14.3.6 File Upload Panel Accessibility

#### 14.3.6.1 To Access the File Upload Panel

| Step | Action                     | Response                 |
|------|----------------------------|--------------------------|
| 1    | Click <b>Trade Files</b> . | Trade Files page opens.  |
| 2    | Click <b>Upload</b> .      | File Upload panel opens. |

#### 14.3.6.2 To Add on the File Upload Panel

| Step | Action  | Response   |
|------|---|--|
| 1    | Click <b>Browse</b> .                               | Allows the user to navigate their hard drive to select a local file to upload. |
| 2    | Select <b>Transaction Type</b> from drop down list. | Identifies the type of file being uploaded.                                    |
| 3    | Enter <b>Save as filename</b> .                     | Overrides the selected file name.  |
| 4    | Click <b>upload</b> .                               | Uploads file and Uploaded Files panel displays.                                |

## 14.4 Uploaded Files

### 14.4.1 Uploaded Files Panel Narrative

The Uploaded Files panel allows users to view files that have been uploaded to the Alabama Medicaid secure website using the File Upload panel.

Navigation Path: [Trade Files] – [Upload – [click on upload]

### 14.4.2 Uploaded Files Panel Layout

| Uploaded Files |                      |                           |                 |
|----------------|----------------------|---------------------------|-----------------|
| Date Uploaded  | Type                 | File Name                 | Tracking Number |
| 09/19/2007     | HIPAA (X12 or NCPDP) | c:\alhipaa\temp\PHYS.FIL  | 4696            |
| 09/18/2007     | HIPAA (X12 or NCPDP) | c:\alhipaa\temp\PHYS.FIL  | 4688            |
| 09/18/2007     | HIPAA (X12 or NCPDP) | c:\alhipaa\temp\PHYS.FIL  | 4686            |
| 09/18/2007     | HIPAA (X12 or NCPDP) | c:\alhipaa\temp\PHYS.FIL  | 4684            |
| 09/17/2007     | HIPAA (X12 or NCPDP) | c:\alhipaa\temp\PHYS.FIL  | 4659            |
| 09/17/2007     | HIPAA (X12 or NCPDP) | c:\alhipaa\temp\PHYS.FIL  | 4657            |
| 09/17/2007     | HIPAA (X12 or NCPDP) | c:\alhipaa\temp\DENT.FIL  | 4655            |
| 09/17/2007     | HIPAA (X12 or NCPDP) | C:\alhipaa\temp\CLMST.FIL | 4652            |
| 09/17/2007     | HIPAA (X12 or NCPDP) | C:\alhipaa\temp\ELIG.FIL  | 4651            |
| 09/17/2007     | HIPAA (X12 or NCPDP) | c:\alhipaa\temp\DENT.FIL  | 4649            |

< Previous 1 2 3 4 5 6 7 8 9 10 ... Next >

### 14.4.3 Uploaded Files Panel Field Descriptions

| Field           | Description  | Field Type | Data Type         | Length |
|-----------------|--|------------|-------------------|--------|
| Date Uploaded   | Displays the date the file was uploaded.                                   | Field      | Date (MM/DD/CCYY) | 10     |
| File Name       | Displays the name of the file that was uploaded.                           | Field      | Alphanumeric      | 30     |
| Tracking Number | Displays the tracking number used to identify and track the uploaded file. | Field      | Number (Integer)  | 15     |
| Type            | Displays the type of file that was uploaded.                               | Field      | Alphanumeric      | 25     |

### 14.4.4 Uploaded Files Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 14.4.5 Uploaded Files Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

## 14.4.6 Uploaded Files Panel Accessibility

### 14.4.6.1 To Access the Uploaded Files Panel

| Step | Action  | Response   |
|------|---|--|
| 1    | Click <b>Trade Files</b> .                          | Trade Files page opens.  |
| 2    | Click <b>Upload</b> .                               | File Upload panel opens.   |
| 3    | Click <b>Browse</b> .                               | Allows the user to navigate their hard drive to select a local file to upload. |
| 4    | Select <b>Transaction Type</b> from drop down list. | Identifies the type of file being uploaded.                                    |
| 5    | Enter <b>Save as filename</b> .                     | Overrides the selected file name.  |
| 6    | Click <b>upload</b> .                               | Uploads file and Uploaded Files panel displays.                                |

## 14.5 Claim Level Detail

### 14.5.1 Claim Level Detail Panel Narrative

This panel is to provide Drug Rebate Information on a Web Portal. The information will be accessed by Drug Manufacturers. The information to be provided will include Drug Rebate Invoices and Drug Rebate Related Claims data.

Navigation Path: [Trade Files] – [Claim Level Detail]

### 14.5.2 Claim Level Detail Panel Layout

The screenshot displays the 'Claim Detail Level' interface. It includes a search section with fields for NDC (00071-0362-24), Invoice Period (1/2005), and Invoice Type (Federal). Below this is the 'Drug Information' section with fields for Invoice Type (Federal), Invoice Period (1/2005), NDC (00071-0362-24), Drug Desc (DILANTIN 100 MG KAP), Strength (100 mg), Pkg Size (100), and CMS Unit (CAP). The 'Claim Details' section contains a table with columns: Original Qtr Paid, Invoice Period, Provider ID, FDOS, ICN, Prescription Number, Paid Claims Units, Rebate Units, TPL Amt, Reimbursed Amt, Paid Date, and Claim Type. A 'Download File' button is located at the bottom left of the table.

| Original Qtr Paid | Invoice Period | Provider ID | FDOS       | ICN           | Prescription Number | Paid Claims Units | Rebate Units | TPL Amt | Reimbursed Amt | Paid Date  | Claim Type         |
|-------------------|----------------|-------------|------------|---------------|---------------------|-------------------|--------------|---------|----------------|------------|--------------------|
| 1/2005            | 1/2005         | 1730304353  | 08/26/2003 | 4105034551039 | 000000413580        | 100               | 100          | \$0.00  | \$29.34        | 02/04/2005 | PHARMACY           |
| 1/2005            | 1/2005         | 1730304353  | 10/31/2003 | 4105034551041 | 000000413580        | 100               | 100          | \$0.00  | \$29.34        | 02/04/2005 | PHARMACY           |
| 1/2005            | 1/2005         | 1730304353  | 12/30/2004 | 4004365555852 | 000000464164        | 100               | 100          | \$0.00  | \$32.39        | 01/07/2005 | PHARMACY           |
| 1/2005            | 1/2005         | 1730304353  | 02/02/2005 | 4005005203566 |                     | 100               | 100          | \$0.00  | \$33.83        | 01/07/2005 | PROFESSIONAL       |
| 1/2005            | 1/2005         | 1730304353  | 02/02/2005 | 4005033561434 | 000000464164        | 100               | 100          | \$0.00  | \$33.83        | 02/04/2005 | PHARMACY           |
| 1/2005            | 1/2005         | 1730304353  | 02/02/2005 | 4005039400184 |                     | 100               | 100          | \$0.00  | \$33.83        | 02/18/2005 | OUTPATIENT         |
| 1/2005            | 1/2005         | 1730304353  | 02/02/2005 | 4105042082015 |                     | 100               | 100          | \$0.00  | \$33.83        | 02/18/2005 | OUTPATIENT XOVER   |
| 1/2005            | 1/2005         | 1730304353  | 02/02/2005 | 4105063040738 |                     | 100               | 100          | \$0.00  | \$33.83        | 03/04/2005 | PROFESSIONAL XOVER |
| 1/2005            | 1/2005         | 1730304353  | 03/04/2005 | 4005063555507 | 000000464164        | 100               | 100          | \$0.00  | \$33.83        | 03/04/2005 | PHARMACY           |
| 1/2005            | 2/2005         | 1730304353  | 10/06/2003 | 4105034551040 | 000000413580        | 100               | 100          | \$0.00  | \$29.34        | 02/04/2005 | PHARMACY           |
| 1/2005            | 3/2005         | 1730304353  | 07/28/2003 | 4105034551059 | 000000413580        | 100               | 100          | \$0.00  | \$29.34        | 02/04/2005 | PHARMACY           |

### 14.5.3 Claim Level Detail Panel Field Descriptions

| Field         | Description  | Field Type | Data Type          | Length |
|---------------|--|------------|--------------------|--------|
| Clear         | This button clears all the search criteria fields.   | Button     | N/A                | 0      |
| Download File | This button allows end users to download an excel spreadsheet file of the Claim Level Detail search results. | Button     | N/A                | 0      |
| Search        | Search for NDC in a user given Invoice Period and Invoice Type by the user.                                  | Button     | N/A                | 0      |
| Invoice Type  | The Invoice Type code which pertains to the Drug Rebate programs, such as                                    | Combo Box  | Drop Down List Box | 0      |

| Field             | Description   | Field Type | Data Type         | Length |
|-------------------|---|------------|-------------------|--------|
|                   | Federal or Supplemental.  |            |                   |        |
| CMS Unit          | Indicates a product's unit of measure, as supplied on the Centers for Medicare and Medicaid Services' (CMS, formerly HCFA) quarterly update. These units represent the standard measurements used by CMS for determining rebate quantities. | Field      | Character         | 3      |
| Claim Type        | The type of claim that was submitted for this NDC.  | Field      | Character         | 50     |
| Drug Desc         | Contains the name that appears on the package label provided by the manufacturer. This column is populated for all products, brand and generic.   | Field      | Character         | 35     |
| FDOS              | The date on which the drug was dispensed.   | Field      | Date (MM/DD/CCYY) | 8      |
| ICN               | The transaction control number for the claim.   | Field      | Number            | 13     |
| Invoice Period    | Invoice Period - It is in Q/CCYY format. Q indicates the quarter when the claims billed on the invoice were paid, and CCYY is a four digit year for the invoice period.   | Field      | Number            | 5      |
| NDC               | National Drug Code (NDC) of the drug invoiced. This field comprises the five digit labeler code, four digit product code, and the two digit package size code   | Field      | Number            | 11     |
| Original Qtr Paid | Original Qtr Paid is the Original Quarter Paid. It is in a format of Q/CCYY, which quarter (Q) is the quarter of the invoice period and CCYY is a four digit year for the invoice period.   | Field      | Number            | 5      |
| Paid Claim Units  | Total units dispensed for an NDC for a given quarter.   | Field      | Number            | 13     |

| Field               | Description  | Field Type | Data Type         | Length |
|---------------------|--|------------|-------------------|--------|
| Paid Date           | The date that was paid for this NDC.   | Field      | Date (MM/DD/CCYY) | 8      |
| Pkg Size            | This field contains the metric quantity used to derive a unit price. It is the usual labeled quantity from which the pharmacist dispenses, such as 100 tablets, 1000 capsules, 20 ml vial, etc.  | Field      | Number            | 11     |
| Prescription Number | The prescription number for the drug dispensed.  | Field      | Character         | 7      |
| Provider ID         | Uniquely identify a provider.  | Field      | Number            | 9      |
| Rebate Unit         | Total units rebate given for an NDC for a given quarter.   | Field      | Number            | 13     |
| Reimbursed Amt      | Total dollar reimbursed to providers for a specific claim.   | Field      | Number            | 11     |
| Strength            | The Drug Strength Description (STR) is a description of drug potency in units of grams, milligrams, percentage, and other terms. Strength is expressed in metric units. This field includes needle sizes, length of devices, and release rates of transdermal patches. | Field      | Character         | 60     |
| TPL Amt             | Third Party Liability Amount   | Field      | Number            | 11     |

#### 14.5.4 Claim Detail Level Panel Field Edit Error Codes

| Field          | Error Message                               | To Correct  |
|----------------|---|---|
| Download File  | Unable to find information on this NDC.     | Enter a valid NDC.  |
|                | You are not allowed to search by this NDC.  | Enter a NDC under this user account.  |
| Invoice Period | The Invoice Period is required (in Q/CCYY). | Enter Invoice Period in the format of Q/CCYY. (e.g. - The third quarter of 2010 needs to be entered in as 3/2010) |

| Field | Error Message   | To Correct  |
|-------|---|---|
|       | Invoice Period must be 5 digits if entered (in Q/CCYY). | Enter Invoice Period in the format of Q/CCYY. (e.g. - The third quarter of 2010 needs to be entered in as 3/2010) |
|       | Invoice Period must be numeric (in Q/CCYY).             | Enter Invoice Period in the format of Q/CCYY. (e.g. - The third quarter of 2010 needs to be entered in as 3/2010) |
|       | Format: Q/CCYY; Quarter (Q) must be 1, 2, 3, or 4.      | Enter Invoice Period in the format of Q/CCYY. (e.g. - The third quarter of 2010 needs to be entered in as 3/2010) |
| NDC   | You are not allowed to search by this NDC.              | Enter a NDC code that is under this user account.   |
|       | An 11 digit NDC Code is required.                       | Enter an 11 digit (numeric) NDC code.   |
|       | NDC must be numeric, please enter a valid NDC.          | Enter an 11 digit (numeric) NDC code.   |

### 14.5.5 Claim Level Detail Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 14.5.6 Claim Level Detail Panel Accessibility

#### 14.5.6.1 To Access the Claim Level Detail Panel

| Step | Action  | Response                           |
|------|---|------------------------------------|
| 1    | Enter <b>User Name</b> and <b>Password</b> ; Click <b>Login</b> . | Main Menu page displays.           |
| 2    | Point to <b>Trade Files</b> and click <b>Claim Level Detail</b> . | Claim Level Detail panel displays. |

## 14.6 Forms Panel Overview

### 14.6.1 Forms Panel Narrative

The Forms panel is available through the secure Provider web portal and allows end users to perform a search for and complete the following LTC forms necessary for the submission of medical history records: Hospice, LTC, IP Psychiatric, PEC Bed and Swing Bed and Psychiatric Retrospective Review records for review.

Upon completion of the forms, supporting medical history record articles will be uploaded or faxed directly into Feith.

Navigation Path: [Trade Files] – [Forms]

### 14.6.2 Forms Panel Layout

The screenshot shows a web interface for the Forms panel. At the top, there is a navigation bar with tabs: Home, NDC Look Up, Information, Provider Search, Account, Trade Files, and Providers. Below this, there is a sub-navigation bar with Home and Forms. The main content area is titled 'Forms' and contains a search form. The form has a dropdown menu labeled 'Form Name\*' with a downward arrow. To the right of the dropdown are two buttons: 'search' and 'clear'. There are also help and refresh icons in the top right corner of the form area.

### 14.6.3 Forms Panel Field Descriptions

| Field     | Description   | Field Type | Data Type | Length |
|-----------|---|------------|-----------|--------|
| clear     | This button clears all the search criteria fields.  | Button     | N/A       | 0      |
| Form Name | Displays the names of the Form to be searched. Valid options include: <ul style="list-style-type: none"> <li>LTC - Hospice Records</li> <li>LTC - LTC Records</li> <li>LTC - PEC/Swing Bed Records</li> <li>LTC - Psychiatric/Retrospective Review Records</li> </ul> | Combo Box  | Character | 0      |
| search    | This button initiates the search.   | Button     | N/A       | 0      |

### 14.6.4 Forms Panel Field Edit Error Codes

The form functionality itself is that of Feith. It resides within the Web Portal in this panel. The error messages below are those of the Feith form functionality and not that of the Web Portal.

| Form | Field                | Error Message                              | Corrective Action           |
|------|----------------------|--|-----------------------------|
| All  | Medicaid ID          | "Medicaid ID" is a required field          | Enter Medicaid ID.          |
|      | Recipient First Name | "Recipient First Name" is a required field | Enter Recipient First Name. |
|      | Recipient Last Name  | "Recipient Last Name"                      | Enter Recipient Last        |

| Form  | Field                               | Error Message                                   | Corrective Action   |
|---|-------------------------------------|---|---|
|   |                                     | is a required field                             | Name.   |
|   | Provider ID                         | "Provider ID" is a required field               | Enter Provider ID.  |
|   | Provider First Name                 | "Provider First Name" is a required field       | Enter Provider First Name.  |
|   | Provider Last Name                  | "Provider Last Name" is a required field        | Enter Provider Last Name.   |
|   | Provider Mailing Address Line 1     | "Mailing Address" is a required field           | Enter Provider Mailing Address.   |
|   | Provider City                       | "City" is a required field                      | Enter Provider City.  |
|   | Provider Zip Code                   | "Zip" is a required field                       | Enter Provider Zip Code.  |
|   | Provider Contact Telephone Number   | "Phone" is a required field                     | Enter Provider Telephone number.  |
|   | Provider Email Address              | "Email" is a required field                     | Enter Provider Email address.   |
|   | Medicaid ID                         | Please enter a valid Medicaid ID.               | Enter a valid Medicaid ID. A valid Medicaid ID is 13 digits and numeric in value.               |
|   | Provider ID                         | Please enter a valid Provider ID.               | Enter a valid Provider ID. A valid Provider ID is 6-13 digits and can be alphanumeric in value. |
|   | Zip Code                            | Please enter a valid zip code.                  | Enter a valid zip code. A valid zip code includes 5 digit zip or zip plus four.                 |
|   | To upload a document in PDF format: | File "XXXX.xlsx" has an invalid extension.      | Upload a PDF document for submission  |
| PEC / Swing Bed Records and Psychiatric Retrospective Records | Type of Record Submitting           | "Type of Record Submitting" is a required field | Select a Type of Record from the drop down listing.   |
| Psychiatric Retrospective Records                             | Source of Admission                 | "Source of Admission" is a required field       | Select a Source of Admission from the drop down listing.  |

## 14.6.5 Forms Panel Extra Features

| Field                                 | Feature   |
|---------------------------------------|---|
| To upload documentation in PDF format | The name of the document being uploaded is displayed on the screen for the user.  |
| All Fields                            | Field validations are in place to alert the user of miskeyed information. See Error Codes listing above.                                      |
| Barcode                               | Beneath the barcode on the generated coversheet, the unique Record ID is present for the user.  |
| Print Friendly View                   | The Print Friendly View button removes the confirmation message for a clean print view of the fax coversheet.                                 |
| Confirmation Message                  | The “Your form was submitted successfully.” Message is displayed following successful creation of fax coversheet and upload of documentation. |

## 14.6.6 Forms Panel Accessibility

### 14.6.6.1 To Access the Forms Panel

| Step | Action  | Response                 |
|------|---|--------------------------|
| 1    | Enter <b>User Name</b> and <b>Password</b> ; Click <b>Login</b> . | Main Menu page displays. |
| 2    | Point to <b>Trade Files</b> and click <b>Forms</b> .              | Forms panel displays.    |

### 14.6.6.2 To Submit a Form or Fax Medical Records

| Step | Action  | Response   |
|------|---|--|
| 1    | Select <b>Form Name</b> from drop down list.  |  |
| 2    | Click <b>search</b> .   | Selected form displays.  |
| 3    | Complete all fields.<br><b>Please Note:</b> Record ID is auto generated and requires no action by the user. | Failure to complete required fields will result in error. Please refer to Error Codes listing above for corrective action.                                       |
| 4    | To upload documentation, press the Browse button and select required documentation in PDF format.           | Document will be uploaded upon form submission.  |
| 5    | Press the <b>Submit</b> button.   | Form will be successfully saved along with any supporting documentation uploaded. User is automatically taken to Fax Coversheet page for printing and retention. |
| 6    | Select the <b>Print Friendly View</b> button.   | Print the barcode coversheet or save as a PDF and retain for records in the event additional documentation is required.  |
| 7    | Fax required medical records documentation with barcode coversheet on top to (334) 215-7416.                | Successful transmission of medical records.  |

| Step | Action   | Response |
|------|--|----------|
|      | <ul style="list-style-type: none"><li>• Do not fax double sided pages.</li><li>• Do not fax multiple sets of records at the same time. Each fax should be sent separately.</li><li>• The bar code cover sheet is required for each fax submission. A fax submission cannot be processed without the bar coded cover sheet. DO NOT place anything on the bar code on the cover sheet or alter it in any manner.</li></ul> |          |

## 15. Prior Authorization

The Prior Authorization features allow users to search for or submit prior authorizations via the Interactive Services website.

