Claims Direct Data Entry General Information

The provider, once registered within the system, will be able to sign into the provider section of the web portal. Once signed in to the provider home page, the provider can navigate to the tool bar and select the Claims menu. The Claims menu will provide various options, from which the provider can then navigate to and select from a Claims Status Inquiry, Create a Claim, Create a Claim Template, and Manage Existing Templates.

This document will cover the creation and submission of a professional, institutional and/or crossover Part B claim and their associated templates.

The claims template allows the user to enter data most often used to reduce the need for duplication of effort. For instance a provider could establish a template for each Medicaid member that they service that contains all the basic member information (ID, name, address, etc.) and base provider information. This template can be retrieved, the missing data entered, updates made and submitted. See section 5 Screens for further detail.

The claim creation allows the user to enter all the necessary data to complete a professional, institutional and/or crossover Part B claim. All fields that are required are noted, drop downs available where selections are limited, etc. The screens mimic the paper professional, institutional and crossover Part B forms.

Field edits are triggered when a user tabs from a field. If a mouse click is used and a field bypassed the field edits will be triggered later.

Once all the data is entered the user will 'submit' the claim. Upon submission the field edits are triggered again to ensure all necessary data is accurately completed.

Note, this is a data entry system so the field edits are basic (i.e. numerics, required fields, field lengths, etc.). There are no validations of NPI or Member ID for example.

Upon successful data completion, the 'submission' process is triggered. An internal control number (ICN) is generated for each claim line (one-to-many for professional and crossover Part B and a single ICN for institutional) and a submission page screen displayed for the provider.

The ICN is constructed the same as paper professional, institutional (including Part A crossovers) and crossover Part B claims (claim types 05, 03 (or 09 for Part A crossovers) and 01, respectively) with the exception of the media code. Any claim entered through the web portal direct data entry will have a media code of 02 to identify the source of the claim into the MMIS.

The submission page contains some basic information from the claim (i.e. ICN, provider NPI, member ID and name, date of service, etc.). The provider can print this to use for their records. See section 5 Screens for detail information.

At the time of submission, the data entered into the data entry screens, regardless of claim type, is also loaded in to a table for later extraction. Template information is written to the Claims Template

Table (DDE-T-0001 - WP_CLM_TMPLT_TB). The data needed for claims processing is written to the Web Portal Claims Table (WP_CLM_TB).

The Claims Table contains various processing fields as well as a couple strings of data. The strings of data are constructed using defaults and entered data and are used in the data extraction process. See section 7 Tables – Portal for detail information.

The ClaimsInitializer job is a process that kicks off the extraction program (ClaimsHandler) at designated times (see schedule below). The job extracts the information from the Web Portal Claims Table (WP_CLM_TB) and creates eight outputs. See Outputs for detail information.

The system counts the claims (lines and type) for each claim extracted and an email is generated containing the counts for that extraction. There are seven additional files created.

Three files contain all the information entered on the claims (one file for each of the three claims types – professional, institutional and crossover Part B) and formatted into a pdf file for each that is loaded into the ECM for research and validation purposes. These files are dropped into the Directory Drop process and loaded subsequently in to the ECM. The ECM process associates the pdf to the claim after adjudication.

The remaining four files are fed into the MMIS adjudication process. There are three files, each claim type with its own file (professional, institutional and crossover Part B). Each contains all the claims in the mainframe's CPKEYRCD layout. These files each become another input generation file for the respective claim type. When the adjudication process is run at night, all generations of the files are pulled in.

The last file is the information associated with any claim that has indicated an attachment exists. This information allows the system to 'pair up' the attachment to the claim when it arrives at the mail room and is scanned in to the system.

The DDE claims are processed as part of the MMIS adjudication cycle just like paper and other electronic claims. After processing, the claim is available in the MMIS via the CHIRP screens. When on the screen the 'image' button will allow the user to view the pdf copy of the claim and the 'attachment' button will allow the user to view the attachment information once it's received. The user is also able to view the claim via the Claims Status Inquiry option of the Web Portal.

Extraction Schedule

Weekdays (including holidays) – 5am, 1pm, 5pm and 9pm

Weekends – 5am and 9pm

Adjudication Schedule

Monday Adjudication = Extractions from Friday 9pm, Saturdays' 5am & 9pm, Sunday's 5am & 9pm and Monday's 5am, 1pm and 5pm.

Tuesday – Friday Adjudication = Previous day's 9pm and current day's 5am, 1pm and 5pm extractions.

Data Elements

- Template Name (PDE-0001)
- Long Description (PDE-0002)
- Adjustment/Void Indicator (PDE-0003)
- Adjustment/Void Reason (PDE-0004)
- Adjustment/Void Original ICN (PDE-0005)
- Submitter ID (PDE-0006)
- Billing Provider NPI (PDE-0007)
- Billing Provider Taxonomy (PDE-0008)
- Rendering Provider NPI (PDE-0009)
- Rendering Provider Taxonomy (PDE-0010)
- Provider Org/Last Name (PDE-0011)
- Provider's First Name (PDE-0012)
- Member's Last Name (PDE-0013)
- Member's First Name (PDE-0014)
- Member's MI (PDE-0015)
- Member's ID Number (PDE-0016)
- Member's Account Number (PDE-0017)
- TDO/ECO Ind (PDE-0018)
- Primary Carrier Code (PDE-0019)
- Diagnosis Code (PDE-0020)
- Accident Indicator (PDE-0021)
- Emergency Indicator (PDE-0022)
- Other Accident Indicator (PDE-0023)
- Place of Service (PDE-0024)
- Type of Service (PDE-0025)
- Procedure Code (PDE-0026)
- Modifier (PDE-0027)
- Units/Visits/Studies (PDE-0028)
- Date of Admission (PDE-0029)
- Service From Date (PDE-0030)
- Service Thru Date (PDE-0031)
- Charges to Medicare (PDE-0032)
- Allowed by Medicare (PDE-0033)
- Paid by Medicare (PDE-0034)
- Deductible (PDE-0035)
- Co-insurance (PDE-0036)
- Paid by Carrier (PDE-0037)
- Member Pay Amount (PDE-0038)
- NDC (PDE-0039)
- Attachment Indicator (PDE-0040)
- Sequence Number (PDE-0041)

- Remarks (PDE-0042)
- Template Type (PDE-0043)
- Internal Control Number (PDE-0044)
- Member’s Address 1 (PDE-0045)
- Member’s Address 2 (PDE-0046)
- Member’s City (PDE-0047)
- Member’s State (PDE-0048)
- Member’s Country (PDE-0050)
- Member’s Date of Birth (PDE-0051)
- Member’s Suffix (PDE-0052)
- Member’s Gender (PDE-0053)
- Member Marital Status (PDE-0054)
- Member Employment Status (PDE-0055)
- Relationship to Insured (PDE-0056)
- Health Benefit Ind (PDE-0057)
- Related Cause 1 (PDE-0058)
- Related Cause 2 (PDE-0059)
- Related Cause 3 (PDE-0060)
- Insured’s Last Name (PDE-0061)
- Insured’s First Name (PDE-0062)
- Insured’s Middle Initial (PDE-0063)
- Insured’s Suffix (PDE-0064)
- Insured’s Unique ID (PDE-0065)
- Insured’s Policy Group Name (PDE-0066)
- Insured’s Policy Group Number (PDE-0067)
- Insured’s Policy Number (PDE-0068)
- Insured’s Employer-School (PDE-0069)
- Insured’s Date of Birth (PDE-0070)
- Insured’s Plan-Program Name (PDE-0071)
- Incident Type Ind (PDE-0072)
- Incident Date (PDE-0073)
- Previous Incident Date (PDE-0074)
- Referring Provider NPI (PDE-0075)
- Referring Provider Name (PDE-0076)
- Referring Provider ID (PDE-0077)
- ID Qualifier (PDE-0078)
- Local Use (PDE-0079)
- Diagnosis Ind (PDE-0080)
- Member Non-Work Start (PDE-0081)
- Member Non-Work End (PDE-0082)
- Member Hospitalization Start (PDE-0083)
- Member Hospitalization End (PDE-0084)
- Service Authorization Num (PDE-0085)
- Outside Lab Ind (PDE-0086)
- Procedure Code Type (PDE-0087)

- Revenue Total Charges (PDE-0088)
- Submitted Charges (PDE-0089)
- Submitted Units (PDE-0090)
- EPSDT Ind (PDE-0091)
- Family Planning Ind (PDE-0092)
- Supplemental Data (PDE-0093)
- Servicing Provider Tax ID (PDE-0094)
- SSN-FEIN Ind (PDE-0095)
- Accept Assignment Ind (PDE-0096)
- Total Claim Charges (PDE-0097)
- Charges to Medicaid (PDE-0098)
- Provider Middle Initial (PDE-0099)
- Service Location Address 1 (PDE-0211)
- Service Location Address 2 (PDE-0212)
- Service Location City (PDE-0213)
- Service Location State (PDE-0214)
- Service Location Zip (PDE-0215)
- Servicing Provider NPI (PDE-0216)
- Billing Provider Org-Last Name (PDE-0217)
- Billing Provider First Name (PDE-0218)
- Billing Provider MI (PDE-0219)
- Billing Provider Address 1 (PDE-0221)
- Billing Provider Address 2 (PDE-0222)
- Billing Provider City (PDE-0111)
- Billing Provider State (PDE-0112)
- Billing Provider Zip (PDE-0113)
- Billing Provider Country (PDE-0114)
- Billing Provider Phone (PDE-0115)
- Billing Provider Fax (PDE-0116)
- Other Insured’s Last Name (PDE-0117)
- Other Insured’s First Name (PDE-0118)
- Other Insured’s MI (PDE-0119)
- Other Insured’s Policy Num (PDE-0120)
- Other Insured’s Employer-School (PDE-0121)
- Other Insured’s Date of Birth (PDE-0122)
- Other Insured’s Gender (PDE-0123)
- Other Insured’s Plan-Program Name (PDE-0124)
- Pay-To Provider Ind (PDE-0125)
- Pay-To Provider Org-Last Name (PDE-0126)
- Pay-To Provider First Name (PDE-0127)
- Pay-To Provider MI (PDE-0128)
- Pay-To Provider Suffix (PDE-0129)
- Pay-To Provider Address 1 (PDE-0209)
- Pay-To Provider Address 2 (PDE-0131)
- Pay-To Provider City (PDE-0132)

- Pay-To Provider State (PDE-0133)
- Pay-To Provider Zip (PDE-0134)
- Medical Record Num (PDE-0135)
- Statement Date Begin (PDE-0136)
- Statement Date End (PDE-0137)
- Responsible Party Last Name (PDE-0138)
- Responsible Party First Name (PDE-0139)
- Responsible Party MI (PDE-0140)
- Responsible Party Address 1 (PDE-0141)
- Responsible Party Address 2 (PDE-0142)
- Responsible Party City (PDE-0143)
- Responsible Party State (PDE-0144)
- Responsible Party Zip (PDE-0145)
- Responsible Party Country (PDE-0146)
- Admission Type (PDE-0147)
- Admission Time (PDE-0148)
- Admission Source (PDE-0149)
- Discharge Time (PDE-0150)
- Discharge Status (PDE-0151)
- Accident State (PDE-0152)
- Crossover Part A Ind (PDE-0153)
- Condition Code (PDE-0154)
- Occurrence Code (PDE-0155)
- Occurrence Date (PDE-0156)
- Occurrence Span Code (PDE-0157)
- Occurrence Span Begin Date (PDE-0158)
- Occurrence Span End Date (PDE-0159)
- Value Code (PDE-0160)
- Value Amount (PDE-0161)
- Revenue Code (PDE-0162)
- Revenue Description (PDE-0163)
- Rate Code (PDE-0164)
- Initial Date of Service (PDE-0165)
- Non-Covered Charges (PDE-0166)
- Payer Name (PDE-0167)
- Health Plan ID (PDE-0168)
- Information Release Ind (PDE-0169)
- Assignment of Benefit Ind (PDE-0170)
- Prior Payments (PDE-0171)
- Treatment Authorization Code (PDE-0172)
- Diagnosis Qualifier (PDE-0173)
- Diagnosis POA Code (PDE-0174)
- Admission Diagnosis (PDE-0175)
- Member Reason Diagnosis (PDE-0176)
- PPS (PDE-0177)

- ECI (PDE-0178)
- ECI POA Code (PDE-0179)
- Procedure Date (PDE-0180)
- Attending Provider NPI (PDE-0181)
- Attending Provider ID (PDE-0182)
- Attending Provider Last Name (PDE-0183)
- Attending Provider First Name (PDE-0184)
- Attending Provider Middle Initial (PDE-0185)
- Attending Provider Suffix (PDE-0186)
- Operating Provider NPI (PDE-0187)
- Operating Provider ID (PDE-0188)
- Operating Provider Last Name (PDE-0189)
- Operating Provider First Name (PDE-0190)
- Operating Provider Middle Initial (PDE-0191)
- Operating Provider Suffix (PDE-0192)
- Other Provider 1 NPI (PDE-0193)
- Other Provider 1 ID (PDE-0194)
- Other Provider 1 Last Name (PDE-0195)
- Other Provider 1 First Name (PDE-0196)
- Other Provider 1 Middle Initial (PDE-0197)
- Other Provider 1 Suffix (PDE-0198)
- Other Provider 2 NPI (PDE-0199)
- Other Provider 2 ID (PDE-0200)
- Other Provider 2 Last Name (PDE-0201)
- Other Provider 2 First Name (PDE-0202)
- Other Provider 2 Middle Initial (PDE-0203)
- Other Provider 2 Suffix (PDE-0204)
- Insured’s Gender (PDE-0205)
- Servicing Provider Taxonomy (PDE-0206)
- Service Units (PDE-0207)
- Outside Lab Charge Amt (PDE-0208)
- NDC Unit of Measure (PDE-0305)
- NDC Quantity (PDE-0248)
- Co-Pay Amount (PDE-0306)
- Special Indicator (PDE-0307)

Template Name (PDE-0001)

General Information

This is the name of the template.

Page	Claims Direct Data Entry Main Page
Portlet Name	Create New Crossover Part B Template Create New Professional Claim Template Create New Institutional Claim Template Manage Claims Templates – Search Manage Claims Templates - Result
Element Type	Text
Data Type	Alphanumeric
Field Type	Required
Size	40
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- DDE-S-0001 – Create New Crossover Part B Template
- DDE-S-0004 – Manage Claims Templates – Search
- DDE-S-0005 – Manage Claims Templates – Results
- DDE-S-0007 – Create New Professional Claim Template
- DDE-S-0011 – Create New Institutional Claim Template

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Long Description (PDE-0002)

General Information

This is the description of the template.

Page	Claims Main Page
Portlet Name	Create New Crossover Part B Template Create New Professional Claim Template Create New Institutional Claim Template Manage Claims Templates – Search Manage Claims Templates - Result
Element Type	Text
Data Type	Alphanumeric
Field Type	Not Required
Size	320
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- DDE-S-0001 – Create New Crossover Part B Template
- DDE-S-0004 – Manage Claims Templates – Search
- DDE-S-0005 – Manage Claims Templates – Results
- DDE-S-0007 – Create New Professional Claim Template
- DDE-S-0011 – Create New Institutional Claim Template

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Adjustment/Void Indicator (PDE-0003)

General Information

If this a void/replacement of an adjudicated claim then this radio button will be set to 'Yes' and Claim Resubmission Information section will display. If this is not a void/replacement of an adjudicated claim then this radio button will be set to 'No' and Claim Resubmission Information section will not display.

Page	Create New Crossover Part B Template - (template name) Create New Professional Claim Template – (template name) Create New Institutional Claim Template – (template name) Create New Crossover Part B Claim Create New Professional Claim Create New Institutional Claim
Portlet Name	N/A
Element Type	Radio Button
Data Type	String
Field Type	Not Required
Size	N/A
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- Yes Radio Button: When User selects this value, displays Subfieldset: Claim Resubmission Information section.
- No Radio Button: When User selects this value, hides the Subfieldset: Claim

Resubmission Information section.
- Default value is 'No'

Valid Values

N/A

Outputs

N/A

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim
- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Adjustment/Void Reason (PDE-0004)

General Information

This is the adjustment or void reason associated with the professional, institutional or crossover claim.

Page	Create New Crossover Part B Template - (template name) Create New Professional Claim Template – (template name) Create New Institutional Claim Template – (template name) Create New Crossover Part B Claim Create New Professional Claim Create New Institutional Claim
Portlet Name	Claim Resubmission Information
Element Type	Drop Down Box
Data Type	String
Field Type	Situational, Required
Size	N/A
MMIS Data Element	DE-CLAIM-ADJUSTMENT-REASON
MMIS DE Number	DE2033

Business Rules

- This field is Situational and is only displayed when the user selects value 'Yes' from the Adjustment/Void radio button field.
- If Value = ‘Yes’, system requires user to select one of the drop down value listed below and passes the corresponding code value to the MMIS.
- If not selected, the default is to spaces.

Valid Values

Valid Adjustments Values

- 1023 - Primary Carrier has made additional payment
- 1024 - Primary Carrier has denied payment
- 1025 - Accommodation charge correction
- 1026 - Patient payment amount changed

- 1027 - Correcting service periods
- 1028 - Correcting procedure/service code
- 1029 - Correcting diagnosis code
- 1030 - Correcting charges
- 1031 - Correcting units/visits/studies/procedures
- 1032 - IC reconsideration of allowance, documented
- 1033 - Correcting admitting, referring, prescribing, Prov ID
- 1053 - Adjustment reason in Misc. Category

Valid Voids Values

- 1042 - Original claim has multiple incorrect items
- 1044 - Wrong provider identification number
- 1045 - Wrong enrollee eligibility number
- 1046 - Primary carrier paid DMAS max allowance
- 1047 - Duplicate payment was made
- 1048 - Primary carrier has paid full charge
- 1051 - Enrollee not my patient
- 1052 – Miscellaneous
- 1060 - Other insurance available

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- CP-F-071 – Claims Data Entry Professional File
- CP-F-072 – Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim
- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Adjustment/Void Original ICN (PDE-0005)

General Information

This is the unique Internal Control Number used to identify the original claim transaction record that is to be adjusted/voided.

Page	Create New Crossover Part B Template - (template name) Create New Professional Claim Template – (template name) Create New Institutional Claim Template – (template name) Create New Crossover Part B Claim Create New Professional Claim Create New Institutional Claim
Portlet Name	Claim Resubmission Information
Element Type	Text Box
Data Type	String
Field Type	Situational, Required
Size	16
MMIS Data Element	DE-CLAIM-FORMER-ICN-NO
MMIS DE Number	DE2034

Business Rules

- This field is Situational when User selects value 'Yes' from the Adjustment/Void radio button field.
- If Value = Yes, system requires user to enter 16 digit former ICN.
- If no entry default is to spaces.

Valid Values

N/A

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- CP-F-071 – Claims Data Entry Professional File
- CP-F-072 – Claims Date Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim
- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Submitter ID (PDE-0006)

General Information

This is the User ID of the Provider that logged into the portal.

Page	Create New Crossover Part B Template - (template name) Create New Professional Claim Template – (template name) Create New Institutional Claim Template – (template name) Create New Crossover Part B Claim Create New Professional Claim Create New Institutional Claim
Portlet Name	Submitter Information
Element Type	Text Box
Data Type	String
Field Type	Protected
Size	N/A
MMIS Data Element	DE-USER-ID DE-CLAIM-TECH-CODE
MMIS DE Number	DE0012

Business Rules

- This field is read only and always populates with the User ID of the Provider logged into the portal.

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim
- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Billing Provider NPI (PDE-0007)

General Information

This is the CMS issued 12 digit National Provider Identifier (NPI) of the billing provider of if an atypical provider, this will be the Atypical Provider Identifier (API) issued by DMAS. This field will reflect the NPI/API associated with the user's id.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim Create New Professional Claim Template – (template name) Create New Professional Claim Create New Institutional Claim Template – (template name) Create New Institutional Claim
Portlet Name	Crossover Part B - Provider Information Professional – Billing Provider Information Institutional – Billing Provider
Element Type	Text Box
Data Type	Numeric
Field Type	Required
Size	10
MMIS Data Element	DE-CLAIM-BILL-PROVIDER-NUMBER
MMIS DE Number	DE2004

Business Rules

- Required numeric field

Valid Values

N/A

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- CP-F-071 – Claims Data Entry Professional File

- CP-F-072 – Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim
- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Billing Provider Taxonomy (PDE-0008)

General Information

This is the taxonomy the billing provider. Note: This field is currently only used with professional and institutional claims. This field is currently not used in any crossover Part B processing; it was established for future use.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim Create New Professional Claim Template – (template name) Create New Professional Claim Create New Institutional Claim Template – (template name) Create New Institutional Claim
Portlet Name	Crossover Part B - Provider Information Professional – Billing Provider Information Institutional – Billing Provider
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	10
MMIS Data Element	DE-CLAIM-BILLING-PROV-TAXNMY
MMIS DE Number	DE4701

Business Rules

- Optional numeric field
- Professional – If ID Qualifier = ‘ZZ’, the subsequent provider ID field will contain the taxonomy number. This taxonomy number will be passed to the MMIS input file. If ID Qualifier = ‘1D’, the subsequent provider ID field will contain another provider identifier. This number is not passed to the MMIS input file, instead zeros are passed.
- Institutional – if the taxonomy number is entered, it will be passedto the MMIS input

file.
- Crossover Part B – future use only

Valid Values

N/A

Outputs

- CP-F-071 – Claims Data Entry Professional File
- CP-F-072 – Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim
- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Rendering Provider NPI (PDE-0009)

General Information

This is the NPI of the rendering provider. Note: This field is currently only used with professional claims. This field is currently not used in any crossover Part B processing; it was established for future use.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim Create New Professional Claim Template – (template name) Create New Professional Claim
Portlet Name	Crossover Part B - Provider Information Professional – Line Item
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	10
MMIS Data Element	DE-CLAIM-SERV-PROVIDER-NUMBER
MMIS DE Number	DE2004

Business Rules

- Required numeric field
- Professional – This field is passed to the MMIS input
- Crossover Part B – This is a field established for future use and currently is not passed to the MMIS.

Valid Values

N/A

Outputs

- CP-F-071 – Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim
- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Rendering Provider Taxonomy (PDE-0010)

General Information

This is the taxonomy the rendering provider. Note: This field is currently only used with professional claims. This field is currently not used in any crossover Part B processing; it was established for future use.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim Create New Professional Claim Template – (template name) Create New Professional Claim
Portlet Name	Crossover Part B - Provider Information Professional – Line Item
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- Optional numeric field
- Professional – This field is passed to the MMIS input
- Crossover Part B – This is a field established for future use and currently is not passed to the MMIS.

Valid Values

N/A

Outputs

- CP-F-071 – Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim
- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Org/Last Name (PDE-0011)

General Information

This is the provider organization or last name of the provider.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim Create New Professional Claim Template – (template name) Create New Professional Claim
Portlet Name	Crossover Part B - Provider Information Professional – Service Facility Location Information Professional – Billing Provider Information
Element Type	Text Box
Data Type	String
Field Type	Required
Size	22
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- Required alphanumeric field

Valid Values

N/A

Outputs

- CP-F-071 – Claims Data Entry Professional File
- CP-F-074 – Claims Data Entry Crossover Part B File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Provider’s First Name (PDE-0012)

General Information

This is the first name of the billing provider.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Crossover Part B - Provider Information Professional – Service Facility Location Information Professional – Billing Provider Information
Element Type	Text Box
Data Type	String
Field Type	Not Required
Size	14
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- Optional alphanumeric field

Valid Values

N/A

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- CP-F-071 - Claims Data Entry Professional File
- CP-F-071 – Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim
- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Member's Last Name (PDE-0013)

General Information

This is the last name of the member the claim is submitted for.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Crossover - Member Information Professional – Patient and Insured Information Institutional – Patient Name
Element Type	Text Box
Data Type	String
Field Type	Required
Size	22
MMIS Data Element	Concatenated part of DE-CLAIM-PATIENT-NAME
MMIS DE Number	DE-2006

Business Rules

- Required alphanumeric field
- The member's last name, first name and middle initial are concatenated and passed in the MMIS input file

Valid Values

N/A

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- CP-F-071 - Claims Data Entry Professional File

- CP-F-072 – Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim
- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Member's First Name (PDE-0014)

General Information

This is the first name of the member the claim is submitted for.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Crossover - Member Information Professional – Patient and Insured Information Institutional – Patient Name
Element Type	Text Box
Data Type	String
Field Type	Required
Size	14
MMIS Data Element	Concatenated part of DE-CLAIM-PATIENT-NAME
MMIS DE Number	DE-2006

Business Rules

- Required alphanumeric field
- The member's last name, first name and middle initial are concatenated and passed in the MMIS input file

Valid Values

N/A

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- CP-F-071 - Claims Data Entry Professional File

- CP-F-072 – Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim
- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Member's Middle Initial (PDE-0015)

General Information

This is the middle initial of the member the claim is submitted for.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Crossover - Member Information Professional – Patient and Insured Information Institutional – Patient Name
Element Type	Text Box
Data Type	String
Field Type	Not Required
Size	1
MMIS Data Element	Concatenated part of DE-CLAIM-PATIENT-NAME
MMIS DE Number	DE-2006

Business Rules

- Optional alphanumeric field
- The member's last name, first name and middle initial are concatenated and passed in the MMIS input file

Valid Values

N/A

2.15.4 Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- CP-F-071 - Claims Data Entry Professional File
- CP-F-072 – Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim
- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Member's ID Number (PDE-0016)

General Information

This is the Medicaid ID number of the member the Crossover Part B claim is submitted for.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim
Portlet Name	Crossover - Member Information
Element Type	Text Box
Data Type	Numeric
Field Type	Required
Size	12
MMIS Data Element	DE-CLAIM-ENROLLEE-ID
MMIS DE Number	DE3001

Business Rules

- Required numeric field.

Valid Values

N/A

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Member Account Number (PDE-0017)

General Information

This is the patient account number assigned to a member by the billing provider.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Crossover - Member Information Professional – Service Location Institutional – Pay-To Provider All Types - Attachment Control Number (if applicable)
Element Type	Text Box
Data Type	String
Field Type	Required
Size	20
MMIS Data Element	DE-CLAIM-PATIENT-ACCT-NUMBER
MMIS DE Number	DE2031

Business Rules

- Required alphanumeric field

Valid Values

N/A

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- CP-F-071 - Claims Data Entry Professional File
- CP-F-072 – Claims Data Entry Institutional File

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date
- DDE-F-0002 - Claims_DDE_ICN_ACN_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim
- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

TDO/ECO Ind (PDE-0018)

General Information

This is the indicator depicting that the claim being submitted is associated a temporary detention or emergency care order.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Crossover - Member Information Professional – Patient and Insured Information Institutional – Patient name
Element Type	Select Box
Data Type	String
Field Type	Not Required
Size	1
MMIS Data Element	DE-CLAIM-SPEC-PROCESS-IND
MMIS DE Number	DE2053

Business Rules

- Optional drop down selection
- Default is spaces if no selection is made

Valid Values

- T-TDO
- E-ECO
- Spaces

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- CP-F-071 - Claims Data Entry Professional File
- CP-F-072 – Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim
- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Primary Carrier Code (PDE-0019)

General Information

This field identifies the primary carrier if one, other than Medicare, exists.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim
Portlet Name	Crossover - Medicare Information
Element Type	Select Box
Data Type	String
Field Type	Required
Size	1
MMIS Data Element	DE-CLAIM-COB-CODE
MMIS DE Number	DE2544

Business Rules

- Required selectable field
- Default value is ‘2’

Valid Values

- 2 – No other coverage
- 3 – Billed and Paid
- 5 – Billed no coverage

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Diagnosis (PDE-0020)

General Information

This is the diagnosis code associated with the claim that is being submitted.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Crossover - Medicare Information Professional – Physician or Supplier Information Institutional – Physician or Supplier Information
Element Type	Text Box
Data Type	String
Field Type	Required
Size	07
MMIS Data Element	DE-CLAIM-MEDICARE-DIAGNOSIS-CD
MMIS DE Number	DE5301

Business Rules

- At least one is required
- Professional: A maximum of 12 diagnosis codes can be entered per claim form
- Professional & Crossover Part B: A maximum of 4 detail lines can be entered containing diagnosis
- Instititutional: A maximum of 18 detail lines can be entered containing diagnosis

Valid Values

N/A

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- CP-F-071 - Claims Data Entry Professional File
- CP-F-072 – Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim
- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Accident Indicator (PDE-0021)

General Information

This indicates if the claim being submitted is the result of an accident.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim
Portlet Name	Crossover - Medicare Information
Element Type	Radio Button
Data Type	String
Field Type	Required
Size	N/A
MMIS Data Element	DE-CLAIM-ACCIDENT
MMIS DE Number	DE2802

Business Rules

- Send Value = 'Y' to Proprietary format if User selects Yes.
- Default value is ‘N’ and will be sent to the proprietary format unless changed by the user.
- The Accident, Emergency, Other responses are captured as one field on the proprietary format. The first selection will take precedence (i.e. if the Accident radio button is ‘Yes’ then only that will value will be captured as a ‘Yes’, even if the emergency indicator and/or other indicator are also ‘Yes’. The system will pass ‘YNN’ to the proprietary file in this scenario.

Valid Values

N/A

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Emergency Indicator (PDE-0022)

General Information

This indicates if the claim being submitted is the result of an emergency.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Crossover - Medicare Information Professional – Line Item
Element Type	Radio Button
Data Type	String
Field Type	Required
Size	N/A
MMIS Data Element	DE-CLAIM-EMERGENCY-IDENTIFIER
MMIS DE Number	DE2802

Business Rules

- Send Value = 'Y' to Proprietary format if User selects ‘Yes’.
- Default value is ‘N’ and will be sent to the proprietary format unless changed by the user.
- The Accident, Emergency, Other responses are captured as one field on the proprietary format. The first selection will take precedence (i.e. if the Accident radio button is ‘Yes’ then only that will value will be captured as a ‘Yes’, even if the emergency indicator and/or other indicator are also ‘Yes’. The system will pass ‘YNN’ to the proprietary file in this scenario.

Valid Values

N/A

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- CP-F-071 - Claims Data Entry Professional File

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim
- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Other Indicator (PDE-0023)

General Information

This indicates if the claim being submitted is the result of something other than an accident or an emergency.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim
Portlet Name	Crossover - Medicare Information
Element Type	Radio Button
Data Type	String
Field Type	Required
Size	N/A
MMIS Data Element	DE-CLAIM-OTHER-ACCIDENT
MMIS DE Number	DE2802

Business Rules

- Send Value = 'Y' to Proprietary format if User select Yes.
- Default value is 'N' and will be sent to the proprietary format unless changed by the user.
- The Accident, Emergency, Other responses are captured as one field on the proprietary format. The first selection will take precedence (i.e. if the Accident radio button is 'Yes' then only that will value will be captured as a 'Yes', even if the emergency indicator and/or other indicator are also 'Yes'. The system will pass 'YNN' to the proprietary file in this scenario.

Valid Values

N/A

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Place of Service (PDE-0024)

General Information

This indicates the place where services for this claim were rendered.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Crossover - Medicare Information Professional – Add Line Item
Element Type	Select Box
Data Type	String
Field Type	Required
Size	02
MMIS Data Element	DE-CLAIM-PLACE-OF-TREATMENT
MMIS DE Number	DE2176

Business Rules

- Required selectable field

Valid Values

- 11 - Office
- 12 - Home
- 21 - Inpatient Hospital
- 22 - Outpatient Hospital
- 23 - ER Medical
- 24 - Ambulatory Surgical Center
- 25 - Birthing Center
- 26 - Military Treatment Facility
- 31 - Skilled Nursing Facility
- 32 - Nursing Facility
- 33 - Custodial Care Facility
- 34 - Hospice
- 41 - Ambulance - Land
- 42 - Ambulance - Air or Water
- 50 - Federally Qualified Health Center

- 51 - Inpatient Psychiatric Facility
- 52 - Psychiatric Facility Partial Hosp
- 53 - Community Mental Health Center
- 54 - Intermediate Care Facility/Mentally Retarded
- 55 - Residential Substance Abuse Treatment Facility
- 56 - Psychiatric Residential Treatment Center
- 60 - Mass Immunization Center
- 61 - Comprehensive Inpatient Rehab Facility
- 62 - Comprehensive Outpatient Rehab Facility
- 65 - End Stage Renal Disease Treatment Facility
- 71- State or Local Public Health Clinic
- 72 - Rural Health Clinic
- 81- Independent Laboratory
- 99 – Other Unlisted Facility

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- CP-F-071 – Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim
- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Type of Service (PDE-0025)

General Information

This indicates the type of services rendered.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim
Portlet Name	Crossover - Medicare Information
Element Type	Select Box
Data Type	String
Field Type	Required
Size	01
MMIS Data Element	DE-CLAIM-TYPE-OF-SERVICE
MMIS DE Element	DE2072

Business Rules

- Required selectable field

Valid Values

- 0 – Blood or Packed Red Cells
- 1 – Medical Care
- 2 – Surgery
- 3 – Consultation
- 4 – Diagnostic X-ray
- 5 – Diagnostic Laboratory
- 6 - Radiation Therapy
- 7 – Anesthesia
- 8 – Assistance at Surgery
- 9 – Other Medical Service
- A – Used DME
- B – High Risk Screening Mammography
- C – Low Risk Screening Mammography
- D – Ambulance

- E – Enteral/Parenteral Nutrients/Supplies
- F – Ambulatory Surgical Center
- G – Immunosuppressive Drugs
- H – Hospice
- J – Diabetic Shoes
- K – Hearing Items and Services
- L – Renal Supplies in the Home
- M – Alternate Payment for Maintenance Dialysis
- N – Kidney Donor
- P – Lump Sum Purchase of DME, Prosthetics, Orthotics
- Q – Vision Items or Services
- R – DME Rental
- S – Surgical Dressings or Other Medical Supplies
- T – Psychological Therapy
- U – Occupational Therapy
- V – Pneumococcal Vaccine
- W – Physical Therapy
- Y – Second Opinion on elective surgery
- Z - Third Opinion on elective surgery

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Procedure Code (PDE-0026)

General Information

This indicates the procedure code associated with the claim.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Crossover - Medicare Information Professional – Add Line Item Institutional – Procedure Information
Element Type	Text Box
Data Type	String
Field Type	Required
Size	07
MMIS Data Element	DE-PRINC-PROC-CODE
MMIS DE Number	DE5002

Business Rules

- At least one is required
- Professional & Crossover Part B: A maximum of 4 details lines can be entered containing procedure
- Institutional: A maximum of 6 detail lines can be entered containing procedure

Valid Values

N/A

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- CP-F-071 - Claims Data Entry Professional File
- CP-F-072 – Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim
- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Modifier (PDE-0027)

General Information

This indicates the modifier associated with the procedure code.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Crossover - Medicare Information Professional – Add Line Item Institutional – New Line Item
Element Type	Text Box
Data Type	String
Field Type	Not Required
Size	02
MMIS Data Element	DE-CLAIM-PROF-PROC-MODIFIER
MMIS DE Number	DE2171

Business Rules

- Optional alphanumeric field
- Default is spaces if no entry made
- Crossover Part B – One modifier can be associated with the procedure. A maximum of 4 detail lines can be entered.
- Professional – Up to 4 modifiers can be associated with the procedure code. A maximum of 4 detail lines can be entered.
- Institutional – Up to 4 modifiers can be associated with the Rate/HCPCS Procedure Code. A maximum of 115 detail lines can be entered containing HCPCS procedure.

Valid Values

N/A

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- CP-F-071 - Claims Data Entry Professional File
- CP-F-072 – Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim
- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Units/Visits/Studies (PDE-0028)

General Information

This is the units, visits or studies that apply to claim.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim
Portlet Name	Crossover - Medicare Information
Element Type	Text Box
Data Type	String
Field Type	Required
Size	05
MMIS Data Element	DE-CLAIM-UVS
MMIS DE Number	DE2009

Business Rules

- Required numeric entry greater than 0

Valid Values

N/A

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Date of Admission (PDE-0029)

General Information

This is the date the member is admitted.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim
Portlet Name	Crossover - Medicare Information Institutional - Admission
Element Type	Text Box and Calendar
Data Type	String
Field Type	Not Required
Size	10
MMIS Data Element	DE-CLAIM-ADMISSION-DATE
MMIS DE Number	DE2105

Business Rules

- Optional date field
- Date should enter in the format MM/DD/YYYY.

Valid Values

N/A

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- CP-F-072 – Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Service From Date (PDE-0030)

General Information

This is the date on which the service was first rendered.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Crossover - Medicare Information Professional – Line Item All Types - Attachment Control Number (if applicable)
Element Type	Text Box and Calendar
Data Type	String
Field Type	Required
Size	10
MMIS Data Element	DE-CLAIM-SERVC-FROM-DATE
MMIS DE Number	DE2010

Business Rules

- Required date field
- Date should enter in the format MM/DD/YYYY.

Valid Values

N/A

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- CP-F-071 - Claims Data Entry Professional File

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date
- DDE-F-0002 - Claims_DDE_ICN_ACN_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim
- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0003 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Service Thru Date (PDE-0031)

General Information

This is the date on which the service was last rendered.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Crossover - Medicare Information Professional – Line Item
Element Type	Text Box and Calendar
Data Type	String
Field Type	Required
Size	Text Box and Calendar
MMIS Data Element	DE-CLAIM-SERVC-THRU-DATE
MMIS DE Number	DE2011

Business Rules

- Required date field
- Date should enter in the format MM/DD/YYYY.

Valid Values

N/A

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim
- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Charges to Medicare (PDE-0032)

General Information

This is the charges submitted to Medicare for payment.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim
Portlet Name	Crossover - Medicare Information
Element Type	Text Box
Data Type	String
Field Type	Required
Size	12
MMIS Data Element	DE-CLAIM-T18-MCARE-BILLED-AMT
MMIS DE Number	DE2257

Business Rules

- Required amount field
- Must be greater than 0
- Accepted entry is dollars and 2 decimal positions
- If no decimal positions are entered the system will assign 2, for example:
    - 100 will become 100.00
    - 100.00 will remain 100.00

Valid Values

N/A

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Allowed by Medicare (PDE-0033)

General Information

This is the amount allowed by Medicare.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim
Portlet Name	Crossover - Medicare Information
Element Type	Text Box
Data Type	String
Field Type	Required
Size	12
MMIS Data Element	DE-CLAIM-T18-ALLOWED-CHARGE
MMIS DE Number	DE2253

Business Rules

- Required amount field
- Must be greater than 0
- Accepted entry is dollars and 2 decimal positions
- If no decimal positions are entered the system will assign 2, for example:
    - 100 will become 100.00
    - 100.00 will remain 100.00

Valid Values

N/A

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Paid by Medicare (PDE-0034)

General Information

This is the amount paid by Medicare towards the services on this claim.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim
Portlet Name	Crossover - Medicare Information
Element Type	Text Box
Data Type	String
Field Type	Required
Size	12
MMIS Data Element	DE-CLAIM-T18-MEDICARE-PAID-AMT
MMIS DE Number	DE2254

Business Rules

- Required amount field
- Default is zero and system will accept default
- Accepted entry is dollars and 2 decimal positions
- If no decimal positions are entered the system will assign 2, for example:
    - 100 will become 100.00
    - 100.00 will remain 100.00

Valid Values

N/A

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Deductible (PDE-0035)

General Information

This is the deductible amount.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim
Portlet Name	Crossover - Medicare Information
Element Type	Text Box
Data Type	String
Field Type	Required
Size	12
MMIS Data Element	DE-CLAIM-T18-DEDUCTIBEL-AMT
MMIS DE Number	DE2251

Business Rules

- Required amount field
- Default is zero and system will accept default
- Accepted entry is dollars and 2 decimal positions
- If no decimal positions are entered the system will assign 2, for example:
    - 100 will become 100.00
    - 100.00 will remain 100.00

Valid Values

N/A

Output

- CP-F-074 - Claims Data Entry Title-18 File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Co-insurance (PDE-0036)

General Information

This is the co-insurance amount.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim
Portlet Name	Crossover - Medicare Information
Element Type	Text Box
Data Type	String
Field Type	Required
Size	12
MMIS Data Element	DE-CLAIM-T18-COINSURANCE-AMT
MMIS DE Number	DE2252

Business Rules

- Required amount field
- Default is zero and system will accept default
- Accepted entry is dollars and 2 decimal positions
- If no decimal positions are entered the system will assign 2, for example:
    - 100 will become 100.00
    - 100.00 will remain 100.00

Valid Values

N/A

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Paid by Carrier (PDE-0037)

General Information

This is the amount paid by any third party other than Medicare.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim
Portlet Name	Crossover - Medicare Information
Element Type	Text Box
Data Type	String
Field Type	Not Required
Size	12
MMIS Data Element	DE-CLAIM-T18-TPL-AMOUNT
MMIS DE Number	DE2018

Business Rules

- Optional amount field
- Default is zero and system will accept default
- Accepted entry is dollars and 2 decimal positions
- If no decimal positions are entered the system will assign 2, for example:
    - 100 will become 100.00
    - 100.00 will remain 100.00

Valid Values

N/A

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Member Pay Amount (PDE-0038)

General Information

This is any payment amount made by the member towards the services on this claim.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Crossover - Medicare Information Professional – Service Location
Element Type	Text Box
Data Type	String
Field Type	Not Required
Size	12
MMIS Data Element	DE-CLAIM-PATIENT-PAY-AMOUNT
MMIS DE Number	DE2083

Business Rules

- Optional amount field
- Default is zero and system will accept default
- Accepted entry is dollars and 2 decimal positions
- If no decimal positions are entered the system will assign 2, for example:
    - 100 will become 100.00
    - 100.00 will remain 100.00

Valid Values

N/A

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- CP-F-071- Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim
- DDE-S-0008 – Create New Professional Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

NDC (PDE-0039)

General Information

This is the National Drug Code (NDC) for any pharmaceutical aspects of the claim.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim
Portlet Name	Crossover - Medicare Information
Element Type	Text Box
Data Type	String
Field Type	Not Required
Size	11
MMIS Data Element	DE-CLAIM-NDC
MMIS DE Number	DE5200

Business Rules

- Optional numeric field
- Default of zeros

Valid Values

N/A

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Attachment Indicator (PDE-0040)

General Information

If claim has attachments, then this radio button will be set to 'Yes' and the Attachment Control Number (ACN) section will display. If claim does not have attachments, then this radio button will be set to 'No' and the Attachment Control Number (ACN) section will not display.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	All Types - Attachment Control Number (ACN)
Element Type	Radio Button
Data Type	String
Field Type	Not Required
Size	N/A
MMIS Data Element	DE-CLAIM-ATTACHMENT-INDICATOR
MMIS DE Number	DE2030

Business Rules

- Yes Radio Button: When User selects this value, displays Subfieldset: Attachment Control Number (ACN) section.
- No Radio Button: When User selects this value, hides the Subfieldset: Attachment Control Number (ACN) section.

