

Drug Screens

03/30/2016

Screens PD-S-001 Prospective DURS Main Menu

General Information

This screen allows access to claims that encountered DUR messages or alerts.

SOURCE/ORIGINATOR	Help Desk Operator
USAGE	Inquiry
PROGRAM	VDT700B1
MAPSET	VD700B1
TRAN ID	NV60

SAMPLE **Prospective DURS Main Menu (PD-S-001)**



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MMIS

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

Screen ID: PD-S-001
Trans ID: NV60
Program ID: VDT700B1

VIRGINIA MEDICAID PROSPECTIVE DURS MAIN MENU

- Selection: Therapeutic Drug Screen
 Original Claims Screen
 Detailed Problem Screen
 Criteria Management Screen

Provider:

Rx Number:

NDC:

Date Dispensed:

Benefit Program:

YYYYMMDD

PLEASE ENTER SELECTIONS 01, 02, 03 OR 04

Enter

Sub Menu

Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	SELECTION Screen Functional Selection (DE5854)	Messages: Selection Options: Therapeutic Drug Screen Original Claims Screen Detailed Problem Screen Criteria Management Screen	Choose a radio button: 1. Therapeutic Drug Screen 2. Original Claims Screen 3. Detailed Problem Screen 4. Criteria Man- agement Screen Choose a radio button: 1. Therapeutic Drug Screen 2. Original Claims Screen 3. Detailed Problem Screen 4. Criteria Man- agement Screen
2	PROVIDER National Provider Identifier (DE4700)	Edits: Messages: Provider Number must be entered for Selec- tions 2, 3	Enter a unique number assigned to a pro- vider. This field is only active when you choose Original Claims Screen. Enter a unique number assigned to a pro- vider. This field is only active when you choose Original Claims Screen.
3	RX NO Claim Pharmacy Pre- scription Number (DE2211)	Messages: Date dispensed must be entered for Selection 3	This is a reference number assigned by the provider for the dispensed drug/- product and/or service provided. This is a reference number assigned by the provider for the dispensed drug/- product and/or service provided.
4	NDC Drug Code (NDC) (DE5200)	Messages: NDC must be entered for Selection 1	This is the 11-digit national standard for- mulary code used by most states to uniquely identify drugs. This is the 11-digit national standard for- mulary code used by most states to uniquely identify drugs.
5	DATE DISPENSED Claim Entered Date (DE2177)	Messages: Date dispensed must be entered for Selection 3	Enter the date the claim entered the auto- mated system. Only open when you select Detailed Problem Screen from the Selec- tion Menu. Enter the date the claim entered the auto- mated system. Only open when you select Detailed Problem Screen from the Selec- tion Menu.

6	BENEFIT PROGRAM Benefit Definition Plan Program Code (DE3551)	Messages: Benefit Program Code must be entered for Selection 01	The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding.
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NAVIGATION			Prospective DURS Main Menu (PD-S-001)
Function (B) or (M)	Action	Branch To (B) or Return To (R)	
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	RF-S-010 (R)	
ENTER	Branches to the Prospective DURS screens based on function selection. Selection 1 - Branches to the ProDUR Therapeutic Drug Screen - PD-S-002. Selection 2 - Branches to the ProDUR Original Claims Screen - PD-S-003. Selection 3 - Branches to the ProDUR Detailed Problem Screen - PD-S-004. Selection 4 - Branches of the ProDUR Therapeutic Criteria Management Screen - PD-S-005.	N/A	
PF12 or SUB MENU	This will transfer control back to the PRN Help Desk Main Menu.	POS-S-000 (R)	

Error Messages

Error	Description	Resolution
6002	ADD OPERATION IS INVALID IN THIS	Switch to the Add/Update mode, if necessary.