From the Prior Authorization link in the Main Menu toolbar, users can access the following Sub Menu options:

- Search
- Submit
- Submit New

### 15.1 Prior Authorization Search

#### 15.1.1 Prior Authorization Search Panel Narrative

The Prior Authorization panel allows users to search for prior authorizations and determine their status. The user has the capability to view the details and status of each prior authorization submitted or start a new prior authorization.

The corresponding prior authorization search results appear on the Prior Authorization panel in a list of ten prior authorizations per page. This list contains summary information about the prior authorization. The prior authorization number is hyperlinked to the prior authorization Submit panel for review. The prior authorization wizard process, used to submit a new prior authorization request, can be initiated by clicking the add button.

Navigation Path: [Prior Authorization] – [Search]

#### 15.1.2 Prior Authorization Search Panel Layout

#### 15.1.3 Prior Authorization Search Panel Field Descriptions

| Field                     | Description   | Field Type | Data Type         | Length |
|---------------------------|---|------------|-------------------|--------|
| add                       | This button initiates adding a new prior authorization. | Button     | N/A               | 0      |
| clear                     | This button clears all the search criteria fields.      | Button     | N/A               | 0      |
| search                    | This button initiates the query.                        | Button     | N/A               | 0      |
| Authorized Effective Date | The date the PA becomes active for claims processing.   | Field      | Date (MM/DD/CCYY) | 8      |

| Field               | Description  | Field Type | Data Type          | Length |
|---------------------|--|------------|--------------------|--------|
| Authorized End Date | The date the PA is no longer active for claims processing.   | Field      | Date (MM/DD/CCYY)  | 8      |
| Diagnosis           | Displays the diagnosis code.   | Field      | Alphanumeric       | 7      |
| ICD Version         | This field has no label. It is used to identify which ICD Version of the Diagnosis code needs to be used in the search criteria. Valid values are BLANK, ICD-9 and ICD-10. | Combo Box  | Drop Down List Box | 0      |
| NDC                 | Displays the National Drug Code used to identify a specific drug.  | Field      | Alphanumeric       | 11     |
| PA Assignment       | Displays the type of the prior authorization request. Refer to section 15.1.1 for details on PA Assignment Codes.  | Combo Box  | Drop Down List Box | 0      |
| Prior Authorization | Displays the number assigned to identify a specific Prior Authorization request.   | Field      | Alphanumeric       | 10     |
| Procedure           | Displays the code to uniquely identify a procedure.  | Field      | Alphanumeric       | 9      |
| Recipient ID        | Displays the recipient who received the service.   | Field      | Alphanumeric       | 13     |
| Recipient Name      | Displays the recipient name. (Read-Only)   | Field      | Alphanumeric       | 40     |
| Start Date          | Displays the date the prior authorization was added.   | Field      | Date (MM/DD/CCYY)  | 10     |
| Status              | Displays the status of the prior authorization.  | Combo Box  | Drop Down List Box | 0      |

#### 15.1.4 Prior Authorization Search Panel Field Edit Error Codes

| Field               | Error Message  | To Correct  |
|---------------------|--|---|
| ICD Version         | Diagnosis code required if ICD Version is not blank. | Enter a diagnosis code or select "BLANK" for the ICD Version. |
| Prior Authorization | Prior Authorization is not valid.                    | Enter a valid Prior Authorization number.                     |
| Recipient ID        | Recipient ID is not valid.                           | Enter a valid Recipient ID.                                   |
|                     | Recipient ID or Prior Authorization is required.     | Enter either a Recipient ID or a Prior Authorization number.  |

#### 15.1.5 Prior Authorization Search Panel Extra Features

| Field | Field Type |
|-------|------------|
|-------|------------|

| Field          | Field Type   |
|----------------|--|
| Recipient Name | Read-only field displays after Recipient ID field populated. |

## 15.1.6 Prior Authorization Search Panel Accessibility

### 15.1.6.1 To Access the Prior Authorization Search Panel

| Step | Action                             | Response                                   |
|------|------------------------------------|--|
| 1    | Click <b>Prior Authorization</b> . | Prior Authorization page displays.         |
| 2    | Click <b>Search</b> .              | Prior Authorization Search panel displays. |

### 15.1.6.2 To Search on the Prior Authorization Search Panel

| Step | Action   | Response  |
|------|--|---|
| 1    | Enter one or a combination of the following fields: <b>Prior Authorization</b> number, <b>Start Date</b> , <b>Authorized Effective Date</b> , <b>NDC</b> or click [Search] to select from list, <b>Procedure</b> or click [Search] to select from list, <b>Diagnosis</b> or click [Search] to select from list, <b>Recipient ID</b> , <b>Authorized End Date</b> , <b>Status</b> and/or <b>PA Assignment</b> . | Clicking [Search] activates the NDC, Procedure, and/or Diagnosis Search panel(s). Refer to Chapter 14 for additional information regarding these pop-up panels. |
| 2    | Click <b>search</b> .  | Clicking search displays the Prior Authorization Search panel.  |

#### NOTE:

“No rows found” indicates a match was not identified based on the search criteria. A user can refine his or her search or contact the HPES Provider Assistance Center at 1 (800) 688-7989 for additional assistance during normal business hours; Monday – Friday from 8:00am – 5:00pm CST.

## 15.2 Prior Authorization Search Results

### 15.2.1 Search Results Panel Narrative

The Prior Authorization Search Results panel displays records that match the search criteria from the Prior Authorization Search panel.

This panel displays the prior authorization information that matched the search criteria.

Navigation Path: [Prior Authorization] – [Search] – [search]

### 15.2.2 Search Results Panel Layout

| Prior Authorization | Recipient ID | Last Name | First Name | Authorized Eff Date | Authorized End Date | Status     | PA Assignment  | Start Date | Procedure | NDC | ICD Version | Diagnosis |
|---------------------|--------------|-----------|------------|---------------------|---------------------|------------|----------------|------------|-----------|-----|-------------|-----------|
| 50091               | 50001        | SH        | JO         | 0                   | 0                   | Evaluation | SURGICAL       | 04/17/2009 |           |     |             |           |
| 50101               | 50001        | SH        | JO         | 0                   | 0                   | Evaluation | SURGICAL       | 05/25/2010 | D2951     |     |             |           |
| 50102               | 50001        | SH        | JO         | 0                   | 0                   | Evaluation | SURGICAL       | 09/08/2010 | 0002F     |     |             |           |
| 50101               | 50001        | SH        | JO         | 0                   | 0                   | Evaluation | SURGICAL       | 05/25/2010 | D2951     |     |             |           |
| 50101               | 50001        | SH        | JO         | 0                   | 0                   | Evaluation | MEDICAL CARE   | 05/25/2010 | D2951     |     |             |           |
| 50111               | 50001        | SH        | JO         | 0                   | 0                   | Evaluation | DME - PURCHASE | 04/28/2011 | 0006F     |     | 9           | V874678   |
| 50121               | 50001        | SH        | JO         | 0                   | 0                   | Evaluation | MEDICAL CARE   | 04/12/2012 | 0001F     |     |             |           |
| 50096               | 50001        | SH        | JO         | 0                   | 0                   | Evaluation | DENTAL CARE    | 03/19/2009 |           |     | 9           | 0020      |
| 50096               | 50001        | SH        | JO         | 0                   | 0                   | Evaluation | DENTAL CARE    | 03/18/2009 | D2951     |     | 9           | 0011      |
| 50091               | 50001        | SH        | JO         | 0                   | 0                   | Evaluation | DENTAL CARE    | 04/15/2009 |           |     |             |           |

1 2 Next >

### 15.2.3 Search Results Panel Field Descriptions

| Field               | Description   | Field Type | Data Type         | Length |
|---------------------|---|------------|-------------------|--------|
| Authorized Eff Date | The date the PA becomes active for claims processing.   | Field      | Date (MM/DD/CCYY) | 8      |
| Authorized End Date | The date the PA is no longer active for claims processing.  | Field      | Date (MM/DD/CCYY) | 8      |
| Diagnosis           | Displays the diagnosis code.  | Field      | Alphanumeric      | 7      |
| First Name          | Displays the first name of the recipient.   | Field      | Character         | 13     |
| ICD Version         | Indicates ICD Version of the Diagnosis code.  | Field      | Character         | 1      |
| Last Name           | Displays the last name of the recipient.  | Field      | Character         | 15     |
| NDC                 | Displays the National Drug Code used to uniquely identify a drug.   | Field      | Alphanumeric      | 11     |
| PA Assignment       | Displays the type of prior authorization request.   | Field      | Alphanumeric      | 20     |
| Prior Authorization | Displays the prior authorization number. Clicking the link will direct user to the Prior Authorization Detailed Info Display panel. | Field      | Alphanumeric      | 10     |
| Procedure           | Displays the code to uniquely identify a procedure.   | Field      | Alphanumeric      | 5      |

| Field        | Description   | Field Type | Data Type         | Length |
|--------------|---|------------|-------------------|--------|
| Recipient ID | Displays the Recipient's first 12-digits of their Medicaid identification number, for who received the service. | Field      | Alphanumeric      | 12     |
| Start Date   | Displays the date the prior authorization was added.  | Field      | Date (MM/DD/CCYY) | 10     |
| Status       | Displays the Prior Authorization current status.  | Field      | Alphanumeric      | 11     |
| Next         | Displays the link to the next page of search results.   | Hyperlink  | N/A               | 0      |
| Previous     | Displays the link to the previous page of search results.   | Hyperlink  | N/A               | 0      |

### 15.2.4 Search Results Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 15.2.5 Search Results Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 15.2.6 Search Results Panel Accessibility

#### 15.2.6.1 To Access the Search Results Panel

| Step | Action  | Response   |
|------|---|--|
| 1    | Click <b>Prior Authorization</b> .              | Prior Authorization page displays.                 |
| 2    | Click <b>Search</b> .                           | Prior Authorization Search panel displays.         |
| 3    | Enter search criteria and click <b>search</b> . | Prior Authorization Search Results panel displays. |

## 15.3 Prior Authorization Submit

### 15.3.1 Prior Authorization Submit Panel Narrative

The Prior Authorization Submit panel allows users to update a prior authorization (PA) using the web application. The user has the capability to review/update existing PAs. Users can also view/update the notes provided for the PA. However, only the requesting provider is permitted to view/update a prior authorization request.

Navigation Path: [Prior Authorization] – [Search] - [search] - [select row in search results]

**NOTE:**

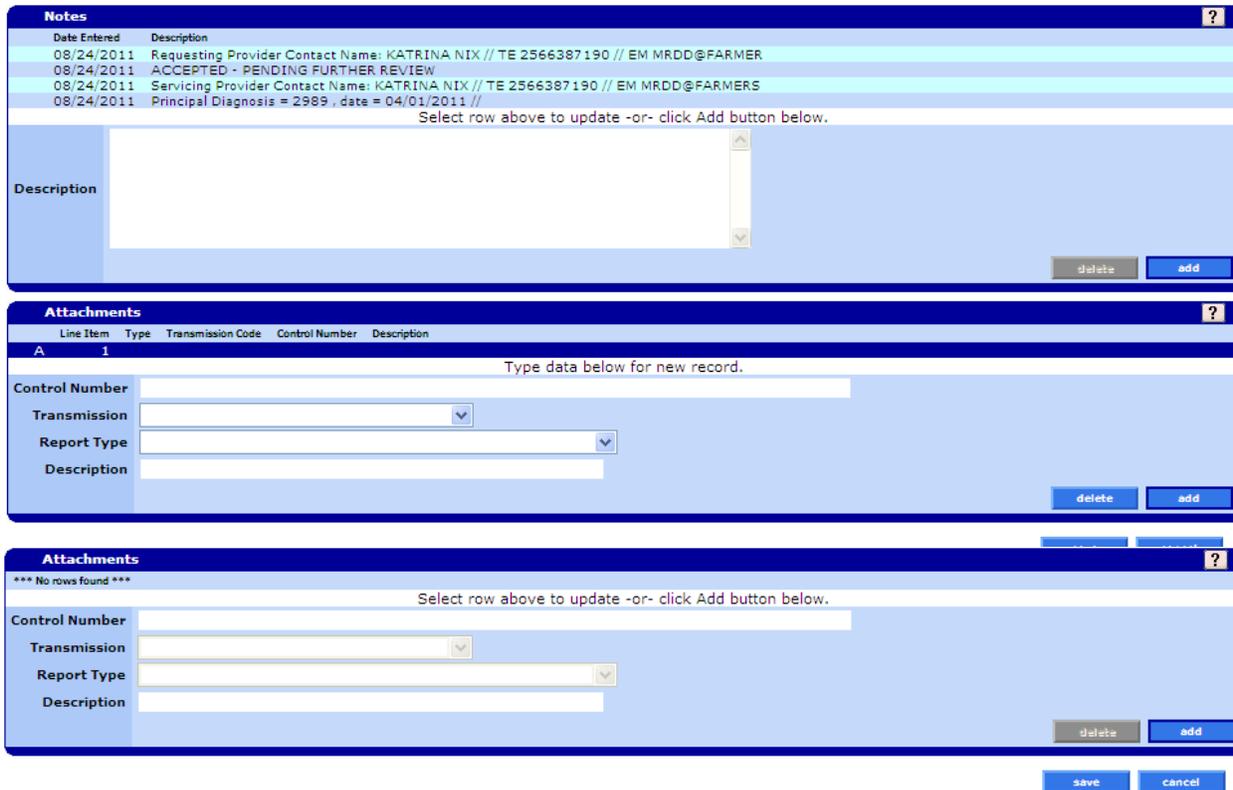
Each field which contains an asterisk represents a required field. Therefore, the prior authorization is not considered complete until those fields have been completed with the appropriate data.

### 15.3.2 Prior Authorization Submit Panel Layout

The screenshot displays the 'Prior Authorization Submit Panel' interface. It is divided into two main sections: 'Base Information' and 'Line Item'.

**Base Information:** This section contains fields for 'Prior Authorization' (500\*), 'Recipient ID' (5000\*), 'Last Name' (SH\*), 'First Name, MI' (JC\*), and 'Date of Birth' (0\*/0\*). On the right side, it includes 'PA Assignment' (DENTAL CARE), 'Diagnosis' (0020\*), 'Servicing Provider' (00\*), 'Clerk' (PUBLIXTE), 'Provider' (15\*), and 'Managed Care Indicator' (Yes).

**Line Item:** This section features a table with columns: Line Item, Requested Units, Requested Dollars, Authorized Units, Authorized Dollars, Procedure, Thru Service, NDC, Revenue Code, and Status. A single row is shown for Line Item 01 with 3,000 units requested for \$23.00, 0.000 units authorized for \$0.00, under procedure 111 with status 'Evaluation'. Below the table is a form for editing the selected row, including fields for Service Type Code, Procedure, Thru Service, Modifiers, Teeth (1-8), Quad, NDC Lock, Revenue Code, Status, Requested Eff/End Dates, Requested Units/Dollars, Authorized Eff/End Dates, Balance Units/Dollars, Quantity Used Units/Dollars, and Authorized Units/Dollars. 'delete' and 'add' buttons are located at the bottom right.



### 15.3.3 Prior Authorization Submit Field Descriptions

| Field                    | Description   | Field Type | Data Type         | Length |
|--------------------------|---|------------|-------------------|--------|
| add                      | This button is used to add data to a panel.   | Button     | N/A               | 0      |
| cancel                   | This button cancels the current operation and discards any changes.   | Button     | N/A               | 0      |
| delete                   | This button removes the record.   | Button     | N/A               | 0      |
| save                     | This button saves current operation and re-submits the request to Medicaid.                                   | Button     | N/A               | 0      |
| Authorized Eff/End Dates | Displays the requested prior authorization start and stop date for the line item. (Read-Only)                 | Field      | Date (MM/DD/CCYY) | 10     |
| Authorized Units/Dollars | Displays the units and/or dollar amount authorized for the prior authorization line item service. (Read-Only) | Field      | Number (Decimal)  | 14     |
| Balance Units/Dollars    | Displays the units and/or dollar amount balance for the prior authorization line item service. (Read-Only)    | Field      | Number (Decimal)  | 14     |

| Field                          | Description   | Field Type | Data Type          | Length |
|--------------------------------|---|------------|--------------------|--------|
| Clerk                          | Displays the clerk that entered the prior authorization. Defaulted to clerk that is logged in. Consist of User Name and First and Last Name. (Read-Only)  | Field      | Alphanumeric       | 130    |
| Control Number                 | Displays the attachment/paperwork identifier (E.G. Document Control Number).  | Field      | Character          | 80     |
| Date Entered [Notes List]      | Displays the date that the PA note was entered. (Read-Only)   | Field      | Date (MM/DD/CCYY)  | 10     |
| Date of Birth                  | Displays the date of birth of the recipient. (Read-Only)  | Field      | Date (MM/DD/CCYY)  | 10     |
| Description                    | Displays the free form text for the internal text (clinical note).  | Field      | Character          | 900    |
| Description [Attachment Panel] | Displays the free form text for the attachment/paperwork.   | Field      | Character          | 80     |
| Diagnosis                      | Displays the diagnosis code.  | Field      | Alphanumeric       | 7      |
| First Name, MI                 | Displays the first name and middle initial of the recipient on the header. (Read-Only and defaulted on header panel.)   | Field      | Character          | 15     |
| ICD Version                    | This field has no label and is read only. It is used to identify which ICD Version of Diagnosis code will be saved. Value of ICD Version will not be saved in the table.                                    | Combo Box  | Drop Down List Box | 0      |
| Last Name                      | Displays the last name of the recipient. (Read-Only and defaulted on header panel.)   | Field      | Character          | 15     |
| Line Item                      | Displays the line items (or details) of a prior authorization record. (Read-Only)   | Field      | N/A                | 2      |
| Line Item [Attachment Panel]   | Displays the line number of the Prior Authorization attachment form text entered. It is used to uniquely identify rows of attachment form text that may have been entered for the same prior authorization. | Field      | N/A                | 2      |
| Managed Care Indicator         | Displays whether a recipient participates in Managed care.  | Combo Box  | Drop Down List Box | 0      |
| Modifier 1                     | Displays a procedure code modifier. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.  | Field      | Alphanumeric       | 2      |

| Field                       | Description  | Field Type | Data Type          | Length |
|-----------------------------|--|------------|--------------------|--------|
| Modifier 2                  | Displays a procedure code modifier. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list. | Field      | Alphanumeric       | 2      |
| Modifier 3                  | Displays a procedure code modifier. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list. | Field      | Alphanumeric       | 2      |
| Modifier 4                  | Displays a procedure code modifier. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list. | Field      | Alphanumeric       | 2      |
| NDC                         | Displays the NDC. Dynamic field that appears when 'NDC' is selected from the 'Service Type Code' drop down list.                         | Field      | Alphanumeric       | 11     |
| NDC Lock                    | Displays the drop down list to indicate National Drug Code Lock. Valid values: P - GCN, T - GC3, N - NDC.                                | Combo Box  | Drop Down List Box | 0      |
| PA Assignment               | Displays the type of prior authorization request. (Read-Only)  | Combo Box  | Drop Down List Box | 0      |
| Prior Authorization         | Displays the number assigned to identify a specific Prior Authorization request. (Read-Only)   | Field      | Number (Integer)   | 10     |
| Procedure                   | Displays the procedure code. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.        | Field      | Alphanumeric       | 6      |
| Provider                    | Displays the requesting/prescribing provider for the prior authorization. (Read-Only. Defaulted from login provider.)                    | Field      | Alphanumeric       | 10     |
| Quad                        | Displays the tooth quadrant. Dynamic field that appears when Procedure is selected from the Service Type Code drop down list.            | Field      | Alphanumeric       | 3      |
| Quantity Used Units/Dollars | Displays the units and/or dollar amount used for the prior authorization line item service. (Read-Only)                                  | Field      | Number (Decimal)   | 14     |
| Recipient ID                | Displays the recipient's Medicaid identification number. (Read-Only)   | Field      | Number (Integer)   | 13     |
| Report Type                 | Displays the code describing the type of attachment/paperwork.   | Combo Box  | Drop Down List Box | 0      |

| Field                   | Description  | Field Type | Data Type          | Length |
|-------------------------|--|------------|--------------------|--------|
| Requested Eff/End Dates | Displays the requested Prior Authorization start and stop date for the line item.  | Field      | Date (MM/DD/CCYY)  | 10     |
| Requested Units/Dollars | Displays the number of units and/or the dollar amount requested for the Prior Authorization line item service.   | Field      | Number (Decimal)   | 14     |
| Revenue Code            | Displays the revenue code. Dynamic field that appears when 'Revenue Code' is selected from the 'Service Type Code' drop down list.   | Field      | Number (Integer)   | 4      |
| Service Type Code       | Displays the drop down list to indicate the service type code.   | Combo Box  | Drop Down List Box | 0      |
| Servicing Provider      | Displays the servicing provider. Servicing Provider is also referred to as the Performing, Rendering or Billing provider. (Read-Only)  | Field      | Alphanumeric       | 10     |
| Status                  | Displays the status of the prior authorization line item. (Read-Only). Default to Evaluation.  | Combo Box  | Drop Down List Box | 0      |
| Thru Service            | Displays the thru procedure code, used to represent a range of procedure codes. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list. | Field      | Alphanumeric       | 6      |
| Tooth 1                 | Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.  | Field      | Alphanumeric       | 2      |
| Tooth 2                 | Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.  | Field      | Alphanumeric       | 2      |
| Tooth 3                 | Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.  | Field      | Alphanumeric       | 2      |
| Tooth 4                 | Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.  | Field      | Alphanumeric       | 2      |
| Tooth 5                 | Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.  | Field      | Alphanumeric       | 2      |

| Field        | Description   | Field Type | Data Type          | Length |
|--------------|---|------------|--------------------|--------|
| Tooth 6      | Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list. | Field      | Alphanumeric       | 2      |
| Tooth 7      | Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list. | Field      | Alphanumeric       | 2      |
| Tooth 8      | Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list. | Field      | Alphanumeric       | 2      |
| Transmission | Displays the code defining timing, transmission method or format of attachment/paperwork.                                       | Combo Box  | Drop Down List Box | 0      |