Valid Values

N/A

Outputs

- CP-F-074 - Claims Data Entry Title-18 File
- CP-F-071 - Claims Data Entry Professional File
- CP-F-072 – Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date
- DDE-F-0002 - Claims_DDE_ICN_ACN_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim
- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Sequence Number (PDE-0041)

General Information

This is the sequence number utilized in the attachment control number.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	All Types - Attachment Control Number (ACN)
Element Type	Text Box
Data Type	String
Field Type	Situational, Required
Size	05
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- Required if attachment indicator is 'Yes'
- Numeric random field established by the user

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date
- DDE-F-0002 - Claims_DDE_ICN_ACN_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim
- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Remarks (PDE-0042)

General Information

This is where remarks will be entered. This information is only captured on the pdf copy of the claim for use in claims resolution, research, etc. No remark data is passed to the MMIS.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim Create New Institutional Template - (template name) Create New Institutional Claim
Portlet Name	Crossover – Remarks Institutional - Remarks
Element Type	Text Box
Data Type	String
Field Type	Not Required
Size	80
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- Optional alphanumeric field

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0002 – Create New Crossover Part B Template – (template name)
- DDE-S-0003 – Create New Crossover Part B Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Template Type (PDE-0043)

General Information

This indicates the type of template user is searching for.

Page	Claims Main Page
Portlet Name	View/Edit/Delete Template
Element Type	Radio Button
Data Type	String
Field Type	Required
Size	N/A
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- Required selection

Valid Values

- Professional
- Institutional
- Crossover

Outputs

- N/A

Screens

- DDE-S-0004 – Manage Templates - Search

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Internal Control Number (PDE-0044)

General Information

This is the internal control number assigned to each claim line. It's a unique number assigned for claims tracking.

Page	Claims Submission
Portlet Name	All Types - Claims Submission
Element Type	Text
Data Type	String
Field Type	System Generated
Size	16
MMIS Data Element	DE-CLAIM-ICN-NUMBER
MMIS DE Number	DE2001

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-074 - Claims Data Entry Crossover Part B File
- CP-F-071 - Claims Data Entry Professional File
- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0010 – Professional Claims Submission
- DDE-S-0014 – Institutional Claims Submission
- DDE-S-0006 – Crossover Part B Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Member’s Address 1 (PDE-0045)

General Information

This is the street address of the member the claim is submitted for.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template – (template name) Create New Institutional Claim
Portlet Name	Professional – Patient and Insured Information Institutional – Patient Address
Element Type	Text
Data Type	String
Field Type	Not Required
Size	55
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date
- DDE-S-0012 – Created New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Member's Address 2 (PDE-0046)

General Information

This is the secondary address of the member the claim is submitted for.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Professional – Patient and Insured Information Institutional – Patient Address
Element Type	Text
Data Type	String
Field Type	Not Required
Size	55
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Member's City (PDE-0047)

General Information

This is the city of the member the claim is submitted for.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Professional – Patient and Insured Information Institutional – Patient Address
Element Type	Text
Data Type	String
Field Type	Not Required
Size	30
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Member’s State (PDE-0048)

General Information

This is the state of the member the claim is submitted for.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Professional – Patient and Insured Information Institutional – Patient Address
Element Type	Text
Data Type	Drop Down
Field Type	Not Required
Size	2
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Member's Zip Code (PDE-0049)

General Information

This is the zip code/ extension of the member the claim is submitted for.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Professional – Patient and Insured Information Institutional – Patient Address
Element Type	Numeric
Data Type	String
Field Type	Not Required
Size	9
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Member's Country (PDE-0050)

General Information

This is the country code of the member the claim is submitted for.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Professional – Patient and Insured Information Institutional – Patient Address
Element Type	Alphanumeric
Data Type	String
Field Type	Not Required/Not Enterable
Size	3
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Default of 'USA'

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Member's Date of Birth (PDE-0051)

General Information

This is the birthdate of the member the claim is submitted for.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Professional – Patient and Insured Information Institutional – Patient Birthdate
Element Type	Alphanumeric
Data Type	Date (MM/DD/CCYY)
Field Type	Not Required
Size	10
MMIS Data Element	DE-CLAIM-ENROLLEE-DOB
MMIS DE Number	DE3005

Business Rules

- Entry format is MM/DD/CCYY
- Date must be valid (i.e. no month of 13)

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- CP-F-072 – Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Member’s Suffix (PDE-0052)

General Information

This is the suffix, if applicable, of the member the claim is submitted for.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Patient Name
Element Type	Alphanumeric
Data Type	Drop Down
Field Type	Not Required
Size	3
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- I
- II
- III
- IV
- V
- Jr.
- Sr.

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Member’s Gender (PDE-0053)

General Information

This is the gender of the member the claim is submitted for.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template - (template name) Create New Insitutitional Claim
Portlet Name	Professional – Patient and Insured Information Institutional – Patient Name
Element Type	Alphanumeric
Data Type	Drop Down
Field Type	Not Required
Size	1
MMIS Data Element	DE-CLAIM-ENROLLEE-SEX
MMIS DE Number	DE3007

Business Rules

N/A

Valid Values

- F – Female
- M – Male
- U - Unknown

Outputs

- CP-F-071 - Claims Data Entry Professional File
- CP-F-072 – Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Member's Marital Status (PDE-0054)

General Information

This is the marital status of the member the claim is submitted for.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Patient and Insured Information
Element Type	Alphanumeric
Data Type	Drop Down
Field Type	Not Required
Size	1
MMIS Data Element	DE-CLAIM-ENROLLEE-MS
MMIS DE Number	DE3016

Business Rules

N/A

Valid Values

- S - Single
- M – Married
- O - Other

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Member’s Employment Status (PDE-0055)

General Information

This is the employment status of the member the claim is submitted for.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Patient and Insured Information
Element Type	Alphanumeric
Data Type	Drop Down
Field Type	Not Required
Size	1
MMIS Data Element	DE-CLAIM-PATIENT-EMPL-STAT
MMIS DE Number	DE2037

Business Rules

N/A

Valid Values

- E - Employed
- F – Full Time Student
- P – Part Time Student

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Relationship to Insured (PDE-0056)

General Information

This is the relationship of the member that the claim is being submitted for to the owner of any third party insurance.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Professional – Patient and Insured Information Institutional – Payer Information
Element Type	Alphanumeric
Data Type	Drop Down
Field Type	Not Required
Size	1
MMIS Data Element	DE-CLAIM-PAT-IS-SELF-TO-INSR DE-CLAIM-PAT-SPOUSE-TO-INSR DE-CLAIM-PAT-IS-CHILD-TO-INSR DE-CLAIM-PAT-IS-OTHER-TO-INSR
MMIS DE Number	DE2352

Business Rules

N/A

Valid Values

- 1 – Self
- 2 – Spouse
- 3 - Child
- 9 - Other

Outputs

- CP-F-071 - Claims Data Entry Professional File
- CP-F-072 – Claims Data Entry Institutional File

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Health Benefit Ind (PDE-0057)

General Information

Indicator reflecting whether there are additional health care benefits that need to be considered for this member.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Patient and Insured Information
Element Type	Alphanumeric
Data Type	Required
Field Type	Radio button
Size	1
MMIS Data Element	DE-CLAIM-INSURED-COB-IND DE-CLAIM-COB-INDICATOR
MMIS DE Number	DE2544

Business Rules

- Required field
- Radio button default is 'No'

Valid Values

- Yes
- No

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Related Cause 1 (PDE-0058)

General Information

Indicator reflecting whether the claim is associated to an employment related accident involving the member the claim is submitted for.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Patient and Insured Information
Element Type	Alphanumeric
Data Type	Required
Field Type	Drop Down
Size	1
MMIS Data Element	DE-CLAIM-EMPLOYMENT-INDICATOR
MMIS DE Number	DE2074

Business Rules

- Required field

Valid Values

- Y – Condition related to employment
- N – Condition not related to employment

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Related Cause 2 (PDE-0059)

General Information

Indicator reflecting whether the claim is associated to an automobile related accident involving the member the claim is submitted for.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Patient and Insured Information
Element Type	Alphanumeric
Data Type	Required
Field Type	Drop Down
Size	1
MMIS Data Element	DE-CLAIM-AUTO-ACCIDENT-INDICATOR
MMIS DE Number	DE2431

Business Rules

- Required field

Valid Values

- Y – Condition related to an automobile accident
- N – Condition not related to an automobile accident

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Related Cause 3 (PDE-0060)

General Information

Indicator reflecting whether the claim is associated to an accident (other than related to employment or an automobile accident) involving the member the claim is submitted for.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Patient and Insured Information
Element Type	Alphanumeric
Data Type	Required
Field Type	Drop Down
Size	1
MMIS Data Element	DE-CLAIM-OTHER-ACCIDENT-INDICATOR
MMIS DE Number	DE2028

Business Rules

- Required field

Valid Values

- Y – Condition related to an accident
- N – Condition not related to an accident

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Insured's Last Name (PDE-0061)

General Information

The last name of the policy holder of any third party insurance.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Professional – Patient and Insured Information Institutional – Insured's Name
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	22
MMIS Data Element	DE-CLAIM-INSURED-NAME
MMIS DE Number	DE2522

Business Rules

Concatenate Insured's last and first name with middle initial to complete input file entry.

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- CP-F-072 – Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Insured’s First Name (PDE-0062)

General Information

The first name of the policy holder of any third party insurance policy.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Professional – Patient and Insured Information Institutional – Insured’s Name
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	14
MMIS Data Element	DE-CLAIM-INSURED-NAME
MMIS DE Number	DE2522

Business Rules

Concatenate Insured’s last and first name with middle initial to complete input file entry.

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- CP-F-072 – Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Insured’s Middle Initial (PDE-0063)

General Information

The middle initial of the policy holder of any third party insurance policy.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Professional – Patient and Insured Information Institutional – Insured’s Name
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	1
MMIS Data Element	DE-CLAIM-INSURED-NAME
MMIS DE Number	DE2522

Business Rules

Concatenate Insured’s last and first name with middle initial to complete input file entry.

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- CP-F-072 – Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Insured’s Suffix (PDE-0064)

General Information

This is the suffix of the insured person associated with the member the claim is submitted for.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Patient Name
Element Type	Alphanumeric
Data Type	Drop Down
Field Type	Not Required
Size	3
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- I
- II
- III
- IV
- V
- Jr.
- Sr.

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Insured’s Unique ID (PDE-0065)

General Information

The insured’s unique ID number. If the insured is the Medicaid member then this number is their Medicaid ID.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Professional – Patient and Insured Information Institutional – Insured’s Name
Element Type	Numeric
Data Type	Required
Field Type	Enterable
Size	12
MMIS Data Element	DE-CLAIM-ENROLLEE-ID
MMIS DE Number	DE3001

Business Rules

- Entry is required
- Entry must be numeric
- Entry must be 12 digits, if it’s the member’s Medicaid ID

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- CP-F-072 – Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Insured’s Policy Group Name (PDE-0066)

General Information

This is the insured’s policy group name associated with the member the claim is submitted for.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Insured’s Name
Element Type	Alphanumeric
Data Type	Text
Field Type	Not Required
Size	40
MMIS Data Element	DE-CLAIM-TPL-CARRIER-NAME
MMIS DE Number	DE2515

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Insured’s Policy Group Number (PDE-0067)

General Information

This is the insured’s policy group number associated with the member the claim is submitted for.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Professional – Patient and Insured Information Institutional – Insured’s Name
Element Type	Alphanumeric
Data Type	Text
Field Type	Not Required
Size	16
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Insured’s Policy Number (PDE-0068)

General Information

The policy number of any third party insurance.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Patient and Insured Information
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	16
MMIS Data Element	DE-CLAIM-INSURED-POLICY
MMIS DE Number	DE2516

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Insured’s Employer-School (PDE-0069)

General Information

The school or employer associated with the owner of the third party insurance.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Professional – Patient and Insured Information Institutional – Insured’s Name
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	40
MMIS Data Element	DE-CLAIM-INSURED-EMPL-NAME
MMIS DE Number	DE2517

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- CP-F-072 – Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Insured’s Date of Birth (PDE-0070)

General Information

The date of birth of the owner of the third party insurance.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Professional – Patient and Insured Information Institutional – Patient Name
Element Type	Numeric
Data Type	Not Required
Field Type	Date
Size	10
MMIS Data Element	DE-CLAIM-INSURED-DOB
MMIS DE Number	DE2524

Business Rules

- Date entry in the format of MM/DD/CCYY

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- CP-F-072 – Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Insured’s Plan-Program Name (PDE-0071)

General Information

The plan or program name of any third party insurance.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Patient and Insured Information
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	40
MMIS Data Element	DE-CLAIM-INSURED-PLAN-NAME
MMIS DE Number	DE2522

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Incident Type Ind (PDE-0072)

General Information

Type of incident associated with the claim being filed.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Physician or Supplier Information - Date of Current (drop down)
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Drop down
Size	25
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Illness (First Symptom)
- Injury (Accident)
- Pregnancy

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Incident Date (PDE-0073)

General Information

The date of the incident associated with the submitted claim.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Physician or Supplier Information
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Date
Size	10
MMIS Data Element	DE-CLAIM-DATE-OF-ILLNESS
MMIS DE Number	DE2209

Business Rules

- Date entry in the format of MM/DD/CCYY

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Previous Incident Date (PDE-0074)

General Information

The initial date of the incident associated with the submitted claim.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Physician or Supplier Information
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Date
Size	10
MMIS Data Element	DE-CLAIM-DATE-SIMILAR-ILLNESS
MMIS DE Number	DE2209

Business Rules

- Date entry in the format of MM/DD/CCYY

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Referring Provider NPI (PDE-0075)

General Information

The CMS assigned provider identification number (NPI) associated with the referring provider.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Physician or Supplier Information
Element Type	Numeric
Data Type	Not Required
Field Type	Text
Size	9
MMIS Data Element	DE-CLAIM-REFERRING-PHYS-NPI
MMIS DE Number	DE4002

Business Rules

- If it exists:
  - Must be numeric
  - Must be 9 digits

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Referring Provider Name (PDE-0076)

General Information

The name of the referring provider.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Physician or Supplier Information
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	32
MMIS Data Element	DE-CLAIM-REF-PHYS-NAME
MMIS DE Number	DE4085

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Referring Provider ID (PDE-0077)

General Information

The Medicaid ID or taxonomy number of the referring provider.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Physician or Supplier Information
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	10
MMIS Data Element	DE-CLAIM-REFERRING-PHYS-ID
MMIS DE Number	DE4002

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

ID Qualifier (PDE-0078)

General Information

Indicator denoting whether the Provider ID is an ID or taxonomy.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Professional – Physician or Supplier Information Institutional – Attending Institutional – Operating Institutional – Other 1 Institutional – Other 2
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	2
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- If 1D – Atypical Provider ID (API) number entered is transferred to the input file
- IF ZZ – Taxonomy number entered is transferred to the input file

Valid Values

- 1D – Atypical Provider ID (API)
- ZZ – Taxonomy

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Local Use (PDE-0079)

General Information

Information required for specific providers as detailed in the billing manuals.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Service Line - Supplemental Date (Line 24 -Shaded Area)
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	40
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

This field is used to supply TPL and NDC information that might be needed to accurately process the claim.

• For TPL, this field is used whenever an actual payment has been made by a third party payer. The 'TPL' qualifier is to be followed by the dollar/cents amount of the payment by the third party carriers.

- Example: Payment by other carrier is $27.08, this field would be populated as TPL27.08, with no spaces between the qualifier and the amount, as well as no $. The decimal sign between the dollars and cents is required.

• For National Drug Code (NDC) information, whenever a HCPCS J-code is submitted then the NDC must be supplied in this field. This NDC number is to follow a qualifier of 'N4'

- Example: N400026064871. No spaces between the N4 qualifier and the NDC number

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Diagnosis Ind (PDE-0080)

General Information

Diagnosis pointer to indicate the diagnosis(es) associated with the claim line.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Service Line Item
Element Type	Numeric
Data Type	At least one required
Field Type	Drop Down
Size	1
MMIS Data Element	DE-CLAIM-DIAG-INDICATOR
MMIS DE Number	DE2084

Business Rules

N/A

Valid Values

- A
- B
- C
- D
- E
- F
- G
- H
- I
- J
- K
- L

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Member Non-Work Start (PDE-0081)

General Information

If the member was unable to work, due to the illness or injury associated with the submitted claim, this date reflects the initial affected date.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Physician or Supplier Information
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Date
Size	10
MMIS Data Element	DE-CLAIM-PAT-UNABLE-WORK-FROM
MMIS DE Number	DE2209

Business Rules

- Date must be entered in the format MM/DD/CCYY

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Member Non-Work End (PDE-0082)

General Information

If the member was unable to work, due to the illness or injury associated with the submitted claim, this date reflects the last affected date.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Physician or Supplier Information
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Date
Size	10
MMIS Data Element	DE-CLAIM-PAT-UNABLE-WORK-FROM
MMIS DE Number	DE2209

Business Rules

- Date must be entered in the format MM/DD/CCYY

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Member Hospitalization Start (PDE-0083)

General Information

If the member was hospitalized, due to the illness or injury associated with the submitted claim, this date reflects the initial date of hospitalization.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Physician or Supplier Information
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Date
Size	10
MMIS Data Element	DE-CLAIM-HOSP-REL-FROM-DATE
MMIS DE Number	DE2410

Business Rules

- Date must be entered in the format MM/DD/CCYY

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Member Hospitalization End (PDE-0084)

General Information

If the member was hospitalized, due to the illness or injury associated with the submitted claim, this date reflects the final date of hospitalization.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Physician or Supplier Information
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Date
Size	10
MMIS Data Element	DE-CLAIM-HOSP-REL-THRU-DATE
MMIS DE Number	DE2411

Business Rules

- Date must be entered in the format MM/DD/CCYY

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Service Authorization Num (PDE-0085)

General Information

The unique number assigned to a Service Authorization.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Physician or Supplier Information
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	11
MMIS Data Element	DE-CLAIM-PA-NUMBER
MMIS DE Number	DE2499

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Outside Lab Ind (PDE-0086)

General Information

This field indicates whether an outside lab was utilized in association with this claim.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Physician or Supplier Information
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Radio Button
Size	1
MMIS Data Element	DE-CLAIM-OUTSIDE-LAB-IND
MMIS DE Number	DE2174

Business Rules

N/A

Valid Values

- N – Outside lab not used
- Y – Outside lab used

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Procedure Code Type (PDE-0087)

General Information

Identifies a record on the procedure file as being either ICD-9 or ICD-10.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Diagnosis Information - Qualifier
Element Type	Numeric
Data Type	Required
Field Type	Drop Down
Size	1
MMIS Data Element	DE-CLAIM-PROC-CODE-TYPE
MMIS DE Number	DE5001

Business Rules

- Entry is required

Valid Values

- Blank
- 9 – ICD-9
- 0 – ICD-10

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Revenue Total Charges (PDE-0088)

General Information

Total charges, pertaining to the related revenue codes, for the current billing period as entered in the statement covers period.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Service Line Item
Element Type	Numeric
Data Type	Required
Field Type	Amount
Size	11
MMIS Data Element	DE-CLAIM-REV-TOTAL-CHARGES
MMIS DE Number	DE2124

Business Rules

- Eleven digit amount includes two decimal positions (reflecting cents) and the decimal point.

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Submitted Charges (PDE-0089)

General Information

This field is the total submitted charges for the claim.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Service Line Item
Element Type	Alphanumeric
Data Type	Calculated
Field Type	Dollar Amount
Size	11
MMIS Data Element	DE-CLAIM-BILLED-CHARGE
MMIS DE Number	DE2016

Business Rules

- Calculated field

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Submitted Units (PDE-0090)

General Information

This field is the number of units, visits or studies submitted for the claim.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Service Line Item
Element Type	Numeric
Data Type	Required
Field Type	Text
Size	5
MMIS Data Element	DE-CLAIM-UNITS DE-CLAIM-REVENUE-UNITS
MMIS DE Number	DE2009

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

EPSDT Ind (PDE-0091)

General Information

A flag which indicates whether any diagnosis, treatment, drugs, supplies, devices, counseling services, or other billed services or materials are for the purpose of EPSDT.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Service Line Item
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Radio button
Size	1
MMIS Data Element	DE-CLAIM-FAMILY-PLAN-IND-EPSDT
MMIS DE Number	DE2075

Business Rules

N/A

Valid Values

- Yes
- No

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Family Planning Ind (PDE-0092)

General Information

A flag which indicates whether any diagnosis, treatment, drugs, supplies, devices, counseling services, or other billed services or materials are for the purpose of family planning.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Service Line Item
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Radio button
Size	1
MMIS Data Element	DE-CLAIM-FAMILY-PLAN-IND-EPSDT
MMIS DE Number	DE2075

Business Rules

N/A

Valid Values

- Yes
- No

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Supplemental Data (PDE-0093)

General Information

This field will capture the TPL amount and NDC number and units.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Service Line Item
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	45
MMIS Data Element	DE-CLAIM-SUPPLEMENTAL-DATA
MMIS DE Number	N/A

Business Rules

• For supplemental drug information, user enters the following:

- NCD Qualifier - Used to enter the NDC for the associated J-procedure code billed, the 'N4' qualifier for the related NDC, quantity and unit of measure.

Example 1: Format for the NDC code would be N4412345678901 and unit of measure is UN1234.567.

Example 2: NDC code is N4412345678901 and unit of measure is UN1234.56

• NDC

- Text box
- Optional
- If entered must be numeric
- If entered must be 11 bytes

• Composite of Measurement

- Drop down
- If NDC is entered, this is required otherwise optional
- Drop down values:
  - UN
  - ML
  - GR
  - F2

- Unit of Measurement
    - Text box
    - If NDC is entered, this is required otherwise optional
    - If entered must be numeric and can contain a decimal point with one position

- TPL Qualifier – Used whenever an actual payment is made by a third party payer. The 'TPL' qualifier is to be followed by the dollar/cents amount of the payment by the third party carriers.

  Example 1: Payment by another carrier is $27.08; this field would be filled as TPL27.08. No $ symbol but the decimal between dollars and cents is required. No spaces between qualifier and dollars.

  Example 2: Payment by another carrier is $32.33 format is TPL32.33

  - TPL Amount
    - Text box
    - Optional
    - If entered must be numeric
    - If entered must contain dollar, decimal point, cents

Valid Values

- Qualifiers
    - N4 – NDC
    - TPL – Third Party Liability

- Composite of Measure
    - UN
    - ML
    - GR
    - F2

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Servicing Provider Tax ID (PDE-0094)

General Information

This field will hold the servicing providers social securith number or federal employer identification number.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Service Location
Element Type	Numeric
Data Type	Not Required
Field Type	Text
Size	9
MMIS Data Element	DE-CLAIM-FED-TAX-ID
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

SSN-FEIN Ind (PDE-0095)

General Information

This field indicates if the Tax ID entered is either a social security number or a federal tax id.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Service Location
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Radio Button
Size	1
MMIS Data Element	DE-CLAIM-SSN-EIN-IND
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- SSN
- FEIN

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Accept Assignment Ind (PDE-0096)

General Information

This field indicates if the provider is accepting assignments.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Service Location
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Radio Button
Size	1
MMIS Data Element	DE-CLAIM-ASG-BEN
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Yes
- No

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Total Claim Charges (PDE-0097)

General Information

This field is the sum of all billed charges associated with the claim.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template – (template name) Create New Institutional Claim
Portlet Name	Professional – Service Location Institutional – Service Location
Element Type	Alphanumeric
Data Type	Required
Field Type	Dollar Amount
Size	11
MMIS Data Element	DE-CLAIM-TOTAL-CHARGES DE-CLAIM-REV-TOTAL-CHARGES
MMIS DE Number	DE2017

Business Rules

- Eleven digit amount includes two decimal positions (reflecting cents) and the decimal point.

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- CP-F-072 – Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Charges to Medicaid (PDE-0098)

General Information

This field is the sum of all billed charges associated with the claim minus any amount paid by the member or a third party.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Service Location - Balance Due (field)
Element Type	Alphanumeric
Data Type	Required
Field Type	Dollar Amount
Size	9
MMIS Data Element	DE-CLAIM-BALANCE-DUE
MMIS DE Number	N/A

Business Rules

- Nine digit amount includes two decimal positions (reflecting cents) and the decimal point.

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Provider Middle Initial (PDE-0099)

General Information

The provider's middle initial.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Service Facility Location Information Professional – Billing Provider Information
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	1
MMIS Data Element	DE-PAYEE-MIDDLE-INITIAL
MMIS DE Number	DE9601

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Billing Provider City (PDE-0111)

General Information

The city associated with the provider billing for the services.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template – (template name) Create New Institutional Claim
Portlet Name	Professional – Billing Provider Information Institutional – Billing Provider
Element Type	Alphanumeric
Data Type	Required
Field Type	Text
Size	17
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Billing Provider State (PDE-0112)

General Information

State associated with the provider billing for the services.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template – (template name) Create New Institutional Claim
Portlet Name	Professional – Billing Provider Information Institutional – Billing Provider
Element Type	Alphanumeric
Data Type	Required
Field Type	Drop Down
Size	2
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Two character state abbreviation

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Billing Provider Zip (PDE-0113)

General Information

Zip and extension associated with the provider billing for the services.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template – (template name) Create New Institutional Claim
Portlet Name	Professional – Billing Provider Information Institutional – Billing Provider
Element Type	Numeric
Data Type	Not Required
Field Type	Text
Size	9
MMIS Data Element	DE-CLAIM-BILLING-PROV-ZIP-CODE
MMIS DE Number	DE4099

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- CP-F-072 – Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Billing Provider Country (PDE-0114)

General Information

This is the country code of the provider the claim is being billed for.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Billing Provider
Element Type	Alphanumeric
Data Type	String
Field Type	Not Required/Not Enterable
Size	3
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Default of 'USA'

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Billing Provider Phone (PDE-0115)

General Information

This is the phone number (including area code) of the billing provider.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Billing Provider
Element Type	Numeric
Data Type	String
Field Type	Not Required/Not Enterable
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Billing Provider Fax (PDE-0116)

General Information

This is the fax number (including area code) of the billing provider.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Billing Provider
Element Type	Numeric
Data Type	String
Field Type	Not Required/Not Enterable
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Other Insured's Last Name (PDE-0117)

General Information

The last name of the policy holder of any third party insurance/additional health benefits.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Another Health Benefit Plan
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	22
MMIS Data Element	DE-CLAIM-OTHER-INSURED-NAME
MMIS DE Number	DE2522

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Other Insured's First Name (PDE-0118)

General Information

The first name of the policy holder of any third party insurance/additional health benefits.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Another Health Benefit Plan
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	14
MMIS Data Element	DE-CLAIM-OTHER-INSURED-NAME
MMIS DE Number	DE2522

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
-

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Other Insured's Middle Initial (PDE-0119)

General Information

The middle initial of the policy holder of any third party insurance/additional health benefits.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Another Health Benefit Plan
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	1
MMIS Data Element	DE-CLAIM-OTHER-INSURED-NAME
MMIS DE Number	DE2522

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Other Insured's Policy Num (PDE-0120)

General Information

The policy number of any third party insurance/additional health benefits.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Another Health Benefit Plan
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	16
MMIS Data Element	DE-CLAIM-OTHER-INSURED-POLICY
MMIS DE Number	DE2523

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Other Insured's Employer-School (PDE-0121)

General Information

The employer or school of the insured of any third party insurance/additional health benefits.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Another Health Benefit Plan
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	40
MMIS Data Element	DE-CLAIM-OTHER-INSR-EMPLOYER-NAME
MMIS DE Number	DE2517

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Other Insured's Date of Birth (PDE-0122)

General Information

Date of birth of the insured of any third party insurance/additional health benefits.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Another Health Benefit Plan
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Date
Size	10
MMIS Data Element	DE-CLAIM-OTHER-INSURED-DOB
MMIS DE Number	DE2524

Business Rules

- Format MM/DD/CCYY

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Other Insured's Gender (PDE-0123)

General Information

The gender of the insured of any third party insurance/additional health benefits.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Another Health Benefit Plan
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Drop Down
Size	1
MMIS Data Element	DE-CLAIM-OTHER-INSURED-SEX
MMIS DE Number	DE2350

Business Rules

N/A

Valid Values

- F – Female
- M – Male
- U - Unknown

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Other Insured's Plan-Program Name (PDE-0124)

General Information

The plan/program name of the policy of the insured of any third party insurance/additional health benefits.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Another Health Benefit Plan
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	40
MMIS Data Element	DE-CLAIM-OTHER-INSR-PLAN-NAME
MMIS DE Number	DE2525

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Pay-To Provider Ind (PDE-0125)

General Information

The indicator flagging whether the pay-to provider is different from the billing provider.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Pay-To Provider
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Radio button
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Y – Yes
- N - No

Outputs

N/A

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Pay-To Provider Org-Last Name (PDE-0126)

General Information

The organization or individual's last name of the Pay-To provider.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Pay-To Provider
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	22
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Pay-To Provider First Name (PDE-0127)

General Information

The first name of the Pay-To provider.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Pay-To Provider
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	14
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Pay-To Provider Middle Initial (PDE-0128)

General Information

The middle initial of the Pay-To provider.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Pay-To Provider
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Pay-To Provider Suffix (PDE-0129)

General Information

This is the suffix of the Pay-To provider.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Pay-To Provider
Element Type	Alphanumeric
Data Type	Drop Down
Field Type	Not Required
Size	3
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- I
- II
- III
- IV
- V
- Jr.
- Sr.

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Pay-To Provider Address 2 (PDE-0131)

General Information

Any additional/secondary address information associated with the Pay-To provider.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Pay-To Provider
Element Type	Alphanumeric
Data Type	Text
Field Type	Not Required
Size	55
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Pay-To Provider City (PDE-0132)

General Information

The city associated with the Pay-To provider.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Pay-To Provider
Element Type	Alphanumeric
Data Type	Text
Field Type	Not Required
Size	30
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Pay-To Provider State (PDE-0133)

General Information

The state associated with the Pay-To provider.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Pay-To Provider
Element Type	Alphanumeric
Data Type	Drop Down
Field Type	Not Required
Size	2
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Two character state abbreviation

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Pay-To Provider Zip (PDE-0134)

General Information

The zip code associated with the Pay-To provider.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Pay-To Provider
Element Type	Numeric
Data Type	Not Required
Field Type	Text
Size	9
MMIS Data Element	DE-CLAIM-SERV-PROV-ZIP-CODE
MMIS DE Number	DE4099

Business Rules

N/A

Valid Values

- Two character state abbreviation

Output

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Medical Record Number (PDE-0135)

General Information

The record number associated with a member used by the provider.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Pay-To Provider
Element Type	Alphanumeric
Data Type	Required
Field Type	Text
Size	24
MMIS Data Element	DE-CLAIM-MEDICAL-RECORD-NUMBER
MMIS DE Number	DE2845

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Statement Date Begin (PDE-0136)

General Information

The begin date of the period the claim covers.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Pay-To Provider
Element Type	Alphanumeric
Data Type	Required
Field Type	Date
Size	10
MMIS Data Element	DE-CLAIM-SERVICE-FROM-DATE
MMIS DE Number	DE2010

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Statement Date End (PDE-0137)

General Information

The end date of the period the claim covers.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Pay-To Provider
Element Type	Alphanumeric
Data Type	Required
Field Type	Date
Size	10
MMIS Data Element	DE-CLAIM-SERVICE-THRU-DATE
MMIS DE Number	DE2011

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Responsible Party Last Name (PDE-0138)

General Information

The last name of the person responsible for the member's care.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Responsible Party
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	22
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Responsible Party First Name (PDE-0139)

General Information

The first name of the person responsible for the member's care.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Responsible Party
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	14
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Responsible Party Middle Initial (PDE-0140)

General Information

The middle initial of the person responsible for the member's care.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Responsible Party
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Responsible Party Address 1 (PDE-0141)

General Information

The street address of the person responsible for the member's care.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Responsible Party
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	55
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Responsible Party Address 2 (PDE-0142)

General Information

Any additional address information of the person responsible for the member's care.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Responsible Party
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	55
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Responsible Party City (PDE-0143)

General Information

The city of the person responsible for the member's care.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Responsible Party
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	17
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Responsible Party State (PDE-0144)

General Information

The state of the person responsible for the member's care.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Responsible Party
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Drop Down
Size	2
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Two character state abbreviation

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Responsible Party Zip (PDE-0145)

General Information

The zip code and extension of the person responsible for the member's care.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Responsible Party
Element Type	Numeric
Data Type	Not Required
Field Type	Text
Size	9
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Responsible Party Country (PDE-0146)

General Information

The country of the person responsible for the member's care.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Responsible Party
Element Type	Alphanumeric
Data Type	Not Required/not enterable
Field Type	Text
Size	3
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Default to 'USA'

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Admission Type (PDE-0147)

General Information

The type of admission the claim is being filed for.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Admission
Element Type	Alphanumeric
Data Type	Required
Field Type	Drop Down
Size	1
MMIS Data Element	DE-CLAIM-NATURE-OF-ADMISSION
MMIS DE Number	DE2107

Business Rules

N/A

Valid Values

- 1 – Emergency
- 2 – Urgent
- 3 – Elective
- 5 – Trauma
- 9 – Info not available

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Admission Time (PDE-0148)

General Information

The time of admission the claim is being filed for.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Admission
Element Type	Numeric
Data Type	Required
Field Type	Text
Size	4
MMIS Data Element	DE-CLAIM-HOUR-OF-ADMISSION
MMIS DE Number	DE2136

Business Rules

N/A

Valid Values

- 01 – 24 for HR
- 00 – 59 for MIN

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Admission Source (PDE-0149)

General Information

The source of admission the claim is being filed for.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Admission
Element Type	Alphanumeric
Data Type	Required
Field Type	Drop Down
Size	1
MMIS Data Element	DE-CLAIM-ADMISSION-SOURCE
MMIS DE Number	DE2106

Business Rules

N/A

Valid Values

- 1 – Physician Referral
- 2 – Clinic Referral
- 4 – Acute Care Facility Transfer
- 5 – Skilled Nursing Facility Transfer
- 6 – Another Health Care Facility Transfer
- 7 – Emergency Room
- 8 – Court/Law Enforcement
- 9 – Info not available
- D – Transfer from Hospital IP in Same Facility

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Discharge Time (PDE-0150)

General Information

The time of discharge the claim is being filed for.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Admission
Element Type	Numeric
Data Type	Not Required
Field Type	Text
Size	2
MMIS Data Element	DE-CLAIM-HOUR-OF-DISCHARGE
MMIS DE Number	DE2412

Business Rules

N/A

Valid Values

- 01 – 24 for HR
- 00 – 59 for MIN

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Discharge Status (PDE-0151)

General Information

Where the member is being discharged to.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Admission
Element Type	Numeric
Data Type	Required
Field Type	Drop Down
Size	2
MMIS Data Element	DE-CLAIM-DISCHARGE-STATUS
MMIS DE Number	DE2869

Business Rules

N/A

Valid Values

- 01 – Home
- 02 – Short term General Hospital for IP Care
- 03 – Skilled Nursing Facility
- 04 – Intermediate Care Facility
- 05 – Another Facility not Defined Elsewhere
- 06 – Discharged/trans to home under organized HHS
- 07 – Left Against Medical Advice/Discontinued Care
- 08 – Discharged/trans to home under care of Home IV Prov
- 09 – Admitted as an inpatient to this hospital
- 20 – Expired
- 21 – Discharged/transferred to Court/Law Enforcement
- 30 – Still a Patient
- 50 – Hospice Home
- 51 – Hospice Medical Care Facility
- 61 – Hospital Based Medicare Approved Swing Bed
- 62 – IP Rehabilitation Facility
- 63 – Medicare Certified Long Term Care Hospital
- 64 – Nursing Facility Certified under Medicaid but not Medicare

- 65 – Psychiatric Hospital of Psychiatric Distinct Part Unit of Hosp
- 66 – Critical Access Hospital (CAH)

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Accident State (PDE-0152)

General Information

If the claim is for an accident, the state where the accident occurred is noted in this field.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Admission
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Drop Down
Size	2
MMIS Data Element	DE-CLAIM-ACCIDENT-STATE
MMIS DE Number	DE2057

Business Rules

N/A

Valid Values

- Two character state abbreviation

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Crossover Part A Indicator (PDE-0153)

General Information

If the institutional claim is a Medicare Part A claim, this indicator is set.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Admission
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Radio button
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- If ‘yes’, the claim type is changed to ‘09’

Valid Values

- Y - Yes
- N - No

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Condition Code (PDE-0154)

General Information

Code(s) used to identify conditions relating to this claim that may affect payer processing.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Condition Information
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	2
MMIS Data Element	DE-CLAIM-CONDITION-CODE
MMIS DE Number	DE2115

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Occurrence Code (PDE-0155)

General Information

This is the code defining a significant event relating to this claim that may affect payer processing.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Occurrence Code
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	2
MMIS Data Element	DE-CLAIM-OCCURRENCE-CODE
MMIS DE Number	DE2110

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Occurrence Date (PDE-0156)

General Information

This is the date related to an occurrence code that identifies an event that relates to the payment of the claim.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Occurrence Code
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Date
Size	10
MMIS Data Element	DE-CLAIM-OCCURRENCE-FROM-DATE
MMIS DE Number	DE2113

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Occurrence Span Code (PDE-0157)

General Information

This is the code defining a significant event relating to this claim that may affect payer processing.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Occurrence Span Information
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	2
MMIS Data Element	DE-CLAIM-OCCURRENCE-CODE
MMIS DE Number	DE2110

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Occurrence Span Begin Date (PDE-0158)

General Information

This is the 'from date' related to an occurrence span that identifies an event that relates to the payment of the claim.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Occurrence Span Information
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Date
Size	10
MMIS Data Element	DE-CLAIM-OCCURRENCE-FROM-DATE
MMIS DE Number	DE2113

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Occurrence Span End Date (PDE-0159)

General Information

This is the 'through date' related to an occurrence span that identifies an event that relates to the payment of the claim.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Occurrence Span Information
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Date
Size	10
MMIS Data Element	DE-CLAIM-OCCURRENCE-THRU-DATE
MMIS DE Number	DE2114

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Value Code (PDE-0160)

General Information

This is the code that identifies data of a monetary nature that is necessary for processing the claim.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Value Code
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	2
MMIS Data Element	DE-CLAIM-VALUE-CODE
MMIS DE Number	DE2128

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Value Amount (PDE-0161)

General Information

The dollar amount related to the value code that identifies data of a monetary nature that is necessary for processing the claim.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Value Code
Element Type	Numeric
Data Type	Not Required
Field Type	Amount
Size	9
MMIS Data Element	DE-CLAIM-VALUE-AMOUNT
MMIS DE Number	DE2131

Business Rules

- Nine digit amount includes two decimal positions (reflecting cents) and the decimal point.