	REGION	
6003	ADD OR UPDATE CRITERIA DETAILS	Add or update criteria details.
6004	ADD/UPDATE RECORDS	Information message. No action needed.
6015	AT THE TOP OF THE PAGE	Information message. No action needed.
6046	BENEFIT PROGRAM ENTERED IS NOT AVAILABLE	Check the benefit program for formatting or validity.
6068	CHOOSE PAGE DOWN TO SCROLL DOWN FOR MORE RECORDS	Information message. No action needed.
6069	CHRONIC CODE INSERTED HIGHLIGHTED DIAGNOSIS CODES NOT INSERTED.	Information message. Check highlighted codes for valid data/format.
6080	CRITERIA ADDED SUCCESSFULLY	Information message. No action needed.
6081	CRITERIA ALREADY INSERTED	Information message. No action needed.
6082	CRITERIA ALREADY PRESENT TRY ANOTHER CRITERIA.	Information message. No action needed.
6086	CRITERIA DETAILS DELETED	Information message. No action needed.
6087	CRITERIA DETAILS LOGICALLY DELETED BY UPDATING END DATE	Information message. No action needed.
6088	CRITERIA LOGICAL DELETE UNSUCCESSFUL	Update the end date again to delete criteria.
6089	CRITERIA NOT PRESENT TRY ANOTHER CRITERIA.	See the field definitions for valid data/-formatting of the criteria. If necessary, enter another criteria.
6090	CURRENT PAGE IS:	Information message. No action needed.
6103	DATABASE ERROR	Contact ACS Operations for assistance, if necessary.
6104	DATABASE HAS BEEN UPDATED SUCCESSFULLY.	Information message. No action needed.
6110	DAYS SPAN MUST BE NUMERIC	If necessary, see the field definitions for valid data/formatting of the criteria.
6114	DELETE OPERATION IS INVALID	Switch to the Add/Update mode, if necessary.
6113	DELETE OPERATION IS INVALID IN THIS REGION	Switch to the Add/Update mode, if necessary.
6115	DIAGNOSIS ADDED SUCCESSFULLY	Information message. No action needed.
6116	DIAGNOSIS CODES INVALID TRY A DIFFERENT DIAGNOSIS.	Enter a different diagnosis code, If necessary, see the field definitions for valid data/-formatting.
6117	DIAGNOSIS DETAILS DELETED	Information message. No action needed.
6118	DIAGNOSIS DETAILS LOGICALLY DELETED BY UPDATING END DATE	Information message. No action needed.
6127	EARLY REFILL QUANTITY CANNOT BE EMPTY	Enter an early refill quantity value. If necessary, see the field definitions for valid data/-

		formatting of the criteria.
6139	END OF PAGE	Information message. No action needed.
6140	ENROLLEE DETAILS FOUND	Information message. No action needed.
6141	ENROLLEE DETAILS NOT FOUND	Enter another enrollee, if necessary.
6142	ENROLLEE ELIGIBILITY DETAILS NOT FOUND	Information message.
6148	ENTER A VALID INTERACTION CODE	Enter a valid interaction code. If necessary, see the field definitions for valid data/-formatting.
6158	ENTER ONLY Y/N	Enter a Y or N. If necessary, see the field definitions for valid data/formatting.
6162	ENTER THE BENEFIT PROGRAM	Information message.
6165	ENTER THE CRITERIA CODE	Information message.
6167	ENTER THE INTERACTION CODE	Information message.
6171	ENTER THE SELECTION	Information message.
6172	ENTER THE SERVICE DATE DEFAULT IS CURRENT DATE.	Information message.
6173	ENTER THE THERAPEUTIC CODE	Information message.
6217	ERROR IN GETTING CURRENT TIMESTAMP	If necessary, contact ACS Operations for assistance.
6244	ERROR IN THE SERVICE DATE CHECK THE DATE.	Enter a different diagnosis code, If necessary, see the field definitions for valid data/-formatting.
6275	EXCESS QUANTITY CANNOT BE ZEROES	Enter a different diagnosis code, If necessary, see the field definitions for valid data/-formatting.
6276	EXCESS QUANTITY MUST BE NUMERIC	Re-enter an excess quantity in valid format. If necessary, see the field definitions for valid data/formatting.
6277	EXCESSIVE DOSAGE CANNOT BE ZEROES	Re-enter the excessive dosage value. If necessary, see the field definitions for valid data/-formatting.
6278	EXCESSIVE DOSAGE MUST BE NUMERIC	Re-enter the excessive dosage value. If necessary, see the field definitions for valid data/-formatting.
6279	EXCESSIVE DOSAGE OVER AGE MUST BE NUMERIC	Re-enter the excessive dosage over age value. If necessary, see the field definitions for valid data/formatting.
6284	FILE NOT OPEN ERROR	Contact ACS Operations for assistance
6302	HIGHLIGHTED DIAGNOSIS CODES NOT FOUND IN THE DIAGNOSIS TABLE	Enter a different diagnosis code. If necessary, see the field definitions for valid data/-formatting.