### 15.3.4 Prior Authorization Submit Panel Field Edit Error Codes

| Field       | Error Message   | To Correct  |
|-------------|---|---|
| add         | Exceeded maximum number of Line Items.  | Enter a prior authorization with 26 detail lines or less.   |
| save        | Cannot save any changes when a line item has a status outside of Evaluation!        | PA record cannot be updated if any of the line items are no longer in an Evaluation status.   |
| All fields  | Invalid number / Invalid date / Invalid character data / Invalid alphanumeric data. | Ensure that the field matches the datatype as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 - 9. |
|             | Field exceeds max length.   | Ensure that the field matches the field lengths as documented in the field descriptions above.  |
| Description | Description is required.  | Enter data in the Description box.  |
| Diagnosis   | Diagnosis contains an invalid value.  | Enter a valid Diagnosis Code.   |
| Modifier 1  | Modifier 1 is not valid.  | Enter a valid Modifier Code   |
| Modifier 2  | Modifier 2 is not valid.  | Enter a valid Modifier code.  |
|             | Duplicate Modifier on same Line Item.   | Ensure a duplicate modifier is not on the same PA line item.  |
| Modifier 3  | Modifier 3 is not valid.  | Enter a valid Modifier Code.  |
|             | Duplicate Modifier on same Line Item.   | Ensure a duplicate modifier is not on the same PA line item.  |

| Field                   | Error Message   | To Correct   |
|-------------------------|---|--|
| Modifier 4              | Modifier 4 is not valid.  | Enter a valid Modifier Code.   |
|                         | Duplicate Modifier on same Line Item.   | Ensure a duplicate modifier is not on the same PA line item.   |
| Procedure               | Procedure Code is required.   | Enter a valid procedure code.  |
|                         | Procedure Code is not valid.  | Enter a valid procedure code.  |
| Quad                    | Quad is not valid.  | Enter a valid Quadrant Code.   |
| Report Type             | A valid Type is required.   | Select a valid Report Type.  |
| Requested Eff/End Dates | Requested Eff Date is required.   | Enter a valid Requested Effective Date.  |
|                         | Requested Eff Date must be less than or equal to Requested End Date.                  | Ensure Requested Effective Date is less than or equal to the Requested End Date .  |
|                         | Requested Eff Date must be greater than or equal to 01/01/1900.                       | Enter a Requested Effective Date that is greater than or equal to 01/01/1900.  |
|                         | Requested Eff Date must be less than or equal to 12/31/2299.                          | Enter a Requested Effective Date that is less than or equal to 12/31/2299.   |
|                         | Requested End Date is required.   | Enter a valid Requested End Date.  |
|                         | Requested End Date must be greater than or equal to 01/01/1900.                       | Enter a Requested End Date that is greater than or equal to 01/01/1900.  |
|                         | Requested End Date must be less than or equal to 12/31/2299.                          | Enter a Requested End Date that is less than or equal to 12/31/2299.   |
|                         | Requested Effective Dates invalid for Diagnosis ICD version selected, please correct. | If Diagnosis code has a version as ICD-9 the Required Effective date should be Less than or Equal to the ICD-9 Diagnosis End Date. If Diagnosis code has a version as ICD-10 the Required Effective date should be Greater than or Equal to the ICD-10 Diagnosis Implementation Date. The ICD-9 Diagnosis End Date and ICD-10 Diagnosis Implementation Date are published on the CMS Web site. |
| Requested Units/Dollars | Requested Dollars must be greater than or equal to 0.00.                              | Ensure that this field is greater than or equal to zero.   |
|                         | Requested Dollars must be less than or equal to 9999999.99.                           | Ensure the requested amount is not greater than \$9,999,999.99.  |
|                         | Requested Units must be greater than or equal to 0.000.                               | Ensure that this field is greater than or equal to zero.   |
|                         | Requested Units must be less than or equal to 9999999.999.                            | Ensure the units requested are not greater than 9,999,999.999.   |
|                         | Either Requested Units or Requested Dollars is required.                              | Enter a value in either the Requested Dollars or Requested Units fields.   |
| Revenue                 | Revenue Code is not valid.  | Enter a valid Revenue Code.  |

| Field             | Error Message   | To Correct   |
|-------------------|---|--|
| Code              |   |  |
|                   | Revenue Code is required.   | Enter a valid Revenue Code.  |
| Service Type Code | Service Type Code is required.  | Select a valid Service Type Code.  |
|                   | Service Type Code must be one of the following values: Empty, 1 = Revenue Code, 2 = Procedure Code. | A PA with the 'Service Type Code' of 'NDC Code' cannot be updated. Only an authorized clerk at HPES or HID may update a PA with an NDC service type. |
| Thru Service      | Thru Service is not valid.  | Enter a valid procedure code for the Thru Service.   |
| Tooth 1           | Tooth is not valid.   | Enter a valid Tooth number.  |
| Tooth 2           | Tooth 2 is not valid.   | Enter a valid Tooth number.  |
| Tooth 3           | Tooth 3 is not valid.   | Enter a valid Tooth number.  |
| Tooth 4           | Tooth 4 is not valid.   | Enter a valid Tooth number.  |
| Tooth 5           | Tooth 5 is not valid.   | Enter a valid Tooth number.  |
| Tooth 6           | Tooth 6 is not valid.   | Enter a valid Tooth number.  |
| Tooth 7           | Tooth 7 is not valid.   | Enter a valid Tooth number.  |
| Tooth 8           | Tooth 8 is not valid.   | Enter a valid Tooth number.  |
| Transmission      | A valid Transmission Code is required.  | Select a valid Transmission Code.  |

### 15.3.5 Prior Authorization Submit Panel Extra Features

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

### 15.3.6 Prior Authorization Submit Panel Accessibility

#### 15.3.6.1 To Access the Prior Authorization Submit Panel

| Step | Action  | Response   |
|------|---|--|
| 1    | Click <b>Prior Authorization</b> .              | Prior Authorization page displays.                 |
| 2    | Click <b>Search</b> .                           | Prior Authorization Search panel displays.         |
| 3    | Enter search criteria and click <b>search</b> . | Prior Authorization Search Results panel displays. |
| 4    | Click line item from search results panel.      | Prior Authorization Submit panel displays.         |

### 15.3.6.2 To Add on the Prior Authorization Submit Panel

| Step | Action   | Response   |
|------|--|--|
| 1    | Click <b>add</b> in Line Item section.   | Activates fields for entry of data or selection from lists.  |
| 2    | Select a <b>Service Type Code</b> from the drop down list.   |  |
| 3    | If applicable, enter a <b>Procedure</b> or click [Search] to select from list.   | Clicking [Search] activates the Procedure Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.    |
| 4    | If applicable, enter a <b>Modifier 1, Modifier 2, Modifier 3</b> or <b>Modifier 4</b> code, or click [Search] to select from list.                         | Clicking [Search] activates the Modifiers Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.    |
| 5    | If applicable, enter a <b>Tooth 1, Tooth 2, Tooth 3, Tooth 4, Tooth 5, Tooth 6, Tooth 7</b> or <b>Tooth 8</b> code, or click [Search] to select from list. | Clicking [Search] activates the Tooth Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.        |
| 6    | If applicable, enter a <b>Quad</b> or click [Search] to select from list.  | Clicking [Search] activates the Quadrant Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.     |
| 7    | If applicable, enter <b>Revenue Code</b> or click [Search] to select from list.  | Clicking [Search] activates the Revenue Code Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel. |
| 8    | If applicable, enter a <b>Thru Service</b> procedure or click [Search] to select from list.  | Clicking [Search] activates the Procedure Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.    |
| 9    | Enter <b>Requested Eff Dates</b> date.   |  |
| 10   | Enter <b>Requested End Dates</b> date.   |  |
| 11   | Enter <b>Requested Units</b> number.   |  |
| 13   | Enter <b>Requested Dollars</b> amount.   |  |
| 14   | Click <b>add</b> in Notes section.   | Activates fields for entry of data or selection from lists.  |
| 15   | Enter <b>Description</b> .   |  |
| 16   | Click <b>add</b> in Attachments section.   | Activates fields for entry of data or selection from lists.  |
| 17   | Enter <b>Control Number</b> .  |  |
| 18   | Select <b>Transmission</b> from drop down list.  |  |
| 19   | Select <b>Report Type</b> from drop down list.   |  |
| 20   | Enter <b>Description</b> .   |  |
| 21   | Click <b>save</b> .  | Prior Authorization information saved and re-sent to Medicaid for further review.  |

### 15.3.6.3 To Update on the Prior Authorization Submit Panel

| Step | Action  | Response  |
|------|---|---|
| 1    | Select item from list.                          |   |
| 2    | Click in field(s) to update and perform update. |   |
| 3    | Click <b>save</b> .                             | Prior Authorization information saved and re-sent to Medicaid for further review. |

## 15.4 Prior Authorization Submit - Base Information Panel

### 15.4.1 Prior Authorization Submit - Base Information Panel Narrative

The Prior Authorization Submit - Base Information panel allows users to enter base information for a new prior authorization.

The Base Information panel is the first of four steps in the prior authorization wizard process, used to submit a new prior authorization.

Navigation Path: [Prior Authorization] – [New] OR [Prior Authorization - Search] – [add]

#### **NOTE:**

Each field which contains an asterisk represents a required field. Therefore, the prior authorization is not considered complete until those fields have been completed with the appropriate data.

### 15.4.2 Prior Authorization Submit - Base Information Panel Layout

### 15.4.3 Prior Authorization Submit - Base Information Panel Field Descriptions

| Field                  | Description  | Field Type | Data Type          | Length |
|------------------------|--|------------|--------------------|--------|
| New                    | This button is used to add a new PA request.   | Button     | N/A                | 0      |
| Next                   | This button redirects the user to the next panel for the prior authorization new submit process.   | Button     | N/A                | 0      |
| Clerk                  | Displays the clerk that entered the prior authorization. (Read-Only)   | Field      | Alphanumeric       | 8      |
| Diagnosis              | Displays the diagnosis code.   | Field      | Alphanumeric       | 7      |
| ICD Version            | This field has no label and is read only. It is used to identify which ICD Version of Diagnosis code will be saved. Value of ICD Version will not be saved in the table. | Combo Box  | Drop Down List Box | 0      |
| Managed Care Indicator | Displays whether a recipient participates in the Managed Care program.   | Combo Box  | Drop Down List Box | 0      |

| Field              | Description   | Field Type | Data Type          | Length |
|--------------------|---|------------|--------------------|--------|
| PA Assignment      | Displays the type of prior authorization request.   | Combo Box  | Drop Down List Box | 0      |
| Recipient ID       | Displays the recipient's Medicaid identification number.  | Field      | Number (Integer)   | 13     |
| Servicing Provider | Displays the servicing provider. Servicing Provider is also referred to as the Performing, Rendering or Billing provider. | Field      | Alphanumeric       | 10     |

#### 15.4.4 Prior Authorization Submit - Base Information Panel Field Edit Error Codes

| Field              | Error Message   | To Correct   |
|--------------------|---|--|
| PA Assignment      | PA Assignment is required.  | Select a PA Assignment.  |
| Recipient ID       | Recipient ID is required.   | Enter a valid recipient ID.                                    |
|                    | Recipient ID contains an Invalid number.                              | Enter a valid 13 digit Recipient ID.                           |
|                    | The Check Digit Number is not Valid for this recipient.               | Enter the correct check digit for the recipient.               |
|                    | Recipient ID must be 13 Digits with a valid Check Digit Number.       | Enter a valid 13 digit Recipient ID.                           |
|                    | Recipient ID is not current, resubmit with their current Medicaid ID. | Enter the recipient's current ID that usually begins with 500. |
| Servicing Provider | Servicing Provider is Required.                                       | Enter a valid servicing provider ID.                           |

#### 15.4.5 Prior Authorization Submit - Base Information Panel Extra Features

| Field      | Field Type  |
|------------|---|
| NPI or MCD | Hyperlink appears after the Servicing Provider field is populated with a valid NPI number. The NPI or MCD link indicates the provider number type displayed in the main panel: National Provider Identification (NPI) or Medicaid (MCD) number. Clicking NPI or MCD displays the Provider ID / Number panel, from which users can switch the provider number displayed from NPI to MCD. |

Based on the User ID to NPI number association, the requesting/prescribing NPI number is automatically inserted as part of the prior authorization request. To submit a prior authorization request using a different NPI number, access the Switch Provider panel.

## 15.4.6 Prior Authorization Submit - Base Information Panel Accessibility

### 15.4.6.1 To Access the Prior Authorization Submit - Base Information Panel

| Step | Action  | Response                           |
|------|---|------------------------------------|
| 1    | Click <b>Prior Authorization</b> .                              | Prior Authorization page displays. |
| 2    | Click <b>New</b> , or click <b>Search</b> and then <b>add</b> . | Base Information panel displays.   |

### 15.4.6.2 To Add on the Prior Authorization Submit - Base Information Panel

| Step | Action  | Response  |
|------|---|---|
| 1    | Enter <b>Recipient ID</b> .                                   |   |
| 2    | Select <b>PA Assignment</b> from drop down list.              |   |
| 3    | Enter <b>Diagnosis</b> or click [Search] to select from list. | Clicking [Search] activates the Diagnosis Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel. |
| 4    | Enter <b>Servicing Provider</b> .                             |   |
| 5    | Select <b>Managed Care Indicator</b> from drop down list.     |   |
| 6    | Click <b>Next</b> .   | Line Item panel displays.   |

## 15.5 Prior Authorization Submit - Line Item Panel

### 15.5.1 Prior Authorization Submit - Line Item Panel Narrative

The Line Item panel allows users to enter multiple line items for a new prior authorization.

The Line Item panel is the second of four steps in the prior authorization wizard process, used to submit a new prior authorization.

Navigation Path: [Prior Authorization] – [New] – [click on Next from the Base Information panel]

**NOTE:**

Each field which contains an asterisk represents a required field. Therefore, the prior authorization is not considered complete until those fields have been completed with the appropriate data.

### 15.5.2 Prior Authorization Submit - Line Item Panel Layout

Base Information > Line Item

Provider 516916416 MCD

| Line Item | Requested Units | Requested Dollars | Authorized Units | Authorized Dollars | Procedure | Thru Service | NDC | Revenue Code | Status     |
|-----------|-----------------|-------------------|------------------|--------------------|-----------|--------------|-----|--------------|------------|
| A 01      | 0               | \$0.00            | 0                | \$0.00             |           |              |     |              | Evaluation |

Type data below for new record.

|                    |                                 |  |  |  |                             |                                 |                             |  |  |
|--------------------|---------------------------------|--|--|--|-----------------------------|---------------------------------|-----------------------------|--|--|
| Line Item          | 01                              |  |  |  |                             |                                 |                             |  |  |
| Service Type Code* | <input type="text"/>            |  |  |  |                             |                                 |                             |  |  |
| Procedure          | <input type="text"/> [ Search ] |  |  |  | Thru Service                | <input type="text"/> [ Search ] |                             |  |  |
| Modifier 1:        | <input type="text"/> [ Search ] |  |  |  | 2:                          | <input type="text"/> [ Search ] |                             |  |  |
| Modifier 3:        | <input type="text"/> [ Search ] |  |  |  | 4:                          | <input type="text"/> [ Search ] |                             |  |  |
| Tooth 1:           | <input type="text"/> [ Search ] |  |  |  | Tooth 2:                    | <input type="text"/> [ Search ] |                             |  |  |
| Tooth 3:           | <input type="text"/> [ Search ] |  |  |  | Tooth 4:                    | <input type="text"/> [ Search ] |                             |  |  |
| Tooth 5:           | <input type="text"/> [ Search ] |  |  |  | Tooth 6:                    | <input type="text"/> [ Search ] |                             |  |  |
| Tooth 7:           | <input type="text"/> [ Search ] |  |  |  | Tooth 8:                    | <input type="text"/> [ Search ] |                             |  |  |
| Quad               | <input type="text"/> [ Search ] |  |  |  | NDC                         | <input type="text"/> [ Search ] |                             |  |  |
| NDC Lock           | <input type="text"/>            |  |  |  | Requested Eff/End Dates*    | <input type="text"/>            | <input type="text"/>        |  |  |
| Revenue Code       | <input type="text"/> [ Search ] |  |  |  | Requested Units/Dollars     | <input type="text"/> 0          | <input type="text"/> \$0.00 |  |  |
| Status             | Evaluation                      |  |  |  | Authorized Eff/End Dates    |                                 |                             |  |  |
|                    |                                 |  |  |  | Balance Units/Dollars       | 0.000                           | \$0.00                      |  |  |
|                    |                                 |  |  |  | Quantity Used Units/Dollars | 0.000                           | \$0.00                      |  |  |
|                    |                                 |  |  |  | Authorized Units/Dollars    | 0                               | \$0.00                      |  |  |