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Revenue Code (PDE-0162)

General Information

This is the code that defines a specific accommodation and/or ancillary service or billing calculation.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Service Line Item
Element Type	Alphanumeric
Data Type	Required
Field Type	Text
Size	4
MMIS Data Element	DE-CLAIM-REVENUE-CODE
MMIS DE Number	DE2122

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Revenue Description (PDE-0163)

General Information

This is the description associated with the code that defines a specific accommodation and/or ancillary service or billing calculation.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Service Line Item
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	25
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Rate/HCPCS Procedure Code (PDE-0164)

General Information

This is the code used to identify a specific dental, medical, revenue, or ICD-9-CM diagnosis/surgical procedure.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Service Line Item
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	7
MMIS Data Element	DE-CLAIM-REVENUE-HCPCS-RATE
MMIS DE Number	DE5002

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Initial Date of Service (PDE-0165)

General Information

This is the initial date of service associated with the revenue code.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Service Line Item
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Date
Size	10
MMIS Data Element	DE-CLAIM-REVENUE-SERVICE-DATE
MMIS DE Number	DE2010

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Non-covered Charges (PDE-0166)

General Information

The amount of the revenue billed charges that are not covered.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Service Line Item
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Amount
Size	11
MMIS Data Element	DE-CLAIM-REV-NON-CVRD-CHARGES
MMIS DE Number	DE2139

Business Rules

- Eleven digit amount includes two decimal positions (reflecting cents) and the decimal point.

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Payer Name (PDE-0167)

General Information

The name of payer (i.e. Medicaid, Medicare)

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Add Payer
Element Type	Alphanumeric
Data Type	Required
Field Type	Text
Size	40
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Health Plan ID (PDE-0168)

General Information

The number associated with a health plan.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Service Line Item
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	40
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Information Release Ind (PDE-0169)

General Information

The indicator for rather permission has been granted to release information associated with the claim.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Service Line Item
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Drop Down
Size	1
MMIS Data Element	DE-CLAIM-REL-INFO
MMIS DE Number	DE0000

Business Rules

N/A

Valid Values

- Y – Yes
- N - No

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Assignment of Benefit Ind (PDE-0170)

General Information

The indicator for whether benefits has been assigned.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Service Line Item
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Radio Button
Size	1
MMIS Data Element	DE-CLAIM-ASG-BEN
MMIS DE Number	DE0000

Business Rules

N/A

Valid Values

- Yes
- No

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Prior Payments (PDE-0171)

General Information

The amount of the payments that have already been paid toward the services on this claim .

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Service Line Item
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Amount
Size	7
MMIS Data Element	DE-CLAIM-PRIOR-PAYMENTS
MMIS DE Number	DE0000

Business Rules

- Seven digit amount includes two decimal positions (reflecting cents) and the decimal point.

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Treatment Authorization Code (PDE-0172)

General Information

Any authorization number from another insured for treatment associated with this claim.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Insured's Name
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	11
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Diagnosis Qualifier (PDE-0173)

General Information

Qualifier associated with the diagnosis code.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Diagnosis Information
Element Type	Numeric
Data Type	Default
Field Type	Drop Down
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- 9 – ICD-9
- 0 – ICD-10

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Diagnosis POA Code (PDE-0174)

General Information

The Present on Admission indicator is associated with diagnosis codes on an inpatient UB claim indicating whether or not the diagnosis was present when the member was admitted. It does not apply to admitting diagnosis, but does apply to the principal diagnosis and other diagnoses.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Diagnosis Information
Element Type	Alphanumeric
Data Type	Required
Field Type	Drop Down
Size	1
MMIS Data Element	DE-CLAIM-PRINC-DIAG-CODE-POA DE-CLAIM-SECND-DIAG-CODE-POA DE-CLAIM-THIRD-DIAG-CODE-POA DE-CLAIM-FOURTH-DIAG-CODE-POA DE-CLAIM-FIFTH-DIAG-CODE-POA DE-CLAIM-SIXTH-DIAG-CODE-POA DE-CLAIM-SEVENTH-DIAG-CODE-POA DE-CLAIM-EIGHTH-DIAG-CODE-POA DE-CLAIM-NINTH-DIAG-CODE-POA DE-CLAIM-DIAG-CODE10-POA DE-CLAIM-DIAG-CODE11-POA DE-CLAIM-DIAG-CODE12-POA DE-CLAIM-DIAG-CODE13-POA DE-CLAIM-DIAG-CODE14-POA DE-CLAIM-DIAG-CODE15-POA DE-CLAIM-DIAG-CODE16-POA DE-CLAIM-DIAG-CODE17-POA DE-CLAIM-DIAG-CODE18-POA
MMIS DE Number	DE2052

Business Rules

- Default of blank

Valid Values

- Blank
- N – No

- U – No information in the record
- W – Clinically undetermined
- Y - Yes

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Admission Diagnosis (PDE-0175)

General Information

Identifies a diagnosed medical condition, at the time of admission.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Diagnosis Information
Element Type	Alphanumeric
Data Type	Required
Field Type	Text
Size	7
MMIS Data Element	DE-CLAIM-ADM-DIAG-CODE
MMIS DE Number	DE5031

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Member Reason Diagnosis (PDE-0176)

General Information

Identifies a member's reason for seeking treatement of a medical condition.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Diagnosis Information
Element Type	Alphanumeric
Data Type	Required
Field Type	Text
Size	7
MMIS Data Element	DE-CLAIM-PATNT-REASN-CODE
MMIS DE Number	DE5031

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

PPS Code (PDE-0177)

General Information

The Prospective Payment System code assigned to the claim to identify the DRG based on the grouper software called for under contract with the primary payer.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Diagnosis Information
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	7
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

ECI (PDE-0178)

General Information

External Cause of Injury - the diagnosis code pertaining to external causes of injuries, poisoning, or adverse effect

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Diagnosis Information
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	7
MMIS Data Element	DE-CLAIM-EXT-CAUSE-OF-INJ-CODE
MMIS DE Number	DE5031

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

ECI POA Code (PDE-0179)

General Information

The Present on Admission indicator is associated with the external cause of injury diagnosis.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Diagnosis Information
Element Type	Alphanumeric
Data Type	Required
Field Type	Drop Down
Size	1
MMIS Data Element	DE-CLAIM-EXT-CAUSE-CODE-POA
MMIS DE Number	DE2052

Business Rules

- Default of blank

Valid Values

- Blank
- N – No
- U – No information in the record
- W – Clinically undetermined
- Y - Yes

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Procedure Date (PDE-0180)

General Information

The date that coincides with the principal procedure code.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Procedure Information
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Date
Size	10
MMIS Data Element	DE-CLAIM-PRINC-PROC-DATE
MMIS DE Number	DE2021

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Attending Provider NPI (PDE-0181)

General Information

This is the CMS assigned NPI associated with the attending provider.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Attending
Element Type	Numeric
Data Type	Required
Field Type	Text
Size	10
MMIS Data Element	DE-CLAIM-ATTNDG-PHYS-ID-NPI
MMIS DE Number	DE4700

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Attending Provider ID (PDE-0182)

General Information

This is the id (i.e. taxonomy) associated with the attending provider.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Attending
Element Type	Numeric
Data Type	Not Required
Field Type	Text
Size	9
MMIS Data Element	DE-CLAIM-ATTNDG-PHYS-ID
MMIS DE Number	DE2060

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Attending Provider Last Name (PDE-0183)

General Information

The attending provider's last name.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Attending
Element Type	Alphanumeric
Data Type	Required
Field Type	Text
Size	22
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Attending Provider First Name (PDE-0184)

General Information

The attending provider's first name.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Attending
Element Type	Alphanumeric
Data Type	Required
Field Type	Text
Size	14
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Attending Provider Middle Initial (PDE-0185)

General Information

The attending provider's middle initial.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Attending
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Attending Provider Suffix (PDE-0186)

General Information

The attending provider's suffix.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Attending
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Drop Down
Size	2
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- I
- II
- III
- IV
- V
- Jr
- Sr

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Operating Provider NPI (PDE-0187)

General Information

This is the CMS assigned NPI associated with the operating provider.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Operating
Element Type	Numeric
Data Type	Not Required
Field Type	Text
Size	10
MMIS Data Element	DE-CLAIM-OTHER1-PHYS-ID-NPI
MMIS DE Number	DE4700

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Operating Provider ID (PDE-0188)

General Information

This is the id (i.e. taxonomy) associated with the operating provider.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Operating
Element Type	Numeric
Data Type	Not Required
Field Type	Text
Size	9
MMIS Data Element	DE-CLAIM-OTHER1-PHYS-ID
MMIS DE Number	DE2452

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Operating Provider Last Name (PDE-0189)

General Information

The operating provider's last name.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Operating
Element Type	Alphanumeric
Data Type	Required
Field Type	Text
Size	22
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Operating Provider First Name (PDE-0190)

General Information

The operating provider's first name.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Operating
Element Type	Alphanumeric
Data Type	Required
Field Type	Text
Size	14
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Operating Provider Middle Initial (PDE-0191)

General Information

The operating provider's middle initial.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Operating
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Operating Provider Suffix (PDE-0192)

General Information

The operating provider's suffix.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Operating
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Drop Down
Size	2
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- I
- II
- III
- IV
- V
- Jr
- Sr

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Other Provider 1 NPI (PDE-0193)

General Information

This is the CMS assigned NPI associated with a provider.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Other 1
Element Type	Numeric
Data Type	Not Required
Field Type	Text
Size	10
MMIS Data Element	DE-CLAIM-OTHER2-PHYS-ID-NPI
MMIS DE Number	DE4700

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Other 1 Provider ID (PDE-0194)

General Information

This is the id (i.e. taxonomy) associated with the provider.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Other 1
Element Type	Numeric
Data Type	Not Required
Field Type	Text
Size	9
MMIS Data Element	DE-CLAIM-OTHER2-PHYS-ID
MMIS DE Number	DE2452

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Other 1 Provider Last Name (PDE-0195)

General Information

The provider's last name.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Other1
Element Type	Alphanumeric
Data Type	Required
Field Type	Text
Size	22
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Other 1 Provider First Name (PDE-0196)

General Information

The provider's first name.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Other 1
Element Type	Alphanumeric
Data Type	Required
Field Type	Text
Size	14
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Other 1 Provider Middle Initial (PDE-0197)

General Information

The provider's middle initial.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Other 1
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Operating Provider Suffix (PDE-0198)

General Information

The provider's suffix.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Other 1
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Drop Down
Size	2
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- I
- II
- III
- IV
- V
- Jr
- Sr

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Other 2 Provider NPI (PDE-0199)

General Information

This is the CMS assigned NPI associated with the provider.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Other 2
Element Type	Numeric
Data Type	Not Required
Field Type	Text
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Other 2 Provider ID (PDE-0200)

General Information

This is the id (i.e. taxonomy) associated with the provider.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Other 2
Element Type	Numeric
Data Type	Not Required
Field Type	Text
Size	9
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Other 2 Provider Last Name (PDE-0201)

General Information

The provider's last name.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Other 2
Element Type	Alphanumeric
Data Type	Required
Field Type	Text
Size	22
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Other 2 Provider First Name (PDE-0202)

General Information

The provider's first name.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Other 2
Element Type	Alphanumeric
Data Type	Required
Field Type	Text
Size	14
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Other 2 Provider Middle Initial (PDE-0203)

General Information

The provider's middle initial.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Other 2
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Other 2 Provider Suffix (PDE-0204)

General Information

The provider's suffix.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Other 2
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Drop Down
Size	2
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- I
- II
- III
- IV
- V
- Jr
- Sr

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Insured’s Gender (PDE-0205)

General Information

The gender of the owner of any third party insurance.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Patient and Insured Information
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	1
MMIS Data Element	DE-CLAIM-INSURED-SEX
MMIS DE Number	DE2530

Business Rules

N/A

Valid Values

- M – Male
- F - Female

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Servicing Provider Taxonomy (PDE-0206)

General Information

The taxonomy number associated to the servicing provider.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Service Facility Location Information
Element Type	Numeric
Data Type	Not Required
Field Type	Text
Size	10
MMIS Data Element	DE-CLAIM-SER-PROV-TAXNMY
MMIS DE Number	DE4701

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Service Units (PDE-0207)

General Information

A quantities measure of services rendered by revenue category to or for the member to include items such as number of accommodation days, miles, pints of blood or renal dialysis treatments etc.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Service Line Item
Element Type	Numeric
Data Type	Required
Field Type	Text
Size	9
MMIS Data Element	DE-CLAIM-REVENUE-UNITS
MMIS DE Number	DE2123

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-072 - Claims Data Entry Institutional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Outside Lab Charge Amt (PDE-0208)

General Information

Any charges due for lab work conducted by an outside lab.

Page	Create New Professional Template - (template name) Create New Professional Claim
Portlet Name	Professional – Physician or Supplier Information
Element Type	Numeric
Data Type	Required
Field Type	Amount
Size	7
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- Seven digit amount includes two decimal positions (reflecting cents) and the decimal point.

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Pay-To Provider Address 1 (PDE-0209)

General Information

This is the building number and street of the Pay-To provider.

Page	Create New Institutional Claim Template - (template name) Create New Institutional Claim
Portlet Name	Institutional – Pay-To Provider
Element Type	Alphanumeric
Data Type	Text
Field Type	Not Required
Size	55
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Service Location Address 1 (PDE-0211)

General Information

The building number and street where the services were performed.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Service Facility Location Information
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	55
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Service Location Address 2 (PDE-0212)

General Information

Additional address information for where the services were performed.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Service Facility Location Information
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	55
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Service Location City (PDE-0213)

General Information

The city where the services were performed.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Service Facility Location Information
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	16
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Service Location State (PDE-0214)

General Information

The state where the services were performed.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Service Facility Location Information
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Drop Down
Size	2
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Two character state abbreviation

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Service Location Zip (PDE-0215)

General Information

The zip code and extension where the services were performed.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Service Facility Location Information
Element Type	Numeric
Data Type	Not Required
Field Type	Drop Down
Size	9
MMIS Data Element	DE-CLAIM-SER-PROV-ZIP-CODE
MMIS DE Number	DE4099

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Servicing Provider NPI (PDE-0216)

General Information

The NPI associated to the servicing provider.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim
Portlet Name	Professional – Service Facility Location Information
Element Type	Numeric
Data Type	Not Required
Field Type	Text
Size	10
MMIS Data Element	DE-CLAIM-SER-PROV-NPI
MMIS DE Number	DE4002

Business Rules

N/A

Valid Values

N/A

Outputs

- CP-F-071 - Claims Data Entry Professional File
- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Billing Provider Org-Last Name (PDE-0217)

General Information

The organization name or individual's last name of the provider billing for the services.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template – (template name) Create New Institutional Claim
Portlet Name	Professional – Billing Provider Information Institutional – Billing Provider
Element Type	Alphanumeric
Data Type	Required
Field Type	Text
Size	22
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Billing Provider First Name (PDE-0218)

General Information

The first name of the individual provider billing for the services.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template – (template name) Create New Institutional Claim
Portlet Name	Professional – Billing Provider Information Institutional – Billing Provider
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	14
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Billing Provider Middle Initial (PDE-0219)

General Information

The individual's middle initial of the provider billing for the services.

Page	
Portlet Name	
Element Type	Alphanumeric
Data Type	Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template – (template name) Create New Institutional Claim
Field Type	Professional – Billing Provider Information Institutional – Billing Provider
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Billing Provider Address 1 (PDE-0221)

General Information

The building number and street address of the provider billing for the services.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template – (template name) Create New Institutional Claim
Portlet Name	Professional – Billing Provider Information Institutional – Billing Provider
Element Type	Alphanumeric
Data Type	Required
Field Type	Text
Size	55
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Billing Provider Address 2 (PDE-0222)

General Information

Any additional address information associated with the provider billing for the services.

Page	Create New Professional Claim Template - (template name) Create New Professional Claim Create New Institutional Claim Template – (template name) Create New Institutional Claim
Portlet Name	Professional – Billing Provider Information Institutional – Billing Provider
Element Type	Alphanumeric
Data Type	Not Required
Field Type	Text
Size	55
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

- DDE-S-0008 – Create New Professional Claim Template – (template name)
- DDE-S-0009 – Create New Professional Claim
- DDE-S-0012 – Create New Institutional Claim Template – (template name)
- DDE-S-0013 – Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

NDC – Quantity (PDE-0248)

General Information

This is the quantity associated with the National Drug Code (NDC) for any pharmaceutical aspects of the claim.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim
Portlet Name	Crossover - Medicare Information
Element Type	TextÂ Box
Data Type	Alphanumeric
Field Type	Situationally required
Size	13
MMIS Data Element	DE-QUANTITY-DISPENSED
MMIS DE Number	DE-2233

Business Rules

• If the NDC field contains an entry, this field is required.
• Quantity format is 999999999.999 (including decimal point).

Valid Values

N/A

Outputs

• CP-F-074 - Claims Data Entry Title-18 File
• DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

• DDE-S-0002 – Create New Crossover Part B Template – (template name)
• DDE-S-0003 – Create New Crossover Part B Claim

Tables – MMIS/DB2

N/A

Tables - Portal

• DDE-T-0002 - Portal Claim Table (WP_CLM_TB)

- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

NDC – Unit of Measure (PDE-0305)

General Information

This is the unit of measure associated with the National Drug Code (NDC) for any pharmaceutical aspects of the claim.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim
Portlet Name	Crossover - Medicare Information
Element Type	Drop Down
Data Type	Alphanumeric
Field Type	Situationally required
Size	2
MMIS Data Element	DE-UNIT-OF-MEASURE
MMIS DE Number	DE-2237

Business Rules

• If the NDC field contains an entry, this field is required.

Valid Values

- F2
- GR
- ML
- UN

Outputs

• CP-F-074 - Claims Data Entry Title-18 File
• DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

• DDE-S-0002 – Create New Crossover Part B Template – (template name)
• DDE-S-0003 – Create New Crossover Part B Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Co-Pay Amount (PDE-0306)

General Information

Any co-pay amount previously paid on the claim.

Page	Create New Crossover Part B Template - (template name) Create New Crossover Part B Claim
Portlet Name	Crossover - Medicare Information
Element Type	Text Box
Data Type	String
Field Type	Required
Size	12
MMIS Data Element	Waiting for new layout
MMIS DE Number	Waiting for new layout

Business Rules

• Required amount field
• Must be greater than 0
• Accepted entry is dollars and 2 decimal positions
• If no decimal positions are entered the system will assign 2,
for example:

o 100 will become 100.00
o 100.00 will remain 100.00

Valid Values

N/A

Outputs

• CP-F-074 - Claims Data Entry Title-18 File
• DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

• DDE-S-0002 – Create New Crossover Part B Template – (template name)
• DDE-S-0003 – Create New Crossover Part B Claim

Tables – MMIS/DB2

N/A

Tables - Portal

- DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
- DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Special Indicator (PDE-0307)

General Information

The special indicator only appears on claims initiated by the DMAS PPU superuser. It allows the PPU user to designate the claim for special batch processing. If checked, the claims processing in the MMIS will process the claim as special batch.

Page	Create New Professional Template - (template name) Create New Institutional Template - (template name) Create New Crossover Part B Template - (template name) Create New Professional Claim Create New Institutional Claim Create New Crossover Part B Claim
Portlet Name	Professoinal - Submitter Information Institutional - Submitter Information Crossover - Submitter Information
Element Type	Checkbox
Data Type	Alphanumeric
Field Type	Situationally required
Size	1
MMIS Data Element	DE-CLAIM-SPECIAL-BATCH
MMIS DE Number	DE-2030

Business Rules

N/A

Valid Values

• Unchecked – Defaults to ‘N’
• Checked – ‘Y’ - Yes

Outputs

• CP-F-074 - Claims Data Entry Title-18 File
• CP-F-071 - Claims Data Entry Professional File
• CP-F-071 – Claims Data Entry Professional File
• DDE-F-0003 - Claims_DDE_ECM_PDF_Date

Screens

• DDE-S-0002 – Create New Crossover Part B Template – (template name)
• DDE-S-0003 – Create New Crossover Part B Claim
• DDE-S-0008 – Create New Professional Template (template name)
• DDE-S-0009 – Create New Professional Claim
• DDE-S-0012 - Create New Institutional Template (template name)
• DDE-S-0013 - Create New Institutional Claim

Tables – MMIS/DB2

N/A

Tables - Portal

• DDE-T-0002 - Portal Claim Table (WP_CLM_TB)
• DDE-T-0001 – Web Portal Claim Template Table (WP_CLM_TMPLT_TB)

Outputs

- Notification Email (DDE-F-0001)
- MMIS Interface – Adjudication Files
    - Professional – CP-F-071
    - Institutional – CP-F-072
    - Crossover Part B – CP-F-074
- MMIS Interface – Attachment Control Number File (DDE-F-0002)
- ECM Interface (DDE-F-0003)

Notification Email (DDE-F-0001)

General Information

An email is sent to a limited group daily. This email lists, along with other claim information, the specific number of Crossover Part B claims submitted for the day.

Data Elements

From: VAPORTAL-DONOTREPLY@acs-inc.com

To: Divvela, Balachandra; Smid, Kim; Ortiz, Michaella; Tomlin, Doug; Kirk.French@acs-inc.c
mary.korsun@dmas.virginia.gov; Cyndie.Bosley@dmas.virginia.gov; Craig, Robert

Cc:

Subject: VA WebPortal - PROD - ClaimDDE PDF Images Batch Process executed

ClaimsDDE PDF Images Batch Process Execution results as follows

Total Number of Claims Submitted : 967

Number of Professional Claims Submitted : 785
Number of Professional Claim Line items Submitted : 1129

Number of Institutional Claims/Lines Submitted : 143

Number of Crossover Part B Claims Submitted : 39
Number of Crossover Part B Claim Line items Submitted : 42

Number of Claims that errored out :0

Note: This is an auto-generated email, please do not reply.

MMIS – Attachment Control Number (ACN) (DDE-F-0002)

General Information

The batch job ClaimsBatchJobIntializer calls programs in order to prepare a file of the DDE claims entered for sending to the mainframe's MMIS for adjudication. Once these DDE claims have been identified and captured in the wp_clm_tb table, each claim record, wp_clm_data, in the table is checked for ClaimAttachmentIndicator set to a "Y". For these claims with an ACN, a record is entered into the Claims_DDE_ICN_ACN_*(Date & Timestamp).txt file. This file is sent as well to the mainframe's MMIS where the ACN is updated on all the claim's ICN's.

Data Elements

Inputs:	New DDE Claims: wp_clm_tb (ACN Indicator (ClaimAttachmentIndicator) = Y)
Outputs:	Claims_DDE_ICN_ACN file: Claims_DDE_ICN_ACN_*(Date & Timestamp).txt Format: DOC-NUM 01 14 Alphanumeric – ICN (excluding Line no) ATT-CNTL-NUM 15 33 Alphanumeric – Attach Control Number MoveIT drop location: 10.37.153.2 /opt/IBM/MOVEit/WebPortal/Claims

ECM Interface (DDE-F-0003)

General Information

The inp file is used to create a pdf of the Submitted Claim to serve as the image of the claim. This details out the exact information that the user entered and can be used by the Claims Reso group, systems support, etc in research and problem resolution.

Data Elements

Data Element	Description
PDF Name	System Generated
FN_DOC_CLASS	Defaults to 'Claims'
DD_INPUT_TYPE	Defaults to 'W'
FN_DOC_TYPE	Defaults to 'Title 18 (Medicare)'
FN_MEMBER_ID	Member's ID Number (PDE-0016)
FN-NATIONAL_ PROVIDER_ID	Billing Provider NPI (PDE-0007)
FN_PROVIDER_NAME	Combination of Provider Org/Last Name (PDE-0011) and Provider First Name (PDE-0012)
FN_STATE_CODE	State Code (VA)
FN_ICN	ICN (PDE-0044)
FN_PA_NUMBER	N/A for Crossovers
FN_SCANDATE	Date submitted
FN_DATERECEIVED	Date submitted

MMIS Interface

General Information

All necessary fields from the Claims Direct Data Entry will subsequently go in to the proprietary input file for the nightly adjudication process.

The files utilized from the MMIS are as follows:

- Claims DDE Professional – CP-F-071
- Claims DDE Institutional – CP-F-072
- Claims DDE Title-18 File - CP-F-074

All the above files utilize the CPKEYRCD copybook and are fed into the mainframe Paper Crossover Capture Program (CPI018). This program is part of the nightly adjudication processing and takes in claims entered through the DDE as well as any paper claims entered by data entry.

The result/output from this program is the Claims Activity File Adjudication Work Area (AWR) which is utilized throughout the mainframe adjudication process.

The table below details the MMIS CPKEYRCD copybook and the portal data element that will ultimately populate it. Note: this copybook is also used for paper claim entry so not all fields will be applicable to the portal.

Details associated with the portal data elements can be found in the Data Elements section.

Data Elements – Professional

Cobol DE Name	Cobol DE Number	Portal DE Name	Portal DE Number
DE-TRANS-TYPE	DE2002	Defaults to '05'	N/A
DE-TRANS-TYPE-MODIFIER	DE2003	Defaults to '1'	N/A
DE-CLAIM-ICN-NUMBER	DE2001	Internal Control Number	PDE-0044
DE-CLAIM-BILLING-PROVIDER-NO	DE2004	Billing Provider NPI	PDE-0007
DE-CLAIM-BILLING-PROV-NPI	DE2004	Billing Provider NPI	PDE-0007
DE-CLAIM-BILLING-TAXNMY	DE4701	Billing Provider Taxonomy	PDE-0008
DE-CLAIM-BILLING-PROV-ZIP-CODE	DE4099	Billing Provider Zip	PDE-0113
DE-CLAIM-SER-PROVIDER-NUMBER	DE4002	Service Provider NPI	PDE-0216

DE-CLAIM-SER-PROV-NPI	DE4002	Service Provider NPI	PDE-0216
DE-CLAIM-SER-PROV-TAXNMY	DE4701	Servicing Provider Taxonomy	PDE-0206
DE-CLAIM-SER-PROV-ZIP-CODE	DE4099	Service Location Zip	PDE-0215
DE-CLAIM-ENROLLEE-ID	DE3001	Member ID Number	PDE-0016
DE-CLAIM-PATIENT-NAME	DE2006	Concatenation of: Member's Last Name Member's First Name Member's MI	 PDE-0013 PDE-0014 PDE-0015
DE-CLAIM-ENROLLEE-DOB	DE3005	Member's Date of Birth	PDE-0051
DE-CLAIM-ENROLLEE-SEX	DE3007	Member's Gender	PDE-0053
DE-CLAIM-INSURED-NAME	DE2522	Concatenation of: Insured's Last Name Insured's First Name Insured's MI	 PDE-0061 PDE-0062 PDE-0063
DE-CLAIM-PAT-IS-SELF-TO-INSR	DE2352	Relationship to Insured	PDE-0056
DE-CLAIM-PAT-IS-SPOUSE-TO-INSR	DE2352	Relationship to Insured	PDE-0056
DE-CLAIM-PAT-IS-CHILD-TO-INSR	DE2352	Relationship to Insured	PDE-0056
DE-CLAIM-PAT-IS-OTHER-TO-INSR	DE2352	Relationship to Insured	PDE-0056
DE-CLAIM-PATIENT-MS	DE3016	Member Marital Status	PDE-0054
DE-CLAIM-PATIENT-EMPL-STAT	DE2037	Member Employment Status	PDE-0055
DE-CLAIM-OTHER-INSURED-NAME	DE2522	Concatenation of: Other Insured's Last Name Other Insured's First Name Other Insured's MI	 PDE-0117 PDE-0118 PDE-0119
DE-CLAIM-OTHER-INSURED-POLICY	DE2523	Other Insured's Policy Num	PDE-0120

DE-CLAIM-OTHER-INSURED-DOB	DE2524	Other Insured's Date of Birth	PDE-0122
DE-CLAIM-OTHER-INSURED-SEX	DE2350	Other Insured's Gender	PDE-0123
DE-CLAIM-OTHER-INSR-EMPL-NAME	DE2517	Other Insured's Employer-School	PDE-0121
DE-CLAIM-OTHER-INSR-PLAN-NAME	DE2525	Other Insured's Plan-Program Name	PDE-0124
DE-CLAIM-PAT-COND-EMPL	DE2074	Related Cause 1	PDE-0058
DE-CLAIM-PAT-COND-AUTO	DE2431	Related Cause 2	PDE-0059
DE-CLAIM-PAT-COND-OTHER	DE2028	Related Causes 3	PDE-0060
DE-CLAIM-INSURED-POLICY	DE2516	Insured's Policy Number	PDE-0068
DE-CLAIM-INSURED-DOB	DE2524	Insured's Date of Birth	PDE-0070
DE-CLAIM-INSURED-SEX	DE2350	Other Insured's Gender	PDE-0123
DE-CLAIM-INSURED-EMPL-NAME	DE2517	Insured's Employer-School	PDE-0069
DE-CLAIM-INSURED-PLAN-NAME	DE2522	Insured's Plan-Program Name	PDE-0071
DE-CLAIM-INSURED-COB-IND	DE2544	Health Benefit Ind	PDE-0057
DE-CLAIM-SIGNATURE	N/A	N/A	N/A
DE-CLAIM-DATE-BILLED	N/A	N/A	Current Date
DE-CLAIM-PATIENT-SIGNATURE	N/A	N/A	N/A
DE-CLAIM-DATE-OF-ILLNESS	DE2209	Incident Date	PDE-0073
DE-CLAIM-DATE-SIMILAR-ILLNESS	DE2209	Previous Incident Date	PDE-0074
DE-CLAIM-PAT-UNABLE-WORK-FROM	DE2209	Member Non-Work Start	PDE-0081
DE-CLAIM-PAT-UNABLE-WORK-THRU	DE2209	Member Non-Work End	PDE-0082
DE-CLAIM-REF-PHYS-NAME	DE4085	Referring Provider Name	PDE-0076
DE-CLAIM-HOSP-REL-FROM-DATE	DE2410	Member Hospitalization Start	PDE-0083
DE-CLAIM-HOSP-REL-THRU-DATE	DE2411	Member Hospitalization End	PDE-0084
DE-CLAIM-REFERRING-PHYS-ID	DE4002	Referring Provider ID	PDE-0077
DE-CLAIM-REFERRING-PHYS-NPI	DE4002	Referring Provider NPI	PDE-0075
DE-CLAIM-CLIA-NUMBER	DE2993	N/A	N/A
DE-CLAIM-OUTSIDE-LAB-IND	DE2174	Outside Lab Ind	PDE-0086
DE-CLAIM-PRINCIPAL-DIAG-CODE	DE5301	Diagnosis Code (1)	PDE-0020
DE-CLAIM-SECOND-DIAG-	DE5301	Diagnosis Code (2)	PDE-0020

CODE			
DE-CLAIM-THIRD-DIAG-CODE	DE5301	Diagnosis Code (3)	PDE-0020
DE-CLAIM-FOURTH-DIAG-CODE	DE5301	Diagnosis Code (4)	PDE-0020
DE-CLAIM-FIFTH-DIAG-CODE	DE5301	Diagnosis Code (5)	PDE-0020
DE-CLAIM-SIXTH-DIAG-CODE	DE5301	Diagnosis Code (6)	PDE-0020
DE-CLAIM-SEVENTH-DIAG-CODE	DE5301	Diagnosis Code (7)	PDE-0020
DE-CLAIM-EIGHTH-DIAG-CODE	DE5301	Diagnosis Code (8)	PDE-0020
DE-CLAIM-NINETH-DIAG-CODE	DE5301	Diagnosis Code (9)	PDE-0020
DE-CLAIM-TENTH-DIAG-CODE	DE5301	Diagnosis Code (10)	PDE-0020
DE-CLAIM-ELEVENTH-DIAG-CODE	DE5301	Diagnosis Code (11)	PDE-0020
DE-CLAIM-TWELVETH-DIAG-CODE	DE5301	Diagnosis Code (12)	PDE-0020
DE-CLAIM-SRVC-FROM-DATE	DE2010	Service From Date	PDE-0030
DE-CLAIM-SRVC-THRU-DATE	DE2011	Service Thru Date	PDE-0031
DE-CLAIM-PROF-PLACE-OF-SRVC	DE2173	Place of Service	PDE-0024
DE-CLAIM-TYPE-OF-SERVICE	DE2072	Type of Service	PDE-0025
DE-CLAIM-PRINC-PROC-CODE	DE5002	Procedure Code	PDE-0026
DE-CLAIM-PROF-PROC-MODIFIER	DE2171	Modifier (1)	PDE-0027
DE-CLAIM-PROF-PROC-MOD2	DE2171	Modifier (2)	PDE-0027
DE-CLAIM-PROF-PROC-MOD3	DE2171	Modifier (3)	PDE-0027
DE-CLAIM-PROF-PROC-MOD4	DE2171	Modifier (4)	PDE-0027
DE-CLAIM-DIAG-INDICATOR(1)	DE2084	Diagnosis Ind	PDE-0080
DE-CLAIM-DIAG-INDICATOR(2)	DE2084	Diagnosis Ind	PDE-0080
DE-CLAIM-DIAG-INDICATOR(3)	DE2084	Diagnosis Ind	PDE-0080
DE-CLAIM-DIAG-INDICATOR(4)	DE2084	Diagnosis Ind	PDE-0080
DE-CLAIM-BILLED-CHARGE	DE2016	Submitted Charges	PDE-0089
DE-CLAIM-UNITS	DE2009	Units/Visits/Studies	PDE-0028
DE-CLAIM-FAMILY-PLAN-IND-EPSDT	DE2075	Concatenation of: EPSDT Ind Family Planning Ind	 PDE-0091 PDE-0092
DE-CLAIM-EMERGENCY-IDENTIFIER	DE2802	Emergency Indicator	PDE-0022
DE-CLAIM-COB-INDICATOR	DE2544	N/A	N/A
DE-CLAIM-THIRD-PARTY-PAYMENT	DE2018	N/A	N/A
DE-CLAIM-FED-TAX-ID	N/A	SSN-FEIN Ind	PDE-0095

DE-CLAIM-SSN-EIN-IND	N/A	SSN-FEIN Ind	PDE-0095
DE-CLAIM-PATIENT-ACCT-NUMBER	DE2031	Member's Account Number	PDE-0017
DE-CLAIM-ASG-BEN	N/A	Accept Assignment Ind	PDE-0096
DE-CLAIM-TOTAL-CHARGES	DE2017	Total Claim Charges	PDE-0097
DE-CLAIM-PAYMENT-AMOUNT	DE2083	Member Pay Amount	PDE-0038
DE-CLAIM-BALANCE-DUE	N/A	Charges to Medicaid	PDE-0098
DE-CLAIM-SPEC-PROCESS-IND	DE2053	TDO/ECO Ind	PDE-0018
DE-CLAIM-ADJUSTMENT-REASON	DE2033	Adjustment/Void Reason	PDE-0004
DE-CLAIM-FORMER-ICN-NO	DE2034	Adjustment/Void Original ICN	PDE-0005
DE-CLAIM-PA-NUMBER	DE2499	Service Authorization Num	PDE-0085
DE-CLAIM-SIGNATURE	N/A	N/A	N/A
DE-CLAIM-DATE-BILLED	N/A	N/A	N/A
DE-CLAIM-ATTACHMENT-INDICATOR	DE2030	Attachment Indicator	PDE-0040
DE-SPECIAL-BATCH	DE2068	N/A	N/A
DE-CLAIM-SUPPLEMENTAL-DATA	N/A	Supplemental Data	PDE-0093
FILLER	N/A	Defaults to spaces	N/A

Data Elements – Institutional

Cobol DE Name	Cobol DE Number	Portal DE Name	Portal DE Number
DE-TRANS-TYPE	DE2002	Defaults to '01' unless Crossover claim is indicated when it defaults to '09'	N/A
DE-TRANS-TYPE-MODIFIER	DE2003	Defaults to '1'	N/A
DE-CLAIM-BILL-TYPE	DE2102	Place of Service	PDE-0024
DE-CLAIM-FED-TAX-ID	N/A	SSN-FEIN Ind	PDE-0095
DE-CLAIM-ICN-NUMBER	DE2001	Internal Control Number	PDE-0044
DE-CLAIM-SER-PROVIDER-NUMBER	DE4002	Servicing Provider NPI	PDE-0216
DE-CLAIM-ENROLLEE-ID	DE3001	Member ID Number	PDE-0016
DE-CLAIM-SER-PROVIDER-NPI	DE4002	Servicing Provider NPI	PDE-0216
DE-CLAIM-SER-PROVIDER-TAXONOMY	DE4701	Servicing Provider Taxonomy	PDE-0206
DE-CLAIM-PATIENT-ACCT-NUMBER	DE2031	Member's Account Number	PDE-0017
DE-CLAIM-SERVICE-FROM-	DE2010	Service From Date	PDE-0030

DATE			
DE-CLAIM-SERVICE-THRU-DATE	DE2011	Service Thru Date	PDE-0031
DE-CLAIM-COVERED-DAYS	DE2108	N/A	N/A
DE-CLAIM-NON-COVERED-DAYS	DE2109	N/A	N/A
DE-CLAIM-C-ID	N/A	N/A	N/A
DE-CLAIM-L-RD	N/A	N/A	N/A
DE-CLAIM-PATIENT-NAME	DE2006	Concatenation of: Member's Last Name Member's First Name Member's MI	 PDE-0013 PDE-0014 PDE-0015
DE-CLAIM-ENROLLEE-DOB	DE3005	Member's Date of Birth	PDE-0051
DE-CLAIM-ENROLLEE-SEX	DE3007	Member's Gender	PDE-0053
DE-CLAIM-ENROLLEE-MS	N/A	Member's Marital Status	PDE-0054
DE-CLAIM-ADMISSION-DATE	DE2105	Date of Admission	PDE-0029
DE-CLAIM-HOUR-OF-ADMISSION	DE2136	Admission Time	PDE-0148
DE-CLAIM-NATURE-OF-ADMISSION	DE2107	Admission Type	PDE-0147
DE-CLAIM-ADMISSION-SOURCE	DE2106	Admission Source	PDE-0149
DE-CLAIM-HOUR-DISCHARGE	DE2412	Discharge Time	PDE-0150
DE-CLAIM-DISCHARGE-STATUS	DE2869	Discharge Status	PDE-0151
DE-CLAIM-MEDICAL-RECORD-NUMBER	DE2845	Medical Record Num	PDE-0135
DE-CLAIM-CONDITION-CODE	DE2115	Condition Code	PDE-0154
DE-CLAIM-OCCURRENCE-CODE	DE2110	Occurrence Code	PDE-0155
DE-CLAIM-OCCURRENCE-FROM-DATE	DE2113	Occurrence Date	PDE-0156
DE-CLAIM-OCCURRENCE-SPAN-CODE	DE2110	Occurrence Span Code	PDE-0157
DE-CLAIM-OCCUR-SPAN-FROM-DATE	DE2113	Occurrence Span Begin Date	PDE-0158
DE-CLAIM-OCCUR-SPAN-THRU-DATE	DE2114	Occurrence Span End Date	PDE-0159
DE-CLAIM-VALUE-SEQ-NO	DE2357	N/A	N/A