6304	I/O ERROR	Contact ACS Operations for assistance.
6317	INSERT SUCCESSFUL NO MORE BENEFIT PROGRAMS FOR INSERTION.	Information message. No action needed.
6315	INSERT SUCCESSFUL EXCEPT FOR HIGHLIGHTED RANGES NO MORE PROGRAMS AVLBL	Information message. No action needed.
6316	INSERT SUCCESSFUL EXCEPT HIGHLIGHTED CRITERIA	Review highlighted criteria. If necessary, see the field definitions for valid data/formatting.
6383	INVALID KEY CHOSEN	Enter a different diagnosis code. If necessary, see the field definitions for valid data/-formatting.
6384	INVALID KEY CHOSEN SCROLL FORWARD IS NOT AVAILABLE IN INSERT MODE.	Choose another button, if necessary.
6385	INVALID KEY CHOSEN CHECK FOR ERRORS; FILL IN ENTIRE SCREEN AND CHOOSE ENTER.	Choose another button, if necessary.
6386	INVALID KEY CHOSEN SCROLL BACKWARD IS NOT AVAILABLE IN INSERT MODE.	Information message. No action needed.
6381	INVALID KEY CHOSEN AS ON ENTRY FROM PRODUR MENU DIRECTLY	Chose another button for entry.
6387	INVALID KEY CHOSEN; FROM AGE CHANGED CHOOSE ENTER.	Follow instructions in message.
6388	INVALID KEY CHOSEN; AGE CHANGED CHOOSE ENTER	Follow instructions in message.
6389	INVALID KEY CHOSEN; DAYS SPAN CHANGED CHOOSE ENTER.	Follow instructions in message.
6390	INVALID KEY CHOSEN; DENY INDICATOR	Check field for valid data and re-enter.
6392	INVALID KEY CHOSEN; DESCRIPTION CHANGED CHOOSE ENTER.	Follow instructions in message.
6393	INVALID KEY CHOSEN; DOSAGE CHANGED CHOOSE ENTER.	Follow instructions in message.
6394	INVALID KEY CHOSEN; EXCESS QUANTITY	Check field for valid data and re-enter.
6396	INVALID KEY CHOSEN; HIGHLIGHTED FIELD(S) CHANGED ORIGINAL VALUE RESTORED.	Information message. No action needed.
6397	INVALID KEY CHOSEN; PREGNANCY INDICATOR CHANGED CHOOSE ENTER	Follow instructions in message.
6398	INVALID KEY CHOSEN; THRU AGE CHANGED CHOOSE ENTER	Follow instructions in message.

6409	INVALID PARAMETER	Enter a new parameter. If necessary, see the field definitions for valid data/formatting.
6436	LENGTH OF ENROLLEE ID IS 12	Re-enter enrollee ID. If necessary, see the field definitions for valid data/formatting.
6439	LOGIC ERROR	Information message. No action needed.
6449	MAP FAILURE	Contact ACS Operations for assistance.
6467	NO CRITERIA DETAILS FOUND	Information message. No action needed.
6468	NO DIAG CODES FOUND	Information message.
6469	NO DIAGNOSIS CODES AVAILABLE	Information message.
6470	NO DIAGNOSIS DETAILS FOUND	Information message.
6471	NO DRUG CODES FOUND	Information message.
6480	NO MORE BENEFIT INTERVENT AND OUTCOME RECORDS	Information message.
6483	NO MORE GENERIC CODES FOUND	Information message.
6484	NO MORE ORIGINAL PROBLEMS FOUND	Information message.
6490	NO NDC SELECTED	Select an NDC. If necessary, see the field definitions for valid data/formatting.
6493	NO ORIGINAL PROBLEMS FOUND	Information message. No action needed.
6492	NO ORIGINAL PROBLEMS FOUND FOR THIS PROVIDER	Information message. No action needed.
6497	NO SPACE ON FILE	Contact ACS Operations for assistance
6498	NO SPACES/NON-NUMERIC CHARS ALLOWED IN FIRST 3 POSITIONS FOR NAME XREF	Re-enter data correctly. If necessary, see the field definitions for valid data/formatting.
6499	NO THERAPEUTIC CODES AVAILABLE	Information message.
6512	PAGE DOWN PERFORMED	Information message. No action needed.
6513	PAGE REQUESTED DISPLAYED	Information message.
6515	PAGE UP PERFORMED	Information message.
6521	PATIENT FROM AGE MUST BE LESS THAN THE THRU AGE/LESS THAN 999	Re-enter the Patient from age. If necessary, see the field definitions for valid data/-formatting.
6522	PATIENT FROM AGE MUST BE NUMERIC	Re-enter the Patient from age. If necessary, see the field definitions for valid data/-formatting.
6523	PATIENT THRU AGE CANNOT BE ZEROES DEFAULT THRU AGE IS 999	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/-formatting.
6524	PATIENT THRU AGE MUST BE NUMERIC	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/-formatting.
6525	PATIENT THRU AGE NEEDED	Enter a Patient Thru age. If necessary, see

		the field definitions for valid data/formatting.
6529	PLACE CURSOR ON A LINE WITH AN NDC	Information message. No action needed.
6545	PLEASE ENTER MINIMUM OF 3 CHARACTERS FOR NAME XREF	Follow instructions in message.
6546	PLEASE ENTER ONLY Y OR N AS DENY INDICATOR	Enter valid data requested and re-process.
6549	PLEASE ENTER PROVIDER ID	Information message. No action needed.
6553	PLEASE ENTER SERVICE DATE IN YYYYMMDD FORMAT	Follow instructions in message. If necessary, see the field definitions for valid data/-formatting.
6555	PLEASE ENTER THE AGE CONFLICT DESCRIPTION	Follow instructions in message. If necessary, see the field definitions for valid data/-formatting.
6556	PLEASE ENTER THE BENEFIT PROGRAM	Follow instructions in message. If necessary, see the field definitions for valid data/-formatting.
6557	PLEASE ENTER THE CRITERIA CODE	Follow instructions in message. If necessary, see the field definitions for valid data/-formatting.
6559	PLEASE ENTER THE DENY INDICATOR	Enter valid data requested and re-process.
6563	PLEASE ENTER THE DRUG	Follow instructions in message. If necessary, see the field definitions for valid data/-formatting.
6567	PLEASE ENTER THE GENERIC CODES AND CHOOSE ENTER	Follow instructions in message. If necessary, see the field definitions for valid data/-formatting.