### 15.5.3 Prior Authorization Submit - Line Item Panel Field Descriptions

| Field                    | Description  | Field Type | Data Type          | Length |
|--------------------------|--|------------|--------------------|--------|
| add                      | This button adds detail lines.   | Button     | N/A                | 0      |
| Authorized Eff/End Dates | Displays the requested prior authorization start and stop date for the line item. (Read-Only)  | Field      | Date (MM/DD/CCYY)  | 10     |
| Authorized Units/Dollars | Displays the units and/or dollar amount authorized for the prior authorization line item service. (Read-Only)                            | Field      | Number (Decimal)   | 14     |
| Balance Units/Dollars    | Displays the units and/or dollar amount balance for the prior authorization line item service. (Read-Only)                               | Field      | Number (Decimal)   | 14     |
| delete                   | This button is used to remove detail lines.  | Button     | N/A                | 0      |
| Line Item                | Displays the line items (or details) of a prior authorization record. (Read-Only)  | Field      | Number (Integer)   | 2      |
| Modifier 1               | Displays a procedure code modifier. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list. | Field      | Alphanumeric       | 2      |
| Modifier 2               | Displays a procedure code modifier. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list. | Field      | Alphanumeric       | 2      |
| Modifier 3               | Displays a procedure code modifier. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list. | Field      | Alphanumeric       | 2      |
| Modifier 4               | Displays a procedure code modifier. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list. | Field      | Alphanumeric       | 2      |
| NDC                      | Displays the NDC. Dynamic field that appears when 'NDC' is selected from the 'Service Type Code' drop down list.                         | Field      | Alphanumeric       | 11     |
| NDC Lock                 | Displays the drop down list to indicate National Drug Code Lock. Valid values: P - GCN, T - GC3, N - NDC.                                | Combo Box  | Drop Down List Box | 0      |
| New                      | This button is used to add a new PA request.   | Button     | N/A                | 0      |

| Field                       | Description  | Field Type | Data Type          | Length |
|-----------------------------|--|------------|--------------------|--------|
| Next                        | This button redirects the user to the next panel for the prior authorization new submit process.   | Button     | N/A                | 0      |
| Previous                    | This button redirects the user to the previous panel in prior authorization new submit process.  | Button     | N/A                | 0      |
| Procedure                   | Displays the procedure code. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.  | Field      | Alphanumeric       | 6      |
| Quad                        | Displays the tooth quadrant. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.  | Field      | Alphanumeric       | 3      |
| Quantity Used Units/Dollars | Displays the units and/or dollar amount used for the prior authorization line item service. (Read-Only)  | Field      | Number (Decimal)   | 14     |
| Requested Eff/End Dates     | Displays the requested Prior Authorization start and stop date for the line item.  | Field      | Date (MM/DD/CCYY)  | 10     |
| Requested Units/Dollars     | Displays the number of units and/or the dollar amount requested for the Prior Authorization line item service.   | Field      | Number (Decimal)   | 14     |
| Revenue Code                | Displays the revenue code. Dynamic field that appears when 'Revenue Code' is selected from the 'Service Type Code' drop down list.   | Field      | Number (Integer)   | 4      |
| Service Type Code           | Displays the drop down list to select the service type code.   | Combo Box  | Drop Down List Box | 0      |
| Status                      | Displays the status of the prior authorization line item. (Read-Only). Default to Evaluation.  | Combo Box  | Drop Down List Box | 0      |
| Thru Service                | Displays the thru procedure code, used to represent a range of procedure codes. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list. | Field      | Alphanumeric       | 6      |
| Tooth 1                     | Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.  | Field      | Alphanumeric       | 2      |

| Field   | Description   | Field Type | Data Type    | Length |
|---------|---|------------|--------------|--------|
| Tooth 2 | Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list. | Field      | Alphanumeric | 2      |
| Tooth 3 | Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list. | Field      | Alphanumeric | 2      |
| Tooth 4 | Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list. | Field      | Alphanumeric | 2      |
| Tooth 5 | Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list. | Field      | Alphanumeric | 2      |
| Tooth 6 | Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list. | Field      | Alphanumeric | 2      |
| Tooth 7 | Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list. | Field      | Alphanumeric | 2      |
| Tooth 8 | Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list. | Field      | Alphanumeric | 2      |

#### 15.5.4 Prior Authorization Submit - Line Item Panel Field Edit Error Codes

| Field      | Error Message   | To Correct  |
|------------|---|---|
| add        | Exceeded maximum number of Line Items.  | Enter a prior authorization with 26 detail lines or less.   |
| All fields | Invalid number / Invalid date / Invalid character data / Invalid alphanumeric data. | Ensure that the field matches the datatype as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 - 9. |
|            | Field exceeds max length.   | Ensure that the field matches the field lengths as documented in the field descriptions above.  |
| Modifier 1 | Modifier 1 is not valid.  | Enter a valid Modifier code.  |
| Modifier 2 | Modifier 2 is not valid.  | Enter a valid Modifier code.  |

| Field                    | Error Message   | To Correct   |
|--------------------------|---|--|
|                          | Duplicate Modifier on same Line Item.   | Ensure a duplicate modifier is not on the same PA line item.   |
| Modifier 3               | Modifier 3 is not valid.  | Enter a valid Modifier Code.   |
|                          | Duplicate Modifier on same Line Item.   | Ensure a duplicate modifier is not on the same PA line item.   |
| Modifier 4               | Modifier 4 is not valid.  | Enter a valid Modifier Code.   |
|                          | Duplicate Modifier on same Line Item.   | Ensure a duplicate modifier is not on the same PA line item.   |
| Procedure                | Procedure Code is required.   | Enter a valid procedure code.  |
|                          | Procedure Code is not valid.  | Enter a valid procedure code.  |
| Quad                     | Quad is not valid.  | Enter a valid Quadrant Code.   |
| Requested Eff /End Dates | Requested Eff Date is required.   | Enter a valid Requested Effective Date.  |
|                          | Requested Eff Date must be less than or equal to Requested End Date.                  | Ensure Requested Effective Date is less than or equal to the Requested End Date  |
|                          | Requested Eff Date must be greater than or equal to 01/01/1900.                       | Enter a Requested Effective Date that is greater than or equal to 01/01/1900.  |
|                          | Requested Eff Date must be less than or equal to 12/31/2299.                          | Enter a Requested Effective Date that is less than or equal to 12/31/2299.   |
|                          | Requested End Date is required.   | Enter a valid Requested End Date.  |
|                          | Requested End Date must be greater than or equal to 01/01/1900.                       | Enter a Requested End Date that is greater than or equal to 01/01/1900.  |
|                          | Requested End Date must be less than or equal to 12/31/2299.                          | Enter a Requested End Date that is less than or equal to 12/31/2299.   |
|                          | Requested Effective Dates invalid for Diagnosis ICD version selected, please correct. | If Diagnosis code has a version as ICD-9 the Required Effective date should be Less than or Equal to the ICD-9 Diagnosis End Date. If Diagnosis code has a version as ICD-10 the Required Effective date should be Greater than or Equal to the ICD-10 Diagnosis Implementation Date. The ICD-9 Diagnosis End Date and ICD-10 Diagnosis Implementation Date are published on the CMS Web site. |
| Requested Units/Dollars  | Requested Dollars must be greater than or equal to 0.00.                              | Ensure that this field is greater than or equal to zero.   |
|                          | Requested Dollars must be less than or equal to 9999999.99.                           | Ensure the requested amount is not greater than \$9,999,999.99.  |
|                          | Requested Units must be greater than or equal to 0.000.                               | Ensure that this field is greater than or equal to zero.   |
|                          | Requested Units must be less than or  | Ensure the units requested are not greater than  |

| Field             | Error Message  | To Correct   |
|-------------------|--|--|
|                   | equal to 9999999.999.                                    | 9,999,999.999.   |
|                   | Either Requested Units or Requested Dollars is required. | Enter a value in either the Requested Dollars or Requested Units fields. |
| Revenue Code      | Revenue Code is not valid.                               | Enter a valid Revenue Code.  |
|                   | Revenue Code is required.                                | Enter a valid Revenue Code.  |
| Service Type Code | Service Type Code is required.                           | Select a valid Service Type Code.  |
| Thru Service      | Thru Service is not valid.                               | Enter a valid procedure code for the Thru Service.                       |
| Tooth 1           | Tooth is not valid.                                      | Enter a valid Tooth number.  |
| Tooth 2           | Tooth 2 is not valid.                                    | Enter a valid Tooth number.  |
| Tooth 3           | Tooth 3 is not valid.                                    | Enter a valid Tooth number.  |
| Tooth 4           | Tooth 4 is not valid.                                    | Enter a valid Tooth number.  |
| Tooth 5           | Tooth 5 is not valid.                                    | Enter a valid Tooth number.  |
| Tooth 6           | Tooth 6 is not valid.                                    | Enter a valid Tooth number.  |
| Tooth 7           | Tooth 7 is not valid.                                    | Enter a valid Tooth number.  |
| Tooth 8           | Tooth 8 is not valid.                                    | Enter a valid Tooth number.  |

### 15.5.5 Prior Authorization Submit - Line Item Panel Extra Features

| Field             | Field Type   |
|-------------------|--|
| Service Type Code | Selecting "Procedure Code" from the Service Type Code drop down list option activates the Procedure Code fields. |
|                   | Selecting "Revenue Code" from the Service Type Code drop down list option activates the Revenue Code fields.     |

### 15.5.6 Prior Authorization Submit - Line Item Panel Accessibility

#### 15.5.6.1 To Access the Prior Authorization Submit - Line Item Panel

| Step | Action                             | Response                           |
|------|------------------------------------|------------------------------------|
| 1    | Click <b>Prior Authorization</b> . | Prior Authorization page displays. |
| 2    | Click <b>New</b> .                 | Base Information panel displays.   |
| 3    | Click <b>Next</b> .                | Line Item panel displays.          |

#### 15.5.6.2 To Add on the Prior Authorization Submit - Line Item Panel

| Step | Action  | Response |
|------|---|----------|
| 1    | Select a <b>Service Type Code</b> from the drop |          |

| Step | Action  | Response   |
|------|---|--|
|      | down list.  |  |
| 2    | Enter a <b>Procedure</b> or click [Search] to select from list.   | Clicking [Search] activates the Procedure Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.    |
| 3    | Enter a <b>Modifier 1, Modifier 2, Modifier 3</b> or <b>Modifier 4</b> code, or click [Search] to select from list.                         | Clicking [Search] activates the Modifiers Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.    |
| 4    | Enter a <b>Tooth 1, Tooth 2, Tooth 3, Tooth 4, Tooth 5, Tooth 6, Tooth 7</b> or <b>Tooth 8</b> code, or click [Search] to select from list. | Clicking [Search] activates the Tooth Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.        |
| 5    | Enter a <b>Quad</b> or click [Search] to select from list.  | Clicking [Search] activates the Quadrant Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.     |
| 6    | Enter <b>Revenue Code</b> or click [Search] to select from list.  | Clicking [Search] activates the Revenue Code Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel. |
| 7    | Enter a <b>Thru Service</b> procedure or click [Search] to select from list.  | Clicking [Search] activates the Procedure Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.    |
| 8    | Enter <b>Requested Eff Dates</b> date.  |  |
| 9    | Enter <b>Requested End Dates</b> date.  |  |
| 10   | Enter <b>Requested Units</b> number.  |  |
| 11   | Enter <b>Requested Units</b> dollar amount.   |  |
| 12   | Click <b>add</b> in Line Item section to add another service line and repeat steps 1 thru 11.   | Activates fields for entry of data or selection from lists.  |
| 13   | Click <b>Next</b> .   | Notes panel displays.  |

### 15.5.6.3 To Update on the Prior Authorization Submit - Line Item Panel

| Step | Action  | Response              |
|------|---|-----------------------|
| 1    | Select item from list.                          |                       |
| 2    | Click in field(s) to update and perform update. |                       |
| 3    | Click <b>Next</b> .                             | Notes panel displays. |

## 15.6 Prior Authorization Submit New – Notes Panel

### 15.6.1 Prior Authorization Submit New – Notes Panel Narrative

The Prior Authorization Submit New – Notes panel allows users to enter multiple clinical notes for a new prior authorization.

The Prior Authorization Submit New – Notes panel is the third of four steps in the prior authorization wizard process, used to submit a new prior authorization.

Navigation Path: [Prior Authorization] - New – [click on Next from the Line Item panel]

#### NOTE:

This panel is for informational purposes only. It does not permit a user to attach an electronic file for submission to Alabama Medicaid. If attachment information is included, please print and attach the PA response to the required attachments. Mail these attachments to HPES, Attention to: PA Unit. Address: PO Box 244032, Montgomery, AL 36124.

### 15.6.2 Prior Authorization Submit New – Notes Panel Layout

Base Information > Line Item > Notes

Provider 516916416 MCD

### 15.6.3 Prior Authorization Submit New – Notes Panel Field Descriptions

| Field    | Description  | Field Type | Data Type | Length |
|----------|--|------------|-----------|--------|
| add      | This button adds a new note record.  | Button     | N/A       | 0      |
| delete   | This button deletes a note record.   | Button     | N/A       | 0      |
| New      | This button is used to add a new PA request.   | Button     | N/A       | 0      |
| Next     | This button redirects the user to the next panel for the prior authorization new submit process. | Button     | N/A       | 0      |
| Previous | This button redirects the user to the previous panel in prior authorization new submit process.  | Button     | N/A       | 0      |

| Field               | Description  | Field Type | Data Type         | Length |
|---------------------|--|------------|-------------------|--------|
| Date Entered [List] | Displays the date that the prior authorization note was entered.   | Field      | Date (MM/DD/CCYY) | 10     |
| Description         | Displays the free form text for the internal text (clinical note). | Field      | Character         | 540    |
| Line Item [List]    | Displays the line item of the prior authorization.                 | Field      | Number (Integer)  | 2      |

#### 15.6.4 Prior Authorization Submit New – Notes Panel Field Edit Error Codes

| Field       | Error Message            | To Correct                               |
|-------------|--------------------------|--|
| Description | Description is required. | Enter data in the notes Description box. |

#### 15.6.5 Prior Authorization Submit New – Notes Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

#### 15.6.6 Prior Authorization Submit New – Notes Panel Accessibility

##### 15.6.6.1 To Access the Prior Authorization Submit New – Notes Panel

| Step | Action                             | Response                           |
|------|------------------------------------|------------------------------------|
| 1    | Click <b>Prior Authorization</b> . | Prior Authorization page displays. |
| 2    | Click <b>New</b> .                 | Base Information panel displays.   |
| 3    | Click <b>Next</b> .                | Line Item panel displays.          |
| 4    | Click <b>Next</b> .                | Notes panel displays.              |

##### 15.6.6.2 To Add on the Prior Authorization Submit New – Notes Panel

| Step | Action                             | Response  |
|------|------------------------------------|---|
| 1    | Click <b>add</b> .                 | Activates fields for entry of data or selection from lists. |
| 2    | Enter <b>Description</b> .         |   |
| 3    | Click <b>save</b> or <b>Next</b> . | Notes information saves and/or Attachments panel displays.  |

### 15.6.6.3 To Update on the Prior Authorization Submit New – Notes Panel

| Step | Action  | Response   |
|------|---|--|
| 1    | Select item from list.                          |  |
| 2    | Click in field(s) to update and perform update. |  |
| 3    | Click <b>save</b> or <b>Next</b> .              | Notes information saves and/or Attachments panel displays. |

## 15.7 Prior Authorization Submit - Attachments

### 15.7.1 Prior Authorization Submit - Attachments Panel Narrative

The Prior Authorization Submit - Attachments panel allows users to enter multiple, internal attachments for a new prior authorization.

The Prior Authorization Submit - Attachments panel is the last of four steps in the prior authorization wizard process, used to submit a new prior authorization.

Navigation Path: [Prior Authorization] - New – [click on Next from the Notes panel]

### 15.7.2 Prior Authorization Submit - Attachments Panel Layout

Base Information > Line Item > Notes

**Attachments**

Provider 516916416 MCD

### 15.7.3 Prior Authorization Submit - Attachments Panel Field Descriptions

| Field          | Description   | Field Type | Data Type        | Length |
|----------------|---|------------|------------------|--------|
| add            | This button adds a new note record.   | Button     | N/A              | 0      |
| cancel         | This button cancels the current operation and discards any changes.   | Button     | N/A              | 0      |
| delete         | This button deletes a note record.  | Button     | N/A              | 0      |
| new            | This button is used to add a new PA request.  | Button     | N/A              | 0      |
| save           | This button saves current operation and submits the request to Medicaid.  | Button     | N/A              | 0      |
| Control Number | Displays the attachment/paperwork identifier (e.g. Document Control Number).  | Field      | Character        | 80     |
| Description    | Displays the free form text for the attachment/paperwork.   | Field      | Character        | 80     |
| Line Item      | Displays the line number of the prior authorization attachment form text entered. It is used to uniquely identify rows of attachment form text that may have been entered for the same prior authorization. | Field      | Number (Integer) | 3      |

| Field             | Description   | Field Type | Data Type          | Length |
|-------------------|---|------------|--------------------|--------|
| Report Type       | Displays the code describing the type of attachment/paperwork.                            | Combo Box  | Drop Down List Box | 0      |
| Transmission Code | Displays the code defining timing, transmission method or format of attachment/paperwork. | Combo Box  | Drop Down List Box | 0      |

### 15.7.4 Prior Authorization Submit - Attachments Panel Field Edit Error Codes

| Field             | Error Message                          | To Correct                        |
|-------------------|--|-----------------------------------|
| Report Type       | A valid Type is required.              | Select a valid Report Type.       |
| Transmission Code | A valid Transmission Code is required. | Select a valid Transmission Code. |

### 15.7.5 Prior Authorization Submit - Attachments Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 15.7.6 Prior Authorization Submit - Attachments Panel Accessibility

#### 15.7.6.1 To Access the Prior Authorization Submit - Attachments Panel

| Step | Action                             | Response                           |
|------|------------------------------------|------------------------------------|
| 1    | Click <b>Prior Authorization</b> . | Prior Authorization page displays. |
| 2    | Click <b>New</b> .                 | Base Information panel displays.   |
| 3    | Click <b>Next</b> .                | Line Item panel displays.          |
| 4    | Click <b>Next</b> .                | Notes panel displays.              |
| 5    | Click <b>Next</b> .                | Attachments panel displays.        |

#### 15.7.6.2 To Add on the Prior Authorization Submit - Attachments Panel

| Step | Action  | Response  |
|------|---|---|
| 1    | Click <b>add</b> .                              | Activates fields for entry of data or selection from lists. |
| 2    | Enter <b>Control Number</b> .                   |   |
| 3    | Select <b>Transmission</b> from drop down list. |   |
| 4    | Select <b>Report Type</b> from drop down list.  |   |
| 5    | Enter <b>Description</b> .                      |   |
| 6    | Click <b>save</b> .                             | Attachments information saves.                              |

### 15.7.6.3 To Update on the Prior Authorization Submit - Attachments Panel

| Step | Action  | Response                       |
|------|---|--------------------------------|
| 1    | Select item from list.                          |                                |
| 2    | Click in field(s) to update and perform update. |                                |
| 3    | Click <b>save</b> .                             | Attachments information saved. |

## 16. Provider Maintenance

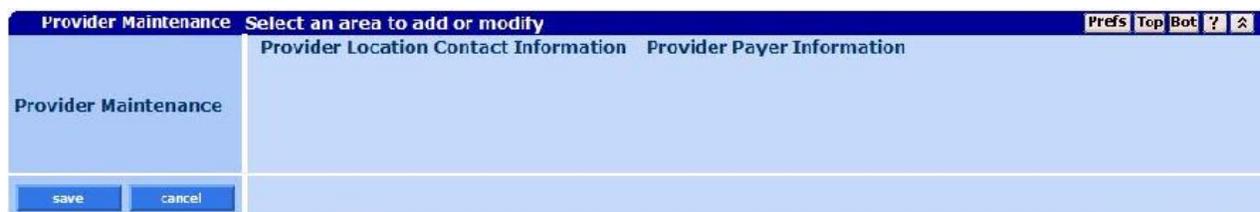
### 16.1 Provider Maintenance Panel Overview

#### 16.1.1 Provider Maintenance Panel Narrative

The Provider Maintenance panel contains links to information at the provider level. This panel is utilized as a navigation tool to access provider related panels such as the Provider Payer Information panel and Provider Location Contact Information panel. This panel is inquiry only.