DE-CLAIM-VALUE-CODE	DE2128	Value Code	PDE-0160
DE-CLAIM-VALUE-CD-AMOUNT	DE2131	Value Amount	PDE-0161
DE-CLAIM-REVENUE-CODE	DE2122	Revenue Code	PDE-0162
DE-CLAIM-REVENUE-HCPCS-RATE	DE5002	Rate Code	PDE-0164
DE-CLAIM-REVENUE-SERVICE-DATE	N/A	Initial Date of Service	PDE-0165
DE-CLAIM-REVENUE-UNITS	DE2123	Service Units	PDE-0207
DE-CLAIM-REV-TOTAL-CHARGES	DE2124	Revenue Total Charges	PDE-0088
DE-CLAIM-REV-NON-CVRD-CHARGES	DE2139	Non-Covered Charges	PDE-0166
DE-CLAIM-PAYER-ID	N/A	Health Plan ID	PDE-0168
DE-CLAIM-REL-INFO	N/A	Information Release Ind	PDE-0169
DE-CLAIM-ASG-BEN	N/A	Assignment of Benefit Ind	PDE-0170
DE-CLAIM-PRIOR-PAYMENTS	N/A	Prior Payments	PDE-0171
DE-CLAIM-EST-AMOUNT-DUE	N/A	Total Claim Charges	PDE-0097
DE-CLAIM-PATIENT-PAY-AMOUNT	DE2083	Member Pay Amount	PDE-0038
DE-CLAIM-INSURED-NAME	DE2522	Concatenation of: Insured's Last Name Insured's First Name Insured's Middle Initial	 PDE-0061 PDE-0062 PDE-0063
DE-CLAIM-P-RELATIONSHIP	DE2352	Relationship to Insured	PDE-0056
DE-CLAIM-TPL-CARRIER-NAME	DE2515	Insured's Policy Group Name	PDE-0066
DE-CLAIM-TPL-POLICY-NO	DE2516	Insured's Policy Number	PDE-0068
DE-CLAIM-PRINC-DIAG-CODE	DE5301	Diagnosis Code (1)	PDE-0020
DE-CLAIM-PRINC-DIAG-CODE-POA	DE2052	Diagnosis POA (1) Code	PDE-0174
DE-CLAIM-SECND-DIAG-CODE	DE5301	Diagnosis Code (2)	PDE-0020
DE-CLAIM-SECND-DIAG-CODE-POA	DE2052	Diagnosis POA Code (2)	PDE-0174
DE-CLAIM-THIRD-DIAG-CODE	DE5301	Diagnosis Code (3)	PDE-0020
DE-CLAIM-THIRD-DIAG-CODE-POA	DE2052	Diagnosis POA Code (3)	PDE-0174
DE-CLAIM-FOURTH-DIAG-CODE	DE5301	Diagnosis Code (4)	PDE-0020
DE-CLAIM-FOURTH-DIAG-CODE-POA	DE2052	Diagnosis POA Code (4)	PDE-0174

DE-CLAIM-FIFTH-DIAG-CODE	DE5301	Diagnosis Code (5)	PDE-0020
DE-CLAIM-FIFTH-DIAG-CODE-POA	DE2052	Diagnosis POA Code (5)	PDE-0174
DE-CLAIM-SIXTH-DIAG-CODE	DE5301	Diagnosis Code (6)	PDE-0020
DE-CLAIM-SIXTH-DIAG-CODE-POA	DE2052	Diagnosis POA Code (6)	PDE-0174
DE-CLAIM-SEVENTH-DIAG-CODE	DE5301	Diagnosis Code (7)	PDE-0020
DE-CLAIM-SEVENTH-DIAG-CODE-POA	DE2052	Diagnosis POA Code (7)	PDE-0174
DE-CLAIM-EIGHTH-DIAG-CODE	DE5301	Diagnosis Code (8)	PDE-0020
DE-CLAIM-EIGHTH-DIAG-CODE-POA	DE2052	Diagnosis POA Code (8)	PDE-0174
DE-CLAIM-NINTH-DIAG-CODE	DE5301	Diagnosis Code (9)	PDE-0020
DE-CLAIM-NINTH-DIAG-CODE-POA	DE2052	Diagnosis POA Code (9)	PDE-0174
DE-CLAIM-DIAG-CODE10	DE5301	Diagnosis Code (10)	PDE-0020
DE-CLAIM-DIAG-CODE10-POA	DE2052	Diagnosis POA Code (10)	PDE-0174
DE-CLAIM-DIAG-CODE11	DE5301	Diagnosis Code (11)	PDE-0020
DE-CLAIM-DIAG-CODE11-POA	DE2052	Diagnosis POA Code (11)	PDE-0174
DE-CLAIM-DIAG-CODE12	DE5301	Diagnosis Code (12)	PDE-0020
DE-CLAIM-DIAG-CODE12-POA	DE2052	Diagnosis POA Code (12)	PDE-0174
DE-CLAIM-DIAG-CODE13	DE5301	Diagnosis Code (13)	PDE-0020
DE-CLAIM-DIAG-CODE13-POA	DE2052	Diagnosis POA Code (13)	PDE-0174
DE-CLAIM-DIAG-CODE14	DE5301	Diagnosis Code (14)	PDE-0020
DE-CLAIM-DIAG-CODE14-POA	DE2052	Diagnosis POA Code (14)	PDE-0174
DE-CLAIM-DIAG-CODE15	DE5301	Diagnosis Code (15)	PDE-0020
DE-CLAIM-DIAG-CODE15-POA	DE2052	Diagnosis POA Code (15)	PDE-0174
DE-CLAIM-DIAG-CODE16	DE5301	Diagnosis Code (16)	PDE-0020
DE-CLAIM-DIAG-CODE16-POA	DE2052	Diagnosis POA Code (16)	PDE-0174
DE-CLAIM-DIAG-CODE17	DE5301	Diagnosis Code (17)	PDE-0020
DE-CLAIM-DIAG-CODE17-POA	DE2052	Diagnosis POA Code (17)	PDE-0174
DE-CLAIM-DIAG-CODE18	DE5301	Diagnosis Code (18)	PDE-0020
DE-CLAIM-DIAG-CODE18-POA	DE2052	Diagnosis POA Code (18)	PDE-0174
DE-CLAIM-ADM-DIAG-CODE	DE5301	Admission Diagnosis	PDE-0175
DE-CLAIM-EXT-CAUSE-OF-INJ-CODE	DE5301	ECI	PDE-0178
DE-CLAIM-PATNT-REASON-CODE	DE5301	Member Reason Diagnosis	PDE-0176
DE-CLAIM-PROC-CODE-TYPE	DE5001	Procedure Code Type	PDE-0087
DE-CLAIM-PRINC-PROC-CODE	DE5002	Procedure Code (1)	PDE-0026
DE-CLAIM-PRINC-PROC-DATE	DE2021	Procedure Date (1)	PDE-0180
DE-CLAIM-OTHER1-PROC-	DE5002	Procedure Code (2)	PDE-0026

CODE			
DE-CLAIM-OTHER1-PROC-DATE	DE2021	Procedure Date (2)	PDE-0180
DE-CLAIM-OTHER2-PROC-CODE	DE5002	Procedure Code (3)	PDE-0026
DE-CLAIM-OTHER2-PROC-DATE	DE2021	Procedure Date (3)	PDE-0180
DE-CLAIM-OTHER3-PROC-CODE	DE5002	Procedure Code (4)	PDE-0026
DE-CLAIM-OTHER3-PROC-DATE	DE2021	Procedure Date (4)	PDE-0180
DE-CLAIM-OTHER4-PROC-CODE	DE5002	Procedure Code (5)	PDE-0026
DE-CLAIM-OTHER4-PROC-DATE	DE2021	Procedure Date (5)	PDE-0180
DE-CLAIM-OTHER5-PROC-CODE	DE5002	Procedure Code (6)	PDE-0026
DE-CLAIM-OTHER5-PROC-DATE	DE2021	Procedure Date (6)	PDE-0180
DE-CLAIM-ATTNDG-PHYS-ID	DE2060	Attending Provider ID	PDE-0182
DE-CLAIM-ATTNDG-PHYS-ID-NPI	DE4700	Attending Provider NPI	PDE-0181
DE-CLAIM-OTHER1-PHYS-ID	DE2452	Other Provider 1 ID	PDE-0194
DE-CLAIM-OTHER1-PHYS-ID-NPI	DE4700	Other Provider 1 NPI	PDE-0193
DE-CLAIM-OTHER2-PHYS-ID	DE2453	Other Provider 2 ID	PDE-0200
DE-CLAIM-OTHER2-PHYS-ID-NPI	DE4700	Other Provider 2 NPI	PDE-0199
DE-CLAIM-ACCIDENT-STATE	DE2057	Accident State	PDE-0152
DE-CLAIM-SPEC-PROCESS-IND	DE2053	TDO/ECO Ind	PDE-0018
DE-CLAIM-SERV-PROV-ZIP-CODE	DE4099	Service Location Zip	PDE-0215
DE-CLAIM-TECH-CODE	DE0012	Submitter ID	PDE-0006
DE-CLAIM-ADJUSTMENT-REASON	DE2033	Adjustment/Void Reason	PDE-0004
DE-CLAIM-FORMER-ICN-NO	DE2034	Adjustment/Void Original ICN	PDE-0005
DE-CLAIM-PA-NUMBER	DE2024	Service Authorization Num	PDE-0085
DE-CLAIM-SIGNATURE	N/A	N/A	N/A
DE-CLAIM-DATE-BILLED	N/A	Current Date	N/A
DE-CLAIM-ATTACHMENT-INDICATOR	DE2030	Attachment Indicator	PDE-0040
DE-CLAIM-SPECIAL-BATCH	DE2068	N/A	N/A
DE-INSURED-EMPLOYER-	DE2517	Insured’s Employer-School	PDE-0069

NAME			
DE-INSURED-EMPLOYER-ADDR	DE2537	N/A	N/A
DE-UB04-NDC (NDC-QUAL)	DE2142	Supplemental Data	PDE-0093
DE-UB04-NDC (NDC-CODE)	DE5200	Supplemental Data	PDE-0093
DE-UB04-NDC (NDC-UNIT-QUAL)	DE2143	Supplemental Data	PDE-0093
DE-UB04-NDC (NDC-QTY)	DE2144	Supplemental Data	PDE-0093
FILLER	N/A	Defaults to spaces	N/A

Data Elements – Crossover Part B

Cobol DE Name	Cobol DE Number	Portal DE Name	Portal DE Number
DE-TRANS-TYPE	DE2002	Defaults to '09'	N/A
DE-TRANS-TYPE-MODIFIER	DE2003	Defaults to '1'	N/A
DE-CLAIM-ICN-NUMBER	DE2001	Internal Control Number	PDE-0044
DE-CLAIM-SERV-PROVIDER-NUMBER	DE2004	Rendering Provider NPI	PDE-0009
DE-CLAIM-ENROLLEE-ID	DE3001	Member's ID Number	PDE-0016
DE-CLAIM-PATIENT-NAME	DE2006	Concatenation of: Member's Last Name Member's First Name Member's Middle Initial	 PDE-0013 PDE-0014 PDE-0015
DE-CLAIM-PATIENT-ACCT-NUMBER	DE2031	Member's Account Number	PDE-0017
DE-CLAIM-COB-CODE	DE2544	Primary Carrier Code	PDE-0019
DE-CLAIM-SERV-PROVIDER-TXNMY	DE4701	Servicing Provider Taxonomy	PDE-0206
DE-CLAIM-OTHR-INSRD-NAME	DEXXXX	Concatenation of: Other Insured's Name Last Name Other Insured's Name First Name Other Insured's Middle Initial	 PDE-0117 PDE-0118 PDE-0119
DE-CLAIM-OTHR-INSRD-	DEXXXX	Other Insured's Policy Number	PDE-0120

POLICY			
DE-CLAIM-OTHR-INSRD-PLAN-NAME	DEXXXX	Other Insured's Plan-Program Name	PDE-0124
DE-CLAIM-MEDICARE-COVRG-IND	DE2402	Defaults to 'B'	N/A
DE-CLAIM-MEDICARE-DIAGNOSIS-CD	DE5301	Diagnosis Code	PDE-0020
DE-CLAIM-MEDICARE-DIAGNOSIS-CD2	DE5301	Diagnosis Code	PDE-0020
DE-CLAIM-MEDICARE-DIAGNOSIS-CD3	DE5301	Diagnosis Code	PDE-0020
DE-CLAIM-MEDICARE-DIAGNOSIS-CD4	DE5301	Diagnosis Code	PDE-0020
DE-CLAIM-MEDICARE-DIAGNOSIS-CD5	DE5301	Diagnosis Code	PDE-0020
DE-CLAIM-MEDICARE-DIAGNOSIS-CD6	DE5301	Diagnosis Code	PDE-0020
DE-CLAIM-MEDICARE-DIAGNOSIS-CD7	DE5301	Diagnosis Code	PDE-0020
DE-CLAIM-MEDICARE-DIAGNOSIS-CD8	DE5301	Diagnosis Code	PDE-0020
DE-CLAIM-MEDICARE-DIAGNOSIS-CD9	DE5301	Diagnosis Code	PDE-0020
DE-CLAIM-MEDICARE-DIAGNOSIS-CD10	DE5301	Diagnosis Code	PDE-0020
DE-CLAIM-MEDICARE-DIAGNOSIS-CD11	DE5301	Diagnosis Code	PDE-0020
DE-CLAIM-MEDICARE-DIAGNOSIS-CD12	DE5301	Diagnosis Code	PDE-0020
DE-CLAIM-PLACE-OF-TREATMENT	DE2176	Place of Service	PDE-0024
DE-CLAIM-EMERGENCY-IDENTIFIER	DE2802	Emergency Indicator	PDE-0022
DE-CLAIM-ACCIDENT	DE2802	Accident Indicator	PDE-0021
DE-CLAIM-OTHER-ACCIDENT	DE2802	Other Accident Indicator	PDE-0023
DE-CLAIM-TYPE-OF-SERVICE	DE2072	Type of Service	PDE-0025
DE-CLAIM-PRINC-PROC-CODE	DE2008	Procedure Code	PDE-0026
DE-CLAIM-PROF-PROC-MODIFIER	DE2171	Modifier	PDE-0027
DE-CLAIM-UVS	DE2009	Units/Visits/Studies	PDE-0028
DE-CLAIM-ADMISSION-DATE	DE2105	Date of Admission	PDE-0029
DE-CLAIM-SERVC-FROM-DATE	DE2010	Service From Date	PDE-0030
DE-CLAIM-SERVC-THRU-DATE	DE2011	Service Thru Date	PDE-0031

DE-CLAIM-DIAG-IND- XOV	DEXXXX	Diagnosis Indicator	PDE-0080
DE-CLAIM-T18-MCARE-BILLED-AMT	DE2257	Charges to Medicare	PDE-0032
DE-CLAIM-T18-ALLOWED-CHARGE	DE2253	Allowed by Medicare	PDE-0033
DE-CLAIM-T18-MEDICARE-PAID-AMT	DE2254	Paid by Medicare	PDE-0034
DE-CLAIM-T18-DEDUCTIBLE-AMT	DE2251	Deductible	PDE-0035
DE-CLAIM-T18-COINSURANCE-AMT	DE2252	Co-Insurance	PDE-0036
DE-CLAIM-T18-TPL-AMT	DE2018	Paid by Carrier	PDE-0037
DE-CLAIM-PATIENT-PAY-AMOUNT	DE2083	Member Pay Amount	PDE-0038
DE-CLAIM-T18-MCARE-COPAY-AMT	DEXXXX	Co-Pay	PDE-0306
DE-CLAIM-BILL-PRVD-TAXNMY	DEXXXX	Billing Provider Taxonomy	PDE-0008
DE-CLAIM-ADJUSTMENT-REASON	DE2033	Adjustment/Void Reason	PDE-0004
DE-CLAIM-FORMER-ICN-NO	DE2034	Adjustment/Void Original ICN	PDE-0005
DE-CLAIM-TECH-CODE	DE0012	Defaults to spaces	N/A
DE-CLAIM-ATTACHMENT-INDICATOR	DE2030	Attachment Indicator	PDE-0040
DE-CLAIM-SPECIAL-BATCH	DE2030	Defaults to 'N'	N/A
DE-CLAIM-MEDICARE-CRN	DE2448	Defaults to spaces	N/A
DE-CLAIM-BILL-PROVIDER-NUMBER	DE2004	Billing Provider NPI	PDE-0007
DE-CLAIM-NDC	DE5200	NDC	PDE-0039
DE-UNIT-OF-MEASURE	DE2237	NDC - Unit of Measure	PDE-0305
DE-QUANTITY-DISPENSED	DE2233	NDC - Quantity	PDE-0248
DE-CLAIM-SPEC-PROCESS-IND	DE2053	TDO/ECO Ind	PDE-0018
FILLER	N/A	Defaults to spaces	N/A

Programs

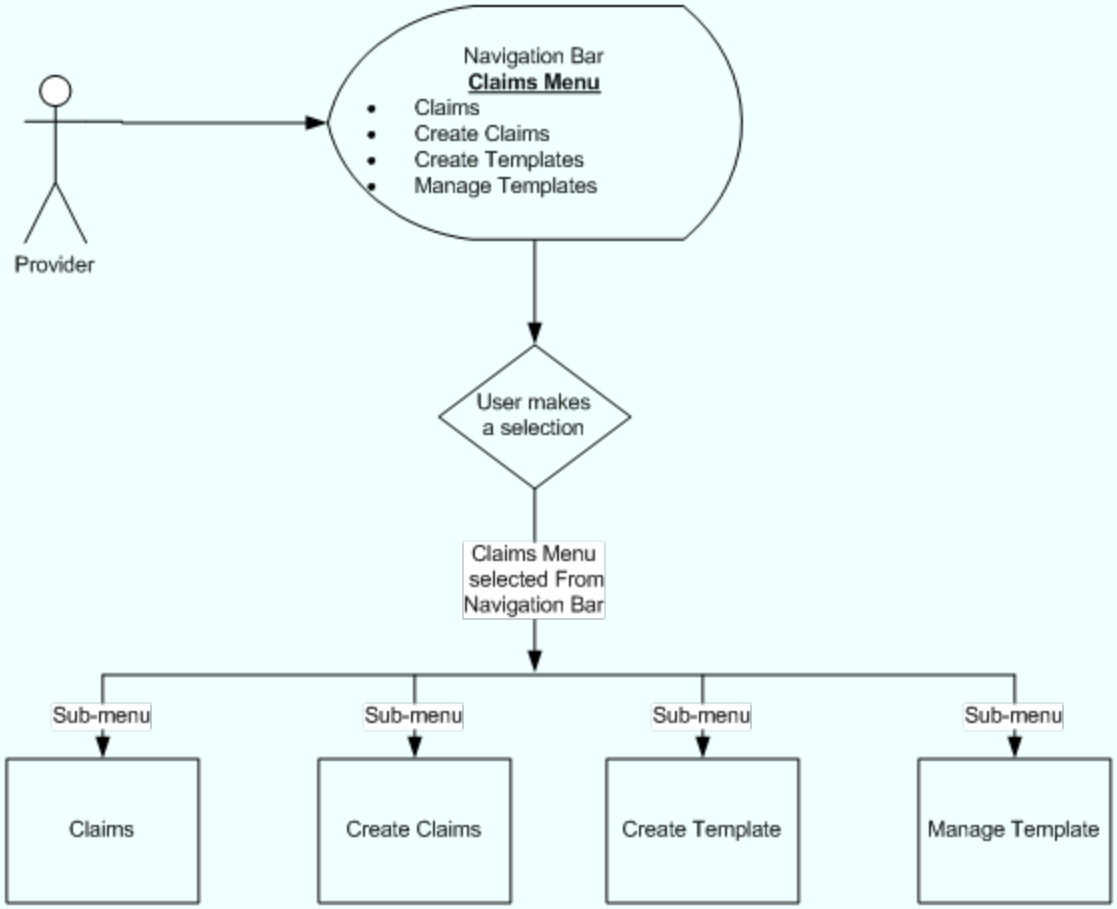
- Claims Direct Data Entry Selection (DDE-P-0001)
- Create Crossover Part B Claim (DDE-P-0002)
- Create Professional Claim (DDE-P-0003)
- Create Institutional Claim (DDE-P-0004)
- Claims Handler Program (DDE-P-0005)

Claims Direct Data Entry Selection (DDE-P-0001)

General Information

Based upon the providers needs they will be able to make a sub-menu selection on the Claims Menu tab on the navigation bar to make a claims inquiry, create a claim, create a claim template, or manage existing templates.

Process

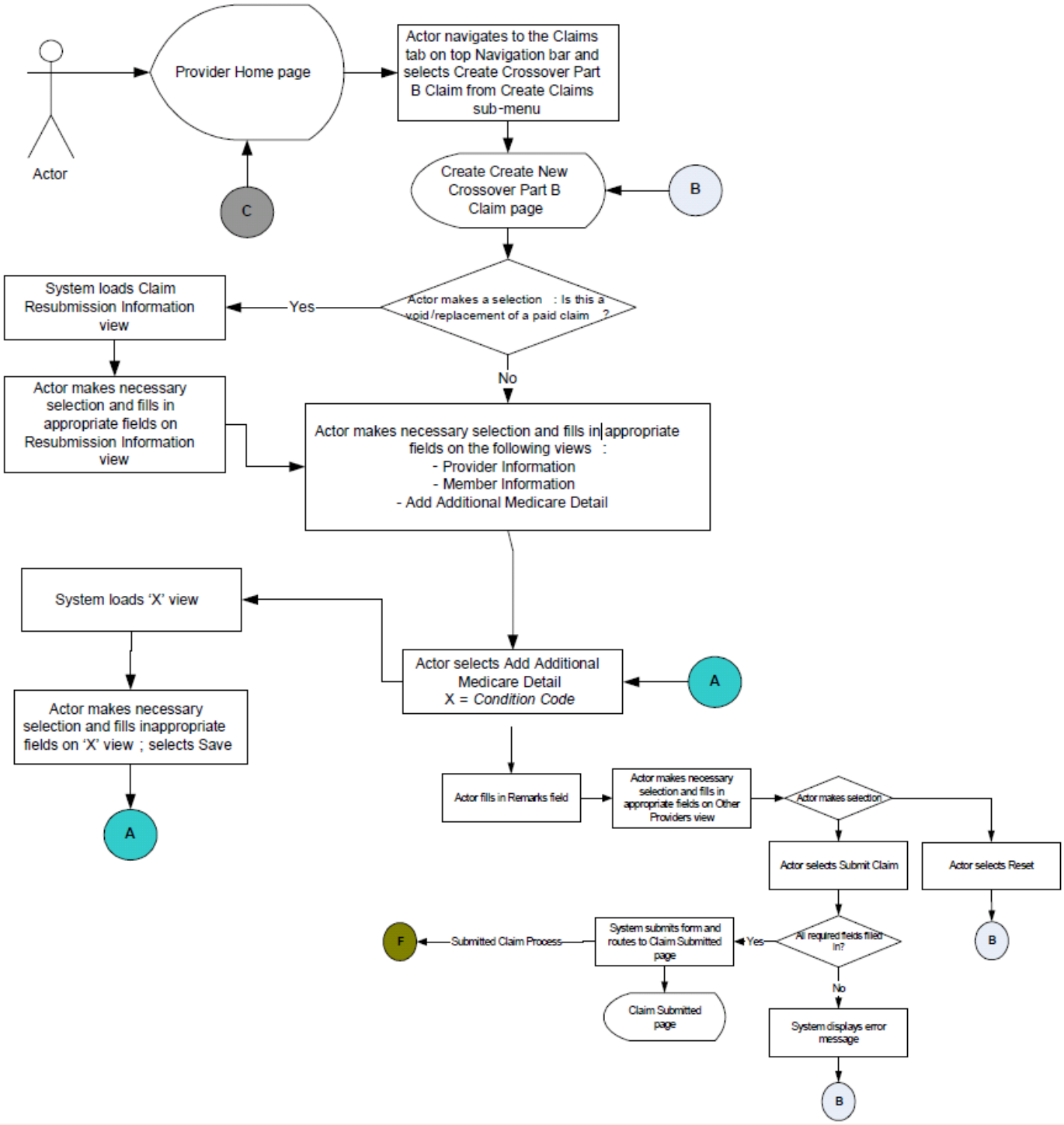


Create Crossover Part B Claim (DDE-P-0002)

General Information

This program allows the user to create a Crossover Part B claim from the Create Claims submenu. The user will complete the appropriate information and submit the claim.

Process

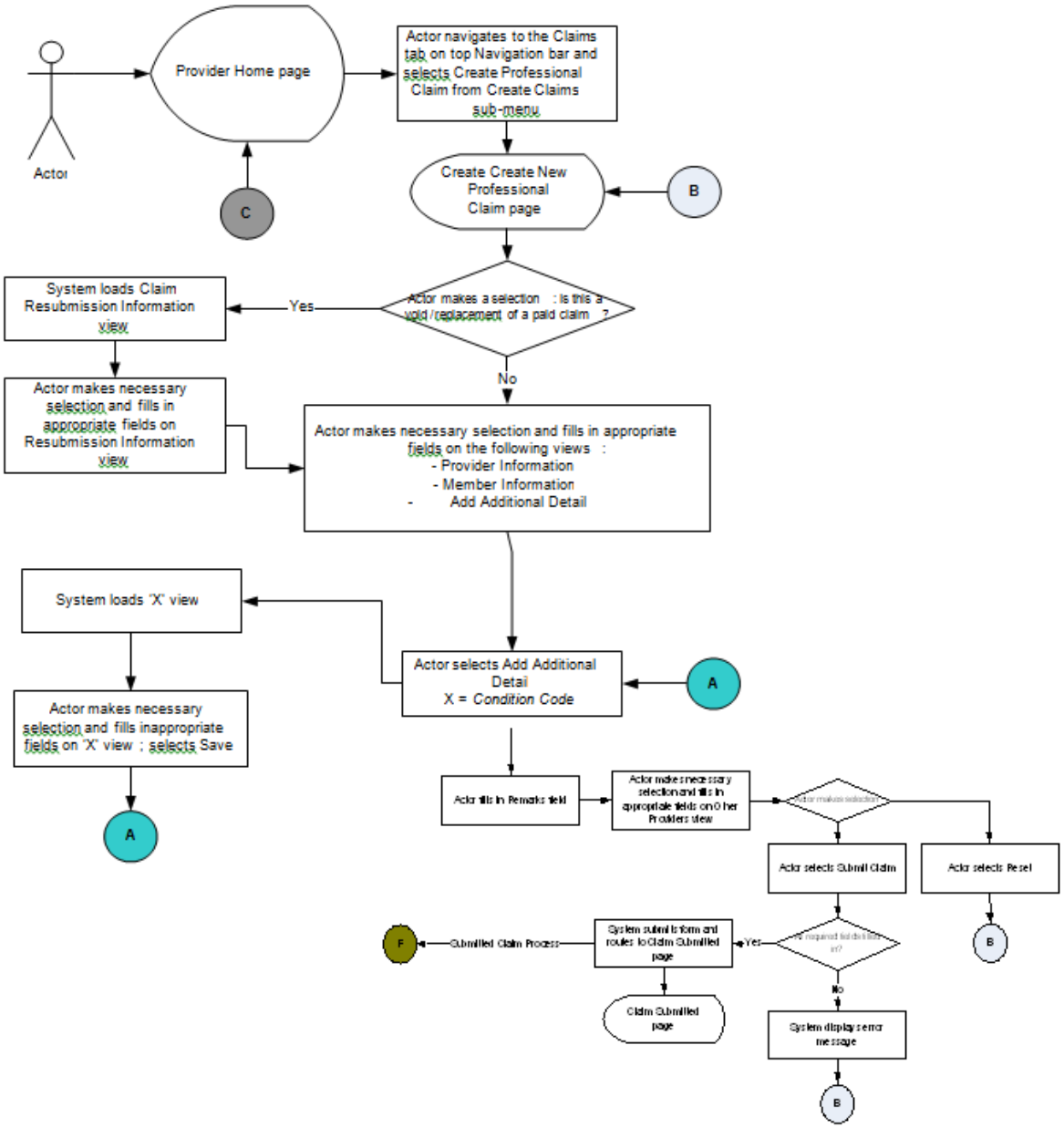

Actor
Provider Home page
C
Actor navigates to the Claims tab on top Navigation bar and selects Create Crossover Part B Claim from Create Claims sub-menu
Create Create New Crossover Part B Claim page
B
Actor makes a selection : Is this a void /replacement of a paid claim ?
Yes
System loads Claim Resubmission Information view
Actor makes necessary selection and fills in appropriate fields on Resubmission Information view
No
Actor makes necessary selection and fills in appropriate fields on the following views :
- Provider Information
- Member Information
- Add Additional Medicare Detail
System loads 'X' view
Actor selects Add Additional Medicare Detail
X = Condition Code
A
Actor makes necessary selection and fills inappropriate fields on 'X' view ; selects Save
A
Actor fills in Remarks field
Actor makes necessary selection and fills in appropriate fields on Other Providers view
Actor makes selection
Actor selects Submit Claim
Actor selects Reset
B
All required fields filled in?
Yes
No
System submits form and routes to Claim Submitted page
Submitted Claim Process
F
Claim Submitted page
System displays error message
B

Create Professional Claim (DDE-P-0003)

General Information

This program allows the user to create a Professional claim from the Create Claims submenu. The user will complete the appropriate information and submit the claim.

Process

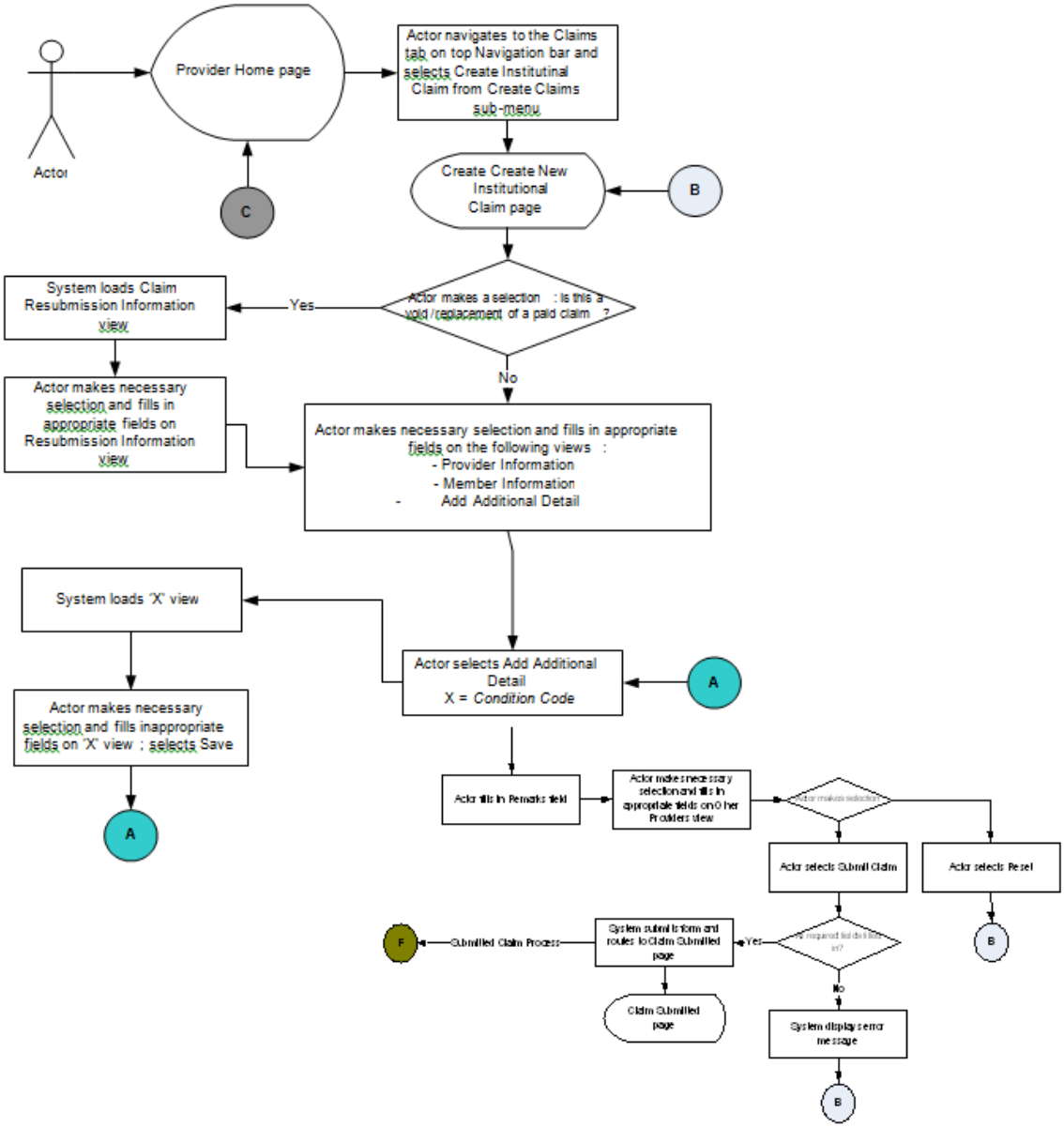

Actor
Provider Home page
Actor navigates to the Claims tab on top Navigation bar and selects Create Professional Claim from Create Claims sub-menu
C
Create Create New Professional Claim page
B
Actor makes a selection : Is this a void/replacement of a paid claim ?
Yes
System loads Claim Resubmission Information view
No
Actor makes necessary selection and fills in appropriate fields on Resubmission Information view
Actor makes necessary selection and fills in appropriate fields on the following views :
- Provider Information
- Member Information
- Add Additional Detail
System loads 'X' view
Actor selects Add Additional Detail
X = Condition Code
A
Actor makes necessary selection and fills inappropriate fields on 'X' view ; selects Save
A
Actor fills in Remarks field
Actor makes necessary selection and fills in appropriate fields on Other Providers view
Actor selects Submit Claim
Actor selects Reset
B
Yes
No
System displays error message
B
System submits form and routes to Claim Submitted page
Claim Submitted page
Submitted Claim Process
F

Create Institutional Claim (DDE-P-0004)

General Information

This program allows the user to create an Institutional claim from the Create Claims submenu. The user will complete the appropriate information and submit the claim.

Process


Actor
Provider Home page
Actor navigates to the Claims tab on top Navigation bar and selects Create Institutinal Claim from Create Claims sub-menu
C
Create Create New Institutional Claim page
B
Actor makes a selection : Is this a void /replacement of a paid claim ?
Yes
System loads Claim Resubmission Information view
No
Actor makes necessary selection and fills in appropriate fields on Resubmission Information view
Actor makes necessary selection and fills in appropriate fields on the following views :
- Provider Information
- Member Information
- Add Additional Detail
System loads 'X' view
Actor selects Add Additional Detail
X = Condition Code
A
Actor makes necessary selection and fills inappropriate fields on 'X' view ; selects Save
A
Actor fills in Remarks field
Actor makes necessary selection and fills in appropriate fields on Other Providers view
Actor selects Submit Claim
Actor selects Reset
B
Yes
No
System submits form and routes to Claim Submitted page
Submitted Claim Process
F
Claim Submitted page
System displays error message
B

Claims Handler Program (DDE-P-0005)

General Information

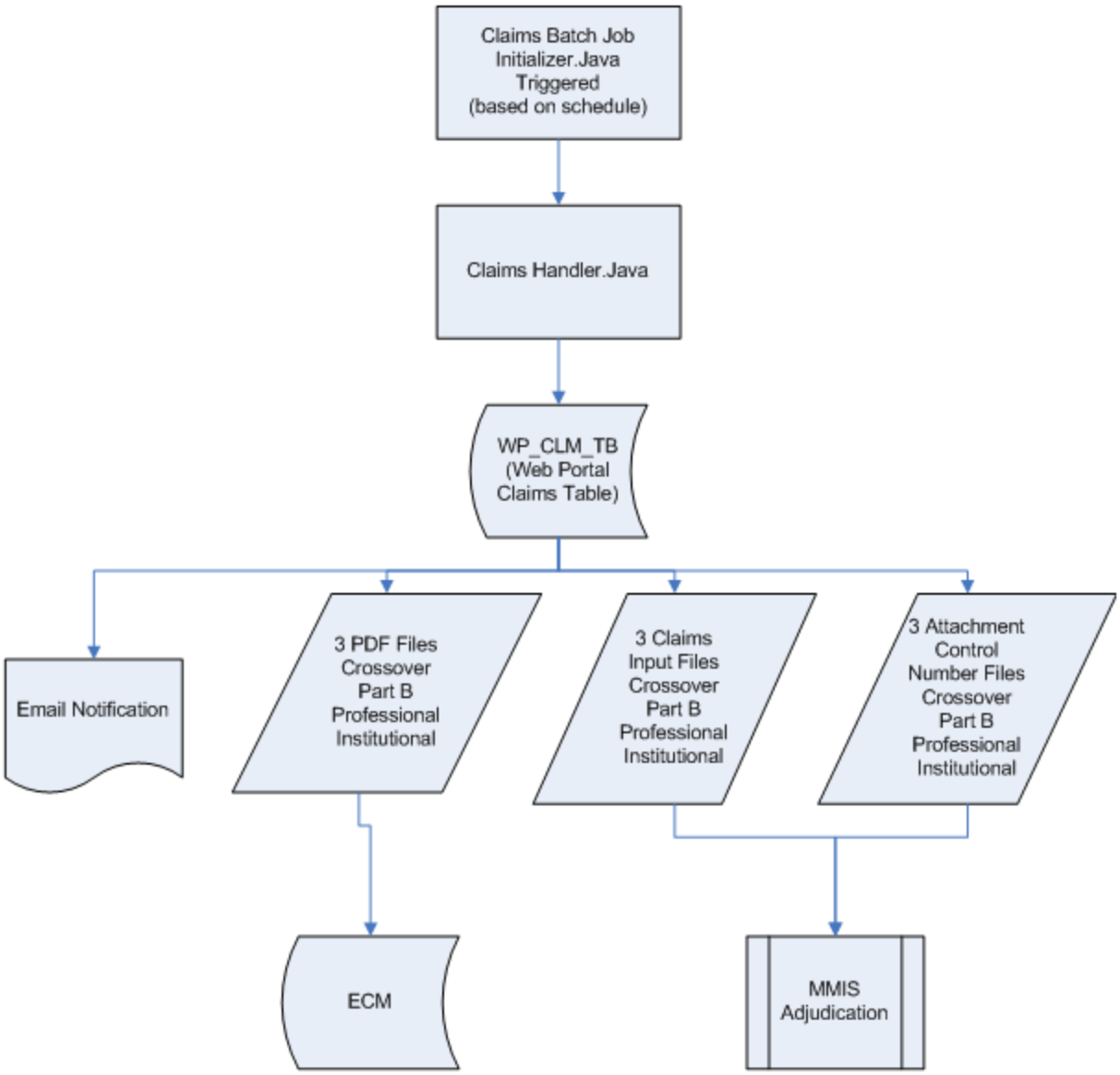
This is a batch program that is initiated at scheduled points in the day. The ClaimsBatchJobInitializer.Java executes this program as scheduled. Within this program the job will read the WP_CLM_TB (Claims Table) and extract all the claims information residing there.

Six outputs will be generated from this process:

- The status email (DDE-F-0001)
- The Professional Claims Input file (CP-F-071)
- The Institutional Claims Input file (CP-F-072)
- The Crossover Part B Claims Input file (CP-F-074)
- The Attachment Number file (DDE-F-0002)
- The ECM PDF file (DDE-F-0003)

Note: For detailed information on these six outputs check the Outputs section in the TOC.

Process


Claims Batch Job
Initializer.Java
Triggered
(based on schedule)
Claims Handler.Java
WP_CLM_TB
(Web Portal
Claims Table)
Email Notification
3 PDF Files
Crossover
Part B
Professional
Institutional
3 Claims
Input Files
Crossover
Part B
Professional
Institutional
3 Attachment
Control
Number Files
Crossover
Part B
Professional
Institutional
ECM
MMIS
Adjudication

Screens

- Create Crossover Part B Template (DDE-S-0001)
- Create Crossover Part B Template (template name) (DDE-S-0002)
- Create Crossover Part B Claim (DDE-S-0003)
- Manage Templates – Search (DDE-S-0004)
- Manage Templates – Results (DDE-S-0005)
- Crossover Part B Claim Submission (DDE-S-0006)

Create Crossover Part B Template (DDE-S-0001)

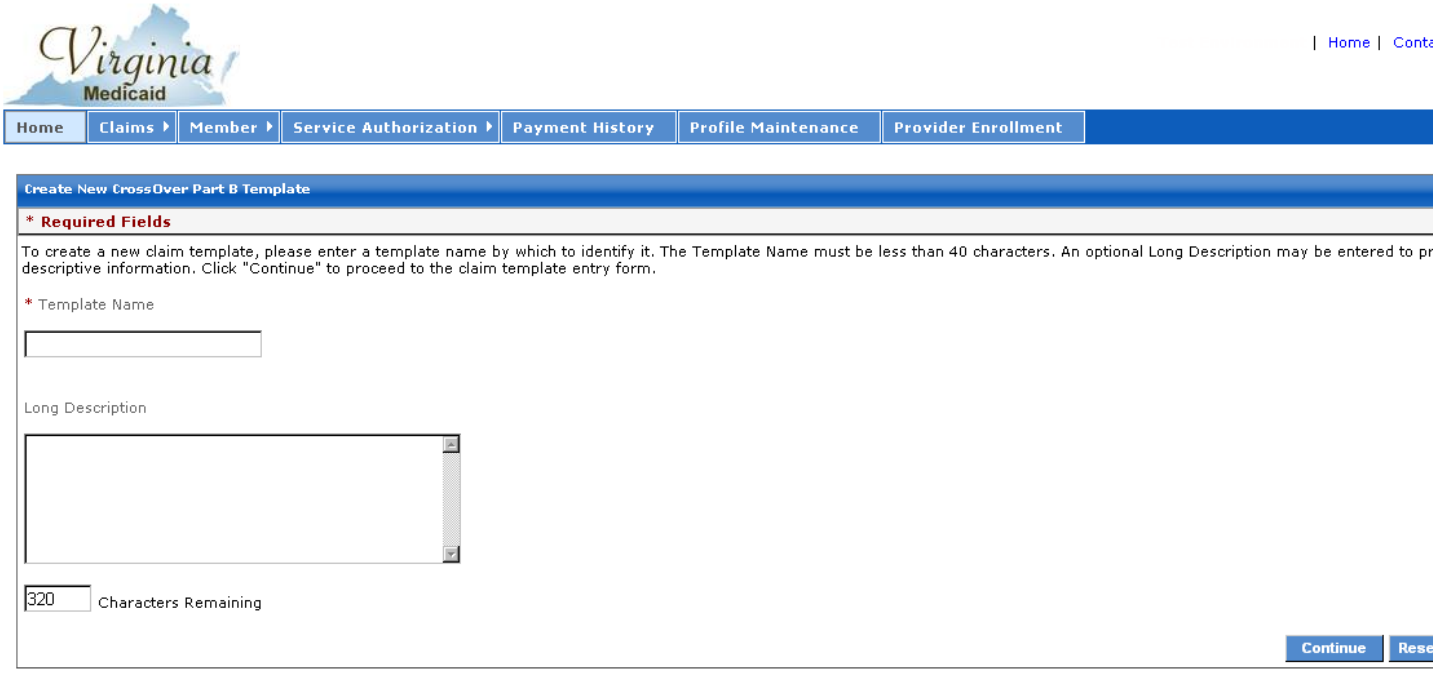
General Information

If a user wants to create a Crossover Part B template for use later, this screen is the mechanism to start that process.