Screen Access

From the VaMMIS Main System Menu:
1. Select the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select PROSPECTIVE DUR MENU from the drop menu.
4. Choose Enter.

Screens PD-S-002 Prospective DURS Therapeutic Drug Screen

General Information

This screen displays therapeutic criteria for a selected drug that will generate a ProDUR alert.

SOURCE/ORIGINATOR	Help Desk Operator
USAGE	Inquiry
PROGRAM	VDT710B1
MAPSET	VD710B1
TRAN ID	NV61

SAMPLE	Prospective DURS Therapeutic Drug Screen (PD-S-002)
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Screen ID: PD-S-002 Trans ID: NV61 Program ID: VDT710B1	VIRGINIA MEDICAID PROSPECTIVE-DURS THERAPEUTIC DRUG SCREEN	Date: 02/22/2010 Time: 09:48
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Benefit Program: b1	Drug Name: FLUVASTATIN SODIUM	
NDC: 00078017605	Therapeutic Class: 65	Generic Xref: 00030

Restrictions Drug Age Conflict Minimum: 018 Maximum: 999 (PA)	Process Information Pregnancy Indicator: N (PG) Under Utilization Indicator: (LR) Therapeutic Dupe Codes: 65 (TD) Possible Drug Interaction: Y (DD) Chronic Codes: Y (MC) 0001 0036
Restrictions Dosage Errors Insufficient Minimum: 0000000.00 (LD1) Excessive Maximum: 0000080.01 (HD1) Excessive Quantity: 000000 (ER1)	Drug Allergy Codes: N (DA)
Restrictions Age/Dosage Errors Over Age: 000 Insufficient Minimum: 0000000.00 (LD2) Over Age: 000 Excessive Maximum: 0000000.00 (HD2) Under Age: 000 Excessive Minimum: 0000000.00 (HD3)	Day Span: 000 Strength: 00000000.000 Strength Units:

THERAPEUTIC DRUG DETAILS FOUND FOR THE KEY ENTERED

ProDURS Menu
Detail
Return
Sub Menu
Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CLIENT Drug Application Client Number (DE8776)		<p>This is the four-digit Client Number for the drug application.</p> <p>This is the four-digit Client Number for the drug application.</p>
2	BNFT PGM Benefit Definition Plan Program Code (DE3551)		<p>The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. This is the benefit plan number entered in the Benefit Master Plan Screen. System-displayed.</p> <p>The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. This is the benefit plan number entered in the Benefit Master Plan Screen. System-displayed.</p>
3	DRUG NAME Drug Generic Name (DE5747)		<p>This is the name appearing on the drug package label.</p> <p>This is the name appearing on the drug package label.</p>
4	NDC Drug Code (NDC) (DE5200)		<p>Enter an 11-digit National Standard Formulary code. Use the On-line HELP system to find valid codes for this field.</p> <p>Enter an 11-digit National Standard Formulary code. Use the On-line HELP system to find valid codes for this field.</p>

5	THERP CLASS Drug Therapeutic Class Standard Code (DE5232)		System-displayed. This is the specific therapeutic class code. It is intended for users who need a very definitive therapeutic classification system. System-displayed. This is the specific therapeutic class code. It is intended for users who need a very definitive therapeutic classification system.
6	GENXREF Drug Generic Code Number (GCN) (DE5061)		System-displayed. A random number representing the generic formula of a drug. System-displayed. A random number representing the generic formula of a drug.
7	DRUG AGE CONFLICT MIN ProDUR Drug Minimum Age (DE5786)		System-displayed. This is the minimum starting age allowed for the user of the drug. System-displayed. This is the minimum starting age allowed for the user of the drug.
8	DRUG AGE CONFLICT MAX ProDUR Drug Maximum Age (DE5787)		System-displayed. This is the maximum age allowed for the user of the drug. System-displayed. This is the maximum age allowed for the user of the drug.
9	DOSAGE ERRORS INSUFFICIENT MIN Drug Minimum Daily Dose Quantity (DE5737)		System-displayed. This is a quantitative value for the minimum daily dose usually expressed in metric strength units (i.e., mg, mcg, gm). System-displayed. This is a quantitative value for the minimum daily dose usually expressed in metric strength units (i.e., mg, mcg, gm).
10	DOSAGE ERRORS EXCESSIVE MAX Drug Maximum Daily Dose Quantity (DE5738)		System-displayed. This is the quantitative value for the maximum daily dose usually expressed in metric strength units (i.e., mg, mcg, gm). System-displayed. This is the quantitative value for the maximum daily dose usually expressed in metric strength units (i.e., mg, mcg, gm).
11	DOSAGE ERRORS		System-displayed. This is a measure of the