Navigation Path: [Provider] – [ProviderMaintenance]

#### 16.1.2 Provider Maintenance Panel Layout



#### 16.1.3 Provider Maintenance Panel Field Descriptions

| Field                                  | Description   | Field Type | Data Type | Length |
|--|---|------------|-----------|--------|
| Cancel                                 | Allows the user to cancel any changes on the Provider Maintenance panels. | Button     | N/A       | 0      |
| Provider Location Contract Information | Link to Provider Location Information Panel.                              | Hyperlink  | N/A       | 0      |
| Provider Payer Information             | Link to Provider Payer Information Panel.                                 | Hyperlink  | N/A       | 0      |
| Save                                   | Allows the user to save a record on the Provider Maintenance panels.      | Button     | N/A       | 0      |

#### 16.1.4 Provider Maintenance Panel Field Edit Error Codes

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

#### 16.1.5 Provider Maintenance Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

## 16.1.6 Provider Maintenance Panel Accessibility

### 16.1.6.1 To Access the Provider Maintenance Panel

| Step | Action  | Response                             |
|------|---|--------------------------------------|
| 1    | Enter <b>User Name</b> and <b>Password</b> ; Click <b>Login</b> . | Main Menu page displays.             |
| 2    | Point to <b>Provider</b> and click <b>ProviderMaintenance</b> .   | Provider Maintenance panel displays. |

## 16.2 Provider Location Contact Information Panel Overview

### 16.2.6 Provider Location Contact Information Panel Narrative

Provider Location Contact Information panel allows providers to submit updates to specific information such as contact information.

Navigation Path: [Provider] – [Provider Maintenance] – [Click on Hyperlink Provider Location Contact Information]

### 16.2.7 Provider Location Contact Information Panel Layout

The screenshot shows a web application window titled "Provider Location Contact Information". At the top, there is a search bar with "Provider ID" and a "[ Search ]" button. Below the search bar, there are "Search" and "Clear" buttons. The main content area is titled "Search Results" and displays a table with columns: National Provider ID, Medicaid Provider ID, Name, Address, City, State, Zip + 4. The search results show a single entry for JEAN WATSON at 2146 BELCOURT AVE, NASHVILLE, TN, 37232 8792. Below the table, there are two columns of details. The left column lists "Address 1" (2146 BELCOURT AVE) and "Address 2" (NASHVILLE, TN, 37232 8792). The right column lists contact information: "Contact Name\*" (JEAN WATSON), "Contact Phone Number" ((334)215-0111 4108), "Contact Fax" ((334)215-4272), "Contact Email" (JEAN.WATSON@HP.COM), "Service Location Email" (johnny.appleseed@netzero.com), "Service Location Phone\*" ((334)262-8533 1234), "Toll Free Phone" ((888)223-3630 1234), and "Service Location Fax" ((334)999-3568).

### 16.2.8 Provider Location Contact Information Panel Field Descriptions

| Field                | Description   | Field Type | Data Type         | Length |
|----------------------|---|------------|-------------------|--------|
| Address 1            | First line of the provider's address.                           | Field      | Character         | 30     |
| Address 2            | Second line of the provider's address.                          | Field      | Character         | 30     |
| City                 | City related to the provider's address.                         | Field      | Character         | 15     |
| Clear                | Clears all data applied to a panel.                             | Button     | N/A               | 0      |
| Contact E-mail       | Contact person's e-mail address attached with provider address. | Field      | Character         | 50     |
| Contact Fax          | Contact person's fax number attached with provider address.     | Field      | Numeric (Integer) | 10     |
| Contact Name         | Name of the Primary Contact attached with provider address      | Field      | Character         | 50     |
| Contact Phone Number | Contact person's phone number attached with provider address.   | Field      | Numeric (Integer) | 10     |
| Provider ID          | Provider ID of the Provider.                                    | Field      | Character         | 15     |

| Field                         | Description   | Field Type | Data Type         | Length |
|-------------------------------|---|------------|-------------------|--------|
| Search                        | Performs search based on criteria entered and displays search results within the pop up search panel. Selecting the desired result returned populates the main panel with the corresponding data. | Button     | N/A               | 0      |
| Service Location Email        | Email address for the provider's service location.  | Field      | Character         | 50     |
| Service Location Phone Number | Phone number for the provider's service location.   | Field      | Numeric (Integer) | 10     |
| Service Location Fax Number   | Fax number for the provider's service location.   | Field      | Numeric (Integer) | 10     |
| State                         | State of the provider's address.  | Field      | Character         | 2      |
| Toll Free Phone               | Toll free phone+4 numbers associated to the provider's address.   | Field      | Character         | 10     |
| Zip                           | Zip +4 of the provider's address.   | Field      | Numeric (Integer) | 9      |

### 16.2.9 Provider Location Contact Information Panel Field Edit Error Codes

| Field                  | Error Message                       | To Correct  |
|------------------------|-------------------------------------|---|
| All Fields             | Enter a valid value.                | Ensure that the field matches the data type as documented in the field descriptions above.<br>Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 - 9.<br>Email addresses must be in the format <a href="#">XXXXXX@xxx.xxx</a><br>Fields must be completely filled in. |
| Contact Name           | Contact Name is Required            | Enter the Contact Name.   |
| Service Location Phone | Service Location Phone is required. | Enter the phone number for the Service Location.  |

### 16.2.10 Provider Location Contact Information Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

## 16.2.11 Provider Location Contact Information Panel Accessibility

### 16.2.11.1 To Access the Provider Location Contact Information Panel

| Step | Action  | Response  |
|------|---|---|
| 1    | Enter <b>User Name</b> and <b>Password</b> ; Click <b>Login</b> . | Main Menu page displays.                              |
| 2    | Point to <b>Provider</b> and click <b>ProviderMaintenance</b> .   | Provider Maintenance panel displays.                  |
| 3    | Click on <b>Provider Location Contact Information</b> Hyperlink.  | Provider Location Contact Information panel displays. |

## 16.3 Provider Payer Information Panel Overview

### 16.3.6 Provider Payer Information Panel Narrative

Provider Payer Information Panel allows providers to submit updates to specific information such as address and phone number.

Navigation Path: [Provider] – [Provider Maintenance] – [Click on Hyperlink Provider Payer Information Panel]

### 16.3.7 Provider Payer Information Panel Layout

The screenshot shows a web form titled "Provider Payer Information". At the top, there is a table with columns: Usage, Name, Street, City, State, Country, Zip, Zip + 4, Phone, Ext, and E-Mail. The data in the table is as follows:

| Usage   | Name                     | Street         | City       | State | Country | Zip   | Zip + 4 | Phone         | Ext  | E-Mail             |
|---------|--------------------------|----------------|------------|-------|---------|-------|---------|---------------|------|--------------------|
| Mail to | VANDERBILT MEDICAL GROUP | 33 TEST STREET | MONTGOMERY | AL    | US      | 36117 | 0111    | (334)215-0111 | 4108 | jean.watson@hp.com |
| Pay to  | VANDERBILT MEDICAL GROUP | 33 TEST STREET | MONTGOMERY | AL    | US      | 36117 | 0111    | (334)215-0111 | 4108 | jean.watson@hp.com |

Below the table, there is a section with the text "Type changes below." and a "Usage" dropdown menu set to "Pay to". The form fields are as follows:

- Address 1\*: 33 TEST STREET
- Address 2: SUITE 2
- City\*: MONTGOMERY
- State\*: AL
- Zip\*: 36117 0111
- Phone\*: (334)215-0111 4108
- Fax: (334)215-4272
- E-Mail: jean.watson@hp.com
- Toll Free Phone: (888)223-3630 1234

### 16.3.8 Provider Payer Information Panel Field Descriptions

| Field           | Description  | Field Type | Data Type          | Length |
|-----------------|--|------------|--------------------|--------|
| Address 1       | The first line of the provider address.                | Field      | Character          | 30     |
| Address 2       | The Second line of the provider address.               | Field      | Character          | 30     |
| City            | The city associated with the provider address          | Field      | Character          | 30     |
| E-mail          | The email address of the provider.                     | Field      | Character          | 50     |
| Fax             | The fax number for the provider                        | Field      | Numeric (Integer)  | 10     |
| Phone           | Phone+4 phone number for the provider.                 | Field      | Numeric (Integer)  | 14     |
| State           | The two character state code for the provider address. | Combo Box  | Drop Down List Box | 2      |
| Toll Free Phone | Toll Free Phone+4 phone number for the provider.       | Field      | Numeric (Integer)  | 14     |
| Usage           | The type of provider address.                          | Combo Box  | Drop Down List Box | 1      |
| Zip             | Zip +4 of the provider's address                       | Field      | Character          | 9      |

### 16.3.9 Provider Payer Information Panel Field Edit Error Codes

| Field      | Error Message          | To Correct   |
|------------|------------------------|--|
| All Fields | Enter a valid value.   | Ensure that the field matches the data type as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 - 9.<br><br>Email addresses must be in the format <a href="#">XXXXXX@xxx.xxx</a><br><br>Fields such as phone number must be completely filled in when present. |
| Address 1  | Address 1 is required. | Enter Address 1 information.   |
| City       | City is required.      | Enter City.  |
| State      | State is required.     | Enter State.   |
| Zip        | Zip is required.       | Enter Zip Code.  |
| Phone      | Phone is required.     | Enter Phone Number.  |

### 16.3.10 Provider Payer Information Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 16.3.11 Provider Payer Information Panel Accessibility

#### 16.3.11.1 To Access the Provider Payer Information Panel

| Step | Action  | Response                                   |
|------|---|--|
| 1    | Enter <b>User Name</b> and <b>Password</b> ; Click <b>Login</b> . | Main Menu page displays.                   |
| 2    | Point to <b>Provider</b> and click <b>ProviderMaintenance</b> .   | Provider Maintenance panel displays.       |
| 3    | Click on <b>Provider Payer Information</b> Hyperlink.             | Provider Payer Information panel displays. |

## 17. PMP Assignment

### 17.1 PMP Assignment Panel Narrative

This panel allows providers the capability to make Patient 1<sup>st</sup> assignments.

Navigation Path: [Provider] – [PMP Assignment]

#### 17.1.1 PMP Assignment Panel Layout

#### 17.1.2 PMP Assignment Panel Field Descriptions

| Field          | Description   | Field Type | Data Type        | Length |
|----------------|---|------------|------------------|--------|
| Assign         | Initiates the assignment of new recipient to the PMP.                             | Button     | N/A              | 0      |
| Cancel         | Cancels the transaction and clears the fields of PMP Assignment panel.            | Button     | N/A              | 0      |
| Recipient ID   | Recipient identification number.  | Field      | Number (Integer) | 12     |
| Recipient Name | Recipient name is displayed based on the Medicaid ID.                             | Field      | Alphanumeric     | 40     |
| [search]       | Opens a new window for search based on Medicaid ID, Last Name, First Name or SSN. | Hyperlink  | N/A              | 0      |
| Validate       | Initiates the validation for the recipient for his eligibility of Patient 1st.    | Button     | N/A              | 0      |

#### 17.1.3 PMP Assignment Panel Field Edit Error Codes

| Field    | Field Type | Error Code | Error Message   | To Correct   |
|----------|------------|------------|---|--|
| Validate |            |            |   |  |
|          | Button     | 3          | Unable to make PMP assignment as the requesting provider is not a Patient 1st participating provider. | The requesting provider is not a Patient 1st participating provider. |
|          | Button     | 4          | <Recipient Name>(RID <Medicaid ID>) already assigned to PMP, no                                       | The requesting recipient has already been assigned to the            |

| Field | Field Type | Error Code | Error Message   | To Correct  |
|-------|------------|------------|---|---|
|       |            |            | update/changes allowed.   | requesting PMP provider.  |
|       | Button     | 5          | PMP panel at contractual maximum limit, unable to assign recipient.   | No more assignments can be made for the requesting provider as PMP contractual max has been reached.  |
|       | Button     | 6          | Unable to assign recipient due to PMP Provider panel restriction placed by the Medicaid Agency, please contact the Provider Assistance Center for further assistance (800-688-7989).          | Panel hold has been placed for the requesting provider by Agency or HP, please contact the Provider Assistance Center for further assistance.   |
|       | Button     | 7          | <Recipient Name>(RID <Medicaid ID>) does not meet Distance restriction set by PMP. Do you want to ignore restriction and assign the Recipient? If yes, select Assign otherwise select Cancel. | The requested recipient does not meet the Distance restriction criteria placed by requesting provider. The provider can ignore this message and assign the recipient, but after assignment he needs to contact the Provider Assistance Center to update his Distance restriction. |
|       | Button     | 8          | <Recipient Name>(RID <Medicaid ID>) does not meet Age restriction set by PMP. Do you want to ignore restriction and assign the Recipient? If yes, select Assign otherwise select Cancel.      | The requested recipient does not meet the Age restriction criteria placed by requesting provider. The provider can ignore this message and assign the recipient, but after assignment he needs to contact the Provider Assistance Center to update his Age restriction.           |
|       | Button     | 9          | <Recipient Name>(RID <Medicaid ID>) does not meet Gender restriction set by PMP. Do you want to ignore restriction and assign the Recipient? If yes, select Assign otherwise select Cancel.   | The requested recipient does not meet the Gender restriction criteria placed by requesting provider. The provider can ignore this message and assign the recipient, but after assignment he needs to contact the Provider Assistance Center to update his Gender restriction.     |
|       | Button     | 10         | Unable to assign Recipient due to panel hold placed by PMP. Do you want to ignore restriction and assign the Recipient? If yes, select Assign otherwise select Cancel.                        | The requesting provider has placed Panel hold. The provider can ignore this message and assign the recipient, but after assignment he needs to contact the Provider Assistance Center to update his Panel hold restriction.   |
|       | Button     | 11         | <Recipient Name>(RID <Medicaid ID>) has been previously dismissed from PMP, no update/changes allowed.  | The requested recipient has been dismissed from being assigned to PMP by the requesting provider.   |
|       | Button     | 12         | <Recipient Name>(RID <Medicaid ID>) is deceased, no   | The requested recipient is dead. So no updates can be made for  |

| Field | Field Type | Error Code | Error Message   | To Correct  |
|-------|------------|------------|---|---|
|       |            |            | update/changes allowed .  | him.  |
|       | Button     | 13         | <Recipient Name>(RID <Medicaid ID>) not currently eligible for PMP assignment since First Name is Unborn.   | The requested recipient cannot be assigned as the first name is UNBORN.   |
|       | Button     | 14         | Unable to make PMP assignment, please contact the Provider Assistance Center for further assistance (800-688-7989).   | Due to some reason the PMP assignment cannot be done, please contact the Provider Assistance Center for further assistance. |
|       | Button     | 15         | <Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient has an invalid Aid Category for Patient 1st.                              | The requested recipient is not eligible for Patient 1st assignment.   |
|       | Button     | 16         | <Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient has a Patient 1st exemption.  | The requested recipient is not eligible for Patient 1st assignment.   |
|       | Button     | 17         | <Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient residential county invalid for Patient 1st.                               | The requested recipient is not eligible for Patient 1st assignment.   |
|       | Button     | 18         | <Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient has an invalid Patient 1st aid category.                                  | The requested recipient is not eligible for Patient 1st assignment.   |
|       | Button     | 19         | <Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient is not currently eligible for Patient 1st due to benefit plan assignment. | The requested recipient is not eligible for Patient 1st assignment.   |
|       | Button     | 20         | <Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient enrolled in Medicare.   | The requested recipient is not eligible for Patient 1st assignment.   |
|       | Button     | 21         | <Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient   | The requested recipient is not eligible for Patient 1st assignment.   |

| Field | Field Type | Error Code | Error Message  | To Correct  |
|-------|------------|------------|--|---|
|       |            |            | has an active HMO policy on file.  |   |
|       | Button     | 22         | <Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient is not currently eligible for Patient 1st due to special condition assignment. | The requested recipient is not eligible for Patient 1st assignment. |
|       | Button     | 23         | <Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient considered adult, Aid Category assigned not valid for Patient 1st.             | The requested recipient is not eligible for Patient 1st assignment. |
|       | Button     | 24         | <Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient has an active long term care segment on file.                                  | The requested recipient is not eligible for Patient 1st assignment. |
|       | Button     | 25         | <Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient is currently Inactive.   | The requested recipient is not eligible for Patient 1st assignment. |
|       | Button     | 26         | <Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient does not currently reside in Alabama.  | The requested recipient is not eligible for Patient 1st assignment. |

### 17.1.4 PMP Assignment Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 17.1.5 PMP Assignment Panel Accessibility

#### 17.1.5.1 To Access the PMP Assignment Panel

| Step | Action  | Response                         |
|------|---|----------------------------------|
| 1    | Enter <b>User Name</b> and <b>Password</b> ; Click <b>Login</b> . | Main Menu page displays.         |
| 2    | Point to <b>Provider</b> and click PMP Assignment.                | PMP Assignment panel displays.   |
| 3    | Enter Recipient Medicaid ID and move the                          | Validate button will be enabled. |

| <b>Step</b> | <b>Action</b>   | <b>Response</b>   |
|-------------|---|---|
|             | control away from the text box.   |   |
| 4           | Click on the Validate button to validate the recipient.                               | Respective message will be displayed and the Assign button will be enabled. |
| 5           | Click the Assign button to assign the requested recipient to the requesting provider. | Saved successfully message will be displayed.                               |

## 18. Consent Form Search

### 18.1 Consent Form Search Panel Overview

#### 18.1.6 Consent Form Search Panel Narrative

This panel is available through the secure Provider web portal and allows end users to do a search for Recipient Consent Forms.

Navigation Path: [Providers] – [ConsentFormSearch]

#### 18.1.7 Consent Form Search Panel Layout

The screenshot shows a web interface for searching consent forms. It includes input fields for Recipient ID (000424983168), Recipient Name (WHATLEY, EDNA D), and Date of Surgery (06/1999). There is a 'Consent Form Number (optional)' field. Search and clear buttons are present. Below the search panel is a table of search results.

| Consent Form Search Results |              |                     |                      |                 |                    |                         |              |                      |  |
|-----------------------------|--------------|---------------------|----------------------|-----------------|--------------------|-------------------------|--------------|----------------------|--|
| Consent Form Number         | Recipient ID | Recipient Last Name | Recipient First Name | Date of Surgery | Date Form Received | Date Last Status Change | Form Type    | Status               |  |
| 99336001009                 | 000424983168 | WHATLEY             | EDNA                 | 06/17/1999      | 12/02/1999         | 12/02/1999              | Hysterectomy | Under Medical Review |  |

#### 18.1.8 Consent Form Search Panel Field Descriptions

| Field                          | Description  | Field Type | Data Type      | Length |
|--------------------------------|--|------------|----------------|--------|
| Clear                          | This button clears all the search criteria fields. | Button     | N/A            | 0      |
| Date of Surgery (MM/CCYY)      | This is the date of Surgery.                       | Field      | Date (MM/CCYY) | 6      |
| Consent Form Number (optional) | This is the consent form number.                   | Field      | Number         | 11     |
| Recipient ID                   | Recipient Identification Number.                   | Field      | Number         | 12     |
| Name                           | This is the name Recipient.                        | Field      | Character      | 50     |
| Search                         | This button initiates the search.                  | Button     | N/A            | 0      |

#### 18.1.9 Consent Form Search Panel Field Edit Error Codes

| Field                          | Error Message  | To Correct                                  |
|--------------------------------|--|---|
| Consent Form Number (optional) | Required search criteria is Consent Form Number OR Recipient ID and Surgery Date.ddi | Enter a valid Consent Form Number.          |
|                                | Consent Form Number must be 11 digits.   | Enter a valid 11 digit Consent Form Number. |

| Field                     | Error Message   | To Correct   |
|---------------------------|---|--|
| Date of Surgery (MM/CCYY) | Required search criteria is Consent Form Number OR Recipient ID and Surgery Date.   | Enter a valid Date of Surgery.                         |
|                           | Date of Surgery is not valid, should be equal to or less than current month & year. | Enter a valid Date of Surgery in the (MM/CCYY) format. |
|                           | Date of Surgery is required to search with Recipient ID.                            | Enter a valid Date of Surgery.                         |
| Recipient ID              | Required search criteria is Consent Form Number OR Recipient ID and Surgery Date    | Enter a valid Recipient ID.                            |
|                           | Recipient ID is required to search with Date of Surgery.                            | Enter a valid Recipient ID.                            |
|                           | Recipient ID must be 12 digits.   | Enter a valid 12 digit Recipient ID.                   |

### 18.1.10 Consent Form Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 18.1.11 Consent Form Search Panel Accessibility

#### 18.1.11.1 To Access the Consent Form Search Panel

| Step | Action  | Response                            |
|------|---|-------------------------------------|
| 1    | Enter <b>User Name</b> and <b>Password</b> ; Click <b>Login</b> . | Main Menu page displays.            |
| 2    | Point to <b>Providers</b> and click <b>ConsentFormSearch</b> .    | Consent Form Search panel displays. |

## 19. Search Pop-Up Panels

Search pop-up panels are accessed by means of a [search] hyperlink which is displayed alongside the related field. Each search window is related to a specific field and will permit a user to enter search criteria when the particular value or number is not known.