It allows the user to enter the template name and description.

Screen Name	Crossover Part B Template
Source/Originator	Claims DDE
Usage	Entry

Screen Sample – DDE-S-0001



Data Elements

Data Element Name (ID)	Instructions
Template Name (PDE-0001)	The name the user wants associated with this new template. This is a maximum of 40 characters. This field is enterable and required.
Long Description (PDE-0002)	Any description the user wants associated with this new template. This is a maximum of 320 characters. This field is enterable and optional.

Navigation

Button/Link	Action	Link
Continue	Takes all the information entered in the screen and processes it. If the necessary information is entered the user will be directed to the template detail screen.	DDE-S-0002
Reset	Resets all the entered fields and stays on the same page	DDE-S-0001
Cancel	Cancels the template information entered and navigates the user back to the main Claims DDE selection menu.	Claims Main Page

Error Messages

Description	Resolution
No entry in the template name field.	Enter valid template name, up to 40 characters.

Access

This screen is accessed through the 'Create Crossover Part B Template' option in the Claims drop down menu or through the Claims Main Page menu.

1. Select Claims Menu
2. Select Create Crossover Part B Template
3. The Create New Crossover Part B Template screen will appear.

Create Crossover Part B Template – (template name)(DDE-S-0002)

General Information

The screen allows the user to enter any Crossover Part B claims detail that is to be saved for reuse later.

Note: For the line item information, all line detail will be needed in order to save the template. The system does edits by the line at the time of the save. All other information is optional (even if noted as required for submission).

Screen Name	Crossover Part B Template
Source/Originator	Claims DDE
Usage	Entry

Screen Sample – DDE-S-0002

Apr 17, 2014

| Home | Contact Us | Log out

Virginia Medicaid

Home | Claims | Member | Service Authorization | Payment History | Manage Profile | Provider Enrollment

Create New Crossover Part B Claim

* Required Fields

This form contains data used to enter a Title-18 Crossover Part B form for the VA Title XIX Program.

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Is this a void/replacement of a paid claim

Yes No

Submitter Information

Submitter ID

Provider Information

* Billing Provider NPI

Billing Provider Taxonomy

* Rendering Provider NPI

Rendering Provider Taxonomy

* Org/Last Name

First Name

Member Information

* Patient's Last Name

* First Name

MI

* Patient's I.D. Number

* Patient Account Number

TDO/ECO Ind

Medicare Information

Total Medicare Charges:$0.00

Add Additional Medicare Detail

Ln #	Service Dates Begin	End	Procedure Code	Modifier	Diagnosis	Medicare Charges	Units

Add Additional Medicare Detail Save | Reset | Cancel

*Primary Carrier (other than Medicare)

2 - No other coverage

*Diagnosis(A) Diagnosis(B) Diagnosis(C) Diagnosis(D)

*Accident Indicator Yes No

*Emergency Indicator Yes No

*Other Indicator Yes No

*Place of Service

*Type of Service

*Procedure Code

Modifier

*Units/Visits/Studies

Date of Admission

*Service From Date

*Service Thru Date

*Charges to Medicare $0.00

*Allowed by Medicare $0.00

*Paid by Medicare $0.00

*Deductible $0.00

*Co-insurance $0.00

*Co-pay $0.00

Paid by Carrier (other than Medicare) $

Patient Pay Amount $

NDC

Unit of Measure

Quantity

Other Insured's Last Name

Other Insured's First Name

Other Insured's Middle Initial

Other Insured's Group or Policy #

Other Insured?s Insurance Plan or Program

Does the claim have Attachments

Yes No

Remarks

80 Characters Remaining

Submit Claim | Reset | Cancel

Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please click on Data Elements in the TOC to the left.

Data Element Name (ID)	Instructions
Adjustment/Void Indicator (PDE-0003)	If this a void/replacement of an adjudicated claim then this radio button will be set to 'Yes' and the Claim Resubmission Information section will display. If this is not a void/replacement of an adjudicated claim then this radio button will be set to 'No' and the Claim Resubmission Information section will not display. This is required, but has a default of 'No'
Adjustment/Void Reason (PDE-0004)	If Adjustment/Void indicator is 'Yes' the reason for the adjustment or void must be selected from the drop down list. For complete list of valid values see section 2. Data Elements This is situational - required if adjustment/void indicator is 'Yes'
Adjustment/Void Original ICN (PDE-0005)	Enter the ICN of the original claim that is being adjusted or voided. This is a 16 digit alphanumeric field. This is situational - required if adjustment/void indicator is 'Yes'
Populate Original ICN (button)	Clicking this button will populate the claim from the original claim's information for updating and resubmission. This button will be activated only when both the Adjustment/Void Reason and the Original ICN are populated.
Submitter ID (PDE-0006)	This is the ID of the user that logged in the portal to submit the claim. This is a protected field and will be supplied by the system based on log on information.
Special Indicator (PDE-0307)	This field will only be viewed by DMAS users that are part of the DMAS/PPU parameter/table. Checking this field will trigger the claim to be processed as a special batch. Default is spaces = 'No'
Billing Provider NPI (PDE-0007)	This is the billing provider's NPI. With the exception of 'superuser' access, this is a protected field and will be supplied by the system based on the NPI associated to the log on information of the user signed in. For 'superuser' access, the user will supply this information. It's a required field and is a 10 digit numeric entry.
Billing Provider Taxonomy (PDE-0008)	This is the taxonomy number of the billing provider. Note: This field is currently not used in any processing; it was established for future use.

	This is an optional field.
Rendering Provider NPI (PDE-0009)	This is the servicing provider's 10 digit NPI. This is an optional field.
Rendering Provider Taxonomy (PDE-0010)	This is the taxonomy number of the servicing provider. Note: This field is currently not used in any processing; it was established for future use. This is an optional field.
Provider Org/Last Name (PDE-0011)	The last name of the individual billing provider or the billing provider organization name if not an individual. The maximum entry is 22 characters, including spaces, special characters, etc. This is a required field.
Provider First Name (PDE-0012)	The first name of the individual billing provider. This can also be used as a continuation for an organization name. The maximum entry is 14 characters, including spaces, special characters, etc. This is an optional field.
Member's Last Name (PDE-0013)	Enter the last name of the member the claim is being filed for. This is an alphanumeric field with a maximum of 22 characters (including spaces, special characters, etc.) This is a required field.
Member's First Name (PDE-0014)	Enter the first name of the member the claim is being filed for. This is an alphanumeric field with a maximum of 14 characters (including spaces, special characters, etc.) This is a required field.
Member's Middle Initial (PDE-0015)	Enter the middle initial of the member the claim is being filed for. This is a single alphanumeric character. This is an optional field.
Member's ID Number (PDE-0016)	Enter the 12 digit Medicaid ID number assigned to this member by the Virginia Department of Medical Assistance Services. This is a required field.
Member's Account Number (PDE-0017)	Enter the member account number assigned by the provider to this member. This is an alphanumeric field with a maximum of 24 characters. This is a required field.
TDO/ECO Ind (PDE-0018)	If this is crossover claim associated with a Temporary Detention Order (TDO) or an Emergency Custody Order (ECO), then it's indicated here. The default is to spaces. This is an optional field.
Primary Carrier Code	This field identifies the primary carrier if one, other than Medicare, exists. Select value from drop down.

(PDE-0019)	This is a required field but has a default of'2 - No Other Coverage'
Other Insured's Last Name (PDE-0117)	Enter the last name of the'owner' of any additional health insurance. This is situationally required, if Primary Carrier selection is other than 2.
Other Insured's First Name (PDE-0118)	Enter the first name of the'owner' of any additional health insurance. This is situationally required, if Primary Carrier selection is other than 2.
Other Insured's Middle Initial (PDE-0119)	Enter the middle initial of the 'owner' of any additional health insurance. This is optional.
Other Insured's Policy Num (PDE-0120)	Enter the group or policy number associated with any additional health insurance. This is situationally required, if Primary Carrier selection is other than 2.
Other Insured's Plan-Program Name (PDE-0124)	Enter the plan or program name of any additional health insurance. This is situationally required, if Primary Carrier selection is other than 2.
Diagnosis (PDE-0020)	This is the diagnosis code associated to the crossover claim that is being submitted. System requires entering at least one diagnosis value out of 4.
Accident Indicator (PDE-0021)	This indicates if the claim being submitted is the result of an accident. Required field with a default of 'No'
Emergency Indicator (PDE-0022)	This indicates if the claim being submitted is the result of an emergency. Required field with a default of 'No'
Other Indicator (PDE-0023)	This indicates if the claim being submitted is the result of something other than an accident or an emergency. Required field with a default of 'No'
Place of Service (PDE-0024)	This indicates the place where services were rendered. This is a required field. Select valid value from drop down list.
Type of Service (PDE-0025)	This indicates the type of services rendered. This is a required field. Select valid value from drop down list.
Procedure Code (PDE-0026)	This indicates the procedure code. This is a required field.
Modifier (PDE-0027)	This indicates the modifier associated to the procedure code. This is an optional field.
Units/Visits/Studies (PDE-0028)	This is the units, visits or studies that apply to claim.

	This is a required field.
Date of Admission (PDE-0029)	This is the date the member is admitted. Date should be entered in the format MM/DD/YYYY. This is an optional field.
Service From Date (PDE-0030)	This is the date on which the service was first rendered. Date should be entered in the format MM/DD/YYYY. This is a required field.
Service Thru Date (PDE-0031)	This is the date on which the service was last rendered. Date should be entered in the format MM/DD/YYYY. This is a required field.
Charges to Medicare (PDE-0032)	This is the Medicare charges. This is a required field.
Allowed by Medicare (PDE-0033)	This is the amount allowed by Medicare. This is a required field with a default of 0.
Paid by Medicare (PDE-0034)	This is the amount paid by Medicare. This is a required field with a default of 0.
Deductible (PDE-0035)	This is the deductible amount. This is a required field with a default of 0.
Co-insurance (PDE-0036)	This is the co-insurance amount. This is a required field with a default of 0.
CoPay (PDE-0306)	This is the co-pay amount. This is a required field with a default of 0.
Paid by Carrier (PDE-0037)	This is the amount paid by the carrier, if applicable. This is an optional field with a default of 0.
Member Pay Amount (PDE-0038)	This is the amount paid by the member. This is an optional field with a default of 0.
NDC (PDE-0039)	This is the NDC. This is an optional numeric field.
NDC - Unit of Measure (PDE-0305)	This is the unit of measure associated with the NDC. This field is required, if the NDC is entered.
NDC - Quantity (PDE-0248)	This is the quantity associated with the NDC. This field is required, if the NDC is entered.
Attachment Ind	If claim has attachments, then this radio button will be set to 'Yes' and the

(PDE-0040)	Attachment Control Number (ACN) section will display. If claim does not have attachments, then this radio button will be set to 'No' and the Attachment Control Number (ACN) section will not display. This is a required field with a default of 'No'.
Member Account Number (PDE-0017)	The member account number assigned by the provider to this member. This is an alphanumeric field with a maximum of 24 characters. This is a required field only if the Attachment Ind is 'Yes'.
Date of Service (PDE-0030)	This is the date on which the service was first rendered. Date should be entered in the format MM/DD/YYYY. This is a required field only if the Attachment Ind is 'Yes'.
Sequence Number (PDE-0041)	This is the sequence number created by the user. This is a required field only if the Attachment Ind is 'Yes'.
Remarks (PDE-0042)	This is where remarks will be entered. This is an optional field.

Screen Navigation

Button	Action	Link
Save Template	System saves Claim and displays another portlet with following text: “Template Saved successfully”	DDE-S-0002
Reset	System will initialize the editable fields in the form with blanks or initial values.	DDE-S-0002
Cancel	System loads Claims Main Page	Claims Main Page

Error Messages

Description	Resolution
Medicare Information – procedure code is required	Enter valid procedure code
Medicare Information – type of service is required	Select valid type of service from drop down
Provider Information - billing NPI required	Enter valid billing NPI
Medicare Information – unit(s) are required	Enter valid number of units/visits
Member Information – first name is required	Enter valid first name of member
Member Information – last name is	Enter valid last name of member

required	
Member Information – patient's account number	Enter valid member's account number as assigned by the billing provider
Medicare Information – service end date is required	Enter valid end date of service in MM/DD/YYYY format
Provider Information – org/last name is required	Enter valid organization name (if not an individual provider) or individual provider's last name
Provider Information – rendering provider's NPI required	Enter valid rendering provider's NPI
Medicare Information – service from date required	Enter valid beginning date of service in MM/DD/YYYY format
Medicare Information – place of service is required	Select valid place of service from drop down list
Medicare Information - diagnosis is required	Enter valid diagnosis code
Medicare Information - please enter at least one line item	Enter at least one claim line item
Member Information – Member's ID number required	Enter valid 12 digit Medicaid ID number assigned to member
Service Line – Invalid NDC – please enter 11 digit numeric NDC	Enter valid 11 digit NDC
Service Line - NDC Unit of Measure is required	Select option from drop down list
Service Line - NDC Quantity is required	Enter valid 13 digit NDC quantity associated with the NDC entered
Service Line - NDC Quantity - please enter 13 digit numeric quanity	Enter valid 13 digit NDC quantity associated with the NDC entered

Screen Access

1. Select Claims Menu
2. Select Create Crossover Part B Template
3. The Create New Crossover Part B Template screen will appear.
4. Complete required fields and select CONTINUE button
5. Create New Crossover Part B Claim will appear.

Create New Crossover Part B Claim (DDE-S-0003)

General Information

This screen is used for creating new crossover part B claims.

Screen Name	Create New Crossover Part B Claim
Source/Originator	Claims DDE
Usage	Submit Claim, Reset, Cancel

Screen Sample – DDE-S-0003

Virginia Medicaid

Apr 17, 2014

| Home | Contact Us | Log out

Home | Claims | Member | Service Authorization | Payment History | Manage Profile | Provider Enrollment

Create New Crossover Part B Claim

* Required Fields

This form contains data used to enter a Title-18 Crossover Part B form for the VA Title XIX Program.

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Is this a void/replacement of a paid claim

Yes No

Submitter Information

Submitter ID

Provider Information

* Billing Provider NPI

Billing Provider Taxonomy

* Rendering Provider NPI

Rendering Provider Taxonomy

* Org/Last Name

First Name

Member Information

* Patient's Last Name

* First Name

MI

* Patient's I.D. Number

* Patient Account Number

TDO/ECO Ind

Medicare Information

Total Medicare Charges:$0.00

Add Additional Medicare Detail

Ln #	Service Dates Begin	End	Procedure Code	Modifier	Diagnosis	Medicare Charges	Units

Add Additional Medicare Detail

Save | Reset | Cancel

*Primary Carrier (other than Medicare)

2 - No other coverage

*Diagnosis(A) Diagnosis(B) Diagnosis(C) Diagnosis(D)

*Accident Indicator Yes No

*Emergency Indicator Yes No

*Other Indicator Yes No

*Place of Service

*Type of Service

*Procedure Code

Modifier

*Units/Visits/Studies

Date of Admission

*Service From Date

*Service Thru Date

*Charges to Medicare $0.00

*Allowed by Medicare $0.00

*Paid by Medicare $0.00

*Deductible $0.00

*Co-insurance $0.00

*Co-pay $0.00

Paid by Carrier (other than Medicare) $

Patient Pay Amount $

NDC

Unit of Measure

Quantity

Other Insured's Last Name

Other Insured's First Name

Other Insured's Middle Initial

Other Insured's Group or Policy #

Other Insured?s Insurance Plan or Program

Does the claim have Attachments

Yes No

Remarks

80 Characters Remaining

Submit Claim | Reset | Cancel

Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please click on Data Elements in the TOC to the left.

All data elements and instructions for this screen are identical to the Crossover Part B Template.

Data Element Name (ID)	Instructions
Adjustment/Void Indicator (PDE-0003)	If this a void/replacement of a paid claim then this radio button will be set to 'Yes' and Claim Resubmission Information section will display. If this is not a void/replacement of a paid claim then this radio button will be set to 'No' and Claim Resubmission Information section will not display. This is required, but has a default of 'No'
Adjustment/Void Reason (PDE-0004)	If Adjustment/Void indicator is 'Yes' the reason of the adjustment or void must be selected from the drop down list. For complete list of valid values see section 2 Data Elements This is situational – required if adjustment/void indicator is 'yes'
Adjustment/Void Original ICN (PDE-0005)	Enter the ICN of the original claim that is being adjusted or voided. This is a 16 alphanumeric field. This is situational – required if adjustment/void indicator is 'yes'
Submitter ID (PDE-0006)	This is the ID of the user that logged in the DDE to submit the claim. This is a protected field and will be supplied by the system based on log on information.
Billing Provider NPI (PDE-0007)	This is the billing provider's NPI. With the exception of 'superuser' access, this is a protected field and will be supplied by the system based on the NPI associated to the log on information of the user signed in. For 'superuser' access, the user will supply this information. It's a required field and is a 10 digit numeric entry.
Billing Provider Taxonomy (PDE-0008)	This is the taxonomy number of the billing provider. Note: This field is currently not used in any processing, it was established for future use. This is an optional field.
Rendering Provider NPI (PDE-0009)	This is the servicing provider's 10 digit NPI. This is an optional field.
Rendering Provider Taxonomy (PDE-0010)	This is the taxonomy number of the servicing provider. Note: This field is currently not used in any processing, it was established for future use. This is an optional field.
Provider Org/Last Name (PDE-0011)	The last name of the individual billing provider or the billing provider organization name if not an individual. The maximum entry is 22 characters, including spaces, special characters, etc. This is a required field.
Provider First Name (PDE-0012)	The first name of the individual billing provider. This can also be used as a continuation for an organization name. The maximum entry is 14 characters, including spaces, special characters, etc This is an optional field.

Member's Last Name (PDE-0013)	Enter the last name of the member the claim is being filed for. This is an alphanumeric field with a maximum of 22 characters (including spaces, special characters, etc) This is a required field.
Member's First Name (PDE-0014)	Enter the first name of the member the claim is being filed for. This is an alphanumeric field with a maximum of 14 characters (including spaces, special characters, etc) This is a required field.
Member's Middle Initial (PDE-0015)	Enter the middle initial of the member the claim is being filed for. This is a single alphanumeric character. This is an optional field.
Member's ID Number (PDE-0016)	Enter the 12 digit Medicaid ID number assigned to this member by the Virginia Department of Medical Assistance Services. This is a required field.
Member's Account Number (PDE-0017)	Enter the member account number assigned by the provider to this member. This is an alphanumeric field with a maximum of 24 characters. This is a required field.
TDO/ECO Ind (PDE-0018)	If this is crossover claims associated with a Temporary Detention Order (TDO) or an Emergency Custody Order (ECO), then it's indicated here. The default is to spaces. This is an optional field.
Primary Carrier Code (PDE-0019)	This field identifies the primary carrier if one, other than Medicare, exists. Select value from drop down. This is a required field but has a default of '2 - No Other Coverage'
Diagnosis (PDE-0020)	This is the diagnosis code associated to the crossover claim that is being submitted. System requires entering at least one diagnosis value out of 4.
Accident Indicator (PDE-0021)	This indicates if the claim being submitted is the result of an accident. Required field with a default of 'No'
Emergency Indicator (PDE-0022)	This indicates if the claim being submitted is the result of an emergency. Required field with a default of 'No'
Other Indicator (PDE-0023)	This indicates if the claim being submitted is the result of something other than an accident or an emergency. Required field with a default of 'No'
Place of Service (PDE-0024)	This indicates the place where services were rendered. This is a required field. Select valid value from drop down list.
Type of Service (PDE-0025)	This indicates the type of services rendered. This is a required field. Select valid value from drop down list.
Procedure Code (PDE-0026)	This indicates the procedure code. This is a required field.
Modifier (PDE-0027)	This indicates the modifier. This is an optional field.
Units/Visits/Studies (PDE-0028)	This is the units, visits, studies that apply to claim. This is a required field.
Date of Admission (PDE-0029)	This is the date patient is admitted. Date should be entered in the format MM/DD/YYYY.

	This is an optional field.
Service From Date (PDE-0030)	This is the date on which the service was first rendered. Date should be entered in the format MM/DD/YYYY. This is a required field.
Service Thru Date (PDE-0031)	This is the date on which the service was last rendered. Date should be entered in the format MM/DD/YYYY. This is a required field.
Charges to Medicare (PDE-0032)	This is the Medicare charges. This is a required field.
Allowed by Medicare (PDE-0033)	This is the amount allowed by Medicare. This is a required field with a default of 0.
Paid by Medicare (PDE-0034)	This is the amount paid by Medicare. This is a required field with a default of 0.
Deductible (PDE-0035)	This is the deductible amount. This is a required field with a default of 0.
Co-insurance (PDE-0036)	This is the co-insurance amount. This is a required field with a default of 0.
Paid by Carrier (PDE-0037)	This is the amount paid by the carrier, if applicable. This is an optional field with a default of 0.
Member Pay Amount (PDE-0038)	This is the amount paid by the member. This is an optional field with a default of 0.
NDC (PDE-0039)	This is the NDC. This is an optional numeric field.
Attachment Ind (PDE-0040)	If claim has attachments, then this radio button will be set to 'Yes' and Attachment Control Number (ACN) section will display. If claim does not have attachments, then this radio button will be set to 'No' and Attachment Control Number (ACN) section will not display. This is a required field with a default of 'No'.
Member Account Number (PDE-0017)	The member account number assigned by the provider to this member. This is an alphanumeric field with a maximum of 24 characters. This is a required field only if the Attachment Ind is 'Yes'.
Date of Service (PDE-0030)	This is the date on which the service was first rendered. Date should be entered in the format MM/DD/YYYY. This is a required field only if the Attachment Ind is 'Yes'.
Sequence Number (PDE-0041)	This is the sequence number created by the user. This is a required field only if the Attachment Ind is 'Yes'.
Remarks (PDE-0042)	This is where remarks will be entered. This is an optional field.

Screen Navigation

Button	Action	Link
Submit Claim	- System submits Claim - System loads "Claim Submitted' portlet	DDE-S-0002

Reset	System will initialize the editable fields in the form with blanks or initial values.	DDE-S-0002
Cancel	System loads Claims Main Page	Claims Main Page

Error Messages

All errors and their associated messages for this screen are identical to the Crossover Part B Template.

Description	Resolution
Medicare Information – procedure code is required	Enter valid procedure code
Medicare Information – type of service is required	Select valid type of service from drop down
Provider Information - billing NPI required	Enter valid billing NPI
Medicare Information – unit(s) are required	Enter valid number of units/visits
Member Information – first name is required	Enter valid first name of member
Member Information – last name is required	Enter valid last name of member
Member Information – patient's account number	Enter valid member's account number as assigned by the billing provider
Medicare Information – service end date is required	Enter valid end date of service in MM/DD/YYYY format
Provider Information – org/last name is required	Enter valid organization name (if not an individual provider) or individual provider's last name
Provider Information – rendering provider's NPI required	Enter valid rendering provider's NPI
Medicare Information – service from date required	Enter valid beginning date of service in MM/DD/YYYY format
Medicare Information – place of service is required	Select valid place of service from drop down list
Medicare Information - diagnosis is required	Enter valid diagnosis code
Medicare Information - please enter at least one line item	Enter at least one claim line item
Member Information – Member's ID number required	Enter valid 12 digit Medicaid ID number assigned to member

Screen Access

1. Select Claims Menu
2. Select Create Crossover Part B Claim
3. Create New Crossover Part B Claim screen will appear.

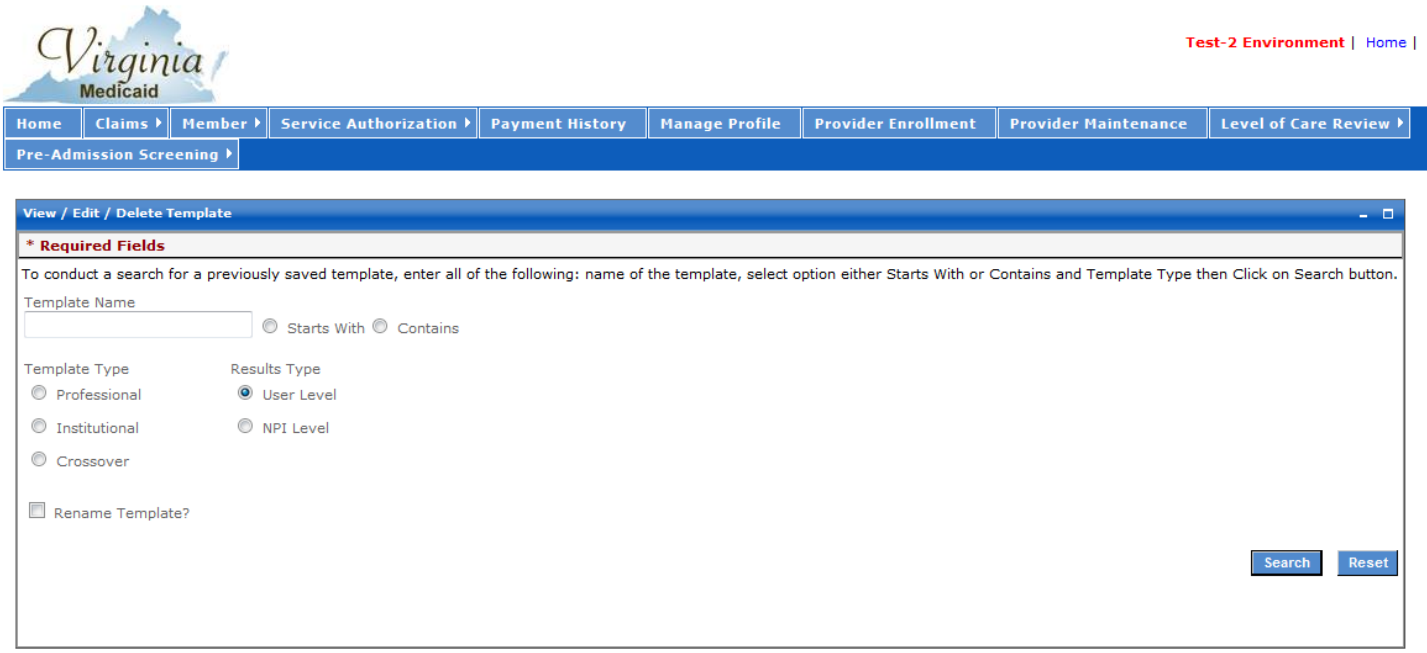
View/Edit/Delete Template (DDE-S-0004)

General Information

This screen is used to search for crossover part B templates so they can be viewed, edited or deleted.

Screen Name	View/Edit/Delete Template
Source/Originator	Claims DDE
Usage	Search, Reset

Screen Sample – DDE-S-0004



Data Elements

Note: For more detailed information on each of the data elements noted in the table below,please click on Data Elements in the TOC to the left.

Data Element Name (ID)	Instructions
Template Name (PDE-0001)	This is the name of the template to be searched for. If the 'Starts With' option is selected, a minimum of 2 characters has to be entered. This is a required field.
Template Type (PDE-0043)	This identifies the type of template the search will be conducted against. This is a required field.
Results Type	User Level – (default) – the search pool used against the criteria will only be the templates created by the user. NPI Level – the search pool used against the criteria will be the templates created by any user within the NPI organization.
Rename Template?	Checking this box will allow the user to change the name of the template at the top of the template selected. Note: this is a rename of the existing template not a copy save is functionality. If there's a template established for a member Mary Jones and she marries and her name is now Mary Smith, this function will let you make that change.

Screen Navigation

Button	Action	Link
Search	- System searches Templates from based on the keyword inputted - System loads search results in a tabular format in the 'Search Results' view	DDE-S-0005
Reset	System will initialize the editable fields in the form with blanks or initial values.	DDE-S-0004

Error Messages

Description	Resolution
Template name is required	Enter template name to be searched for
Template type is required	Select valid template type option
Selection criterion is required	Choose valid selection criterion option

Screen Access

1. Select Claims Menu
2. Select View/Edit/Delete Template
3. The View/Edit/Delete Template Screen will appear.

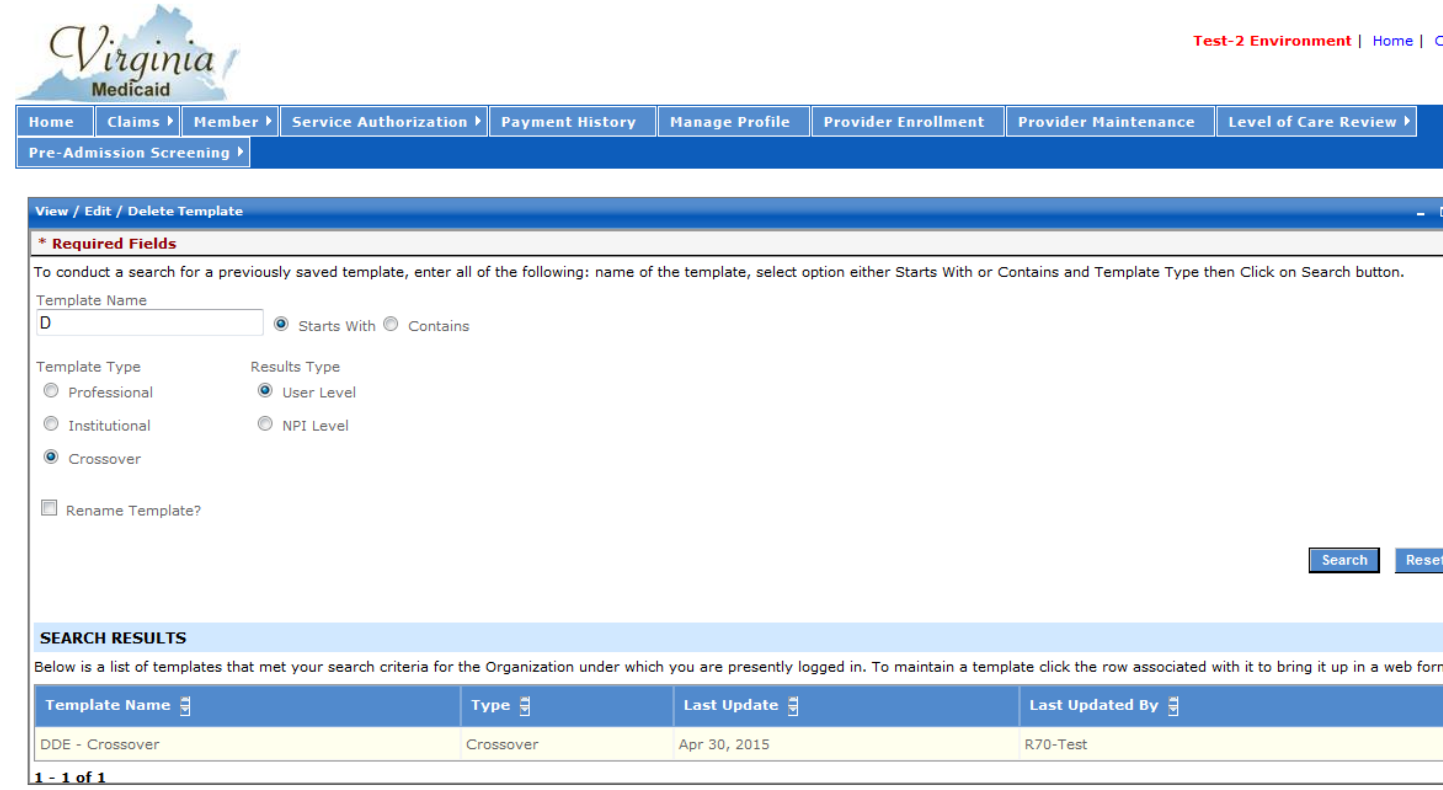
View/Edit/Delete Template with Search Results (DDE-S-0005)

General Information

This screen is used to retrieve crossover part B templates so they can be viewed, edited or deleted.
.

Screen Name	Create New Crossover Part B Template
Source/Originator	Claims DDE
Usage	Search, Reset, Claim Link

Screen Sample – DDE-S-0005



Data Elements

Data Element Name (ID)	Instructions
Template Name (PDE-0001)	This is the name of the template. This is a protected field but can be clicked on to navigate to the actual template.
Template Type (PDE-0043)	This identifies the type of template. This is a protected field.
Last Updated Date	Display only. The date the template was last updated.
Last Updated By	Display only. The User ID of the person to last update the template.

Screen Navigation

Button	Action	Link
Search	System searches Templates based on the keyword (s) inputted System loads search results in a tabular format in the 'Search Results' view	DDE-S-0005
Reset	System will initialize the editable fields in the form with blanks or initial values.	DDE-S-0004
Search Results	System loads Template with pre-filled fields	DDE-S-0002 with fields completed as of last 'save'

Error Messages

N/A

Screen Access

1. Select Claims Menu
2. Select View/Edit/Delete Template
3. The View/Edit/Delete Template Screen will appear.
4. Enter search criteria and select the SEARCH button
5. The View/Edit/Delete Template Screen with search results will appear.

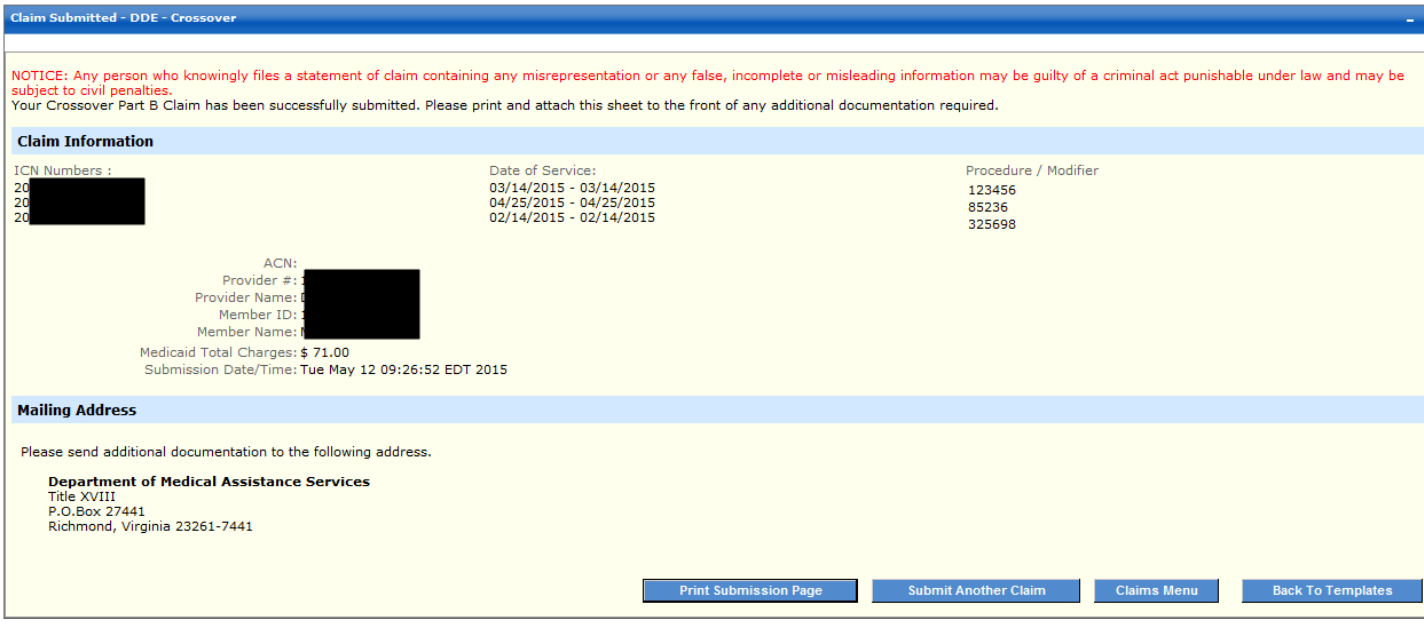
Crossover Part B Claim Submission (DDE-S-0006)

General Information

This screen recaps the information submitted for the Crossover Part B claim. It details the ICN number and some basic information. The user can print this off for their records if they wish.
.

Screen Name	Claims Submitted
Source/Originator	Claims DDE
Usage	Print Submission Page, Submit Another Claim, Claims Menu

Screen Sample – DDE-S-0006



Data Elements

Note: This is a display only screen. For additional information on the data elements please click on Data Elements in the TOC to the left.

Data Element Name (ID)	Instructions
ICN	Display Only – Internal Control Number
Service From Date (PDE-0030)	Display Only (for each ICN)
Procedure Code (PDE-0026)	Display Only (for each ICN)
Modifier (PDE-0027)	Display Only (for each ICN)
Concatenation of: Member's Account Number (PDE-0017) Service From Date (PDE-0030) Sequence Number (PDe-0041)	Display Only – Attachment Control Number
Billing Provider NPI (PDE-0007)	Display Only
Provider's Name	Display Only – Combination of Provider Org/Last Name and Provider First Name
Member's ID Number (PDE-0016)	Display Only
Member's Name	Display Only – Combination of Member's Last Name, Member's First Name and Member's Middle Initial
Medicaid Charges	Display Only – Calculated (Coinsurance + Deductible + Copay Amounts)
Submission Date/Time	Display only. The date and time the claim was submitted to the system

Screen Navigation

Button	Action	Link
Print Submission Page	Allows the user to print the page for their records	DDE-S-006
Submit Another Claim	Allows the user to submit another Crossover Part B Claim	DDE-S-0003
Claim Menu	Routes the user back to the Claims Main Menu	Claims Main Menu
Back to Templates	Routes the user back to the View/Edit/Delete Template	DDE-S-0004

Error Messages

N/A

Screen Access

This is only displayed after the successful completion of a Crossover Part B claim by the user.

Create Professional Template (DDE-S-0007)

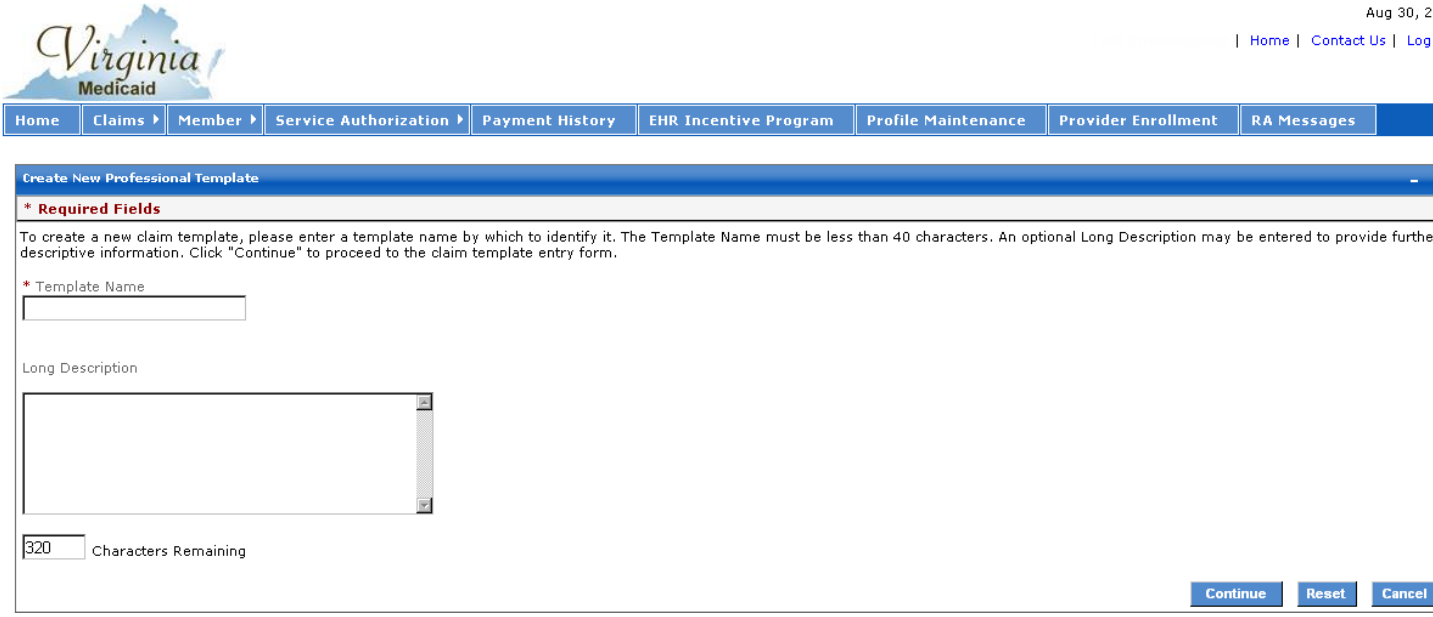
General Information

If a user wants to create a Professional template for use later, this screen is the mechanism to start that process.