	EXCESSIVE QUANT Edit Criteria Limit Amount Quantity (DE5875)		excessive quantity for the drug. System-displayed. This is a measure of the excessive quantity for the drug.
12	AGE/DOSAGE ERRORS OVER AGE ProDUR Drug Max- imum Age (DE5787)		System-displayed. This is a count of the over age dosage errors. System-displayed. This is a count of the over age dosage errors.
13	AGE/DOSAGE ERRORS INSUFF MIN Drug Minimum Daily Dose Quantity (DE5737)		System-displayed. This is a count of the insufficient minimum dosage amount. System-displayed. This is a count of the insufficient minimum dosage amount.
14	AGE/DOSAGE ERRORS OVER AGE ProDUR Drug Max- imum Age (DE5787)		System-displayed. This is a count of the over age dosage errors. System-displayed. This is a count of the over age dosage errors.
15	AGE/DOSAGE ERRORS EXCESS MAX Drug Maximum Daily Dose Quantity (DE5738)		System-displayed. This is a count of the over age maximum dose amount. System-displayed. This is a count of the over age maximum dose amount.
16	AGE/DOSAGE ERRORS UNDER AGE ProDUR Drug Min- imum Age (DE5786)		System-displayed. This is the under age excessive dose age limit. System-displayed. This is the under age excessive dose age limit.
17	AGE/DOSAGE ERRORS EXCESS MIN Drug Minimum Daily Dose Quantity (DE5737)		System-displayed. This is the under age minimum excessive dose amount. System-displayed. This is the under age minimum excessive dose amount.
18	PREGNANCY IND ProDUR Drug Preg- nancy Indicator (DE5788)		System-displayed. Indicates whether the drug is taken during pregnancy or not. Y = Yes N = Not taken while pregnant. System-displayed. Indicates whether the drug is taken during pregnancy or not. Y =

			Yes N = Not taken while pregnant.
19	UNDER UTIL IND Benefit Master Dosage Limit (DE5913)		System-displayed. This indicator tells if the drug is underutilized. Y = Yes N = No System-displayed. This indicator tells if the drug is underutilized. Y = Yes N = No
20	THERAP DUPE CODES: Drug Therapeutic Class Standard Code (DE5232)		System-displayed. This is the specific therapeutic class code. See the On-line HELP system to find valid codes for this field. System-displayed. This is the specific therapeutic class code. See the On-line HELP system to find valid codes for this field.
21	POSSIBLE DRUG INT: Calculated (DE0002)		System-displayed. This code tells possible interactions with other drugs. See the On-line HELP system to find valid codes for this field. System-displayed. This code tells possible interactions with other drugs. See the On-line HELP system to find valid codes for this field.
22	CHRONIC INDICATOR (DE0000)		N/A
23	CHRONIC CODES: Diagnosis Code (DE5301)		System-displayed. Identifies a diagnosed medical condition using the ICD-9-CM coding structure. System-displayed. Identifies a diagnosed medical condition using the ICD-9-CM coding structure.
24	DRUG ALLERGY INDICATOR (DE0000)		N/A
25	DRUG ALLERGY CODES PRODUR Chronic Allergy (DE5951)		Drug Allergy Codes Value assigned to a Chronic Allergy condition set. See the On-line HELP system to find valid codes for this field. Drug Allergy Codes Value assigned to a Chronic Allergy condition set.

			See the On-line HELP system to find valid codes for this field.
26	DAY SPAN Benefit Drug Criteria Days Span (DE5938)		System-displayed. This is the number of days allowed before late refill. System-displayed. This is the number of days allowed before late refill.
27	STRENGTH Drug Strength Number (DE5295)		System-displayed. This is a description of drug potency in units of grams, milligrams, percentage, etc. Strength is expressed in metric units. System-displayed. This is a description of drug potency in units of grams, milligrams, percentage, etc. Strength is expressed in metric units.
28	STRENGTH UNITS Drug Strength Units (DE5296)		System-displayed. This is a unit of measure used for the strength specification; expressed in metric units. System-displayed. This is a unit of measure used for the strength specification; expressed in metric units.

NAVIGATION		Prospective DURS Therapeutic Drug Screen (PD-S-002)
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	N/A
RETURN	Returns user to the previous screen.	N/A
PF1/ PRODUR MENU/RETURN	Return user to the Virginia Drug Application ProDUR Main Menu screen.	N/A
PF12 /SUB MENU	Branches to the Virginia PRN Help Desk Main Menu screen.	FN-S-006 FN-S-007 (B)
PF6 or DETAILED PROBLEMS	Branches to the Virginia Drug Application ProDUR Detailed Problem screen.	FN-S-007 (B)

Error Messages

Error	Description	Resolution
22	PROVIDER NAME NOT FOUND	Information message. No action needed.
21	PROVIDER NUMBER NOT FOUND	Information message. No action needed.

Screen Access

From the VaMMIS Main System Menu:
1. Select the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select PROSPECTIVE DUR MENU from the drop menu.
4. Choose Enter.
5. You see the Prospective DURS Main Menu (PD-S-001).
6. Select the Therapeutic Drug Screen radio button.
7. Enter a valid NDC number in the NDC field.
8. Enter a benefit number in the Benefit Number field.
9. Choose Enter.
10. You see the Prospective DURS Therapeutic Drug Screen (PD-S-002).