### **NOTE:**

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to check eligibility, billing restrictions and/or requirements as noted within the Alabama Medicaid Provider Manual.

The Search Pop-Up panels include the following sections:

- Search – Admission Type
- Search – Carrier Code
- Search – Condition
- Search – Diagnosis
- Search – Modifiers
- Search – NDC
- Search – Occurrence Code
- Search – Patient Status
- Search – POS
- Search – Prescriber License
- Search – Procedure
- Search – Procedure ICD-9
- Search – Provider ID
- Search – Quadrant
- Search – Revenue Code
- Search – Tooth
- Search – User Name

Navigation Path: [search] hyperlink.

## 19.1 Admission Type Search

### 19.1.1 Admission Type Search Panel Narrative

The Admission Type Search pop-up panel allows for the search of an admission type.

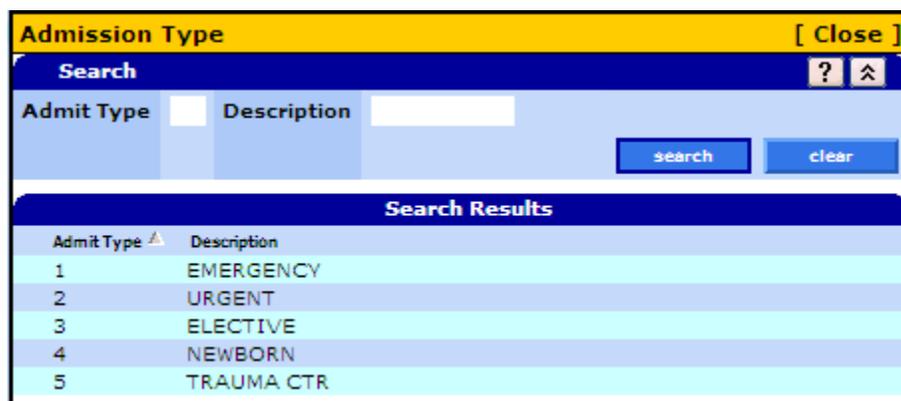
**NOTE:**

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [Institutional] – [Search]

### 19.1.2 Admission Type Search Panel Layout



### 19.1.3 Admission Type Search Panel Field Descriptions

| Field       | Description  | Field Type | Data Type    | Length |
|-------------|--|------------|--------------|--------|
| clear       | This button clears the search criteria fields.   | Button     | N/A          | 0      |
| search      | This button initiates the search.  | Button     | N/A          | 0      |
| Admit Type  | Displays the code which indicates the priority of the admission of a recipient for inpatient services. | Field      | Character    | 1      |
| Description | Displays the description for the priority of the admission of a recipient for inpatient services.      | Field      | Alphanumeric | 10     |

### 19.1.4 Admission Type Search Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 19.1.5 Admission Type Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 19.1.6 Admission Type Search Panel Accessibility

#### 19.1.6.1 To Access the Admission Type Search Panel

| Step | Action                       | Response                              |
|------|------------------------------|---------------------------------------|
| 1    | Click <b>Claims</b> .        | Claims page displays.                 |
| 2    | Click <b>Institutional</b> . | Institutional Claim panel displays.   |
| 3    | Click <b>[Search]</b> .      | Admission Type Search panel displays. |

#### 19.1.6.2 To Search on the Admission Type Search Panel

| Step | Action  | Response                                       |
|------|---|--|
| 1    | Enter <b>Admit Type</b> or <b>Description</b> . |  |
| 2    | Click <b>search</b> .                           |  |
| 3    | Select row from search results.                 | Adds search result selected to the main panel. |

## 19.2 Carrier Code Search

### 19.2.1 Carrier Code Search Panel Narrative

The Carrier Code Search pop-up panel allows for the search of a carrier.

**NOTE:**

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [(Select a Dental, Institutional or Professional claim form)] – [TPL Panel] – [Search]

### 19.2.2 Carrier Code Search Panel Layout

| Carrier Number | Carrier Name              | Address 1  | Address 2  | City       | Zip   | Mail Zip4 | State | FEIN |
|----------------|---------------------------|------------|------------|------------|-------|-----------|-------|------|
| 00001          | AAA                       | 2001 PARK  |            | BIRMINGHAM | 35203 | 1516      | AL    |      |
| 00002          | A A R P INS PLAN          | UNITED HEA | P O BOX 7  | ATLANTA    | 30374 |           | GA    |      |
| 00003          | A F G E HEALTH PLAN       | 80 F STREE |            | WASHINGTON | 20005 |           | DC    |      |
| 00004          | A & M LIFE INSURANCE      | CLAIMS DEP | C/O POSTMA | WAKEFIELD  | 01880 |           | MA    |      |
| 00005          | ACACIA MUTUAL LIFE INS CO | 51 LOUISIA |            | WASHINGTON | 20001 |           | DC    |      |
| 00006          | ACADEMY LIFE INS CO       | SOUTHEASTE | PO BOX 100 | VALLEY FOR | 19398 |           | PA    |      |
| 00007          | AETNA LIFE & CASUALTY CO  | P O BOX 14 |            | LEXINGTON  | 40512 |           | KY    |      |
| 00008          | AETNA LIFE INS CO         | P O BOX 14 |            | LEXINGTON  | 40512 |           | KY    |      |
| 00009          | AFRO-AMER LIFE INS CO     | PO BOX 214 |            | JACKSONVIL | 32231 |           | FL    |      |
| 00010          | SOC OF LUTHERAN -         | INCORRECT  |            | ADDRESS UN | 55911 |           |       |      |

### 19.2.3 Carrier Code Search Panel Field Descriptions

| Field        | Description   | Field Type | Data Type | Length |
|--------------|---|------------|-----------|--------|
| clear        | This button clears the search criteria fields.      | Button     | N/A       | 0      |
| search       | This button initiates the search.                   | Button     | N/A       | 0      |
| Address 1    | Displays the street address for the carrier.        | Field      | Character | 30     |
| Address 2    | Displays the second street address for the carrier. | Field      | Character | 30     |
| Carrier Name | Displays the description of the carrier code.       | Field      | Character | 45     |

| Field          | Description   | Field Type | Data Type        | Length |
|----------------|---|------------|------------------|--------|
| Carrier Number | Displays the carrier code.  | Field      | Number (Integer) | 10     |
| City           | Displays the city for the carrier.  | Field      | Character        | 15     |
| FEIN           | Displays the Federal Employer Identification Number (FEIN) for the carrier. | Field      | Number (Integer) | 9      |
| Mail Zip4      | Displays the zip code + 4 for the carrier.                                  | Field      | Number (Integer) | 4      |
| State          | Displays the state for the carrier.   | Field      | Alphanumeric     | 2      |
| Zip            | Displays the first 5 digits of the zip code for the carrier.                | Field      | Number (Integer) | 5      |

### 19.2.4 Carrier Code Search Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 19.2.5 Carrier Code Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 19.2.6 Carrier Code Search Panel Accessibility

#### 19.2.6.1 To Access the Carrier Code Search Panel

| Step | Action   | Response   |
|------|--|--|
| 1    | Click <b>Claims</b> .  | Claims page displays.                                      |
| 2    | Select a <b>Dental, Institutional</b> or <b>Professional</b> claim form. | Claim panel displays.                                      |
| 3    | Select a row or click add on the TPL panel.                              | TPL panel is activated, displaying the Carrier Code field. |
| 4    | Click <b>[Search]</b> .  | Carrier Code Search panel displays.                        |

#### 19.2.6.2 To Search on the Carrier Code Search Panel

| Step | Action   | Response                                       |
|------|--|--|
| 1    | Enter <b>Carrier Number</b> or <b>Carrier Name</b> . |  |
| 2    | Click <b>search</b> .                                |  |
| 3    | Select row from search results.                      | Adds search result selected to the main panel. |

## 19.3 Condition Search

### 19.3.1 Condition Search Panel Narrative

The Condition Search pop-up panel allows for the search of a condition.

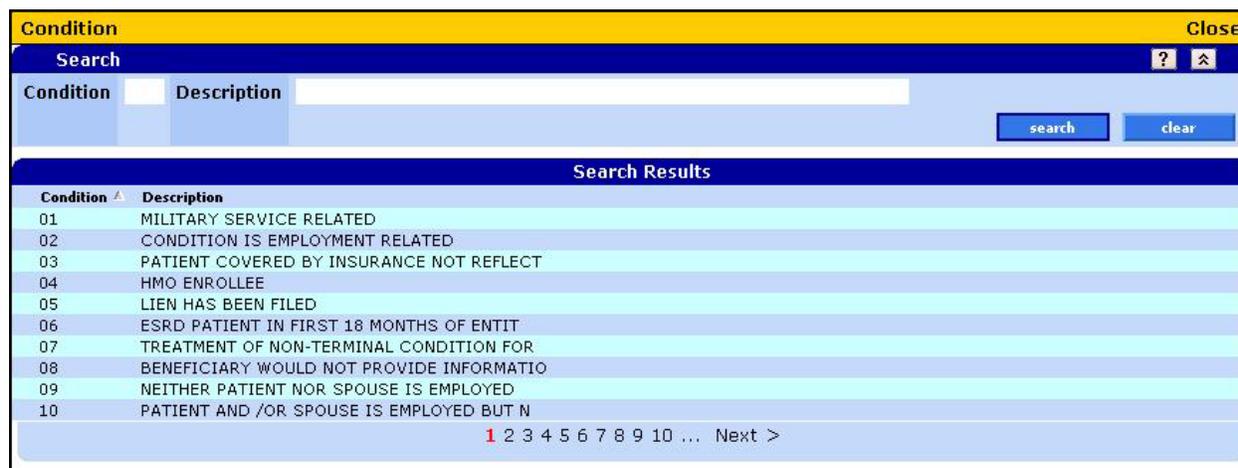
**NOTE:**

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [Institutional] – [Condition] – [Search]

### 19.3.2 Condition Search Panel Layout



### 19.3.3 Condition Search Panel Field Descriptions

| Field       | Description  | Field Type | Data Type    | Length |
|-------------|--|------------|--------------|--------|
| clear       | This button clears the search criteria fields.   | Button     | N/A          | 0      |
| search      | This button initiates the search.  | Button     | N/A          | 0      |
| Condition   | Displays the code used to identify conditions relating to a UB04 claim that may affect payer processing. | Field      | Character    | 2      |
| Description | Displays the description of conditions relating to a UB04 claim that may affect payer processing.        | Field      | Alphanumeric | 40     |

### 19.3.4 Condition Search Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 19.3.5 Condition Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 19.3.6 Condition Search Panel Accessibility

#### 19.3.6.1 To Access the Condition Search Panel

| Step | Action  | Response  |
|------|---|---|
| 1    | Click <b>Claims</b> .                             | Claims page displays.   |
| 2    | Click <b>Institutional</b> .                      | Institutional Claim panel displays.                           |
| 3    | Click <b>Condition</b> .                          | Condition panel displays.                                     |
| 4    | Select a row or click add on the Condition panel. | Condition panel is activated, displaying the Condition field. |
| 5    | Click <b>[Search]</b> .                           | Condition Search panel displays.                              |

#### 19.3.6.2 To Add on the Condition Search Panel

| Step | Action   | Response                                       |
|------|--|--|
| 1    | Enter <b>Condition</b> or <b>Description</b> . |  |
| 2    | Click <b>search</b> .                          |  |
| 3    | Select row from search results.                | Adds search result selected to the main panel. |

## 19.4 Diagnosis Search

### 19.4.1 Diagnosis Search Panel Narrative

The Diagnosis Search pop-up panel allows for the search of a diagnosis code.

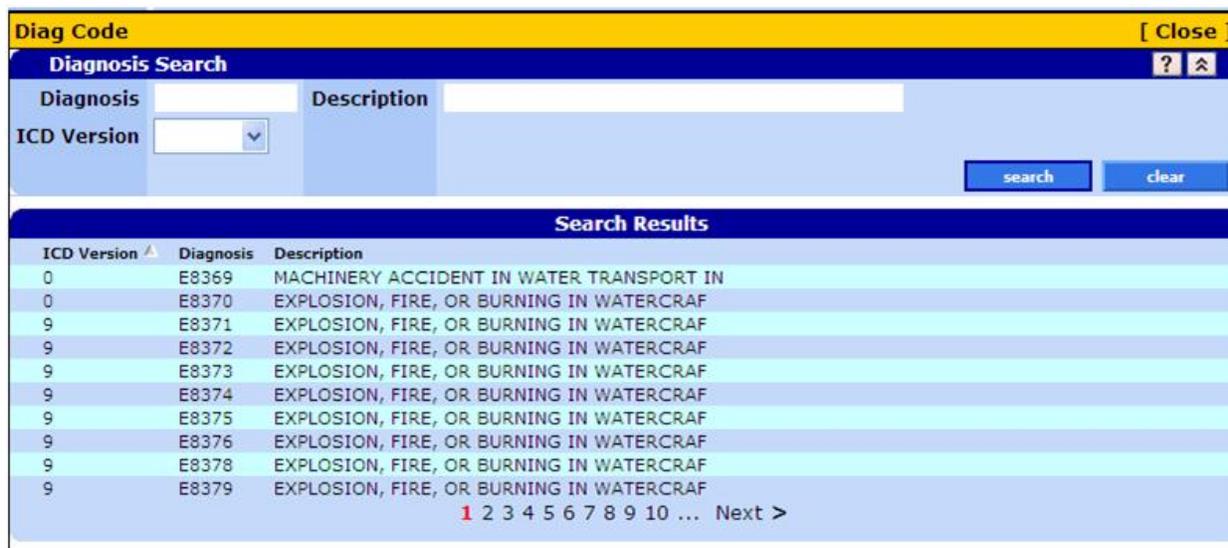
**NOTE:**

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – (Select a claim form)] – [Diagnosis Panel] – [Search] OR [Prior Authorization] – [(Select Search or New)] – [Search]

### 19.4.2 Diagnosis Search Panel Layout



### 19.4.3 Diagnosis Search Panel Field Descriptions

| Field       | Description  | Field Type | Data Type    | Length |
|-------------|--|------------|--------------|--------|
| clear       | This button clears the search criteria fields.     | Button     | N/A          | 0      |
| search      | This button initiates the search.                  | Button     | N/A          | 0      |
| Description | Displays the explanation of the medical condition. | Field      | Alphanumeric | 40     |

| Field       | Description   | Field Type | Data Type          | Length |
|-------------|---|------------|--------------------|--------|
| Diagnosis   | Code that identifies the Diagnosis (condition requiring medical attention). Represents a medical classification of a disease or condition according to ICD-9 /ICD-10. | Field      | Alphanumeric       | 7      |
| ICD Version | Code to denote which version of the ICD diagnosis code set is being referenced. The valid values will be '9' for ICD-9 and '0' for ICD-10.                            | Combo Box  | Drop Down List Box | 1      |

#### 19.4.4 Diagnosis Search Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

#### 19.4.5 Diagnosis Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

#### 19.4.6 Diagnosis Search Panel Accessibility

##### 19.4.6.1 To Access the Diagnosis Search Panel

| Step | Action  | Response   |
|------|---|--|
| 1    | Click <b>Claims</b> or <b>Prior Authorization</b> .   | Claims or Prior Authorization page displays.       |
| 2    | Click on form from the Claims or Prior Authorization page that you wish to complete.                        | Claim or Prior Authorization panel displays.       |
| 3    | If viewing a claim form, click <b>Diagnosis</b> . If viewing a prior authorization form, proceed to step 4. | If viewing a claim form, Diagnosis panel displays. |
| 4    | Click <b>[Search]</b> .   | Diagnosis Search panel displays.                   |

##### 19.4.6.2 To Search on the Diagnosis Search Panel

| Step | Action   | Response                                       |
|------|--|--|
| 1    | Enter <b>Diagnosis</b> or <b>Description</b> . |  |
| 2    | Click <b>search</b> .                          |  |
| 3    | Select row from search results.                | Adds search result selected to the main panel. |

## 19.5 Drug Search Panel Narrative

The Drug Search panel will be displayed to allow users to search by a different NDC or Drug Name. After entering search criteria in the pop-up panel, simply select the desired result returned in the list and the Drug Information panel is populated with the related drug information.

Navigation Path: [NDC Look Up] – [Drug Name - Search]

### 19.5.6 Drug Search Panel Layout

| NDC         | Drug Name                |
|-------------|--------------------------|
| 00024540131 | AMBIEN 5 MG TABLET       |
| 00024542131 | AMBIEN 10 MG TABLET      |
| 00024542150 | AMBIEN 10 MG TABLET      |
| 00024550110 | AMBIEN CR 6.25 MG TABLET |
| 00024550131 | AMBIEN CR 6.25 MG TABLET |
| 00024552110 | AMBIEN CR 12.5 MG TABLET |
| 00024552131 | AMBIEN CR 12.5 MG TABLET |
| 00024552150 | AMBIEN CR 12.5 MG TABLET |

### 19.5.7 Drug Search Panel Field Descriptions

| Field     | Description   | Field Type | Data Type        | Length |
|-----------|---|------------|------------------|--------|
| clear     | This button clears the search criteria fields.                | Button     | N/A              | 0      |
| search    | This button initiates the search.                             | Button     | N/A              | 0      |
| Drug Name | Partial or complete label name of a drug to perform a search. | Field      | Alphanumeric     | 40     |
| NDC       | National Drug Code number to perform a search.                | Field      | Number (Integer) | 11     |

### 19.5.8 Drug Search Panel Field Edit Error Codes

| Field             | Error Message                              | To Correct                        |
|-------------------|--|-----------------------------------|
| NDC and Drug Name | Please Enter At Least One Search Criteria. | No value entered in either field. |
| NDC               | NDC Not Found.                             | Invalid NDC entered.              |

## 19.5.9 Drug Search Panel Extra Features

| Field   | Field Type |
|---|------------|
| Pagination is provided up to 50 rows per page. A user may select any NDC record and the related drug information is displayed in the main Drug Coverage Information panel and the Drug Search Popup Panel remains open so that a user can search on another record. |            |

## 19.5.10 Drug Search Panel Accessibility

### 19.5.10.1 To Access the Drug Search Panel

| Step | Action  | Response  |
|------|---|---|
| 1    | Enter search criteria and click <b>search</b>     | If data returns more than 1 row then Drug Search Panel is displayed |
| 2    | Click on HyperLink beside Drug Name Search Button | Drug Search Panel is displayed without data for fresh search.       |

## 19.6 Modifiers Search

### 19.6.1 Modifiers Search Panel Narrative

The Modifiers Search pop-up panel allows for the search of a modifier.