It allows the user to enter the template name and description.

Screen Name	Professional Template
Source/Originator	Claims DDE
Usage	Entry

Screen Sample – DDE-S-0007



Data Elements

Data Element Name (ID)	Instructions
Template Name	The name the user wants associated with this new template. This is a maximum

(PDE-0001)	of 40 characters. This field is enterable and required.
Long Description (PDE-0002)	Any description the user wants associated with this new template. This is a maximum of 320 characters. This field is enterable and optional.

Navigation

Button/Link	Action	Link
Continue	Takes all the information entered in the screen and processes it. If the necessary information is entered the user will be directed to the template detail screen.	DDE-S-0008
Reset	Resets all the entered fields and stays on the same page	DDE-S-0007
Cancel	Cancels the template information entered and navigates the user back to the main Claims DDE selection menu.	Claims Main Page

Error Messages

Description	Resolution
No entry in the template name field.	Enter valid template name, up to 40 characters.

Access

This screen is accessed through the 'Create Professional Template' option in the Claims drop down menu or through the Claims Main Page menu.

1. Select Claims Menu
2. Select Create Professional Template
3. The Create New Professional Template screen will appear.

Create Professional Template – (template name) (DDE-S-0008)

General Information

The screen allows the user to enter any Professional claims detail that is to be saved for reuse later.

Note: For the line item information, all line detail will be needed in order to save the template. The system does edits by the line at the time of the save. All other information is optional (even if noted as required for submission).

Screen Name	Professional Template
Source/Originator	Claims DDE
Usage	Entry

Screen Sample – DDE-S-0008

Virginia Medicaid

Ma

| Home | Contact Us |

Home | Claims | Member | Service Authorization | Payment History

Create New Professional Claim

* Required Fields

This form contains data used to enter a CMS-1500 form for the VA Title XIX Program.

Is this a void/replacement of a paid claim

Yes No

Claim Resubmission Information

* Resubmission Type Code

* ICN to Credit / Adjust

Submitter Information

Submitter ID

[redacted]

Patient and Insured Information

*Patient's Last Name *First Name MI

Patient's Address Address 2

City State Zip and Extension

Patient's Date Of Birth Gender

Patient Relationship to Insured

Patient Marital Status Patient Employment Status

*Insured's I.D. Number TDO/ECO Ind

*Is there another Health Benefit Plan?

Yes No

Other Insured's Last Name First Name MI

Other Insured's Group or Policy # Employer or School Name

Other Insured's Date of Birth Gender

Insurance Plan or Program Name

Is patient's condition related to:

*Related Cause 1

*Related Cause 2

*Related Cause 3

Insured's Last Name First Name MI

Insured's Group or Policy # Employer or School Name

Insured's Date of Birth Gender

Insurance Plan or Program Name

Physician or Supplier Information

Date of Current

Name of Referring Provider

Reserved for Local Use

If patient has had same or similar illness, give first date.

Referring Provider NPI

ID Qualifier

Medicaid Provider ID

Diagnosis or Nature of illness or Injury

*A. B. C. D.

E. F. G. H.

I. J. K. L.

Dates Patient Unable to Work In current occupation from and to

Hospitalization Dates related to curr services from and to

Service Authorization #

Outside Lab

Yes No

Total Submitted Charges:$0.00

Add Service Line Item

Ln #	Service Dates Begin	End	Procedure Code	Modifiers 1 2 3 4	Diag Pointers 1 2 3 4	Submitted Charges	Units

Add Line Item

Save | Reset | C

*Service Date Begin

*Service Date End

*Place of Service

*Procedure Code

Modifiers

1. 2. 3. 4.

Diagnosis Pointers

*1. 2. 3. 4.

*Submitted Charges

$

*Units

*Rendering Provider NPI

ID Qualifier

Rendering Provider I.D. #

Emergency Indicator

Yes No

EPSDT Indicator

Yes No

Family Planning Indicator

Yes No

Supplemental Data (Line 24 - Shaded Area)

A

Service Location

Federal Tax ID #

SSN FEIN

* Patient Account #

Accept Assignment

Yes No

* Total Charges

$ 0.00

Amount Paid

$ 0.00

Balance Due

$ 0.00

Does the claim have Attachments

Yes No

Attachment Control Number (ACN)

* Patient Account Number | * Date of Service | * Sequence Number

Service Facility Location Information

Org / Last Name | First Name | MI

Address 1 | City | State

Address 2 | Zip and Extension

NPI | ID Qualifier | Medicaid Provider ID/ Taxonomy

Billing Provider Information

*Org / Last Name | First Name | MI

*Address 1 | *City | *State

Address 2 | Zip and Extension

*NPI | ID Qualifier | Medicaid Provider ID/ Taxonomy

Submit Claim | Reset | Can

Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see Data Elements.

Data Element Name (ID)	Instructions
Adjustment/Void Indicator (PDE-0003)	If this a void/replacement of an adjudicated claim then this radio button will be set to 'Yes' and Claim Resubmission Information section will display. If this is not a void/replacement of an adjudicated claim then this radio button will be set to 'No' and Claim Resubmission Information section will not display. This is required, but has a default of 'No'
Adjustment/Void Reason (PDE-0004)	If Adjustment/Void indicator is 'Yes' the reason of the adjustment or void must be selected from the drop down list. For complete list of valid values see section 2. Data Elements This is situational – required if adjustment/void indicator is 'yes'
Adjustment/Void Original ICN (PDE-0005)	Enter the ICN of the original claim that is being adjusted or voided. This is a 16 alphanumeric field. This is situational – required if adjustment/void indicator is 'yes'
Populate Original ICN (button)	Clicking this button will populate the claim from the original claim's information for updating and resubmission. This button will be activated when both the Adjustment/Void Reason and the Original ICN are populated.
Submitter ID (PDE-0006)	This is the ID of the user that logged in the DDE to submit the claim. This is a protected field and will be supplied by the system based on log on information.

Special Indicator (PDE-0307)	This field will only be viewed by DMAS users that are part of the DMAS/PPU parameter/table. Checking this field will trigger the claim to be processed as a special batch.
Member's Last Name (PDE-0013)	Enter the last name of the member the claim is submitted for. This is required.
Member's First Name (PDE-0014)	Enter the first name of the member the claim is submitted for. This is required.
Member's MI (PDE-0015)	Enter the middle initial of the member the claim is submitted for. This is optional.
Member's Address 1 (PDE-0045)	Enter the street address of the member the claim is submitted for. This is optional.
Member's Address 2 (PDE-0046)	Enter any secondary address information of the member the claim is submitted for. This is optional.
Member's City (PDE-0047)	Enter the city for the member the claim is submitted for. This is optional.
Member's State (PDE-0048)	Select the appropriate state from the drop down list for the member the claim is submitted for. This is optional.
Member's Zip Code (PDE-0049)	Enter the zip code and extension (if known) for the member the claim is submitted for. This is optional.
Member's Date of Birth (PDE-0051)	Enter the member's birth date in the format MM/DD/CCYY, or select it from the calendar tool. This is optional.
Member's Gender (PDE-0053)	Select the member's gender from the drop down options. This is optional.
Relationship to Insured (PDE-0056)	Select the member's relationship to the insured from the drop down options. This is optional.
Member Marital Status (PDE-0054)	Select the member's marital status from the drop down options. This is optional.
Member Employment Status (PDE-0055)	Select the member's employment/student status from the drop down options. This is optional.

Member ID Number (PDE-0016)	Enter the member's 12 digit Medicaid ID number. This is required.
TDO/ECO Ind (PDE-0018)	Select emergency order option from the drop down list, if applicable. This is optional.
Health Benefit Ind (PDE-0057)	If there is another health benefit plan applicable for this member, then this radio button will be set to 'Yes' and the Other Insured's Information section will display. If there are no additional health benefits for this member, then this radio button will be set to 'No' and the Other Insured's Information section will not display. This is required, but has a default of 'No'
Other Insured's Last Name (PDE-0117)	Enter the last name of the 'owner' of any additional health insurance. This is optional.
Other Insured's First Name (PDE-0118)	Enter the first name of the 'owner' of any additional health insurance. This is optional.
Other Insured's MI (PDE-0119)	Enter the middle initial of the 'owner' of any additional health insurance. This is optional.
Other Insured's Policy Num (PDE-0120)	Enter the group or policy number associated with any additional health insurance. This is optional.
Other Insured's Employer-School (PDE-0121)	Enter the employer or school name associated with any additional health insurance policy. This is optional.
Other Insured's Date of Birth (PDE-0122)	Enter the birthdate of the 'owner' of any additional health insurance. Birthdate should be in the MM/DD/CCYY format or utilize the calendar tool. This is optional.
Other Insured's Gender (PDE-0123)	Enter the gender of the 'owner' of any additional health insurance from the drop down options. This is optional.
Other Insured's Plan-Program Name (PDE-0124)	Enter the plan or program name of any additional health insurance. This is optional.
Related Cause 1 (PDE-0058)	Select whether the claim is employment related from the drop down options. This is required.
Related Cause 2 (PDE-0059)	Select whether the claim is automobile accident related from the drop down options. This is required.

Related Cause 3 (PDE-0060)	Select whether the claim is accident related from the drop down options. This is required.
Insured's Last Name (PDE-0061)	Enter the last name of the 'owner' of any third party insurance. This is optional.
Insured's First Name (PDE-0062)	Enter the first name of the 'owner' of any third party insurance. This is optional.
Insured's Middle Initial (PDE-0063)	Enter the middle initial of the 'owner' of any third party insurance. This is optional.
Insured's Policy Number (PDE-0068)	Enter the group or policy number associated with any third party insurance. This is optional.
Insured's Employer-School (PDE-0069)	Enter the employer or school name associated with any third party insurance. This is optional.
Insured's Date of Birth (PDE-0070)	Enter the birthdate of the 'owner' of any third party insurance. Birthdate should be in the MM/DD/CCYY format or utilize the calendar tool. This is optional.
Insured's Gender (PDE-0205)	Enter the gender of the 'owner' of any third party insurance from the drop down options. This is optional.
Insured's Plan-Program Name (PDE-0071)	Enter the plan or program name of any third party insurance. This is optional.
Incident Type Ind (PDE-0072)	Enter type of incident from the drop down options. This is optional.
Incident Date (PDE-0073)	Enter the date of the current incident. The date should be in the MM/DD/CCYY format or utilize the calendar tool. This is optional.
Referring Provider Name (PDE-0076)	Enter the name of the provider referring the member to the servicing provider on the claim. This is optional.
Local User (PDE-0079)	Enter any information as required from the Billing Manuals. This is optional.
Previous Incident Date (PDE-0074)	Enter the date of any previous incident related to this claim. Date should be entered in MM/DD/CCYY format or utilizing the calendar tool.

	This is optional.
Referring Provider NPI (PDE-0075)	Enter the CMS issued NPI number associated with the provider referring the member to the servicing provider on the claim. This is optional.
ID Qualifier (PDE-0078)	If a provider ID is to be entered for the Referring provider, select the appropriate qualifier from the drop down menu indicating what the number represents (i.e. taxonomy). This is optional but should be completed if the Medicaid Provider ID contains an entry.
Referring Provider ID (PDE-0077)	Enter the identification number (as indicated by the ID qualifier) of the provider referring the member to the servicing provider on the claim. This is optional.
Diagnosis Code (PDE-0020)	Enter from 1 to 12 diagnoses, nature of illness or injuries. At least one is required and 2 – 12 are optional.
Member Non-Work Start (PDE-0081)	Enter the start date the member was unable to work in their current occupation. Date should be entered in MM/DD/CCYY format or utilizing the calendar tool. This is optional.
Member Non-Work End (PDE-0082)	Enter the end date the member was unable to work in their current occupation. Date should be entered in MM/DD/CCYY format or utilizing the calendar tool. This is optional.
Member Hospitalization Start (PDE-0083)	Enter the admission date of any hospitalization the member received, associated with this claim. Date should be entered in MM/DD/CCYY format or utilizing the calendar tool. This is optional.
Member Hospitalization End (PDE-0084)	Enter the discharge date of any hospitalization the member received, associated with this claim. Date should be entered in MM/DD/CCYY format or utilizing the calendar tool. This is optional.
Service Authorization Num (PDE-0085)	Enter the service authorization number for any treatment pre-authorization. This is optional.
Outside Lab Ind (PDE-0086)	If there was any lab work conducted at an outside laboratory for this member, then this radio button will be set to 'Yes' and the $ Charges entry will display. If there was no outside lab work conducted, then this radio button will be set to 'No' and the $ Charges entry will not display. This is required, but has a default of 'No'
Outside Lab	Enter the amount charged for any lab work conducted at an outside laboratory for

Charge Amount (PDE-0208)	this member. This is optional.
Service From Date (PDE-0030)	Enter the start date of the period of services covered within this claim. Date should be entered in MM/DD/CCYY format or utilizing the calendar tool. This is required.
Service Thru Date (PDE-0031)	Enter the end date of the period of services covered within this claim. Date should be entered in MM/DD/CCYY format or utilizing the calendar tool. This is required and may be the same as the Service From Date.
Place of Service (PDE-0024)	Select the place of service from the drop down options. This is required.
Procedure Code (PDE-0026)	Enter the procedure code associated with this claim. This is required.
Modifier (PDE-0027)	Enter 1 – 4 modifier(s) that might be associated with the previously entered procedure code. This is optional.
Diagnosis Ind (PDE-0080)	Select the diagnosis(es) associated to the service line from the drop down options. One to four can be selected. At least one diagnosis indicator is required but up to 4 are optional.
Submitted Charges (PDE-0089)	Enter the amount of the charges associated to the service line. This is required.
Submitted Units (PDE-0090)	Enter the number of units, services, hours, etc. associated to the service line. This is required.
Servicing Provider NPI (PDE-0216)	Enter the 10 digit CMS issued NPI associated with the provider rendering the services for this claim. This is required.
ID Qualifier (PDE-0078)	If a Rendering Provider ID is to be entered for the servicing provider, select the appropriate qualifier from the drop down menu indicating what the number represents (i.e. taxonomy). This is optional but should be completed if the Rendering Provider ID contains an entry.
Rendering Provider Taxonomy (PDE-0010)	Enter the identification number (as indicated by the ID qualifier) of the provider rendering services for this claim. This is optional.
Emergency Indicator	If this claim is associated with an emergency then this radio button will be set to 'Yes'. If not associated to an emergency, then this radio button will be set to 'No'.

(PDE-0022)	This is optional with a default of 'No'
EPSDT Ind (PDE-0091)	If this claim is associated with an EPSDT service then this radio button will be set to 'Yes'. If not associated to an EPSDT service, then this radio button will be set to 'No'. This is optional with no default.
Family Planning Ind (PDE-0092)	If this claim is associated with family planning services then this radio button will be set to 'Yes'. If not associated to family planning services, then this radio button will be set to 'No'. This is optional with no default.
Supplemental Data (PDE-0093)	Enter any additional information needed for claim processing as directed by the Billing Manual, including TPL or drug specifics. This is optional.
Servicing Provider Tax ID (PDE-0094)	Enter either the social security number or federal tax id for the servicing provider. This is optional.
SSN-FEIN Ind (PDE-0095)	The radio button indicating if the previous field entered contains the social security number or the federal employer identification number. This is optional with no default.
Member Account Number (PDE-0017)	Enter the member account number assigned by the provider to this member. This is an alphanumeric field with a maximum of 24 characters. This is a required field.
Accept Assignment Ind (PDE-0096)	If this claim is associated with a provider that is accepting assignments then this radio button will be set to 'Yes'. If not, then this radio button will be set to 'No'. This is optional with no default.
Total Claim Charges (PDE-0097)	Enter the total amount of the claim's services. This is required.
Member Pay Amount (PDE-0038)	Enter the total of any payment made toward the services on this claim. This is optional.
Balance Due	Enter the amount of total charges less any amounts paid. This is optional.
Attachment Ind (PDE-0040)	If the claim has attachments, then this radio button will be set to 'Yes' and the Attachment Control Number (ACN) section will display. If the claim does not have attachments, then this radio button will be set to 'No' and the Attachment Control

	Number (ACN) section will not display. This is a required field with a default of 'No'.
Member Account Number (PDE-0017)	Enter the member account number assigned by the provider to this member. This is an alphanumeric field with a maximum of 24 characters. This is a required field only if the Attachment Ind is 'Yes'.
Date of Service (PDE-0030)	Enter the date on which the service was first rendered. Date should be entered in the format MM/DD/YYYY. This is a required field only if the Attachment Ind is 'Yes'.
Sequence Number (PDE-0041)	Enter the sequence number created by the user. This is a required field only if the Attachment Ind is 'Yes'.
Provider Org/Last Name (PDE-0011)	Enter the last name of the individual billing provider or the billing provider organization name if not an individual. The maximum entry is 22 characters, including spaces, special characters, etc. This is an optional field.
Provider First Name (PDE-0012)	The first name of the individual billing provider. This can also be used as a continuation for an organization name. The maximum entry is 14 characters, including spaces, special characters, etc. This is an optional field.
Provider Middle Initial (PDE-0099)	Enter the servicing provider's middle initial. This is optional.
Service Location Address 1 (PDE-0211)	Enter the street address of the servicing provider. This is optional.
Service Location City (PDE-0213)	Enter the city of the servicing provider. This is optional.
Service Location State (PDE-0214)	Select the state of the servicing provider. This is optional.
Service Location Address 2 (PDE-0212)	Enter any additional street address information of the serving provider. This is optional.
Service Location Zip (PDE-215)	Enter the 5 digit zip code and extension (if known). This is optional.
Servicing Provider NPI (PDE-0216)	Enter the CMS issued NPI number associated with the servicing provider. This is optional.
ID Qualifier (PDE-0078)	If a Provider ID is to be entered for the servicing provider, select the appropriate qualifier from the drop down menu indicating what the number represents (i.e. tax-

	onomy). This is optional but should be completed if the Servicing Provider ID contains an entry.
Servicing Provider Taxonomy (PDE-0206)	Enter the identification number (as indicated by the ID qualifier) of the servicing provider on the claim. This is optional.
Billing Provider Org-Last Name (PDE-0217)	Enter the organization or last name of the billing provider. This is required.
Billing Provider First Name (PDE-0218)	Enter the first name of the billing provider. This is an optional field.
Billing Provider Middle Initial (PDE-0219)	Enter the middle initial of the billing provider. This is an optional field.
Billing Provider Address 1 (PDE-0221)	Enter the street address of the billing provider. This is a required field.
Billing Provider City (PDE-0111)	Enter the city of the billing provider. This is a required field.
Billing Provider State (PDE-0112)	Select the billing provider's state from the drop down list. This is a required field.
Billing Provider Address 2 (PDE-0222)	Enter any additional address information associated with the billing provider. This is an optional field.
Billing Provider Zip (PDE-0113)	Enter the billing provider's 5 digit zip code and 4 digit extension (if known). This is an optional field.
Billing Provider NPI (PDE-0007)	This is the billing provider's NPI. With the exception of 'superuser' access, this is a protected field and will be supplied by the system based on the NPI associated to the log on information of the user signed in. For 'superuser' access, the user will supply this information. It's a required field and is a 10 digit numeric entry.
ID Qualifier (PDE-0078)	If a Provider ID is to be entered for the billing provider, select the appropriate qualifier from the drop down menu indicating what the number represents (i.e. taxonomy). This is optional but should be completed if the Billing Provider ID contains an entry.
Billing Provider Taxonomy (PDE-0008)	Enter the identification number (as indicated by the ID qualifier) of the provider billing services for this claim.

	This is optional.

Screen Navigation

Button	Action	Link
Save Template	System saves Claim and displays another portlet with following text: “Template Saved successfully”	DDE-S-0008
Reset	System will initialize the editable fields in the form with blanks or initial values.	DDE-S-0008
Cancel	System loads Claims Main Page	Claims Main Page

Error Messages

Description	Resolution
Claim Resubmission Information – Resubmission Type Code Required	Enter a resubmission type code for a void or adjustment.
Claim Resubmission Information – ICN Required	Enter the 16 digit ICN number of the original claim that is being voided or adjusted.
Claim Resubmission Information – ICN should be 16 digits	Enter the 16 digit ICN number of the original claim that is being voided or adjusted.
Patient and Insured Information – Patient Last Name is Required	Enter the member’s last name.
Patient and Insured Information – Enter correct Patient’s Date of Birth with (MM/DD/YYYY) format	Enter the member’s birthdate in MM/DD/CCYY format.
Patient and Insured Information – Insured’s I.D. Number is Required	Enter the member’s 12 digit Medicaid ID.
Patient and Insured Information – Enter correct Other Insured Date of Birth with (MM/DD/YYY) format.	Enter the other insured’s birthdate in MM/DD/CCYY format.
Patient and Insured Information – Enter Valid ID Number	Enter the member’s 12 digit Medicaid ID.
Patient and Insured Information – Patient’s Condition Related to Cause 1 is Required.	Enter whether the claim is associated with the member’s employment.
Patient and Insured Information – Patient’s Condition Related to Cause 2 is Required.	Enter whether the claim is associated with an automobile accident.
Patient and Insured Information – Patient’s Condition Related to Cause 3 is Required.	Enter whether the claim is associated with an accident.
Patient and Insured Information – Enter correct Insured Date of Birth with (MM/DD/YYY) format.	Enter the insured’s birthdate in MM/DD/CCYY format.

Physician or Supplier Information – Enter correct Date of Current with (MM/DD/YYYY) format.	Enter the date of the current illness, injury or pregnancy in the MM/DD/CCYY format.
Physician or Supplier Information – Enter correct First Date with (MM/DD/YYYY) format.	Enter the first date of similar illness in the MM/DD/CCYY format.
Physician or Supplier Information – At least one entry is required	Enter at least one diagnosis code, nature of the illness or injury.
Physician or Supplier Information – Enter correct Patient Unable to Work Date from with (MM/DD/YYYY) format.	Enter member's 'unable to work from' date in the MM/DD/CCYY format.
Physician or Supplier Information – Enter correct Patient Unable to Work Date to with (MM/DD/YYYY) format.	Enter member's 'unable to work to date' in the MM/DD/CCYY format.
Physician or Supplier Information – Enter correct Hospitalization Date from with (MM/DD/YYYY) format.	Enter member's hospitalization admission date in the MM/DD/CCYY format.
Physician or Supplier Information – Enter correct Hospitalization Date to with (MM/DD/YYYY) format.	Enter member's hospitalization discharge date in the MM/DD/CCYY format.
Line Item – Service Date Begin is Required.	Enter the beginning date of the services covered by the claim.
Line Item – Enter Service Begin Date with (MM/DD/YYYY) format.	Enter a valid begin date for the services on this claim in the MM/DD/CCYY format.
Line Item – Service Date End is Required.	Enter the ending date of the services covered by the claim.
Line Item – Enter Service End Date with (MM/DD/YYYY) format.	Enter a valid end date for the services on this claim in the MM/DD/CCYY format.
Line Item – Place of Service is Required.	Select the place of service from the drop down list.
Line Item – Procedure Code is Required	Enter the procedure code associated with this claim.
Line Item – Diagnosis is Required	Select at least one diagnosis pointer reflecting the diagnosis associated with the service line.
Line Item – Submitted Charges is Required	Enter the amount charged in association with the service line.
Line Item – Units is Required	Enter the number of units, visits or studies associated with the service line.
Line Item – Enter Valid Units/Visits/Studies	Enter the numeric value for the number of units, visits or studies associated with the service line.
Line Item – Rendering Provider NPI Required	Enter the CMS issued 10 digit NPI associated with the rendering provider who performed the services on this claim line.
Line Item – Enter Valid NPI	Enter the CMS issued 10 digit NPI associated with the rendering provider who performed the services on this claim line.
Service Location – Please select SSN or FEIN.	If entry is made in the Federal Tax ID# field, then select the appropriate number indicator.

Attachment Control Number – Patient's Account Number Required	Enter the account number assigned to the member by the billing or servicing provider for construction of the attachment control number.
Attachment Control Number – Date of Service is Required	Enter the beginning date of the services covered by the claim for construction of the attachment control number.
Attachment Control Number – Invalid Date of Service	Enter a valid begin date for the services covered in this claim in the MM/DD/CCYY format.
Attachment Control Number – Sequence Number is Required	Enter a sequence number for construction of the attachment control number.
Attachment Control Number – Invalid Sequence Number	Enter a valid number.
Billing Provider Information – Org/Last Name is Required	Enter the organization name or last name of the billing provider.
Billing Provider Information – Address1 Required	Enter the street address information of the billing provider.
Billing Provider Information – City Required	Enter the city of the billing provider.
Billing Provider Information – Enter Valid City	Enter a valid alphanumeric city for the billing provider.
Billing Provider Information – State Required	Select the state of the billing provider from the drop down list.
Billing Provider Information – Billing NPI Required	Enter the CMS issued NPI 10 digit associated with the billing provider responsible for the services on this claim.
Billing Provider Information – Enter Valid NPI.	Enter the CMS issued NPI 10 digit number associated with the billing provider responsible for the services on this claim.

Screen Access

1. Select Claims Menu
2. Select Create Professional Template
3. The Create New Professional Template screen will appear.
4. Complete required fields and select CONTINUE button
5. Create New Professional Claim will appear.

Create New Professional Claim (DDE-S-0009)

General Information

This screen is used for creating new Professional claims.

Screen Name	Create New Professional Claim
Source/Originator	Claims DDE
Usage	Submit Claim, Reset, Cancel

Screen Sample – DDE-S-0009

Virginia Medicaid

Mar

| Home | Contact Us |

Home | Claims | Member | Service Authorization | Payment History

Create New Professional Claim

* Required Fields

This form contains data used to enter a CMS-1500 form for the VA Title XIX Program.

Is this a void/replacement of a paid claim

Yes No

Claim Resubmission Information

* Resubmission Type Code

* ICN to Credit / Adjust

Submitter Information

Submitter ID

[redacted]

Patient and Insured Information

*Patient's Last Name *First Name MI

Patient's Address Address 2

City State Zip and Extension

Patient's Date Of Birth Gender

Patient Relationship to Insured

Patient Marital Status Patient Employment Status

*Insured's I.D. Number TDO/ECO Ind

*Is there another Health Benefit Plan?

Yes No

Other Insured's Last Name First Name MI

Other Insured's Group or Policy # Employer or School Name

Other Insured's Date of Birth Gender

Insurance Plan or Program Name

Is patient's condition related to:

*Related Cause 1

*Related Cause 2

*Related Cause 3

Insured's Last Name First Name MI

Insured's Group or Policy # Employer or School Name

Insured's Date of Birth Gender

Insurance Plan or Program Name

Physician or Supplier Information

Date of Current

Name of Referring Provider

Reserved for Local Use

If patient has had same or similar illness, give first date.

Referring Provider NPI

ID Qualifier

Medicaid Provider ID

Diagnosis or Nature of illness or Injury

*A. B. C. D.

E. F. G. H.

I. J. K. L.

Dates Patient Unable to Work In current occupation from and to

Hospitalization Dates related to curr services from and to

Service Authorization #

Outside Lab

Yes No

Total Submitted Charges:$0.00

Add Service Line Item

Ln #	Service Dates Begin	End	Procedure Code	Modifiers 1 2 3 4	Diag Pointers 1 2 3 4	Submitted Charges	Units

Add Line Item

Save | Reset | Ca

*Service Date Begin

*Service Date End

*Place of Service

*Procedure Code

Modifiers

1. 2. 3. 4.

Diagnosis Pointers

*1. 2. 3. 4.

*Submitted Charges

$

*Units

*Rendering Provider NPI

ID Qualifier

Rendering Provider I.D. #

Emergency Indicator

Yes No

EPSDT Indicator

Yes No

Family Planning Indicator

Yes No

Supplemental Data (Line 24 - Shaded Area)

A

Service Location

Federal Tax ID #

SSN FEIN

* Patient Account #

Accept Assignment

Yes No

* Total Charges

$ 0.00

Amount Paid

$ 0.00

Balance Due

$ 0.00

Does the claim have Attachments

Yes No

Attachment Control Number (ACN)

* Patient Account Number | * Date of Service | * Sequence Number

Service Facility Location Information

Org / Last Name | First Name | MI

Address 1 | City | State

Address 2 | Zip and Extension

NPI | ID Qualifier | Medicaid Provider ID/ Taxonomy

Billing Provider Information

*Org / Last Name | First Name | MI

*Address 1 | *City | *State

Address 2 | Zip and Extension

*NPI | ID Qualifier | Medicaid Provider ID/ Taxonomy

Submit Claim | Reset | Canc

Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see Data Elements.

Data Element Name (ID)	Instructions
Adjustment/Void Indicator (PDE-0003)	If this a void/replacement of an adjudicated claim then this radio button will be set to 'Yes' and Claim Resubmission Information section will display. If this is not a void/replacement of an adjudicated claim then this radio button will be set to 'No' and Claim Resubmission Information section will not display. This is required, but has a default of 'No'
Adjustment/Void Reason (PDE-0004)	If Adjustment/Void indicator is 'Yes' the reason of the adjustment or void must be selected from the drop down list. For complete list of valid values see section 2. Data Elements This is situational – required if adjustment/void indicator is 'yes'
Adjustment/Void Original ICN (PDE-0005)	Enter the ICN of the original claim that is being adjusted or voided. This is a 16 alphanumeric field. This is situational – required if adjustment/void indicator is 'yes'
Submitter ID (PDE-0006)	This is the ID of the user that logged in the DDE to submit the claim. This is a protected field and will be supplied by the system based on log on information.
Member's Last Name (PDE-0013)	Enter the last name of the member the claim is submitted for. This is required.

Member's First Name (PDE-0014)	Enter the first name of the member the claim is submitted for. This is required.
Member's MI (PDE-0015)	Enter the middle initial of the member the claim is submitted for. This is optional.
Member's Address 1 (PDE-0045)	Enter the street address of the member the claim is submitted for. This is optional.
Member's Address 2 (PDE-0046)	Enter any secondary address information of the member the claim is submitted for. This is optional.
Member's City (PDE-0047)	Enter the city for the member the claim is submitted for. This is optional.
Member's State (PDE-0048)	Select the appropriate state from the drop down list for the member the claim is submitted for. This is optional.
Member's Zip Code (PDE-0049)	Enter the zip code and extension (if known) for the member the claim is submitted for. This is optional.
Member's Date of Birth (PDE-0051)	Enter the member's birth date in the format MM/DD/CCYY, or select it from the calendar tool. This is optional.
Member's Gender (PDE-0053)	Select the member's gender from the drop down options. This is optional.
Relationship to Insured (PDE-0056)	Select the member's relationship to the insured from the drop down options. This is optional.
Member Marital Status (PDE-0054)	Select the member's marital status from the drop down options. This is optional.
Member Employment Status (PDE-0055)	Select the member's employment/student status from the drop down options. This is optional.
Member ID Number (PDE-0016)	Enter the member's 12 digit Medicaid ID number. This is required.
TDO/ECO Ind (PDE-0018)	Select emergency order option from the drop down list, if applicable. This is optional.
Health Benefit	If there is another health benefit plan applicable for this member, then this radio

Ind (PDE-0057)	button will be set to 'Yes' and the Other Insured's Information section will display. If there are no additional health benefits for this member, then this radio button will be set to 'No' and the Other Insured's Information section will not display. This is required, but has a default of 'No'
Other Insured's Last Name (PDE-0117)	Enter the last name of the 'owner' of any additional health insurance. This is optional.
Other Insured's First Name (PDE-0118)	Enter the first name of the 'owner' of any additional health insurance. This is optional.
Other Insured's MI (PDE-0119)	Enter the middle initial of the 'owner' of any additional health insurance. This is optional.
Other Insured's Policy Num (PDE-0120)	Enter the group or policy number associated with any additional health insurance. This is optional.
Other Insured's Employer-School (PDE-0121)	Enter the employer or school name associated with any additional health insurance policy. This is optional.
Other Insured's Date of Birth (PDE-0122)	Enter the birthdate of the 'owner' of any additional health insurance. Birthdate should be in the MM/DD/CCYY format or utilize the calendar tool. This is optional.
Other Insured's Gender (PDE-0123)	Enter the gender of the 'owner' of any additional health insurance from the drop down options. This is optional.
Other Insured's Plan-Program Name (PDE-0124)	Enter the plan or program name of any additional health insurance. This is optional.
Related Cause 1 (PDE-0058)	Select whether the claim is employment related from the drop down options. This is required.
Related Cause 2 (PDE-0059)	Select whether the claim is automobile accident related from the drop down options. This is required.
Related Cause 3 (PDE-0060)	Select whether the claim is accident related from the drop down options. This is required.
Insured's Last Name (PDE-0061)	Enter the last name of the 'owner' of any third party insurance. This is optional.

Insured's First Name (PDE-0062)	Enter the first name of the 'owner' of any third party insurance. This is optional.
Insured's Middle Initial (PDE-0063)	Enter the middle initial of the 'owner' of any third party insurance. This is optional.
Insured's Policy Number (PDE-0068)	Enter the group or policy number associated with any third party insurance. This is optional.
Insured's Employer-School (PDE-0069)	Enter the employer or school name associated with any third party insurance. This is optional.
Insured's Date of Birth (PDE-0070)	Enter the birthdate of the 'owner' of any third party insurance. Birthdate should be in the MM/DD/CCYY format or utilize the calendar tool. This is optional.
Insured's Gender (PDE-0205)	Enter the gender of the 'owner' of any third party insurance from the drop down options. This is optional.
Insured's Plan-Program Name (PDE-0071)	Enter the plan or program name of any third party insurance. This is optional.
Incident Type Ind (PDE-0072)	Enter type of incident from the drop down options. This is optional.
Incident Date (PDE-0073)	Enter the date of the current incident. The date should be in the MM/DD/CCYY format or utilize the calendar tool. This is optional.
Referring Provider Name (PDE-0076)	Enter the name of the provider referring the member to the servicing provider on the claim. This is optional.
Local User (PDE-0079)	Enter any information as required from the Billing Manuals. This is optional.
Previous Incident Date (PDE-0074)	Enter the date of any previous incident related to this claim. Date should be entered in MM/DD/CCYY format or utilizing the calendar tool. This is optional.
Referring Provider NPI (PDE-0075)	Enter the CMS issued NPI number associated with the provider referring the member to the servicing provider on the claim. This is optional.
ID Qualifier	If a provider ID is to be entered for the Referring provider, select the appropriate

(PDE-0078)	qualifier from the drop down menu indicating what the number represents (i.e. taxonomy). This is optional but should be completed if the Medicaid Provider ID contains an entry.
Referring Provider ID (PDE-0077)	Enter the identification number (as indicated by the ID qualifier) of the provider referring the member to the servicing provider on the claim. This is optional.
Diagnosis Code (PDE-0020)	Enter from 1 to 12 diagnoses, nature of illness or injuries. At least one is required and 2 – 12 are optional.
Member Non-Work Start (PDE-0081)	Enter the start date the member was unable to work in their current occupation. Date should be entered in MM/DD/CCYY format or utilizing the calendar tool. This is optional.
Member Non-Work End (PDE-0082)	Enter the end date the member was unable to work in their current occupation. Date should be entered in MM/DD/CCYY format or utilizing the calendar tool. This is optional.
Member Hospitalization Start (PDE-0083)	Enter the admission date of any hospitalization the member received, associated with this claim. Date should be entered in MM/DD/CCYY format or utilizing the calendar tool. This is optional.
Member Hospitalization End (PDE-0084)	Enter the discharge date of any hospitalization the member received, associated with this claim. Date should be entered in MM/DD/CCYY format or utilizing the calendar tool. This is optional.
Service Authorization Num (PDE-0085)	Enter the service authorization number for any treatment pre-authorization. This is optional.
Outside Lab Ind (PDE-0086)	If there was any lab work conducted at an outside laboratory for this member, then this radio button will be set to 'Yes' and the $ Charges entry will display. If there was no outside lab work conducted, then this radio button will be set to 'No' and the $ Charges entry will not display. This is required, but has a default of 'No'
Outside Lab Charge Amount (PDE-0208)	Enter the amount charged for any lab work conducted at an outside laboratory for this member. This is optional.
Service From Date (PDE-0030)	Enter the start date of the period of services covered within this claim. Date should be entered in MM/DD/CCYY format or utilizing the calendar tool.

	This is required.
Service Thru Date (PDE-0031)	Enter the end date of the period of services covered within this claim. Date should be entered in MM/DD/CCYY format or utilizing the calendar tool. This is required and may be the same as the Service From Date.
Place of Service (PDE-0024)	Select the place of service from the drop down options. This is required.
Procedure Code (PDE-0026)	Enter the procedure code associated with this claim. This is required.
Modifier (PDE-0027)	Enter 1 – 4 modifier(s) that might be associated with the previously entered procedure code. This is optional.
Diagnosis Ind (PDE-0080)	Select the diagnosis(es) associated to the service line from the drop down options. One to four can be selected. At least one diagnosis indicator is required but up to 4 are optional.
Submitted Charges (PDE-0089)	Enter the amount of the charges associated to the service line. This is required.
Submitted Units (PDE-0090)	Enter the number of units, services, hours, etc. associated to the service line. This is required.
Servicing Provider NPI (PDE-0216)	Enter the 10 digit CMS issued NPI associated with the provider rendering the services for this claim. This is required.
ID Qualifier (PDE-0078)	If a Rendering Provider ID is to be entered for the servicing provider, select the appropriate qualifier from the drop down menu indicating what the number represents (i.e. taxonomy). This is optional but should be completed if the Rendering Provider ID contains an entry.
Rendering Provider Taxonomy (PDE-0010)	Enter the identification number (as indicated by the ID qualifier) of the provider rendering services for this claim. This is optional.
Emergency Indicator (PDE-0022)	If this claim is associated with an emergency then this radio button will be set to 'Yes'. If not associated to an emergency, then this radio button will be set to 'No'. This is optional with a default of 'No'
EPSDT Ind (PDE-0091)	If this claim is associated with an EPSDT service then this radio button will be set to 'Yes'. If not associated to an EPSDT service, then this radio button will be set to 'No'.

	This is optional with no default.
Family Planning Ind (PDE-0092)	If this claim is associated with family planning services then this radio button will be set to 'Yes'. If not associated to family planning services, then this radio button will be set to 'No'. This is optional with no default.
Supplemental Data (PDE-0093)	Enter any additional information needed for claim processing as directed by the Billing Manual. This is optional.
Servicing Provider Tax ID (PDE-0094)	Enter either the social security number or federal tax id for the servicing provider. This is optional.
SSN-FEIN Ind (PDE-0095)	The radio button indicating if the previous field entered contains the social security number or the federal employer identification number. This is optional with no default.
Member Account Number (PDE-0017)	Enter the member account number assigned by the provider to this member. This is an alphanumeric field with a maximum of 24 characters. This is a required field.
Accept Assignment Ind (PDE-0096)	If this claim is associated with a provider that is accepting assignments then this radio button will be set to 'Yes'. If not, then this radio button will be set to 'No'. This is optional with no default.
Total Claim Charges (PDE-0097)	Enter the total amount of the claim's services. This is required.
Member Pay Amount (PDE-0038)	Enter the total of any payment made toward the services on this claim. This is optional.
Balance Due	Enter the amount of total charges less any amounts paid. This is optional.
Attachment Ind (PDE-0040)	If the claim has attachments, then this radio button will be set to 'Yes' and the Attachment Control Number (ACN) section will display. If the claim does not have attachments, then this radio button will be set to 'No' and the Attachment Control Number (ACN) section will not display. This is a required field with a default of 'No'.
Member Account Number	Enter the member account number assigned by the provider to this member. This is an alphanumeric field with a maximum of 24 characters. This is a required field only if the Attachment Ind is 'Yes'.