Screens PD-S-003 Prospective-DURS Original Problem Screen

General Information

This screen displays claims for a selected provider that were returned with a ProDUR alert.

SOURCE/ORIGINATOR	Help Desk Operator
USAGE	Inquiry
PROGRAM	VDT720B1
MAPSET	VD720B1
TRAN ID	NV62

SAMPLE	Prospective-DURS Original Problem Screen (PD-S-003)
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			This is the date the claim entered the automated system.
3	RX NUMBER Claim Pharmacy Prescription Number (DE2211)		This is the reference number assigned by the provider for the dispensed drug/-product and/or service provided. This is the reference number assigned by the provider for the dispensed drug/-product and/or service provided
4	TIME FILLED (DE0000)	Messages: time taken from the timestamp in CP_PYMT_REQ_DOC	System-displayed. This is the time the claim was filled. System-displayed. This is the time the claim was filled.
5	NDC Drug Code (NDC) (DE5200)		System-displayed. This is the national standard formulary 11-digit code. See the On-line HELP system to find valid codes for this field. System-displayed. This is the national standard formulary 11-digit code. See the On-line HELP system to find valid codes for this field.
6	MEMBER ID Enrollee Permanent Identification Number (DE3093)		System-displayed. This number uniquely identifies an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID. System-displayed. This number uniquely identifies an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID.

NAVIGATION			Prospective-DURS Original Problem Screen (PD-S-003)
Function (B) or (M)	Action	Branch To (B) or Return To (R)	
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	RF-S-010 ()	
ENTER	When line is selected, program will branch to the Detailed Problem Screen.	RB-S-001 (B)	
PF1/RETURN	Return user to the Virginia Drug Application ProDUR Main Menu screen.	N/A	

PF12 / SUB MENU	Branches to the Virginia Drug Application PRN Help Desk Main Menu screen.	POS-S-000 (B)
PF7 or Scroll Up	Scrolls up through the data presented.	RB-S-001 ()
PF8 or Scroll Down	Scroll data forward	N/A

Error Messages

Error	Description	Resolution
None	N/A	N/A

Screen Access

From the VaMMIS Main System Menu:
1. Select the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Choose the Original Claims Screen radio button.
4. Choose Enter.
5. You see Prospective-DURS Original Problem Screen (PD-S-003).

Screens PD-S-004 Prospective-DURS Detailed Problem Screen

General Information

This screen displays the details of a selected provider's claims data that were returned with a ProDUR alert. A new or current claim which interacts with a previously filled medication will be displayed under the 'History Errors' heading. The lower portion of the screen displays non-history errors and an explanation of the alert/error. Non-history errors are alerts which are generated by something other than an interaction or conflict with a previous claim (for example drug/age contraindications).

SOURCE/ORIGINATOR	Help Desk Operator
USAGE	Inquiry
PROGRAM	VDT730B1
MAPSET	VD730B1
TRAN ID	NV63

SAMPLE	Prospective-DURS Detailed Problem Screen (PD-S-004)
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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments
Drugs	Reports											

Screen ID: PD-S-004
 Trans ID: NV63
 Program ID: VDT730B1

**VIRGINIA MEDICAID
 PROSPECTIVE-DURS
 DETAILED PROBLEM SCREEN**

Date: 09/23/2011
 Time: 17:54

Provider: 1831108398 Gender: F DOB: [REDACTED] Date Entered: 09/22/2011
 Member ID: 1 [REDACTED] Relationship: 1 Time Entered: 11:27:10

Conflict Code	NDC	Drug Name	Quantity	Days Supply	Refill	DOS	RX Number	Provider
<input type="checkbox"/>	00054355563	METHADONE HCL	00100	010	00	07/10/11	109090909011	1831108398

History Errors

Conflict Code	NDC	Drug Name	Quantity	Days Supply	Refill	DOS	RX Number	Provider
<input type="checkbox"/>	00378061201	THIORIDAZINE	00003	003	0	06/12/11	000000001037	1831108398
<input type="checkbox"/>						MM/DD/YY		
<input type="checkbox"/>						MM/DD/YY		
<input type="checkbox"/>						MM/DD/YY		
<input type="checkbox"/>						MM/DD/YY		

Non History Errors

Conflict Code	Description	Suggested	Dispensed Daily Dose	Patient Age
<input type="checkbox"/>		.	.	
<input type="checkbox"/>		.	.	

NO MORE ORIGINAL PROBLEMS FOUND

Enter ProDURS Menu Drug Return Sub Menu Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	PROVIDER National Provider Identifier (DE4700)	Edits: Messages:	This is the CMS assigned National Provider Identifier that represents an individual entity. An NPI may be assigned for multiple Provider IDs that exist in VAMMIS today. System displayed. Provider Identifier.
2	SEX Enrollee Sex Code (DE3007)		System-displayed. A code indicating the sex of the enrollee. System-displayed. A code indicating the sex of the enrollee.