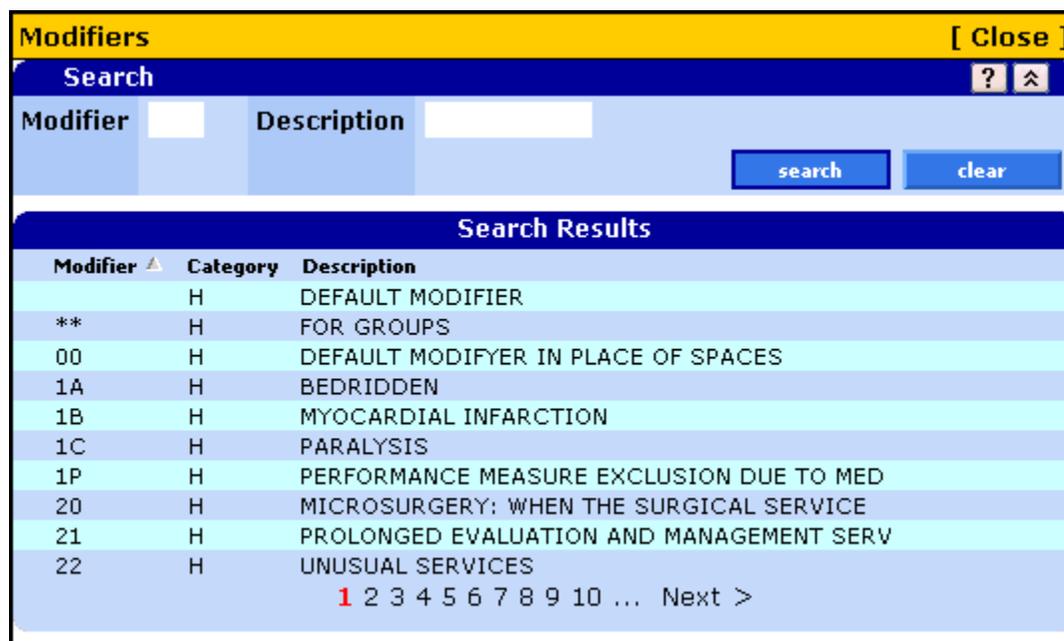
**NOTE:**

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – (Select a claim form)] – [Detail Panel] – [Search] OR [Prior Authorization] – [(Select the Search or New form)] – [Search]

### 19.6.2 Modifiers Search Panel Layout



### 19.6.3 Modifiers Search Panel Field Descriptions

| Field    | Description   | Field Type | Data Type    | Length |
|----------|---|------------|--------------|--------|
| clear    | This button clears the search criteria fields.                              | Button     | N/A          | 0      |
| search   | This button initiates the search.   | Button     | N/A          | 0      |
| Category | Displays whether the modifier is a HCPCS modifier or an Ambulance modifier. |            | Alphanumeric | 1      |

| Field       | Description                                     | Field Type | Data Type    | Length |
|-------------|---|------------|--------------|--------|
| Description | Displays the short description of the modifier. | Field      | Alphanumeric | 40     |
| Modifier    | Displays the modifier.                          | Field      | Character    | 2      |

#### 19.6.4 Modifiers Search Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

#### 19.6.5 Modifiers Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

#### 19.6.6 Modifiers Search Panel Accessibility

##### 19.6.6.1 To Access the Modifiers Search Panel

| Step | Action   | Response                                     |
|------|--|--|
| 1    | Click <b>Claims</b> or <b>Prior Authorization</b> .                                  | Claims or Prior Authorization page displays. |
| 2    | Click on form from the Claims or Prior Authorization page that you wish to complete. | Claim or Prior Authorization panel displays. |
| 3    | Click <b>[Search]</b> .  | Modifiers Search panel displays.             |

##### 19.6.6.2 To Search on the Modifiers Search Panel

| Step | Action  | Response                                       |
|------|---|--|
| 1    | Enter <b>Modifier</b> or <b>Description</b> . |  |
| 2    | Click <b>search</b> .                         |  |
| 3    | Select row from search results.               | Adds search result selected to the main panel. |

## 19.7 NDC Search

### 19.7.1 NDC Search Panel Narrative

The NDC Search pop-up panel allows for the search of a National Drug Code (NDC).

**NOTE:**

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements. For example, prior authorization, max unit, non-preferred, recipient aid category and age limitations.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [Pharmacy] – [Search]

### 19.7.2 NDC Search Panel Layout

### 19.7.3 NDC Search Panel Field Descriptions

| Field  | Description                                    | Field Type | Data Type | Length |
|--------|--|------------|-----------|--------|
| clear  | This button clears the search criteria fields. | Button     | N/A       | 0      |
| search | This button initiates the search.              | Button     | N/A       | 0      |

| Field       | Description   | Field Type | Data Type    | Length |
|-------------|---|------------|--------------|--------|
| Description | Displays the brand name of the drug. The brand name is usually the drug name appearing on the package label and frequently is a trademark. If necessary, it is edited to fit space requirements. For non-branded generic products, the description is usually the generic name. | Field      | Alphanumeric | 35     |
| Drug        | Displays the National Drug Code (NDC).  | Field      | Alphanumeric | 11     |

### 19.7.4 NDC Search Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 19.7.5 NDC Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 19.7.6 NDC Search Panel Accessibility

#### 19.7.6.1 To Access the NDC Search Panel

| Step | Action   | Response  |
|------|--|---|
| 1    | Click Claims.                                  | Claims page displays.                                     |
| 2    | Click Pharmacy.                                | Pharmacy Claim panel displays.                            |
| 3    | Select a row or click add on the Detail panel. | Detail panel is activated, displaying the NDC Code field. |
| 4    | Click [Search].                                | NDC Code Search panel displays.                           |

#### 19.7.6.2 To Search on the NDC Search Panel

| Step | Action                          | Response                                       |
|------|---------------------------------|--|
| 1    | Enter <b>Drug</b> code.         |  |
| 2    | Click <b>search</b> .           |  |
| 3    | Select row from search results. | Adds search result selected to the main panel. |

## 19.8 Occurrence Code Search

### 19.8.1 Occurrence Code Search Panel Narrative

The Occurrence Code Search pop-up panel allows for the search of an occurrence code.

**NOTE:**

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [Institutional] – [Occurrence] – [Search]

### 19.8.2 Occurrence Search Panel Layout

### 19.8.3 Occurrence Search Panel Field Descriptions

| Field       | Description  | Field Type | Data Type    | Length |
|-------------|--|------------|--------------|--------|
| clear       | This button clears the search criteria fields.   | Button     | N/A          | 0      |
| search      | This button initiates the search.  | Button     | N/A          | 0      |
| Description | Displays the description of a significant event relating to a particular UB04 claim that may affect payer processing occurred. | Field      | Alphanumeric | 50     |
| Occurrence  | Displays the code which defines a significant event relating to a particular UB04 claim that may affect payer processing.      | Field      | Character    | 2      |

### 19.8.4 Occurrence Code Search Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 19.8.5 Occurrence Code Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 19.8.6 Occurrence Code Search Panel Accessibility

#### 19.8.6.1 To Access the Occurrence Code Search Panel

| Step | Action   | Response   |
|------|--|--|
| 1    | Click <b>Claims</b> .                              | Claims page displays.  |
| 2    | Click <b>Institutional</b> .                       | Institutional Claim panel displays.                                  |
| 3    | Click <b>Occurrence</b> .                          | Occurrence panel displays.   |
| 4    | Select a row or click add on the Occurrence panel. | Occurrence panel is activated, displaying the Occurrence Code field. |
| 5    | Click <b>[Search]</b> .                            | Procedure Search panel displays.                                     |

#### 19.8.6.2 To Search on the Occurrence Code Search Panel

| Step | Action  | Response                                       |
|------|---|--|
| 1    | Enter <b>Occurrence</b> or <b>Description</b> . |  |
| 2    | Click <b>search</b> .                           |  |
| 3    | Select row from search results.                 | Adds search result selected to the main panel. |

## 19.9 Patient Status Search

### 19.9.1 Patient Status Search Panel Narrative

The Patient Status Search pop-up panel allows for the search of a patient status code.

**NOTE:**

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [Institutional] – [Search]

### 19.9.2 Patient Status Search Panel Layout

### 19.9.3 Patient Status Search Panel Field Descriptions

| Field       | Description  | Field Type | Data Type    | Length |
|-------------|--|------------|--------------|--------|
| clear       | This button clears the search criteria fields.   | Button     | N/A          | 0      |
| search      | This button initiates the search.  | Button     | N/A          | 0      |
| Description | Displays the description of the status of the recipient as of the ending service date of the period covered on a UB04 claim. | Field      | Alphanumeric | 80     |

| Field          | Description   | Field Type | Data Type | Length |
|----------------|---|------------|-----------|--------|
| Patient Status | Displays the status of the recipient as of the ending service date of the period covered on a UB04 claim. | Field      | Character | 2      |

#### 19.9.4 Patient Status Search Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

#### 19.9.5 Patient Status Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

#### 19.9.6 Patient Status Search Panel Accessibility

##### 19.9.6.1 To Access the Patient Status Search Panel

| Step | Action                       | Response                              |
|------|------------------------------|---------------------------------------|
| 1    | Click <b>Claims</b> .        | Claims page displays.                 |
| 2    | Click <b>Institutional</b> . | Institutional Claim panel displays.   |
| 3    | Click <b>[Search]</b> .      | Patient Status Search panel displays. |

##### 19.9.6.2 To Search on the Patient Status Search Panel

| Step | Action  | Response                                       |
|------|---|--|
| 1    | Enter <b>Patient Status</b> or <b>Description</b> . |  |
| 2    | Click <b>search</b> .                               |  |
| 3    | Select row from search results.                     | Adds search result selected to the main panel. |

## 19.10 POS Search

### 19.10.1 POS Search Panel Narrative

The POS Search pop-up panel allows for the search of a Place of Service (POS).

**NOTE:**

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [(Dental or Professional)] – [Search] OR [Prior Authorization – (Select the Search or New form)] – [Search]

### 19.10.2 POS Search Panel Layout

### 19.10.3 POS Search Panel Field Descriptions

| Field       | Description  | Field Type | Data Type    | Length |
|-------------|--|------------|--------------|--------|
| clear       | This button clears the search criteria fields.   | Button     | N/A          | 0      |
| search      | This button initiates the search.  | Button     | N/A          | 0      |
| Description | Displays the description of the location where the medical assistance service was performed. | Field      | Alphanumeric | 50     |

| Field            | Description   | Field Type | Data Type | Length |
|------------------|---|------------|-----------|--------|
| Place Of Service | Displays the location code where the medical assistance service was provided. | Field      | Character | 2      |

#### 19.10.4 POS Search Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

#### 19.10.5 POS Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

#### 19.10.6 POS Search Panel Accessibility

##### 19.10.6.1 To Access the POS Search Panel

| Step | Action                                       | Response                                     |
|------|--|--|
| 1    | Click <b>Claims</b> .                        | Claims page displays.                        |
| 2    | Click <b>Dental</b> or <b>Professional</b> . | Dental or Professional Claim panel displays. |
| 3    | Click <b>[Search]</b> .                      | POS Search panel displays.                   |

##### 19.10.6.2 To Search on the POS Search Panel

| Step | Action  | Response                                       |
|------|---|--|
| 1    | Enter <b>Place Of Service</b> or <b>Description</b> . |  |
| 2    | Click <b>search</b> .                                 |  |
| 3    | Select row from search results.                       | Adds search result selected to the main panel. |

## 19.11 Prescriber License Search

### 19.11.1 Prescriber License Search Panel Narrative

The Prescriber License Search pop-up panel allows for the search of a prescriber license number.

**NOTE:**

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [Pharmacy] – [Search]

### 19.11.2 Prescriber License Search Panel Layout

### 19.11.3 Prescriber License Search Panel Field Descriptions

| Field     | Description                                    | Field Type | Data Type    | Length |
|-----------|--|------------|--------------|--------|
| clear     | This button clears the search criteria fields. | Button     | N/A          | 0      |
| search    | This button initiates the search.              | Button     | N/A          | 0      |
| Address 1 | Displays the provider's primary address.       | Field      | Alphanumeric | 40     |
| Address 2 | Displays the provider's secondary address.     | Field      | Alphanumeric | 20     |
| City      | Displays the provider's city.                  | Field      | Alphanumeric | 20     |

| Field          | Description   | Field Type | Data Type        | Length |
|----------------|---|------------|------------------|--------|
| County         | Displays the provider's county code.                                | Field      | Alphanumeric     | 2      |
| License Number | Displays the provider's state license number.                       | Field      | Character        | 10     |
| Name           | Displays the name of the provider who is issued the license number. | Field      | Alphanumeric     | 50     |
| State          | Displays the provider's state.                                      | Field      | Alphanumeric     | 2      |
| Zip            | Displays the provider's zip code.                                   | Field      | Number (Integer) | 5      |
| Zip + 4        | Displays the provider's zip + 4.                                    | Field      | Number (Integer) | 4      |

### 19.11.4 Prescriber License Search Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 19.11.5 Prescriber License Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 19.11.6 Prescriber License Search Panel Accessibility

#### 19.11.6.1 To Access the Prescriber License Search Panel

| Step | Action                  | Response                                  |
|------|-------------------------|---|
| 1    | Click <b>Claims</b> .   | Claims page displays.                     |
| 2    | Click <b>Pharmacy</b> . | Pharmacy Claim panel displays.            |
| 3    | Click <b>[Search]</b> . | Prescriber License Search panel displays. |

#### 19.11.6.2 To Search on the Prescriber License Search Panel

| Step | Action                                       | Response                                       |
|------|--|--|
| 1    | Enter <b>License Number</b> or <b>Name</b> . |  |
| 2    | Click <b>search</b> .                        |  |
| 3    | Select row from search results.              | Adds search result selected to the main panel. |

## 19.12 Procedure Search

### 19.12.1 Procedure Search Panel Narrative

The Procedure Search pop-up panel allows for the search of a procedure code.

**NOTE:**

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements. For example, this includes prior authorization, max unit, recipient aid category and age limitations.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [(Dental or Professional)] – [Search] OR [Prior Authorization – (Select Search or New)] – [Search]

### 19.12.2 Procedure Search Panel Layout

### 19.12.3 Procedure Search Panel Field Descriptions

| Field       | Description                                    | Field Type | Data Type    | Length |
|-------------|--|------------|--------------|--------|
| clear       | This button clears the search criteria fields. | Button     | N/A          | 0      |
| search      | This button initiates the search.              | Button     | N/A          | 0      |
| Description | Displays the description of the procedure.     | Field      | Alphanumeric | 40     |
| Procedure   | Displays the code for the procedure.           | Field      | Alphanumeric | 6      |

### 19.12.4 Procedure Search Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 19.12.5 Procedure Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 19.12.6 Procedure Search Panel Accessibility

#### 19.12.6.1 To Access the Procedure Search Panel

| Step | Action   | Response                                     |
|------|--|--|
| 1    | Click <b>Claims</b> or <b>Prior Authorization</b> .                                  | Claims or Prior Authorization page displays. |
| 2    | Click on form from the Claims or Prior Authorization page that you wish to complete. | Claim or Prior Authorization panel displays. |
| 3    | Click <b>[Search]</b> .  | Procedure Search panel displays.             |

#### 19.12.6.2 To Search on the Procedure Search Panel

| Step | Action   | Response                                       |
|------|--|--|
| 1    | Enter <b>Procedure</b> or <b>Description</b> . |  |
| 2    | Click <b>search</b> .                          |  |
| 3    | Select row from search results.                | Adds search result selected to the main panel. |

## 19.13 Procedure ICDSearch

### 19.13.1 Procedure ICD Search Panel Narrative

The Procedure ICD Search pop-up panel allows for the search of an ICD surgical procedure code.

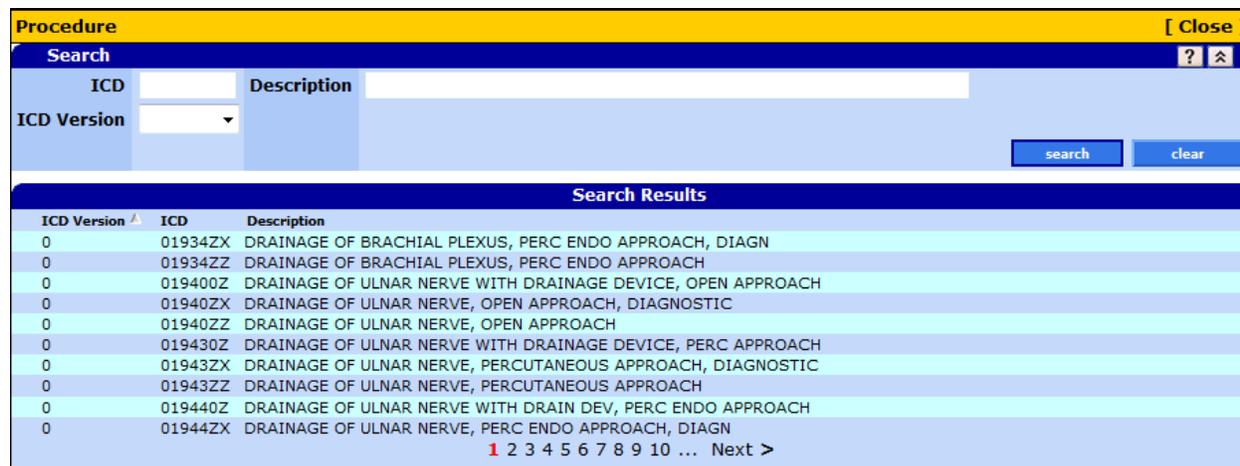
**NOTE:**

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [Institutional] – [Procedure] – [Search]

### 19.13.2 Procedure ICD Search Panel Layout



### 19.13.3 Procedure ICD Search Panel Field Descriptions

| Field       | Description   | Field Type | Data Type    | Length |
|-------------|---|------------|--------------|--------|
| clear       | This button clears the search criteria fields.                                  | Button     | N/A          | 0      |
| search      | This button initiates the search.   | Button     | N/A          | 0      |
| Description | Displays the Medical Description of surgical or diagnostic procedure.           | Field      | Alphanumeric | 60     |
| ICD         | Displays the code which indicates a specific, surgical or diagnostic procedure. | Field      | Character    | 7      |

| Field       | Description  | Field Type | Data Type | Length |
|-------------|--|------------|-----------|--------|
| ICD Version | Code to denote which version of the ICD procedure code set is being referenced. The valid values will be '9' for ICD-9 and '0' for ICD-10. | Field      | Character | 1      |

### 19.13.4 Procedure ICD Search Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 19.13.5 Procedure ICD Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 19.13.6 Procedure ICD Search Panel Accessibility

#### 19.13.6.1 To Access the Procedure ICD Search Panel

| Step | Action  | Response  |
|------|---|---|
| 1    | Click <b>Claims</b> .                             | Claims page displays.   |
| 2    | Click <b>Institutional</b> .                      | Institutional Claim panel displays.                           |
| 3    | Click <b>Procedure</b> .                          | Procedures panel displays.                                    |
| 4    | Select a row or click add on the Procedure panel. | Procedure panel is activated, displaying the Procedure field. |
| 5    | Click <b>[Search]</b> .                           | Procedure ICD Search panel displays.                          |

#### 19.13.6.2 To Search on the Procedure ICD Search Panel

| Step | Action  | Response                                       |
|------|---|--|
| 1    | Enter <b>ICD</b> code or <b>Description</b> . |  |
| 2    | Click <b>search</b> .                         |  |
| 3    | Select row from search results.               | Adds search result selected to the main panel. |

## 19.14 Provider ID Search

### 19.14.1 Provider ID Search Panel Narrative

The Provider ID Search pop-up panel allows for the search of a specific service location for a provider. This search applies to Rendering, Referring, Operating, Attending and Servicing Provider ID fields.