(PDE-0017)	
Date of Service (PDE-0030)	Enter the date on which the service was first rendered. Date should be entered in the format MM/DD/YYYY. This is a required field only if the Attachment Ind is 'Yes'.
Sequence Number (PDE-0041)	Enter the sequence number created by the user. This is a required field only if the Attachment Ind is 'Yes'.
Provider Org/Last Name (PDE-0011)	Enter the last name of the individual billing provider or the billing provider organization name if not an individual. The maximum entry is 22 characters, including spaces, special characters, etc. This is an optional field.
Provider First Name (PDE-0012)	The first name of the individual billing provider. This can also be used as a continuation for an organization name. The maximum entry is 14 characters, including spaces, special characters, etc. This is an optional field.
Provider Middle Initial (PDE-0099)	Enter the servicing provider's middle initial. This is optional.
Service Location Address 1 (PDE-0211)	Enter the street address of the servicing provider. This is optional.
Service Location City (PDE-0213)	Enter the city of the servicing provider. This is optional.
Service Location State (PDE-0214)	Select the state of the servicing provider. This is optional.
Service Location Address 2 (PDE-0212)	Enter any additional street address information of the serving provider. This is optional.
Service Location Zip (PDE-215)	Enter the 5 digit zip code and extension (if known). This is optional.
Servicing Provider NPI (PDE-0216)	Enter the CMS issued NPI number associated with the servicing provider. This is optional.
ID Qualifier (PDE-0078)	If a Provider ID is to be entered for the servicing provider, select the appropriate qualifier from the drop down menu indicating what the number represents (i.e. taxonomy). This is optional but should be completed if the Servicing Provider ID contains an entry.
Servicing Provider Taxonomy	Enter the identification number (as indicated by the ID qualifier) of the servicing provider on the claim.

(PDE-0206)	This is optional.
Billing Provider Org-Last Name (PDE-0217)	Enter the organization or last name of the billing provider. This is required.
Billing Provider First Name (PDE-0218)	Enter the first name of the billing provider. This is an optional field.
Billing Provider Middle Initial (PDE-0219)	Enter the middle initial of the billing provider. This is an optional field.
Billing Provider Address 1 (PDE-0221)	Enter the street address of the billing provider. This is a required field.
Billing Provider City (PDE-0111)	Enter the city of the billing provider. This is a required field.
Billing Provider State (PDE-0112)	Select the billing provider's state from the drop down list. This is a required field.
Billing Provider Address 2 (PDE-0222)	Enter any additional address information associated with the billing provider. This is an optional field.
Billing Provider Zip (PDE-0113)	Enter the billing provider's 5 digit zip code and 4 digit extension (if known). This is an optional field.
Billing Provider NPI (PDE-0007)	This is the billing provider's NPI. With the exception of 'superuser' access, this is a protected field and will be supplied by the system based on the NPI associated to the log on information of the user signed in. For 'superuser' access, the user will supply this information. It's a required field and is a 10 digit numeric entry.
ID Qualifier (PDE-0078)	If a Provider ID is to be entered for the billing provider, select the appropriate qualifier from the drop down menu indicating what the number represents (i.e. taxonomy). This is optional but should be completed if the Billing Provider ID contains an entry.
Billing Provider Taxonomy (PDE-0008)	Enter the identification number (as indicated by the ID qualifier) of the provider billing services for this claim. This is optional.

Screen Navigation

Button	Action	Link
Submit Claim	- System submits Claim - System loads “Claim Submitted’ portlet	DDE-S-0009
Reset	System will initialize the editable fields in the form with blanks or initial values.	DDE-S-0009
Cancel	System loads Claims Main Page	Claims Main Page

Error Messages

All errors and their associated messages for this screen are identical to the Professional Template.

Description	Resolution
Claim Resubmission Information – Resubmission Type Code Required	Enter a resubmission type code for a void or adjustment.
Claim Resubmission Information – ICN Required	Enter the 16 digit ICN number of the original claim that is being voided or adjusted.
Claim Resubmission Information – ICN should be 16 digits	Enter the 16 digit ICN number of the original claim that is being voided or adjusted.
Patient and Insured Information – Patient Last Name is Required	Enter the member’s last name.
Patient and Insured Information – Enter correct Patient’s Date of Birth with (MM/DD/YYYY) format	Enter the member’s birthdate in MM/DD/CCYY format.
Patient and Insured Information – Insured’s I.D. Number is Required	Enter the member’s 12 digit Medicaid ID.
Patient and Insured Information – Enter correct Other Insured Date of Birth with (MM/DD/YYY) format.	Enter the other insured’s birthdate in MM/DD/CCYY format.
Patient and Insured Information – Enter Valid ID Number	Enter the member’s 12 digit Medicaid ID.
Patient and Insured Information – Patient’s Condition Related to Cause 1 is Required.	Enter rather the claim is associated with the member’s employment.
Patient and Insured Information – Patient’s Condition Related to Cause 2 is Required.	Enter rather the claim is associated with an automobile accident.
Patient and Insured Information – Patient’s Condition Related to Cause 3 is Required.	Enter rather the claim is associated with an accident.
Patient and Insured Information – Enter correct Insured Date of Birth with (MM/DD/YYY) format.	Enter the insured’s birthdate in MM/DD/CCYY format.
Physician or Supplier Information – Enter correct Date of Current with (MM/DD/YYYY) format.	Enter the date of the current illness, injury or pregnancy in the MM/DD/CCYY format.
Physician or Supplier Information – Enter correct First Date with (MM/DD/YYYY) format.	Enter the first date of similar illness in the MM/DD/CCYY format.

Physician or Supplier Information – At least one entry is required	Enter at least one diagnosis code, nature of the illness or injury.
Physician or Supplier Information – Enter correct Patient Unable to Work Date from with (MM/DD/YYYY) format.	Enter member's 'unable to work from' date in the MM/DD/CCYY format.
Physician or Supplier Information – Enter correct Patient Unable to Work Date to with (MM/DD/YYYY) format.	Enter member's 'unable to work to date' in the MM/DD/CCYY format.
Physician or Supplier Information – Enter correct Hospitalization Date from with (MM/DD/YYYY) format.	Enter member's hospitalization admission date in the MM/DD/CCYY format.
Physician or Supplier Information – Enter correct Hospitalization Date to with (MM/DD/YYYY) format.	Enter member's hospitalization discharge date in the MM/DD/CCYY format.
Line Item – Service Date Begin is Required.	Enter the beginning date of the services covered by the claim.
Line Item – Enter Service Begin Date with (MM/DD/YYYY) format.	Enter a valid begin date for the services on this claim in the MM/DD/CCYY format.
Line Item – Service Date End is Required.	Enter the ending date of the services covered by the claim.
Line Item – Enter Service End Date with (MM/DD/YYYY) format.	Enter a valid end date for the services on this claim in the MM/DD/CCYY format.
Line Item – Place of Service is Required.	Select the place of service from the drop down list.
Line Item – Procedure Code is Required	Enter the procedure code associated with this claim.
Line Item – Diagnosis is Required	Select at least one diagnosis pointer reflecting the diagnosis associated with the service line.
Line Item – Submitted Charges is Required	Enter the amount charged in association with the service line.
Line Item – Units is Required	Enter the number of units, visits or studies associated with the service line.
Line Item – Enter Valid Units/Visits/Studies	Enter the numeric value for the number of units, visits or studies associated with the service line.
Line Item – Rendering Provider NPI Required	Enter the CMS issued 10 digit NPI associated with the rendering provider who performed the services on this claim line.
Line Item – Enter Valid NPI	Enter the CMS issued 10 digit NPI associated with the rendering provider who performed the services on this claim line.
Service Location – Please select SSN or FEIN.	If entry is made in the Federal Tax ID# field, then select the appropriate number indicator.
Attachment Control Number – Patient's Account Number Required	Enter the account number assigned to the member by the billing or servicing provider for construction of the attachment control number.
Attachment Control Number – Date of Service is Required	Enter the beginning date of the services covered by the claim for construction of the attachment control

	number.
Attachment Control Number – Invalid Date of Service	Enter a valid begin date for the services covered in this claim in the MM/DD/CCYY format.
Attachment Control Number – Sequence Number is Required	Enter a sequence number for construction of the attachment control number.
Attachment Control Number – Invalid Sequence Number	Enter a valid number.
Billing Provider Information – Org/Last Name is Required	Enter the organization name or last name of the billing provider.
Billing Provider Information – Address1 Required	Enter the street address information of the billing provider.
Billing Provider Information – City Required	Enter the city of the billing provider.
Billing Provider Information – Enter Valid City	Enter a valid alphanumeric city for the billing provider.
Billing Provider Information – State Required	Select the state of the billing provider from the drop down list.
Billing Provider Information – Billing NPI Required	Enter the CMS issued NPI 10 digit associated with the billing provider responsible for the services on this claim.
Billing Provider Information – Enter Valid NPI.	Enter the CMS issued NPI 10 digit number associated with the billing provider responsible for the services on this claim.

Screen Access

1. Select Claims Menu
2. Select Create Professional Claim
3. Create New Professional Claim screen will appear.

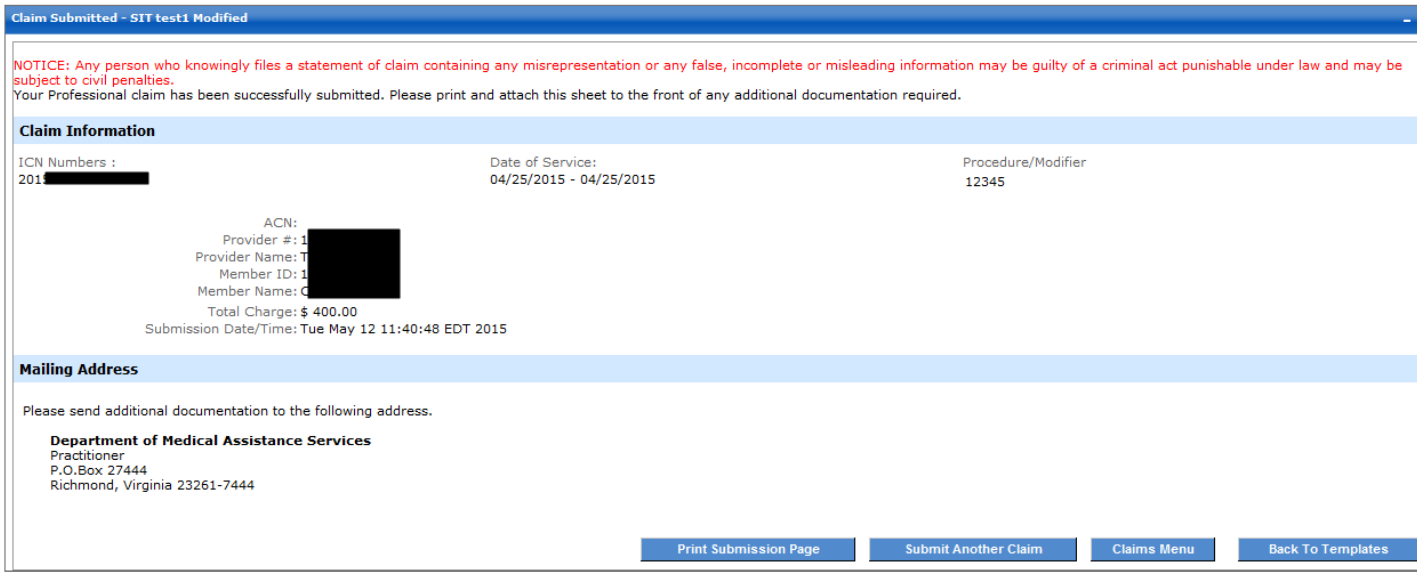
Professional Claim Submission (DDE-S-0010)

General Information

This screen recaps the information submitted for the Professional claim. It details the ICN number and some basic information. The user can print this off for their records if they wish.

Screen Name	Claims Submitted
Source/Originator	Claims DDE
Usage	Print Submission Page, Submit Another Claim, Claims Menu

Screen Sample – DDE-S-0010



Data Elements

Note: This is a display only screen. For additional information on the data elements please see Data Elements.

Data Element Name (ID)	Instructions
ICN	Display Only – Internal Control Number
Service From Date (PDE-0030)	Display Only (for each ICN)

Procedure Code (PDE-0026)	Display Only (for each ICN)
Modifier (PDE-0027)	Display Only (for each ICN)
Concatenation of: Member's Account Number (PDE-0017) Service From Date (PDE-0030) Sequence Number (PDe-0041)	Display Only – Attachment Control Number
Service From Date (PDE-0030)	Display Only
Billing Provider NPI (PDE-0007)	Display Only
Concatenation of: Provider Org/Last Name (PDE-0011) Provider's First Name (PDE-0012) Provider Middle Initial (PDE-0099)	Display Only
Member's ID Number (PDE-0016)	Display Only
Concatenation of: Member's Last Name (PDE-0013) Member's First Name (PDE-0014) Member's MI (PDE-0015)	Display Only
Total Claim Charges (PDE-0097)	Display
Submission Date/Time	Display only. The date and time the claim was submitted to the system

Screen Navigation

Button	Action	Link
Print Submission Page	Allows the user to print the page for their records	DDE-S-0010
Submit Another Claim	Allows the user to submit another Professional Claim	DDE-S-0009

Claim Menu	Routes the user back to the Claims Main Menu	Claims Main Menu
Back to Templates	Routes the user back to the View/Edit/Delete Templates screen	DDE-S-0004

Error Messages

N/A

Screen Access

This is only displayed after the successful completion of a Professional claim by the user.

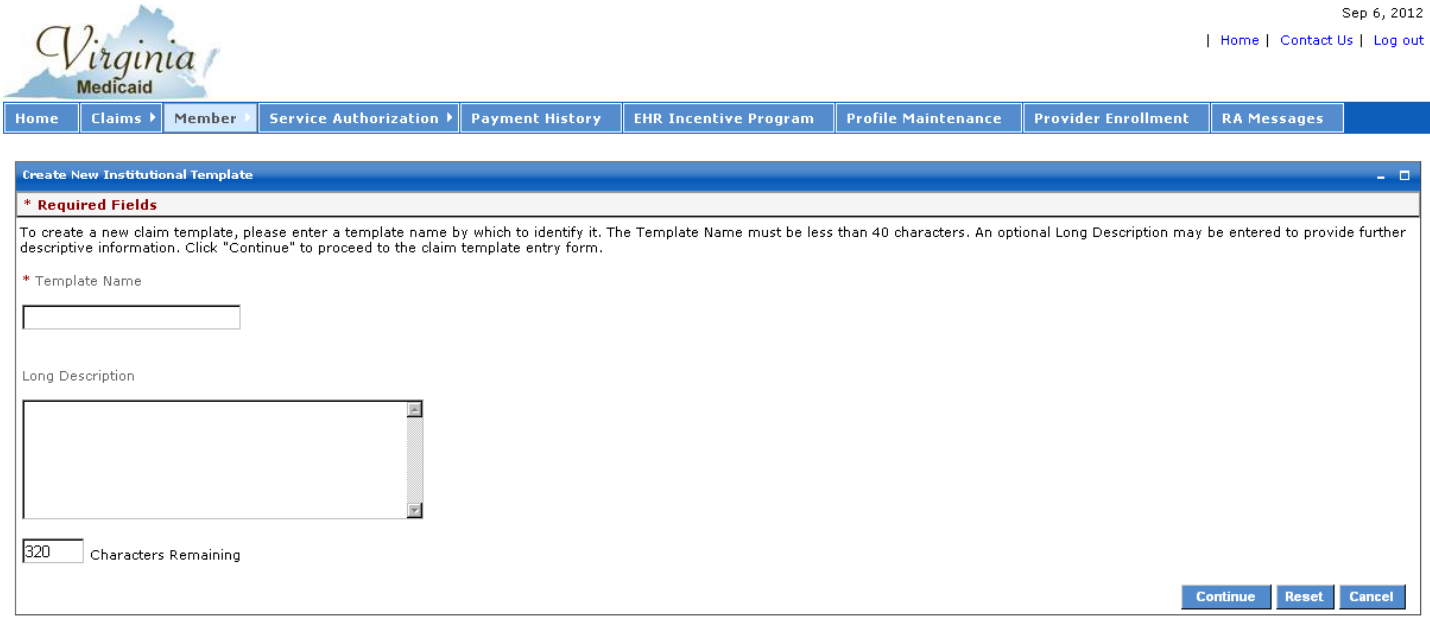
Create Institutional Template (DDE-S-0011)

General Information

If a user wants to create an Institutional template for use later, this screen is the mechanism to start that process.
It allows the user to enter the template name and description.

Screen Name	Institutional Template
Source/Originator	Claims DDE
Usage	Entry

Screen Sample – DDE-S-0011



Data Elements

Data Element Name (ID)	Instructions
Template Name (PDE-0001)	The name the user wants associated with this new template. This is a maximum of 40 characters. This field is enterable and required.

Long Description (PDE-0002)	Any description the user wants associated with this new template. This is a maximum of 320 characters. This field is enterable and optional.

Navigation

Button/Link	Action	Link
Continue	Takes all the information entered in the screen and processes it. If the necessary information is entered the user will be directed to the template detail screen.	DDE-S-0012
Reset	Resets all the entered fields and stays on the same page	DDE-S-0011
Cancel	Cancels the template information entered and navigates the user back to the main Claims DDE selection menu.	Claims Main Page

Error Messages

Description	Resolution
No entry in the template name field.	Enter valid template name, up to 40 characters.

Access

This screen is accessed through the 'Create Institutional Template' option in the Claims drop down menu or through the Claims Main Page menu.

1. Select Claims Menu
2. Select Create Institutional Template
3. The Create New Institutional Template screen will appear.

Create Institutional Template – (template name) (DDE-S-0012)

General Information

The screen allows the user to enter any Institutional claims detail that is to be saved for reuse later. Note: For the line item information, all line detail will be needed in order to save the template. The system does edits by the line at the time of the save. All other information is optional (even if noted as required for submission).

Screen Name	Institutional Template
Source/Originator	Claims DDE
Usage	Entry

Screen Sample – DDE-S-0012

Virginia Medicaid

| Home | Contact Us | Log out

Home | Claims | Member | Service Authorization | Payment History

Create New Institutional Claim

* Required Fields

This form contains data used to enter a UB-04 form for the VA Title XIX Program.

Is this a void/replacement of a paid claim?

○ Yes ◉ No

Submitter Information

Submitter ID

[redacted]

Billing Provider

Medicaid Provider ID

National Provider ID [redacted]

Taxonomy Code

*Org / Last Name

First Name

MI

Suffix

*Address 1

Address 2

*City

*State

*Zip

Extension

Phone #

Fax #

Country Code USA

Pay-To Provider

Is Pay-To Provider different than Billing Provider?

○ Yes ◉ No

*Pat. Contl. #

*Place of Service / Type of Bill

*Med Rec. #

Fed Tax No

○ SSN ○ FEIN

Statement Covers Period

*Statement From Date

*Statement To Date

Patient Name

*Patient Birthdate | *Gender | TDO/ECO Ind

*Last Name | *First Name | MI | Suffix

Patient Address

Address 1 | Address 2

City | State | Zip and Extension

Country Code: USA

Responsible Party

Last Name | First Name | MI | Suffix

Address 1 | Address 2

City | State | Zip and Extension

Country Code: USA

Admission

*Type

*Date | *HR | MIN: 00 | *Source | DHR | DMIN: 00 | *Status

Accident State | Crossover Part A Indicator: Y N

Condition Information

Add Condition Code

Condition Code
No Data

Occurrence Code

Add Occurrence

Occurrence Code	Occurrence Date
No Data	

Occurrence Span Information

Add Occurrence Span

Occurrence Code	Begin Date	End Date
No Data		

Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see Data Elements.

Data Element Name (ID)	Instructions
Adjustment/Void Indicator (PDE-0003)	If this a void/replacement of an adjudicated claim then this radio button will be set to 'Yes' and the Claim Resubmission Information section will display. If this is not a void/replacement of an adjudicated claim then this radio button will be set to 'No' and the Claim Resubmission Information section will not display. This is required, but has a default of 'No'
Adjustment/Void Reason (PDE-0004)	If Adjustment/Void indicator is 'Yes' the reason of the adjustment or void must be selected from the drop down list. For complete list of valid values see section 2. Data Elements This is situational – required if adjustment/void indicator is 'yes'
Adjustment/Void Original ICN (PDE-0005)	Enter the ICN of the original claim that is being adjusted or voided. This is a 16 alphanumeric field. This is situational – required if adjustment/void indicator is 'yes'
Populate Original ICN (button)	Clicking this button will populate the claim from the original claim's information for updating and resubmission. This button will be activated when both the Adjustment/Void Reason and the Original ICN are populated.
Submitter ID (PDE-0006)	This is the ID of the user that logged in the DDE to submit the claim. This is a protected field and will be supplied by the system based on log on information.
Special Indicator (PDE-0307)	This field will only be viewed by DMAS users that are part of the DMAS/PPU parameter/table. Checking this field will trigger the claim to be processed as a special batch.
Billing Provider Taxonomy (PDE-0008)	Enter the identification number of the provider billing services for this claim. This is optional.

Billing Provider NPI (PDE-0007)	This is the billing provider's NPI. With the exception of 'super-user' access, this is a protected field and will be supplied by the system based on the NPI associated to the log on information of the user signed in. For 'superuser' access, the user will supply this information. It's a required field and is a 10 digit numeric entry.
Billing Provider Taxonomy (PDE-0008)	Enter the taxonomy number of the provider billing services for this claim. This is optional.
Billing Provider Org-Last Name (PDE-0217)	Enter the organization or last name of the billing provider. This is required.
Billing Provider First Name (PDE-0218)	Enter the first name of the billing provider. This is an optional field.
Billing Provider Middle Initial (PDE-0219)	Enter the middle initial of the billing provider. This is an optional field.
Billing Provider Address 1 (PDE-0221)	Enter the street address of the billing provider. This is a required field.
Billing Provider Address 2 (PDE-0222)	Enter any additional address information associated with the billing provider. This is an optional field.
Billing Provider City (PDE-0111)	Enter the city of the billing provider. This is a required field.
Billing Provider State (PDE-0112)	Select the billing provider's state from the drop down list. This is a required field.
Billing Provider Zip (PDE-0113)	Enter the billing provider's 5 digit zip code and 4 digit extension (if known). This is a required field.
Billing Provider Phone (PDE-0115)	Enter the billing provider's area code and phone number. This is an optional field.
Billing Provider Fax (PDE-0116)	Enter the billing provider's fax number including area code and number. This is an optional field.
Billing Provider Country (PDE-0114)	This is defaulted to 'USA'.

Pay-To Provider Ind (PDE-0125)	Select indicator to reflect whether the Pay-To Provider is different from the Billing Provider. This is an option field and default's to 'No'
Pay-To Provider Org-Last Name (PDE-0126)	Enter the organization name or last name of the provider payment is to be made to, if different from the billing provider. This is an optional field.
Pay-To Provider First Name (PDE-0127)	Enter the first name of the provider payment is to be made to, if different from the billing provider. This is an optional field.
Pay-To Provider MI (PDE-0128)	Enter the middle initial of the provider payment is to be made to, if different from the billing provider. This is an optional field.
Pay-To Provider Suffix (PDE-0129)	Enter the applicable suffix of the provider payment is to be made to, if different from the billing provider. This is an optional field.
Pay-To Provider Address 1 (PDE-0209)	Enter the street address of the provider payment is to be made to, if different from the billing provider. This is an optional field.
Pay-To Provider Address 2 (PDE-0131)	Enter any additional address information of the provider payment is to be made to, if different from the billing provider. This is an optional field.
Pay-To Provider City (PDE-0132)	Enter the city of the provider payment is to be made to, if different from the billing provider. This is an optional field.
Pay-To Provider State (PDE-0133)	Select the state of the provider payment is to be made to, if different from the billing provider. This is an optional field.
Pay-To Provider Zip (PDE-0134)	Enter the zip code and extension, if known, of the provider payment is to be made to, if different from the billing provider. This is an optional field.
Member Account Number (PDE-0017)	Enter the member account number assigned by the provider to this member. This is an alphanumeric field with a maximum of 24 characters. This is a required field.
Place of Service (PDE-0024)	Select the place of service/type of bill from the drop down options.

	This is required.
Medical Record Num (PDE-0135)	Enter the medical record number assigned by the provider for this member. This is an alphanumeric field with a maximum of 24 characters. This is a required field.
Servicing Provider Tax ID (PDE-0094)	Enter either the social security number or federal tax id for the servicing provider. This is optional.
SSN-FEIN Ind (PDE-0095)	The radio button indicating if the previous field entered contains the social security number or the federal employer identification number. This is optional with no default.
Service From Date (PDE-0030)	Enter the start date of the period of services covered within this claim. Date should be entered in MM/DD/CCYY format or utilizing the calendar tool. This is required.
Service Thru Date (PDE-0031)	Enter the end date of the period of services covered within this claim. Date should be entered in MM/DD/CCYY format or utilizing the calendar tool. This is required and may be the same as the Service From Date.
Member's Date of Birth (PDE-0051)	Enter the member's birth date in the format MM/DD/CCYY, or select it from the calendar tool. This is required.
Member's Gender (PDE-0053)	Select the member's gender from the drop down options. This is required.
TDO/ECO Ind (PDE-0018)	Select emergency order option from the drop down list, if applicable. This is optional.
Member's Last Name (PDE-0013)	Enter the last name of the member the claim is submitted for. This is required.
Member's First Name (PDE-0014)	Enter the first name of the member the claim is submitted for. This is required.
Member's MI (PDE-0015)	Enter the middle initial of the member the claim is submitted for.

	This is an optional field.
Member's Suffix (PDE-0052)	Enter the applicable suffix of the member. This is an optional field.
Member's Address 1 (PDE-0045)	Enter any additional address information for the member the claim is submitted for. This is optional.
Member's Address 2 (PDE-0046)	Enter the secondary address of the member the claim is submitted for. This is optional.
Member's City (PDE-0047)	Enter the city for the member the claim is submitted for. This is optional.
Member's State (PDE-0048)	Select the appropriate state from the drop down list for the member the claim is submitted for. This is optional.
Member's Zip Code (PDE-0049)	Enter the zip code and extension (if known) for the member the claim is submitted for. This is an optional field.
Member's Country (PDE-0050)	This is a default of 'USA'.
Responsible Party Last Name (PDE-0138)	Enter the last name of the person responsible for this member. This is an optional field.
Responsible Party First Name (PDE-0139)	Enter the first name of the person responsible for this member. This is an optional field.
Responsible Party MI (PDE-0140)	Enter the middle initial of the person responsible for this member. This is an optional field.
Responsible Party Address 1 (PDE-0141)	Enter the street address of the person responsible for this member. This is an optional field.
Responsible Party Address 2 (PDE-0142)	Enter any additional address information of the person responsible for this member. This is an optional field.
Responsible Party City (PDE-0143)	Enter the city of the person responsible for this member.

	This is an optional field.
Responsible Party State (PDE-0144)	Select the state of the person responsible for this member. This is an optional field.
Responsible Party Zip (PDE-0145)	Enter the zip code and extension, if known, of the person responsible for this member. This is an optional field.
Responsible Party Country (PDE-0146)	This defaults to 'USA'.
Admission Type (PDE-0147)	Select the type of admission for this claim. This is a required field.
Date of Admission (PDE-0029)	Enter the date of the hospital admission. This is a required field.
Admission Time (PDE-0148)	Enter the time of the hospital admission. This is a required field.
Admission Source (PDE-0149)	Select the source of the hospital admission. This is a required field.
Discharge Time (PDE-0150)	Enter the time of the hospital discharge. This is an optional field.
Discharge Status (PDE-0151)	Select the status at the time of the hospital discharge. This is a required field.
Accident State (PDE-0152)	If hospitalization is due to an accident, select the state where the accident took place. This is an optional field.
Crossover Part A Ind (PDE-0153)	If the institutional claim is for Medicare part A, select the 'yes' indicator. This is an optional field with a default of 'No'.
Condition Code (PDE-0154)	Enter the condition code(s) associated with this claim. This is an optional field.
Occurrence Code (PDE-0155)	Enter the occurrence code(s) associated with this claim. This is an optional field.
Occurrence Date (PDE-0156)	Enter the date associated with the occurrence code from the previous entry. This is an optional field.
Occurrence Span Code	Enter the occurrence span code(s) associated with this claim.

(PDE-0157)	This is an optional field.
Occurrence Span Begin Date (PDE-0158)	Enter the begin date associated with the occurrence span code from the previous entry. This is an optional field.
Occurrence Span End Date (PDE-0159)	Enter the end date associated with the occurrence span code from the previous entry. This is an optional field.
Value Code (PDE-0160)	Enter the value code(s) associated with this claim. This is an optional field.
Value Amount (PDE-0161)	Enter the amount associated with the value code from the previous entry. This is an optional field.
Revenue Code (PDE-0162)	Enter the revenue code(s) associated with this claim. At least one entry is required.
Revenue Description (PDE-0163)	Enter the description associated the revenue code from the previous entry.
Rate Code (PDE-0164)	Enter the rate or HCPCS procedure code(s) associated with the previously entered revenue code. This is an optional field. Note: For RUG claims this field will be a combination of the 3 character RUG Group and the 2 character RUG Assessment Indicator.
Modifier (PDE-0027)	Enter 0 – 4 modifiers associated with the previously entered HCPCS procedure code, if applicable. This is an optional field.
Initial Date of Service (PDE-0165)	Enter the first date of service associated with this service line in the format MM/DD/CCYY. This is an optional field.
Service Units (PDE-0207)	Enter the number of units, services, hours, etc. associated with the service line. At least one entry is required.
Revenue Total Charges (PDE-0088)	Enter total charges associated with the service line. At least one entry is required. Note: The exception to this edit is for RUG claims. If the rev-

	enue code is ‘0022’ this field can be zero and the edit will be bypassed.
Non-Covered Charges (PDE-0166)	Enter any charges not covered by Medicaid, associated with the service line. This is an optional field.
Payer Name (PDE-0167)	Enter the payer name (i.e. Medicare, Medicaid or other payer) for claim payment. At least one payer is required.
Health Plan ID (PDE-0168)	Enter the plan id associated with the payer previously entered. This is an optional field.
Information Release Ind (PDE-0169)	Select the drop down option indicating whether the payer can release information associated with this claim. This is an optional field.
Assignment of Benefit Ind (PDE-0170)	Select the option indicating assignment of benefits is authorized. This is an optional field.
Prior Payments (PDE-0171)	Enter the amount of any payments already paid towards this claim. This is an optional field.
Total Claim Charges (PDE-0097)	Enter the estimated amount due for this claim. This is an optional field.
Other Provider 1 ID (PDE-0194)	Enter the identification number associated with the payer previously entered. This is an optional field.
Insured’s Last Name (PDE-0061)	Enter the last name of the ‘owner’ of any third party insurance. At least one entry is required.
Insured’s First Name (PDE-0062)	Enter the first name of the ‘owner’ of any third party insurance. At least one entry is required.
Insured’s Middle Initial (PDE-0063)	Enter the middle initial of the ‘owner’ of any third party insurance. This is an optional field.
Insured’s Suffix (PDE-0064)	Select the insured’s suffix, if applicable. This is an optional field.

Relationship to Insured (PDE-0056)	Select the member's relationship to the insured. This is a required field.
Insured's Unique ID (PDE-0065)	Enter the insured's policy identification number. If payer is 'Medicaid', this is the member's Medicaid ID. This is a required field.
Insured's Policy Group Name (PDE-0066)	Enter the group name associated with the insured's policy. This is an optional field.
Insured's Policy Group Number (PDE-0067)	Enter the policy number association with the insured's policy. This is an optional field.
Service Authorization Num (PDE-0085)	Enter the service authorization number for any treatment pre-authorization. This is optional.
Insured's Employer-School (PDE-0069)	Enter the employer or school name associated with any third party insurance. This is optional.
Diagnosis Qualifier (PDE-0173)	Select the option to indicate whether ICD-9 or ICD-10 diagnosis codes are used for this claim. This field defaults to '9'
Diagnosis Code (PDE-0020)	Enter the principal diagnosis code or up to a total of 18 diagnoses for this claim. At least one (principal) diagnosis is required field.
Diagnosis POA Code (PDE-0174)	Select the appropriate POA code(s) associated with the previously entered diagnosis(es). At least one (associated with the principal diagnosis) is required with a default of blanks.
Admission Diagnosis (PDE-0175)	Enter the diagnosis code associated with the member's admission. This is a required field.
Member Reason Diagnosis (PDE-0176)	Enter 1 – 3 diagnoses associated with the member's reason for hospitalization. This is an optional field.
PPS (PDE-0177)	Enter the PPS code associated with this diagnosis. This is an optional field.
ECI (PDE-0178)	Enter 1 – 3 ECI codes associated with this diagnosis.

	This is an optional field.
ECI POA Code (PDE-0179)	Enter the POA code(s) associated with the previously entered ECI code(s). This is an optional field.
Procedure Code Type (PDE-0087)	Enter the 1 – 5 procedure code(s) associated with this claim. This is an optional field.
Procedure Date (PDE-0180)	Enter the date(s) associated with the previously entered procedure code(s). This is an optional field.
Attachment Ind (PDE-0040)	If claim has attachments, then this radio button will be set to 'Yes' and the Attachment Control Number (ACN) section will display. If claim does not have attachments, then this radio button will be set to 'No' and the Attachment Control Number (ACN) section will not display. This is a required field with a default of 'No'.
Member Account Number (PDE-0017)	Enter the member account number assigned by the provider to this member. This is an alphanumeric field with a maximum of 24 characters. This is a required field only if the Attachment Ind is 'Yes'.
Date of Service (PDE-0030)	Enter the date on which the service was first rendered. Date should be entered in the format MM/DD/YYYY. This is a required field only if the Attachment Ind is 'Yes'.
Sequence Number (PDE-0041)	Enter the sequence number created by the user. This is a required field only if the Attachment Ind is 'Yes'.
Remarks (PDE-0042)	Enter any remarks that might be necessary to the adjudication of the claim, per the billing manual. This is an optional field.
Attending Provider NPI (PDE-0181)	Enter the CMS issued 10 digit NPI number associated with the attending provider. This is a required field.
ID Qualifier (PDE-0078)	If a provider ID is to be entered for the attending provider, select the appropriate qualifier from the drop down menu indicating what the number represents (i.e. taxonomy). This is optional but should be completed if the Attending Provider ID contains an entry.
Attending Provider ID (PDE-0182)	Enter the identification number (as indicated by the ID qualifier) of the attending provider.

	This is an optional field.
Attending Provider Last Name (PDE-0183)	Enter the last name of the attending provider. The maximum entry is 22 characters, including spaces, special characters, etc. This is a required field.
Attending Provider First Name (PDE-0184)	The first name of the attending provider. The maximum entry is 14 characters, including spaces, special characters, etc. This is a required field.
Attending Provider Middle Initial (PDE-0185)	Enter the attending provider's middle initial. This is an optional field.
Attending Provider Suffix (PDE-0186)	Select the attending provider's suffix, if applicable. This is an optional field.
Operating Provider NPI (PDE-0187)	Enter the CMS issued 10 digit NPI number associated with the operating provider. This is an optional field.
ID Qualifier (PDE-0078)	If a provider ID is to be entered for the attending provider, select the appropriate qualifier from the drop down menu indicating what the number represents (i.e. taxonomy). This is optional but should be completed if the Operating Provider ID contains an entry.
Operating Provider ID (PDE-0188)	Enter the identification number (as indicated by the ID qualifier) of the operating provider. This is an optional field.
Operating Provider Last Name (PDE-0189)	Enter the last name of the operating provider. The maximum entry is 22 characters, including spaces, special characters, etc. This is an optional field.
Operating Provider First Name (PDE-0190)	The first name of the operating provider. The maximum entry is 14 characters, including spaces, special characters, etc. This is an optional field.
Operating Provider Middle Initial (PDE-0191)	Enter the operating provider's middle initial. This is an optional field.
Operating Provider Suffix (PDE-0192)	Select the operating provider's suffix, if applicable. This is an optional field.
Other Provider 1 NPI	Enter the CMS issued 10 digit NPI number associated with

(PDE-0193)	any additional provider in conjunction with this claim. This is an optional field.
ID Qualifier (PDE-0078)	If a provider ID is to be entered for the attending provider, select the appropriate qualifier from the drop down menu indicating what the number represents (i.e. taxonomy). This is optional but should be completed if the Other 1 - Other Provider ID contains an entry.
Other Provider 1 ID (PDE-0194)	Enter the identification number (as indicated by the ID qualifier) of any additional provider associated with this claim. This is an optional field.
Other Provider 1 Last Name (PDE-0195)	Enter the last name of any additional provider. The maximum entry is 22 characters, including spaces, special characters, etc. This is an optional field.
Other Provider 1 First Name (PDE-0196)	The first name of any additional provider. The maximum entry is 14 characters, including spaces, special characters, etc. This is an optional field.
Other Provider 1 Middle Initial (PDE-0197)	Enter any additional provider's middle initial. This is an optional field.
Other Provider 1 Suffix (PDE-0198)	Select the suffix associated with an additional provider, if applicable. This is an optional field.
Other Provider 2 NPI (PDE-0199)	Enter the CMS issued 10 digit NPI number associated with any additional provider in conjunction with this claim. This is an optional field.
ID Qualifier (PDE-0078)	If a provider ID is to be entered for the attending provider, select the appropriate qualifier from the drop down menu indicating what the number represents (i.e. taxonomy). This is optional but should be completed if the Other 2 - Other Provider ID contains an entry.
Other Provider 2 ID (PDE-0200)	Enter the identification number (as indicated by the ID qualifier) of any additional provider associated with this claim. This is an optional field.
Other Provider 2 Last Name (PDE-0201)	Enter the last name of any additional provider. The maximum entry is 22 characters, including spaces, special characters, etc.

	This is an optional field.
Other Provider 2 First Name (PDE-0202)	The first name of any additional provider. The maximum entry is 14 characters, including spaces, special characters, etc. This is an optional field.
Other Provider 2 Middle Initial (PDE-0203)	Enter any additional provider's middle initial. This is an optional field.
Other Provider 2 Suffix (PDE-0204)	Select the suffix associated with an additional provider, if applicable. This is an optional field.