3	BIRTH Enrollee Birth Date (DE3005)		System-displayed. This is the enrollee's birth date. System-displayed. This is the enrollee's birth date.
4	DATE ENTERED Claim Entered Date (DE2177)		System-displayed. The date the claim entered the automated system. System-displayed. The date the claim entered the automated system.
5	ENROLLEE Enrollee Permanent Identification Number (DE3093)		This number uniquely identifies an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID. System-displayed. This number uniquely identifies an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID. System-displayed.
6	RELATIONSHIP (DE0000)	Messages: Defaults to '1'.	System-displayed. This is a code This field is displayed by the system.
7	TIME ENTERED (DE0000)	Messages: time is taken from the timestamp in CP_PYMT_REQ_DOC	System-displayed. The date the claim entered the automated system. System-displayed. The date the claim entered the automated system.
8	CONFLICT CODE ProDUR Reason Code (Reason for Service) (DE5740)		System-displayed. Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service. Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service. System-displayed. See the On-line HELP system for valid values.
9	NDC Drug Code (NDC)		System-displayed. This is the 11-digit National Standard Formulary code.

	(DE5200)		<p>Use the On-line HELP system to find valid codes for this field.</p> <p>System-displayed. This is the 11-digit National Standard Formulary code. Use the On-line HELP system to find valid codes for this field.</p>
10	<p>DRUG NAME</p> <p>Drug Generic Name (DE5747)</p>		<p>System-Generated. This is the name of the non-brand name drug that is a chemical equivalent to a proprietary drug containing the same ingredients and identical in strength, concentration and dosage form.</p> <p>System-Generated. This is the name of the non-brand name drug that is a chemical equivalent to a proprietary drug containing the same ingredients and identical in strength, concentration and dosage form.</p>
11	<p>QUANTITY</p> <p>Claims Pharmacy Metric/Dec/Qty (DE2248)</p>		<p>System-displayed. This is the number of units/visits or quantity allowed.</p> <p>System-displayed. This is the number of units/visits or quantity allowed.</p>
12	<p>DAYS</p> <p>Claim Pharmacy Days Supply (DE2216)</p>		<p>System-displayed. This is the estimated number of days the prescription will last.</p> <p>System-displayed. This is the estimated number of days the prescription will last.</p>
13	<p>REFILL</p> <p>Claim Pharmacy Refill Code (DE2212)</p>		<p>System-generated. A code indicating whether a prescription is an original or a refill.</p> <p>System-generated. A code indicating whether a prescription is an original or a refill.</p>
14	<p>DOS</p> <p>Claim Service From Date (DE2010)</p>		<p>System-displayed. This is the date on which the service was first rendered. For a claim covering only one service (e.g., a prescription), this is the only service date.</p> <p>System-displayed. This is the date on which the service was first rendered. For a claim covering only one service</p>

			(e.g., a prescription), this is the only service date.
15	RX NO Claim Pharmacy Prescription Number (DE2211)		System-displayed. This is the reference number assigned by the provider for the dispensed drug/product and/or service provided. System-displayed. This is the reference number assigned by the provider for the dispensed drug/product and/or service provided.
16	PROVIDER National Provider Identifier (DE4700)	Edits: Messages:	This is the CMS assigned National Provider Identifier that represents an individual entity. An NPI may be assigned for multiple Provider IDs that exist in VAMMIS today. System displayed. Provider Identifier.
17	NON-HISTORY ERRORS CONFLICT CODE ProDUR Reason Code (Reason for Service) (DE5740)		Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service. Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service.
18	NON HISTORY ERRORS CONFLICT DESCRIPTION Benefit Conflict Desc (DE5959)		System-generated. This is a description of the alerts which are generated by something other than an interaction or conflict with a previous claim (for example drug/age contraindications). System-generated. This is a description of the alerts which are generated by something other than an interaction or conflict with a previous claim (for example drug/age contraindications).
19	NON HISTORY ERRORS DOSAGE SUGGESTED Benefit Plan Drug Criteria Dosage (DE5937)		The Dosage limitation for a criteria set. System-displayed. (P) The Dosage limitation for a criteria set. System-displayed.
20	NON HISTORY ERROR DISPENSED DAILY DOSE	Messages: Daily Dose calculated using Drug Strength * Quantity	This is the Daily Dose. It is calculated using Drug Strength * Quantity Dispensed/Days. Supply System-dis-

	Calculated (DE0002)	Dispensed/Days Supply	played. This is the Daily Dose. It is calculated using Drug Strength * Quantity Dispensed/Days. Supply System-displayed.
21	NON_HISTORY ERROR PATIENT AGE LIMIT Calculated (DE0002)	Messages: Based on Conflict Code, Patient Age Limit is either N_AGE_FROM (DE 5786) from the RX_DRUG_CRITERIA table or N_AGE_THRU (DE 5787) from the RX_DRUG_CRITERIA table or when n/a '000'	System-displayed. This is the patient's age. System-displayed. This is the patient's age.