**NOTE:**

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] - (Select a Dental, Institutional or Professional claim form)] – [Search] OR [Prior Authorization] – [New]

### 19.14.2 Provider ID Search Panel Layout

| National Provider ID | Medicaid Provider ID | Name            | Description | Address       | City   | State | Zip   | Zip, 4 |
|----------------------|----------------------|-----------------|-------------|---------------|--------|-------|-------|--------|
| 1500000000           | 509700060            | PREMIER MANAGER | Physician   | 2880 D STREET | MOBILE | AL    | 30606 | 6063   |
| 1500000000           | 509700070            | PREMIER MANAGER | Physician   | 3701 D STREET | MOBILE | AL    | 30608 | 6083   |

### 19.14.3 Provider ID Search Panel Field Descriptions

| Field                | Description                                    | Field Type | Data Type    | Length |
|----------------------|--|------------|--------------|--------|
| clear                | This button clears the search criteria fields. | Button     | N/A          | 0      |
| search               | This button initiates the search.              | Button     | N/A          | 0      |
| Address              | Displays the provider's primary address.       | Field      | Alphanumeric | 40     |
| City                 | Displays the provider's city.                  | Field      | Alphanumeric | 20     |
| Description          | Displays the provider's type description.      | Field      | Alphanumeric | 20     |
| Name                 | Displays the provider's name.                  | Field      | Alphanumeric | 40     |
| Medicaid Provider ID | Displays the Medicaid number of the provider.  | Field      | Alphanumeric | 9      |

| Field                | Description  | Field Type | Data Type        | Length |
|----------------------|--|------------|------------------|--------|
| National Provider ID | Displays the national identification number of the provider. | Field      | Alphanumeric     | 10     |
| Provider ID *        | Displays the identification number of the provider.          | Field      | Alphanumeric     | 10     |
| State                | Displays the provider's state.                               | Field      | Alphanumeric     | 2      |
| Zip, 4               | Displays the provider's zip code plus 4.                     | Field      | Number (Integer) | 5      |

#### 19.14.4 Provider ID Search Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

#### 19.14.5 Provider ID Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

#### 19.14.6 Provider ID Search Panel Accessibility

##### 19.14.6.1 To Access the Provider ID Search Panel

| Step | Action   | Response  |
|------|--|---|
| 1    | Click <b>Claims</b> .  | Claims page displays.   |
| 2    | Select a <b>Dental, Institutional, Professional</b> claim form or <b>Prior Authorization</b> and then <b>New</b> . | Claim panel displays or Prior Authorization New panel displays. |
| 3    | Click <b>[Search]</b> .  | Provider ID Search panel displays.                              |

##### 19.14.6.2 To Search on the Provider ID Search Panel

| Step | Action   | Response                                       |
|------|--|--|
| 1    | Enter <b>Provider ID, Address, City, State</b> or <b>Zip + 4</b> . |  |
| 2    | Click <b>search</b> .  |  |
| 3    | Select row from search results.                                    | Adds search result selected to the main panel. |

## 19.15 Quadrant Search

### 19.15.1 Quadrant Search Panel Narrative

The Quadrant Search pop-up panel allows for the search of a tooth quadrant which is used for prior authorizations to identify the area of the mouth where services will be performed.

**NOTE:**

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Prior Authorization] – [New] – [click on Next from the Base Information panel] – [Search]

### 19.15.2 Quadrant Search Panel Layout

| Search Results |                           |
|----------------|---------------------------|
| Tooth Quadrant | Description               |
| 00             | ENTIRE ORAL CAVITY        |
| 01             | MAXILLARY AREA            |
| 02             | MANDIBULAR AREA           |
| 07             | Entire Mouth              |
| 09             | OTHER AREA OF ORAL CAVITY |
| 10             | UPPER RIGHT QUADRANT      |
| 20             | UPPER LEFT QUADRANT       |
| 30             | LOWER LEFT QUADRANT       |
| 40             | LOWER RIGHT QUADRANT      |
| L              | LEFT                      |

### 19.15.3 Quadrant Search Panel Field Descriptions

| Field          | Description                                     | Field Type | Data Type    | Length |
|----------------|---|------------|--------------|--------|
| clear          | Clears the search criteria fields.              | Button     | N/A          | 0      |
| search         | Search button initiates the search results.     | Button     | N/A          | 0      |
| Description    | Displays the tooth quadrant code description.   | Field      | Alphanumeric | 50     |
| Tooth Quadrant | Displays the corresponding tooth quadrant code. | Field      | Alphanumeric | 3      |

### 19.15.4 Quadrant Search Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 19.15.5 Quadrant Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 19.15.6 Quadrant Search Panel Accessibility

#### 19.15.6.1 To Access the Quadrant Search Panel

| Step | Action   | Response  |
|------|--|---|
| 1    | Click <b>Claims</b> or <b>Prior Authorization</b> .  | Claims or Prior Authorization page displays.  |
| 2    | Click <b>Prior Authorization</b> and then <b>New</b> . If viewing the Prior Authorization New panel, click <b>Next</b> . | Prior Authorization New panel displays. If viewing the Prior Authorization New panel, the Line Item panel displays. |
| 3    | Click <b>[Search]</b> .  | Quadrant Search panel displays.   |

#### 19.15.6.2 To Search on the Quadrant Search Panel

| Step | Action  | Response                                       |
|------|---|--|
| 1    | Enter <b>Tooth Quadrant</b> or <b>Description</b> . |  |
| 2    | Click <b>search</b> .                               |  |
| 3    | Select row from search results.                     | Adds search result selected to the main panel. |

## 19.16 Revenue Code Search

### 19.16.1 Revenue Code Search Panel Narrative

The Revenue Code Search pop-up panel allows for the search of a revenue code.

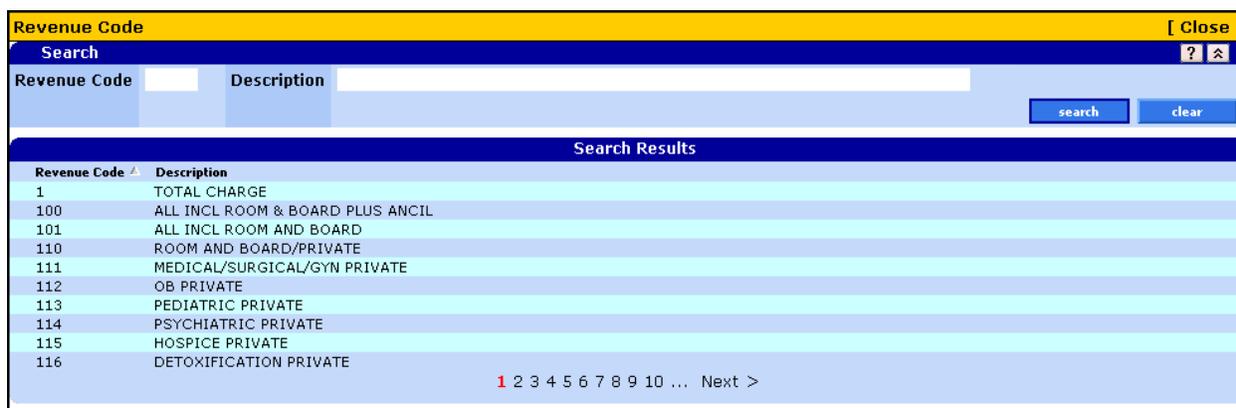
**NOTE:**

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [Institutional] – [Search] OR [Prior Authorization – New] – [click on Next from the Base Information panel] – [Search]

### 19.16.2 Revenue Code Search Panel Layout



### 19.16.3 Revenue Code Search Panel Field Descriptions

| Field        | Description  | Field Type | Data Type    | Length |
|--------------|--|------------|--------------|--------|
| clear        | This button clears the search criteria fields.                             | Button     | N/A          | 0      |
| search       | This button initiates the search results.                                  | Button     | N/A          | 0      |
| Description  | Displays the specific accommodation or ancillary service.                  | Field      | Alphanumeric | 70     |
| Revenue Code | Displays the revenue codes of specific accommodation or ancillary service. | Field      | Number       | 4      |

### 19.16.4 Revenue Code Search Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 19.16.5 Revenue Code Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 19.16.6 Revenue Code Search Panel Accessibility

#### 19.16.6.1 To Access the Revenue Code Search Panel

| Step | Action   | Response   |
|------|--|--|
| 1    | Click <b>Claims</b> or <b>Prior Authorization</b> .  | Claims or Prior Authorization page displays.   |
| 2    | Click <b>Institutional</b> , or <b>Prior Authorization</b> and then <b>New</b> . If viewing the Prior Authorization New panel, click <b>Next</b> . | Institutional Claim or Prior Authorization New panel displays. If viewing the Prior Authorization New panel, the Line Item panel displays. |
| 3    | Click <b>[Search]</b> .  | Revenue Code Search panel displays.  |

#### 19.16.6.2 To Search on the Revenue Code Search Panel

| Step | Action  | Response                                       |
|------|---|--|
| 1    | Enter <b>Revenue Code</b> or <b>Description</b> . |  |
| 2    | Click <b>search</b> .                             |  |
| 3    | Select row from search results.                   | Adds search result selected to the main panel. |

## 19.17 Tooth Search

### 19.17.1 Tooth Search Panel Narrative

The Tooth Search pop-up panel allows for a search of a valid tooth number.

**NOTE:**

This information is pulled from the HPES claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel will be populated with the corresponding data.

Navigation Path: [Prior Authorization] – [New] – [click on Next from the Base Information panel] – [Search]

### 19.17.2 Tooth Search Panel Layout

| Tooth Number | Description                             |
|--------------|---|
| #            | JL                                      |
| 1            | UPPER RIGHT THIRD MOLAR                 |
| 10           | UPPER LEFT LATERAL INCISOR              |
| 11           | UPPER LEFT CANINE (CUSPID)              |
| 12           | UPPER LEFT FIRST PREMOLAR-1ST BICUSPID  |
| 13           | UPPER LEFT SECOND PREMOLAR-2ND BICUSPID |
| 14           | UPPER LEFT FIRST MOLAR                  |
| 15           | UPPER LEFT SECOND MOLAR                 |
| 16           | UPPER LEFT THIRD MOLAR                  |
| 17           | LOWER LEFT THIRD MOLAR (WISDOM TOOTH)   |

### 19.17.3 Tooth Search Panel Field Descriptions

| Field        | Description                                    | Field Type | Data Type    | Length |
|--------------|--|------------|--------------|--------|
| clear        | This button clears the search criteria fields. | Button     | N/A          | 0      |
| search       | This button initiates the search.              | Button     | N/A          | 0      |
| Description  | Displays the description of the tooth number.  | Field      | Alphanumeric | 40     |
| Tooth Number | Displays the correspondent tooth number.       | Field      | Character    | 2      |

### 19.17.4 Tooth Search Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 19.17.5 Tooth Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 19.17.6 Tooth Search Panel Accessibility

#### 19.17.6.1 To Access the Tooth Search Panel

| Step | Action                             | Response                           |
|------|------------------------------------|------------------------------------|
| 1    | Click <b>Prior Authorization</b> . | Prior Authorization page displays. |
| 2    | Click <b>New</b> .                 | Base Information panel displays.   |
| 3    | Click <b>Next</b> .                | Line Item panel displays.          |
| 4    | Click <b>[Search]</b> .            | Tooth Search panel displays.       |

#### 19.17.6.2 To Search on the Tooth Search Panel

| Step | Action  | Response                                       |
|------|---|--|
| 1    | Enter <b>Tooth Number</b> or <b>Description</b> . |  |
| 2    | Click <b>search</b> .                             |  |
| 3    | Select row from search results.                   | Adds search result selected to the main panel. |

## 19.18 User Name Search

### 19.18.1 User Name Search Panel Narrative

The User Name Search panel allows users to search for another user or clerk. The user can then select the desired user or clerk from the corresponding search results.

The User Name Search panel allows a provider or billing agent to identify an existing user so they may associate that ID to their billing NPI number, granting the clerk permission to act as their NPI number when submitting claims, prior authorization requests, etc.

Navigation Path: [Account] – [Clerk Maintenance] - [Search]

### 19.18.2 User Name Search Panel Layout

| Search Results |            |           |
|----------------|------------|-----------|
| User Name ▲    | First Name | Last Name |
| PHARMACYCLERK  | Smith      | Joe       |

### 19.18.3 User Name Search Panel Field Descriptions

| Field      | Description                                    | Field Type | Data Type    | Length |
|------------|--|------------|--------------|--------|
| clear      | This button clears the search criteria fields. | Button     | N/A          | 0      |
| search     | This button initiates the search results.      | Button     | N/A          | 0      |
| First Name | Displays the first name of the user.           | Field      | Character    | 50     |
| Last Name  | Displays the last name of the user.            | Field      | Character    | 50     |
| User Name  | Displays the login identification of the user. | Field      | Alphanumeric | 20     |

### 19.18.4 User Name Search Panel Field Edit Error Codes

| Field                                | Error Message | To Correct |
|--------------------------------------|---------------|------------|
| No field edits found for this panel. |               |            |

### 19.18.5 User Name Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 19.18.6 User Name Search Panel Accessibility

#### 19.18.6.1 To Access the User Name Search Panel

| Step | Action                           | Response                               |
|------|----------------------------------|--|
| 1    | Click <b>Account</b> .           | Account page opens.                    |
| 2    | Click <b>Clerk Maintenance</b> . | Clerk Maintenance panel opens.         |
| 3    | Click <b>add clerk</b> .         | Activates the Clerk Maintenance panel. |
| 4    | Click <b>[Search]</b> .          | Activates the User Name Search panel.  |

#### 19.18.6.2 To Search on the User Name Search Panel

| Step | Action                          | Response                                       |
|------|---------------------------------|--|
| 1    | Enter <b>User Name</b> .        |  |
| 2    | Click <b>search</b> .           |  |
| 3    | Select row from search results. | Adds search result selected to the main panel. |

## 19.19 Group Member Provider ID Search

### 19.19.1 Group Member Provider ID Search Panel Narrative

The Group Member Provider ID Search panel allows users to search for group members enrolled under the Group Provider. The user can then select the desired Group Member from the corresponding search results.

### 19.19.2 Group Member Provider ID Search Panel Layout

| Group Member National Provider ID | Group Member Medicaid Provider ID | Group Member Base Provider ID | Group Member Name   | Address                   | City       | State | Zip   |
|-----------------------------------|-----------------------------------|-------------------------------|---------------------|---------------------------|------------|-------|-------|
| 1013974054                        | 009204270                         | 8958                          | DAVIS , DELINDA A   | 840 MONTCLAIR RD STE 617  | BIRMINGHAM | AL    | 35213 |
| 1013974054                        | 009606620                         | 8958                          | DAVIS , DELINDA A   | 5243 OLD SP'VILLE RD #101 | PINSON     | AL    | 35126 |
| 1073618963                        | 891000830                         | 8958                          | PRECISE , HEATHER L | 840 MONTCLAIR RD STE 617  | BIRMINGHAM | AL    | 35213 |
| 1518924315                        | 000036061                         | 8958                          | BARRON , STEVEN D   | 840 ONTCLAIR RD STE 617   | BIRMINGHAM | AL    | 35213 |
| 1518924315                        | 009606640                         | 8958                          | BARRON , STEVEN D   | 5243 OLD SPRINGVILLE RD   | PINSON     | AL    | 35126 |
| 1548226848                        | 000085339                         | 8958                          | TOWNSEND , LESLIE L | 840 MONTCLAIR RD #617     | BIRMINGHAM | AL    | 35213 |
| 1548226848                        | 009606630                         | 8958                          | TOWNSEND , LESLIE L | 5243 OLD SPVILLE RD #101  | PINSON     | AL    | 35126 |
| 1639150303                        | 101659                            | 101606                        | LAW , ELIZABETH M   | 5243 OLD SPRINGVILLE RD   | PINSON     | AL    | 35126 |
| 1639150303                        | 101660                            | 101606                        | LAW , ELIZABETH M   | 840 MONTCLAIR RD          | BIRMINGHAM | AL    | 35213 |
| 1831156603                        | 009932700                         | 8958                          | HOLT , ALLISON L    | 840 MONTCLAIR RD #617     | BIRMINGHAM | AL    | 35213 |

### 19.19.3 Group Member Provider ID Search Panel Field Descriptions

| Field                             | Description   | Field Type | Data Type    | Length |
|-----------------------------------|---|------------|--------------|--------|
| Address                           | Display the primary address of Group Member Provider.                         | Field      | Alphanumeric | 30     |
| Business or Last Name             | Displays the Group Member Provider's Business or last name.                   | Field      | Character    | 50     |
| City                              | Displays city of Group Member Provider.                                       | Field      | Character    | 30     |
| clear                             | This button clears the search criteria fields.                                | Button     | N/A          | 0      |
| First ,MI                         | Displays the Group Member Provider's first name, Middle Initial.              | Field      | Character    | 50     |
| Group Member Base Provider ID     | Displays Group Member Provider's Base Provider Identification Number.         | Field      | Alphanuemric | 15     |
| Group Member Name                 | Last Name, First Name and Middle Initial of Group Member Provider             | Field      | Character    | 50     |
| Group Member National Provider ID | Displays the Group Member Provider's National Provider Identification Number. | Field      | Alphanuemric | 15     |

| Field                             | Description   | Field Type | Data Type    | Length |
|-----------------------------------|---|------------|--------------|--------|
| Group Member Medicaid Provider ID | Displays the Group Member Provider's Medicaid Provider Identification Number. | Field      | Alphanuemric | 15     |
| Provider ID                       | Displays the Group Member Provider's Provider ID.                             | Field      | Alphanumeric | 15     |
| search                            | This button initiates the search results.                                     | Button     | N/A          | 0      |
| State                             | Displays the Group Member Provider's state.                                   | Field      | Character    | 2      |
| Zip                               | Displays the Group Member Provider's zip.                                     | Field      | Numeric      | 5      |

#### 19.19.4 Group Member Provider ID Search Panel Field Edit Error Codes

| Field     | Error Message  | To Correct                          |
|-----------|--|-------------------------------------|
| First ,MI | Business OR Last Name is required when searching on First and/or MI. | Please Enter Business OR Last Name. |

#### 19.19.5 Group Member Provider ID Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

#### 19.19.6 Group Member Provider ID Search Panel Accessibility

##### 19.19.6.1 To Access the Group Member Search Panel

| Step | Action   | Response   |
|------|--|--|
| 1    | Click <b>Trade Files - Download</b>  | File Download Search Panel opens.                      |
| 2    | Select " <b>PRV-A035 - M-Provider Reenrollment Facsimile</b> " from dropdown | "Group Member Provider ID" Field is displayed.         |
| 3    | Click <b>[Search]</b> .  | Opens "Group Member Provider ID Search" pop-up search. |

##### 19.19.6.2 To Search on the Group Member Search Panel

| Step | Action                          | Response                                       |
|------|---------------------------------|--|
| 1    | Click <b>search</b> .           |  |
| 2    | Select row from search results. | Adds search result selected to the main panel. |

## 20. Help

The EMC Helpdesk is available to providers and vendors to answer questions, or to address any problems which may occur while using the Interactive Services website. Providers may contact the EMC Helpdesk for help with the following issues:

- Initial User ID and Password
- Password Resets
- Connectivity Problems

The EMC Helpdesk can be contacted through one of the following sources:

| Phone                                    | Mail  | Email  |
|--|---|--|
| 1(800) 456-1242<br>1(334) 215-4272 (fax) | HP Enterprise Services (HPES)<br>Attn: EMC Helpdesk<br>301 Technacenter Drive<br>Montgomery, AL 36117 | <a href="mailto:AlabamaSystemsEMC@hp.com">AlabamaSystemsEMC@hp.com</a> |

**NOTE:**

The EMC Helpdesk can be reached Monday through Friday, 7:00 a.m. to 8:00 p.m. (CST); 9:00 a.m. to 5:00 p.m. on Saturdays; and 9:00 a.m. to 5:00 p.m. on all holidays.