Screen Navigation

Button	Action	Link
Save Template	System saves Claim and displays another portlet with following text: "Template Saved successfully"	DDE-S-0012
Reset	System will initialize the editable fields in the form with blanks or initial values.	DDE-S-0012
Cancel	System loads Claims Main Page	Claims Main Page

Error Messages

Description	Resolution
Claim Resubmission Information – Resubmission Type Code Required	Enter a resubmission type code for a void or adjustment.
Claim Resubmission Information – ICN Required	Enter the 16 digit ICN number of the original claim that is being voided or adjusted.
Claim Resubmission Information – Enter Valid 16 digit ICN Number	Enter the 16 digit ICN number of the original claim that is being voided or adjusted.
Billing Provider – NPI required	Enter the CMS issued NPI 10 digit number associated with the billing provider responsible for the services on this claim.
Billing Provider-Org/Last Name is Required	Enter the billing provider's organization name or last name if an individual.
Billing Provider-Address 1 is Required	Enter the street address information of the billing provider.
Billing Provider –City is Required	Enter the city of the billing provider.
Billing Provider – Enter Valid City	Enter a valid alphanumeric city for the billing provider.
Billing Provider – State is Required	Select the state of the billing provider from the drop down list.
Billing Provider – Zip is Required	Enter valid 5 digit zip code and 4 digit zip exten-

	sion, if known.
Billing Provider – Enter Valid Zip Code	Enter valid 5 digit zip code and 4 digit zip extension, if known.
Pay to provider – Patient Control # is Required	Enter the account number assigned to the member by the Pay-To provider.
Pay to Provider – Place of Service/ Type of Bill is Required.	Select the place of service/ type of bill from the drop down list.
Pay to Provider – Medical Record Number is Required	Enter the medical record number assigned to the member by the Pay-To provider.
Pay to Provider – Please select whether the Federal Tax ID Number is the Provider's SSN or FEIN	If an entry is made in the Fed Tax No field, enter the indicator depicting whether the number represents the Pay-To provider's SSN or FEIN
Pay To Provider – the length of SSN or FEIN should be 9	Enter a valid 9 digit social security number or federal tax ID for the Pay-To provider.
Pay to Provider – Statement From Date is Required	Enter a valid begin date for the services on this claim in the MM/DD/CCYY format.
Pay to Provider – Enter correct Date (MM/DD/YYYY) format	Enter a valid begin date for the services on this claim in the MM/DD/CCYY format.
Pay to Provider – Statement To Date is required	Enter a valid end date for the services on this claim in the MM/DD/CCYY format.
Pay to Provider – Enter correct Date (MM/DD/YYYY) format	Enter a valid end date for the services on this claim in the MM/DD/CCYY format.
Patient Name – Patient's Date of Birth is Required	Enter member's valid birthdate in the format MM/DD/CCYY
Patient Name – Enter correct Date (MM/DD/YYYY) format	Enter member's valid birthdate in the format MM/DD/CCYY
Patient Name – Gender is Required	Select the member's gender.
Patient Name – Patient's Last Name is Required	Enter the member's last name.
Patient Name – First Name is Required	Enter the member's first name.
Admission – Type is required	Select valid admission type from drop down list.
Admission – Date is Required	Enter valid admission date in the format MM/DD/CCYY
Admission – Enter correct (MM/DD/YYY) format	Enter valid admission date in the format MM/DD/CCYY
Admission – Hour is required	Enter valid admission hour using digits 00 – 24.
Admission – Hour is Invalid	Enter valid admission hour using digits 00 – 24.
Admission – Source is Required	Select valid admission source from drop down.
Admission – Discharge Status is Required	Select valid discharge status from drop down list.
Occurrence Code – Occurrence Code is required	If Occurrence Date contains an entry, enter valid occurrence code.
Occurrence Code – Occurrence Date is required.	If Occurrence Code contains an entry, enter a valid occurrence date associated to the previous occurrence code in the MM/DD/CCYY format.
Occurrence Code – Enter correct Occurrence	Enter a valid occurrence date associated to the

Date with (MM/DD/YYYY) format.	previous occurrence code in the MM/DD/CCYY format.
Occurrence Span Information – Occurrence Code is required	If Occurrence Span Begin Date and/or Span End Date contain an entry, enter a valid Occurrence Code.
Occurrence Span Information – Begin Date is required	If the Occurrence Span Code contains an entry, enter a valid Begin Date in the MM/DD/CCYY format.
Occurrence Span Information – Enter correct Begin Date with (MM/DD/YYYY) format.	Enter a valid occurrence span begin date associated to the previous occurrence span code in the MM/DD/CCYY format.
Occurrence Span Information – End Date is required	If the Occurrence Span Code contains an entry, enter a valid End Date in the MM/DD/CCYY format.
Occurrence Span Information – Enter correct End Date with (MM/DD/YYYY) format	Enter a valid occurrence span end date associated to the previous occurrence span code in the MM/DD/CCYY format.
Line Item – Please enter at least one line item.	Enter a minimum of one service line for the claim.
Line Item – Revenue Code is Required	Enter a valid revenue code.
Line Item – Enter correct Service Begin Date with (MM/DD/YYYY) format.	Enter a valid service begin date in the MM/DD/CCYY format.
Line Item – Service Units are required.	Enter the number of units, visits or studies associated with the service line.
Line Item – Enter Valid Service Unit.	Enter the number of units, visits or studies associated with the service line.
Line Item – Total Line Charges Required.	Enter the amount charged in association with the service line.
Payer Information – Payer Name is required	Enter the name of the payer who would be responsible for all or part of the claim (i.e. Medicare, Medicaid, Other, etc.)
Payer Information – Insured Last Name is Required	Enter the last name for the person owning the policy associated with the previously entered payer.
Payer Information – Insured First Name is Required	Enter the first name for the person owning the policy associated with the previously entered payer.
Payer Information – Insured Relationship to Patient is Required	Select the relationship of the member to the person owning the policy associated with the previously entered payer.
Payer Information – Insured's Unique ID is required	Enter the unique number assigned to the person owning the policy associated with the previously entered payer.
Diagnosis Information – Principal DX is Required	Enter the principal diagnosis code, nature of the illness or injury.
Diagnosis Information – Admit DX is Required	Enter the admission diagnosis code, nature of the

	illness or injury.
Procedure Information – Enter correct (MM/DD/YYYY) format	Enter a valid date associated to the previously entered procedure code in the MM/DD/CCYY format.
Attachment Control Number – Patient's Account Number Required	Enter the account number assigned to the member by the billing or servicing provider for construction of the attachment control number.
Attachment Control Number – Date of Service is Required	Enter the beginning date of the services covered by the claim for construction of the attachment control number.
Attachment Control Number – Invalid Date of Service	Enter a valid begin date for the services covered in this claim in the MM/DD/CCYY format.
Attachment Control Number – Sequence Number is Required	Enter a sequence number for construction of the attachment control number.
Attachment Control Number – Invalid Sequence Number	Enter a valid number.
Attending NPI is required	Enter the CMS issued 10 digit NPI associated with the attending provider who performed the services on this claim.
Attending – Enter Valid Attending NPI	Enter the CMS issued 10 digit NPI associated with the attending provider who performed the services on this claim.
Attending – Last Name is Required	Enter the last name of the attending provider.
Attending – First Name is Required	Enter the first name of the attending provider.

Screen Access

1. Select Claims Menu
2. Select Create Institutional Template
3. The Create New Institutional Template screen will appear.
4. Complete required fields and select CONTINUE button
5. Create New Institutional Claim will appear.

Create New Institutional Claim (DDE-S-0013)

General Information

This screen is used for creating new Institutional claims.

Screen Name	Create New Institutional Claim
Source/Originator	Claims DDE
Usage	Submit Claim, Reset, Cancel

Screen Sample – DDE-S-0013

Virginia Medicaid

| Home | Contact Us | Log out

Home | Claims | Member | Service Authorization | Payment History

Create New Institutional Claim

* Required Fields

This form contains data used to enter a UB-04 form for the VA Title XIX Program.

Is this a void/replacement of a paid claim?

○ Yes ◉ No

Submitter Information

Submitter ID

[redacted]

Billing Provider

Medicaid Provider ID

National Provider ID [redacted]

Taxonomy Code

*Org / Last Name

First Name

MI

Suffix

*Address 1

Address 2

*City

*State

*Zip

Extension

Phone #

Fax #

Country Code

USA

Pay-To Provider

Is Pay-To Provider different than Billing Provider?

○ Yes ◉ No

*Pat. Contl. #

*Place of Service / Type of Bill

*Med Rec. #

Fed Tax No

○ SSN ○ FEIN

Statement Covers Period

*Statement From Date

*Statement To Date

Patient Name

*Patient Birthdate | *Gender | TDO/ECO Ind

*Last Name | *First Name | MI | Suffix

Patient Address

Address 1 | Address 2

City | State | Zip and Extension

Country Code
USA

Responsible Party

Last Name | First Name | MI | Suffix

Address 1 | Address 2

City | State | Zip and Extension

Country Code
USA

Admission

*Type

*Date | *HR | MIN 00 | *Source | DHR | DMIN 00 | *Status

Accident State | Crossover Part A Indicator ○ Y ◉ N

Condition Information

Add Condition Code

Condition Code
No Data

Occurrence Code

Add Occurrence

Occurrence Code	Occurrence Date
No Data	

Occurrence Span Information

Add Occurrence Span

Occurrence Code	Begin Date	End Date
No Data		

Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see Data Elements.

Data Element Name (ID)	Instructions
Adjustment/Void Indicator (PDE-0003)	If this a void/replacement of an adjudicated claim then this radio button will be set to 'Yes' and the Claim Resubmission Information section will display. If this is not a void/replacement of an adjudicated claim then this radio button will be set to 'No' and the Claim Resubmission Information section will not display. This is required, but has a default of 'No'
Adjustment/Void Reason (PDE-0004)	If Adjustment/Void indicator is 'Yes' the reason of the adjustment or void must be selected from the drop down list. For complete list of valid values see section 2. Data Elements This is situational – required if adjustment/void indicator is 'yes'
Adjustment/Void Original ICN (PDE-0005)	Enter the ICN of the original claim that is being adjusted or voided. This is a 16 alphanumeric field. This is situational – required if adjustment/void indicator is 'yes'
Populate Original ICN (button)	Clicking this button will populate the claim from the original claim's information for updating and resubmission. This button will be activated when both the Adjustment/Void Reason and the Original ICN are populated.
Submitter ID (PDE-0006)	This is the ID of the user that logged in the DDE to submit the claim. This is a protected field and will be supplied by the system based on log on information.
Special Indicator (PDE-0307)	This field will only be viewed by DMAS users that are part of the DMAS/PPU parameter/table. Checking this field will trigger the claim to be processed as a special batch.
Billing Provider Taxonomy (PDE-0008)	Enter the identification number of the provider billing services for this claim. This is optional.

Billing Provider NPI (PDE-0007)	This is the billing provider's NPI. With the exception of 'super-user' access, this is a protected field and will be supplied by the system based on the NPI associated to the log on information of the user signed in. For 'superuser' access, the user will supply this information. It's a required field and is a 10 digit numeric entry.
Billing Provider Taxonomy (PDE-0008)	Enter the taxonomy number of the provider billing services for this claim. This is optional.
Billing Provider Org-Last Name (PDE-217)	Enter the organization or last name of the billing provider. This is required.
Billing Provider First Name (PDE-218)	Enter the first name of the billing provider. This is an optional field.
Billing Provider Middle Initial (PDE-219)	Enter the middle initial of the billing provider. This is an optional field.
Billing Provider Address 1 (PDE-221)	Enter the street address of the billing provider. This is a required field.
Billing Provider Address 2 (PDE-222)	Enter any additional address information associated with the billing provider. This is an optional field.
Billing Provider City (PDE-0111)	Enter the city of the billing provider. This is a required field.
Billing Provider State (PDE-0112)	Select the billing provider's state from the drop down list. This is a required field.
Billing Provider Zip (PDE-0113)	Enter the billing provider's 5 digit zip code and 4 digit extension (if known). This is a required field.
Billing Provider Phone (PDE-0115)	Enter the billing provider's area code and phone number. This is an optional field.
Billing Provider Fax (PDE-0116)	Enter the billing provider's fax number including area code and number. This is an optional field.
Billing Provider Country (PDE-0114)	This is defaulted to 'USA'.

Pay-To Provider Ind (PDE-0125)	Select indicator to reflect rather the Pay-To Provider is different from the Billing Provider. This is an option field and default's to 'No'
Pay-To Provider Org-Last Name (PDE-0126)	Enter the organization name or last name of the provider payment is to be made to, if different from the billing provider. This is an optional field.
Pay-To Provider First Name (PDE-0127)	Enter the first name of the provider payment is to be made to, if different from the billing provider. This is an optional field.
Pay-To Provider MI (PDE-0128)	Enter the middle initial of the provider payment is to be made to, if different from the billing provider. This is an optional field.
Pay-To Provider Suffix (PDE-0129)	Enter the applicable suffix of the provider payment is to be made to, if different from the billing provider. This is an optional field.
Pay-To Provider Address 1 (PDE-209)	Enter the street address of the provider payment is to be made to, if different from the billing provider. This is an optional field.
Pay-To Provider Address 2 (PDE-0131)	Enter any additional address information of the provider payment is to be made to, if different from the billing provider. This is an optional field.
Pay-To Provider City (PDE-0132)	Enter the city of the provider payment is to be made to, if different from the billing provider. This is an optional field.
Pay-To Provider State (PDE-0133)	Select the state of the provider payment is to be made to, if different from the billing provider. This is an optional field.
Pay-To Provider Zip (PDE-0134)	Enter the zip code and extension, if known, of the provider payment is to be made to, if different from the billing provider. This is an optional field.
Member Account Number (PDE-0017)	Enter the member account number assigned by the provider to this member. This is an alphanumeric field with a maximum of 24 characters. This is a required field.
Place of Service (PDE-0024)	Select the place of service/type of bill from the drop down options.

	This is required.
Medical Record Num (PDE-0135)	Enter the medical record number assigned by the provider for this member. This is an alphanumeric field with a maximum of 24 characters. This is a required field.
Servicing Provider Tax ID (PDE-0094)	Enter either the social security number or federal tax id for the servicing provider. This is optional.
SSN-FEIN Ind (PDE-0095)	The radio button indicating if the previous field entered contains the social security number or the federal employer identification number. This is optional with no default.
Service From Date (PDE-0030)	Enter the start date of the period of services covered within this claim. Date should be entered in MM/DD/CCYY format or utilizing the calendar tool. This is required.
Service Thru Date (PDE-0031)	Enter the end date of the period of services covered within this claim. Date should be entered in MM/DD/CCYY format or utilizing the calendar tool. This is required and may be the same as the Service From Date.
Member's Date of Birth (PDE-0051)	Enter the member's birth date in the format MM/DD/CCYY, or select it from the calendar tool. This is required.
Member's Gender (PDE-0053)	Select the member's gender from the drop down options. This is required.
TDO/ECO Ind (PDE-0018)	Select emergency order option from the drop down list, if applicable. This is optional.
Member's Last Name (PDE-0013)	Enter the last name of the member the claim is submitted for. This is required.
Member's First Name (PDE-0014)	Enter the first name of the member the claim is submitted for. This is required.
Member's MI (PDE-0015)	Enter the middle initial of the member the claim is submitted for.

	This is an optional field.
Member's Suffix (PDE-0052)	Enter the applicable suffix of the member. This is an optional field.
Member's Address 1 (PDE-0045)	Enter any additional address information for the member the claim is submitted for. This is optional.
Member's Address 2 (PDE-0046)	Enter the secondary address of the member the claim is submitted for. This is optional.
Member's City (PDE-0047)	Enter the city for the member the claim is submitted for. This is optional.
Member's State (PDE-0048)	Select the appropriate state from the drop down list for the member the claim is submitted for. This is optional.
Member's Zip Code (PDE-0049)	Enter the zip code and extension (if known) for the member the claim is submitted for. This is an optional field.
Member's Country (PDE-0050)	This is a default of 'USA'.
Responsible Party Last Name (PDE-0138)	Enter the last name of the person responsible for this member. This is an optional field.
Responsible Party First Name (PDE-0139)	Enter the first name of the person responsible for this member. This is an optional field.
Responsible Party MI (PDE-0140)	Enter the middle initial of the person responsible for this member. This is an optional field.
Responsible Party Address 1 (PDE-0141)	Enter the street address of the person responsible for this member. This is an optional field.
Responsible Party Address 2 (PDE-0142)	Enter any additional address information of the person responsible for this member. This is an optional field.
Responsible Party City (PDE-0143)	Enter the city of the person responsible for this member.

	This is an optional field.
Responsible Party State (PDE-0144)	Select the state of the person responsible for this member. This is an optional field.
Responsible Party Zip (PDE-0145)	Enter the zip code and extension, if known, of the person responsible for this member. This is an optional field.
Responsible Party Country (PDE-0146)	This defaults to 'USA'.
Admission Type (PDE-0147)	Select the type of admission for this claim. This is a required field.
Date of Admission (PDE-0029)	Enter the date of the hospital admission. This is a required field.
Admission Time (PDE-0148)	Enter the time of the hospital admission. This is a required field.
Admission Source (PDE-0149)	Select the source of the hospital admission. This is a required field.
Discharge Time (PDE-0150)	Enter the time of the hospital discharge. This is an optional field.
Discharge Status (PDE-0151)	Select the status at the time of the hospital discharge. This is a required field.
Accident State (PDE-0152)	If hospitalization is due to an accident, select the state where the accident took place. This is an optional field.
Crossover Part A Ind (PDE-0153)	If the institutional claim is for Medicare part A, select the 'yes' indicator. This is an optional field with a default of 'No'.
Condition Code (PDE-0154)	Enter the condition code(s) associated with this claim. This is an optional field.
Occurrence Code (PDE-0155)	Enter the occurrence code(s) associated with this claim. This is an optional field.
Occurrence Date (PDE-0156)	Enter the date associated with the occurrence code from the previous entry. This is an optional field.
Occurrence Span Code	Enter the occurrence span code(s) associated with this claim.

(PDE-0157)	This is an optional field.
Occurrence Span Begin Date (PDE-0158)	Enter the begin date associated with the occurrence span code from the previous entry. This is an optional field.
Occurrence Span End Date (PDE-0159)	Enter the end date associated with the occurrence span code from the previous entry. This is an optional field.
Value Code (PDE-0160)	Enter the value code(s) associated with this claim. This is an optional field.
Value Amount (PDE-0161)	Enter the amount associated with the value code from the previous entry. This is an optional field.
Revenue Code (PDE-0162)	Enter the revenue code(s) associated with this claim. At least one entry is required.
Revenue Description (PDE-0163)	Enter the description associated the revenue code from the previous entry.
Rate Code (PDE-0164)	Enter the rate or HCPCS procedure code(s) associated with the previously entered revenue code. This is an optional field.
Modifier (PDE-0027)	Enter 0 – 4 modifiers associated with the previously entered HCPCS procedure code, if applicable. This is an optional field.
Initial Date of Service (PDE-0165)	Enter the first date of service associated with this service line in the format MM/DD/CCYY. This is an optional field.
Service Units (PDE-0207)	Enter the number of units, services, hours, etc. associated with the service line. At least one entry is required.
Revenue Total Charges (PDE-0088)	Enter total charges associated with the service line. At least one entry is required.
Non-Covered Charges (PDE-0166)	Enter any charges not covered by Medicaid, associated with the service line. This is an optional field.
Payer Name (PDE-0167)	Enter the payer name (i.e. Medicare, Medicaid or other payer) for claim payment.

	At least one payer is required.
Health Plan ID (PDE-0168)	Enter the plan id associated with the payer previously entered. This is an optional field.
Information Release Ind (PDE-0169)	Select the drop down option indicating rather the payer can release information associated with this claim. This is an optional field.
Assignment of Benefit Ind (PDE-0170)	Select the option indicating assignment of benefits is authorized. This is an optional field.
Prior Payments (PDE-0171)	Enter the amount of any payments already paid towards this claim. This is an optional field.
Total Claim Charges (PDE-0097)	Enter the estimated amount due for this claim. This is an optional field.
Other Provider 1 ID (PDE-0194)	Enter the identification number associated with the payer previously entered. This is an optional field.
Insured's Last Name (PDE-0061)	Enter the last name of the 'owner' of any third party insurance. At least one entry is required.
Insured's First Name (PDE-0062)	Enter the first name of the 'owner' of any third party insurance. At least one entry is required.
Insured's Middle Initial (PDE-0063)	Enter the middle initial of the 'owner' of any third party insurance. This is an optional field.
Insured's Suffix (PDE-0064)	Select the insured's suffix, if applicable. This is an optional field.
Relationship to Insured (PDE-0056)	Select the member's relationship to the insured. This is a required field.
Insured's Unique ID (PDE-0065)	Enter the insured's policy identification number. If payer is 'Medicaid', this is the member's Medicaid ID. This is a required field.
Insured's Policy Group Name	Enter the group name associated with the insured's policy.

(PDE-0066)	This is an optional field.
Insured's Policy Group Number (PDE-0067)	Enter the policy number association with the insured's policy. This is an optional field.
Service Authorization Num (PDE-0085)	Enter the service authorization number for any treatment pre-authorization. This is optional.
Insured's Employer-School (PDE-0069)	Enter the employer or school name associated with any third party insurance. This is optional.
Diagnosis Qualifier (PDE-0173)	Select the option to indicate whether ICD-9 or ICD-10 diagnosis codes are used for this claim.
Diagnosis Code (PDE-0020)	Enter the principal diagnosis code or up to a total of 18 diagnoses for this claim. At least one (principal) diagnosis is required field.
Diagnosis POA Code (PDE-0174)	Select the appropriate POA code(s) associated with the previously entered diagnosis(es). At least one (associated with the principal diagnosis) is required with a default of blanks.
Admission Diagnosis (PDE-0175)	Enter the diagnosis code associated with the member's admission. This is a required field.
Member Reason Diagnosis (PDE-0176)	Enter 1 – 3 diagnoses associated with the member's reason for hospitalization. This is an optional field.
PPS (PDE-0177)	Enter the PPS code associated with this diagnosis. This is an optional field.
ECI (PDE-0178)	Enter 1 – 3 ECI codes associated with this diagnosis. This is an optional field.
ECI POA Code (PDE-0179)	Enter the POA code(s) associated with the previously entered ECI code(s). This is an optional field.
Procedure Code Type (PDE-0087)	Enter the 1 – 5 procedure code(s) associated with this claim. This is an optional field.
Procedure Date (PDE-0180)	Enter the date(s) associated with the previously entered procedure code(s).

	This is an optional field.
Attachment Ind (PDE-0040)	If claim has attachments, then this radio button will be set to 'Yes' and the Attachment Control Number (ACN) section will display. If claim does not have attachments, then this radio button will be set to 'No' and the Attachment Control Number (ACN) section will not display. This is a required field with a default of 'No'.
Member Account Number (PDE-0017)	Enter the member account number assigned by the provider to this member. This is an alphanumeric field with a maximum of 24 characters. This is a required field only if the Attachment Ind is 'Yes'.
Date of Service (PDE-0030)	Enter the date on which the service was first rendered. Date should be entered in the format MM/DD/YYYY. This is a required field only if the Attachment Ind is 'Yes'.
Sequence Number (PDE-0041)	Enter the sequence number created by the user. This is a required field only if the Attachment Ind is 'Yes'.
Remarks (PDE-0042)	Enter any remarks that might be necessary to the adjudication of the claim, per the billing manual. This is an optional field.
Attending Provider NPI (PDE-0181)	Enter the CMS issued 10 digit NPI number associated with the attending provider. This is a required field.
ID Qualifier (PDE-0078)	If a provider ID is to be entered for the attending provider, select the appropriate qualifier from the drop down menu indicating what the number represents (i.e. taxonomy). This is optional but should be completed if the Attending Provider ID contains an entry.
Attending Provider ID (PDE-0182)	Enter the identification number (as indicated by the ID qualifier) of the attending provider. This is an optional field.
Attending Provider Last Name (PDE-0183)	Enter the last name of the attending provider. The maximum entry is 22 characters, including spaces, special characters, etc. This is a required field.
Attending Provider First Name (PDE-0184)	The first name of the attending provider. The maximum entry is 14 characters, including spaces, special characters, etc.

	This is a required field.
Attending Provider Middle Initial (PDE-0185)	Enter the attending provider's middle initial. This is an optional field.
Attending Provider Suffix (PDE-0186)	Select the attending provider's suffix, if applicable. This is an optional field.
Operating Provider NPI (PDE-0187)	Enter the CMS issued 10 digit NPI number associated with the operating provider. This is an optional field.
ID Qualifier (PDE-0078)	If a provider ID is to be entered for the attending provider, select the appropriate qualifier from the drop down menu indicating what the number represents (i.e. taxonomy). This is optional but should be completed if the Operating Provider ID contains an entry.
Operating Provider ID (PDE-0188)	Enter the identification number (as indicated by the ID qualifier) of the operating provider. This is an optional field.
Operating Provider Last Name (PDE-0189)	Enter the last name of the operating provider. The maximum entry is 22 characters, including spaces, special characters, etc. This is an optional field.
Operating Provider First Name (PDE-0190)	The first name of the operating provider. The maximum entry is 14 characters, including spaces, special characters, etc. This is an optional field.
Operating Provider Middle Initial (PDE-0191)	Enter the operating provider's middle initial. This is an optional field.
Operating Provider Suffix (PDE-0192)	Select the operating provider's suffix, if applicable. This is an optional field.
Other Provider 1 NPI (PDE-0193)	Enter the CMS issued 10 digit NPI number associated with any additional provider in conjunction with this claim. This is an optional field.
ID Qualifier (PDE-0078)	If a provider ID is to be entered for the attending provider, select the appropriate qualifier from the drop down menu indicating what the number represents (i.e. taxonomy). This is optional but should be completed if the Other 1 - Other Provider ID contains an entry.
Other Provider 1 ID	Enter the identification number (as indicated by the ID qual-

(PDE-0194)	ifier) of any additional provider associated with this claim. This is an optional field.
Other Provider 1 Last Name (PDE-0195)	Enter the last name of any additional provider. The maximum entry is 22 characters, including spaces, special characters, etc. This is an optional field.
Other Provider 1 First Name (PDE-0196)	The first name of any additional provider. The maximum entry is 14 characters, including spaces, special characters, etc. This is an optional field.
Other Provider 1 Middle Initial (PDE-0197)	Enter any additional provider's middle initial. This is an optional field.
Other Provider 1 Suffix (PDE-0198)	Select the suffix associated with an additional provider, if applicable. This is an optional field.
Other Provider 2 NPI (PDE-0199)	Enter the CMS issued 10 digit NPI number associated with any additional provider in conjunction with this claim. This is an optional field.
ID Qualifier (PDE-0078)	If a provider ID is to be entered for the attending provider, select the appropriate qualifier from the drop down menu indicating what the number represents (i.e. taxonomy). This is optional but should be completed if the Other 2 - Other Provider ID contains an entry.
Other Provider 2 ID (PDE-0200)	Enter the identification number (as indicated by the ID qualifier) of any additional provider associated with this claim. This is an optional field.
Other Provider 2 Last Name (PDE-0201)	Enter the last name of any additional provider. The maximum entry is 22 characters, including spaces, special characters, etc. This is an optional field.
Other Provider 2 First Name (PDE-0202)	The first name of any additional provider. The maximum entry is 14 characters, including spaces, special characters, etc. This is an optional field.
Other Provider 2 Middle Initial (PDE-0203)	Enter any additional provider's middle initial. This is an optional field.
Other Provider 2 Suffix (PDE-0204)	Select the suffix associated with an additional provider, if applicable.

	This is an optional field.

Screen Navigation

Button	Action	Link
Submit Claim	- System submits Claim - System loads “Claim Submitted’ portlet	DDE-S-0013
Reset	System will initialize the editable fields in the form with blanks or initial values.	DDE-S-0013
Cancel	System loads Claims Main Page	Claims Main Page

Error Messages

All errors and their associated messages for this screen are identical to the Institutional Template.

Description	Resolution
Claim Resubmission Information – Resubmission Type Code Required	Enter a resubmission type code for a void or adjustment.
Claim Resubmission Information – ICN Required	Enter the 16 digit ICN number of the original claim that is being voided or adjusted.
Claim Resubmission Information – Enter Valid 16 digit ICN Number	Enter the 16 digit ICN number of the original claim that is being voided or adjusted.
Billing Provider – NPI required	Enter the CMS issued NPI 10 digit number associated with the billing provider responsible for the services on this claim.
Billing Provider-Org/Last Name is Required	Enter the billing provider’s organization name or last name if an individual.
Billing Provider-Address 1 is Required	Enter the street address information of the billing provider.
Billing Provider –City is Required	Enter the city of the billing provider.
Billing Provider – Enter Valid City	Enter a valid alphanumeric city for the billing provider.
Billing Provider – State is Required	Select the state of the billing provider from the drop down list.
Billing Provider – Zip is Required	Enter valid 5 digit zip code and 4 digit zip extension, if known.
Billing Provider – Enter Valid Zip Code	Enter valid 5 digit zip code and 4 digit zip extension, if known.
Pay to provider – Patient Control # is Required	Enter the account number assigned to the member by the Pay-To provider.
Pay to Provider – Place of Service/ Type of Bill is Required.	Select the place of service/ type of bill from the drop down list.

Pay to Provider – Medical Record Number is Required	Enter the medical record number assigned to the member by the Pay-To provider.
Pay to Provider – Please select whether the Federal Tax ID Number is the Provider's SSN or FEIN	If an entry is made in the Fed Tax No field, enter the indicator depicting rather the number represents the Pay-To provider's SSN or FEIN
Pay To Provider – the length of SSN or FEIN should be 9	Enter a valid 9 digit social security number or federal tax ID for the Pay-To provider.
Pay to Provider – Statement From Date is Required	Enter a valid begin date for the services on this claim in the MM/DD/CCYY format.
Pay to Provider – Enter correct Date (MM/DD/YYYY) format	Enter a valid begin date for the services on this claim in the MM/DD/CCYY format.
Pay to Provider – Statement To Date is required	Enter a valid end date for the services on this claim in the MM/DD/CCYY format.
Pay to Provider – Enter correct Date (MM/DD/YYYY) format	Enter a valid end date for the services on this claim in the MM/DD/CCYY format.
Patient Name – Patient's Date of Birth is Required	Enter member's valid birthdate in the format MM/DD/CCYY
Patient Name – Enter correct Date (MM/DD/YYYY) format	Enter member's valid birthdate in the format MM/DD/CCYY
Patient Name – Gender is Required	Select the member's gender.
Patient Name – Patient's Last Name is Required	Enter the member's last name.
Patient Name – First Name is Required	Enter the member's first name.
Admission – Type is required	Select valid admission type from drop down list.
Admission – Date is Required	Enter valid admission date in the format MM/DD/CCYY
Admission – Enter correct (MM/DD/YYY) format	Enter valid admission date in the format MM/DD/CCYY
Admission – Hour is required	Enter valid admission hour using digits 00 – 24.
Admission – Hour is Invalid	Enter valid admission hour using digits 00 – 24.
Admission – Source is Required	Select valid admission source from drop down.
Admission – Discharge Status is Required	Select valid discharge status from drop down list.
Occurrence Code – Occurrence Code is required	If Occurrence Date contains an entry, enter valid occurrence code.
Occurrence Code – Occurrence Date is required.	If Occurrence Code contains an entry, enter a valid occurrence date associated to the previous occurrence code in the MM/DD/CCYY format.
Occurrence Code – Enter correct Occurrence Date with (MM/DD/YYYY) format.	Enter a valid occurrence date associated to the previous occurrence code in the MM/DD/CCYY format.
Occurrence Span Information – Occurrence Code is required	If Occurrence Span Begin Date and/or Span End Date contain an entry, enter a valid Occurrence Code.
Occurrence Span Information – Begin Date is required	If the Occurrence Span Code contains an entry, enter a valid Begin Date in the MM/DD/CCYY

	format.
Occurrence Span Information – Enter correct Begin Date with (MM/DD/YYYY) format.	Enter a valid occurrence span begin date associated to the previous occurrence span code in the MM/DD/CCYY format.
Occurrence Span Information – End Date is required	If the Occurrence Span Code contains an entry, enter a valid End Date in the MM/DD/CCYY format.
Occurrence Span Information – Enter correct End Date with (MM/DD/YYYY) format	Enter a valid occurrence span end date associated to the previous occurrence span code in the MM/DD/CCYY format.
Line Item – Please enter at least one line item.	Enter a minimum of one service line for the claim.
Line Item – Revenue Code is Required	Enter a valid revenue code.
Line Item – Enter correct Service Begin Date with (MM/DD/YYYY) format.	Enter a valid service begin date in the MM/DD/CCYY format.
Line Item – Service Units are required.	Enter the number of units, visits or studies associated with the service line.
Line Item – Enter Valid Service Unit.	Enter the number of units, visits or studies associated with the service line.
Line Item – Total Line Charges Required.	Enter the amount charged in association with the service line.
Payer Information – Payer Name is required	Enter the name of the payer who would be responsible for all or part of the claim (i.e. Medicare, Medicaid, Other, etc.)
Payer Information – Insured Last Name is Required	Enter the last name for the person owning the policy associated with the previously entered payer.
Payer Information – Insured First Name is Required	Enter the first name for the person owning the policy associated with the previously entered payer.
Payer Information – Insured Relationship to Patient is Required	Select the relationship of the member to the person owning the policy associated with the previously entered payer.
Payer Information – Insured's Unique ID is required	Enter the unique number assigned to the person owning the policy associated with the previously entered payer.
Diagnosis Information – Principal DX is Required	Enter the principal diagnosis code, nature of the illness or injury.
Diagnosis Information – Admit DX is Required	Enter the admission diagnosis code, nature of the illness or injury.
Procedure Information – Enter correct (MM/DD/YYYY) format	Enter a valid date associated to the previously entered procedure code in the MM/DD/CCYY format.
Attachment Control Number – Patient's Account Number Required	Enter the account number assigned to the member by the billing or servicing provider for construction of the attachment control number.

Attachment Control Number – Date of Service is Required	Enter the beginning date of the services covered by the claim for construction of the attachment control number.
Attachment Control Number – Invalid Date of Service	Enter a valid begin date for the services covered in this claim in the MM/DD/CCYY format.
Attachment Control Number – Sequence Number is Required	Enter a sequence number for construction of the attachment control number.
Attachment Control Number – Invalid Sequence Number	Enter a valid number.
Attending NPI is required	Enter the CMS issued 10 digit NPI associated with the attending provider who performed the services on this claim.
Attending – Enter Valid Attending NPI	Enter the CMS issued 10 digit NPI associated with the attending provider who performed the services on this claim.
Attending – Last Name is Required	Enter the last name of the attending provider.
Attending – First Name is Required	Enter the first name of the attending provider.

Screen Access

1. Select Claims Menu
2. Select Create Institutional Claim
3. Create New Institutional Claim screen will appear.

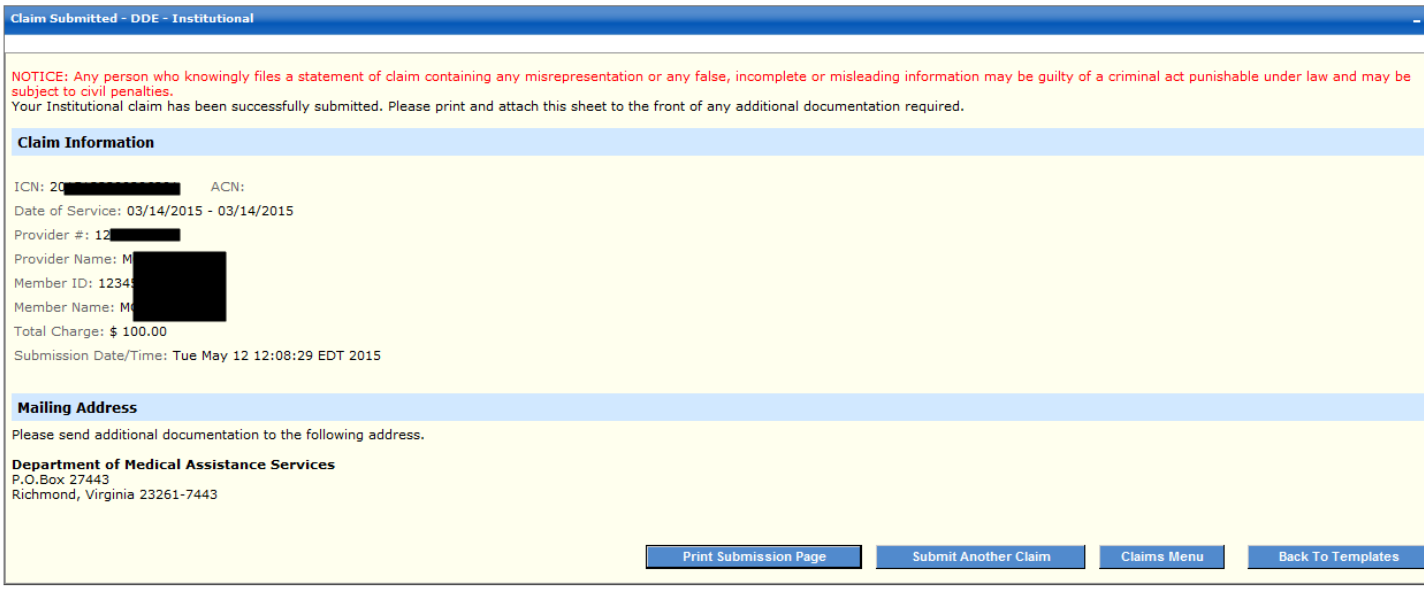
Institutional Claim Submission (DDE-S-0014)

General Information

This screen recaps the information submitted for the Institutional claim. It details the ICN number and some basic information. The user can print this off for their records if they wish.

Screen Name	Claims Submitted
Source/Originator	Claims DDE
Usage	Print Submission Page, Submit Another Claim, Claims Menu

Screen Sample – DDE-S-0014


Claim Submitted - DDE - Institutional

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.
Your Institutional claim has been successfully submitted. Please print and attach this sheet to the front of any additional documentation required.

Claim Information

ICN: 20[redacted] ACN:
Date of Service: 03/14/2015 - 03/14/2015
Provider #: 12[redacted]
Provider Name: M[redacted]
Member ID: 1234[redacted]
Member Name: M[redacted]
Total Charge: $ 100.00
Submission Date/Time: Tue May 12 12:08:29 EDT 2015

Mailing Address

Please send additional documentation to the following address.

Department of Medical Assistance Services
P.O.Box 27443
Richmond, Virginia 23261-7443

Print Submission Page | Submit Another Claim | Claims Menu | Back To Templates

Data Elements

Note: This is a display only screen. For additional information on the data elements please see Data Elements.

Data Element Name (ID)	Instructions
ICN	Display Only – Internal Control Number
Concatenation of: Member's Account Number (PDE-0017) Service From Date	Display Only – Attachment Control Number

(PDE-0030) Sequence Number (PDe-0041)	
Service From Date (PDE-0030)	Display Only
Billing Provider NPI (PDE-0007)	Display Only
Concatenation of: Provider Org/Last Name (PDE-0011) Provider's First Name (PDE-0012) Provider Middle Initial (PDE-0099)	Display Only
Member's ID Number (PDE-0016)	Display Only
Concatenation of: Member's Last Name (PDE-0013) Member's First Name (PDE-0014) Member's MI (PDE-0015)	Display Only
Total Claim Charges (PDE-0097)	Display
Submission Date/Time	Display only. The date and time the claim was submitted to the system

Screen Navigation

Button	Action	Link
Print Submission Page	Allows the user to print the page for their records	DDE-S-0014
Submit Another Claim	Allows the user to submit another Institutional Claim	DDE-S-0013
Claim Menu	Routes the user back to the Claims Main Menu	Claims Main Menu
Back to Templates	Routes the user back to the View/Edit/Delete Template screen	DDE-S-0004

Error Messages

N/A

Screen Access

This is only displayed after the successful completion of an Institutional claim by the user.

Tables – MMIS/DB2

There are no MMIS/DB2 tables utilized in the Claims Direct Data Entry processing. For information on data that ultimately becomes input in to the MMIS, please see Outputs.

Tables - Portal

- Claims Template Table - WP_CLM_TMPLT_TB (DDE-T-0001)
- Web Portal Claims Table - WP_CLM_TB (DDE-T-0002)

Claims Template Table (DDE-T-0001)

General Information

The WP_CLM_TMPLT_TB table houses the information associated with Professional, Institutional and/or Crossover Part B Templates. It contains the template's name and long description.

Data Elements

Note: For detail information on the data elements please see Data Elements.

Data Element Name	Field Length	Portal Data Element	Description
WP_TMPLT_NAM	40	Template Name PDE-0001	Template Name associated to each template.
WP_TMPLT_DESC	320	Long Description PDE-0002	Long description associated to each template, if it was entered.

Web Portal Claims Table (DDE-T-0002)

General Information

The WP_CLM_TB table houses the information associated to Professional, Institutional and/or Crossover Part B claims. In addition to information needed in the processing of the file, this table houses all the information needed for creating the pdf files, MMIS adjudication and attachment files.

Due to the nature of the JAVA code, all the entered data becomes part of an xml that's passed in its entirety so it's housed in the table that way as well.

Data Elements

Note: For detail information on the data elements please see Data Elements.

Data Element Name	Field Length	Portal Data Element	Description
WP_CLM_SK_ NUMBER	10	N/A	A unique system generated number used internally to the system
WP_ICN_ID	16	ICN (PDE-0044)	The internal control number assigned by the system to a claim/claim line.
WP_CLM_TY_CD	2	N/A	For Crossover claims this defaults to '09' For Professional claims this defaults to '05' For Institutional claims this defaults to '01'
WP_USER_SK NUMBER	10	N/A	The user ID associated with the user entering the claim
WP_CLM_CREATE_ DT DATE	8	N/A	Date Claim was written to the WP_CLM_TB
WP_CLM_SUBM_DT DATE	8	N/A	Date Claim was entered into the DDE
WP_CLM_STAT_CD	2	N/A	Claim record status 01 – Ready to Extract 02 - Extracted
G_AUD_TS TIMESTAMP	6	N/A	Audit Date/Time stamp reflecting when the claim was entered into the DDE
L_HIBERNATE_VER_ NUM NUMBER	9	N/A	Defaults to 1

WP_CLM_DATA BLOB, - Claim Data	Variable	N/A	String containing all the information entered in to the DDE to become input into the MMIS
WP_CLM_PDF_DATA BLOB, - PDF data	Variable	N/A	String containing all the information entered in to the DDE to become the pdf version of the claim.
WP_PDF_STAT_CD – PDF Status (Y,N)	1	N/A	Code generating whether pdf was created