NAVIGATION		Prospective-DURS Detailed Problem Screen (PD-S-004)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)	
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	RF-S-010 (R)	
ENTER BUTTON	Returns to the ProDUR Original Problem Screen	N/A	
PF1 /ProDUR MENU BUTTON/ RETURN	Return user to the Virginia Drug Application ProDUR Main Menu screen.	N/A	
PF12/ SUB MENU	Branches to the Virginia Drug Application PRN Help Desk Main Menu screen.	POS-S-000 (B)	
PF6 or DRUG	Returns user to the Virginia Drug Application ProDUR Therapeutic screen.	FN-S-006 (R)	
Return	Returns user to the previous screen.	N/A	

Error Messages

Error	Description	Resolution
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5031	DATA DISPLAYED	Information message. No action needed.
6728	END OF THE PAGE	Information message.
6399	INVALID KEY PRESSED	Choose another button to complete the transaction. If necessary, see the on-line HELP menu for screen navigation specifics. If necessary, see the field definitions for valid data/formatting.
6490	NO NDC SELECTED	Select an NDC. If necessary, see the field definitions for valid data/formatting.
6512	PAGE DOWN PERFORMED	Information message. No action needed.
6513	PAGE REQUESTED DISPLAYED	Information message.
6515	PAGE UP PERFORMED	Information message.
5021	PAGE-DOWN NOT ACTIVE	Information message. No action needed.
5020	PAGE-UP NOT ACTIVE	Information message. No action needed.
6549	PLEASE ENTER PROVIDER ID	Information message. No action needed.
6591	PROVIDER NO MUST BE NUMERIC	Enter a numeric provider number. See the field definitions for valid data/formatting.
4867	RECORD UPDATED	Information message. No action needed.
4868	RECORDS DISPLAYED	Information message. No action needed.

Screen Access

From the VaMMIS Main System Menu:

1. Select the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select PROSPECTIVE DUR MENU from the drop menu.
4. Choose Enter.
5. You see the Prospective DURs Main Menu Screen (PD-S-001).
6. Select the Detailed Screen radio button.
7. Enter values in the Provider Number, Rx Number, NDC, Date Dispensed, and Benefit Program fields.
8. Choose Enter.
9. You see the Prospective-DURS Detailed Problem Screen (PD-S-004).

Screens PD-S-005 Prospective DURS-Therapeutic Criteria Management Screen

General Information

Prospective DURS-Therapeutic Criteria Management Screen.

SOURCE/ORIGINATOR	ACS Pharmacist
USAGE	Inquiry
PROGRAM	VDT010B1 VDT020B1
MAPSET	VD010B1
TRAN ID	DV40(inquiry)/DV41(update)

SAMPLE	Prospective DURS-Therapeutic Criteria Management Screen (PD-S-005)
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MMIS

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Screen ID: PD-S-005
 Trans ID: DV40
 Program ID: VD101081

VIRGINIA MEDICAID
PRODUR THERAPEUTIC CRITERIA MANAGEMENT SCREEN

Date: 03/01/2010
 Time: 09:36

Action: Inquiry

Benefit Program:

Interaction Code:

Therapeutic Code:

Criteria Code:

[Enter](#) | [Return](#) | [Sub Menu](#) | [Main Menu](#)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ACTION: Screen Functional Selection (DE5854)	Messages: Options will be listed which the user has security access including: Inquiry Add Delete Criteria Record Change Criteria Codes	Choose to either Inquiry, Add, Delete Criteria Record, or Change Criteria Record. Choose to either Inquiry, Add, Delete Criteria Record, or Change Criteria Record.
2	CLIENT Drug Application Client Number (DE8776)		Highlight the field and enter the four-digit client number. Then, choose Enter. Highlight the field and enter the four-digit client number. Then, choose Enter.
3	BNFT PGM		Enter a 2-digit benefit program number.

	Benefit Definition Plan Program Code (DE3551)		Use the On-line HELP system to find valid codes for this field. Enter a 2-digit benefit program number. Use the On-line HELP system to find valid codes for this field.
4	INTERACTION CODE: ProDUR Reason Code (Reason for Service) (DE5740)		This is the ProDUR interaction code. Choose a code from the drop-down menu. Use the On-line HELP system to find valid codes for this field. This is the ProDUR interaction code. Choose a code from the drop-down menu. Use the On-line HELP system to find valid codes for this field.
5	THERAPEUTIC CODE: Drug Therapeutic Class Standard Code (DE5232)		System-displayed. This code classifies drugs according to the most common intended use. Use the On-line HELP system to find valid codes for this field. System-displayed. This code classifies drugs according to the most common intended use. Use the On-line HELP system to find valid codes for this field.
6	CRITERIA NUMBER: ProDUR Drug File Criteria Number (DE5806)		System-displayed. This is a criteria number. Use the On-line HELP system to find valid codes for this field. System-displayed. This is a criteria number. Use the On-line HELP system to find valid codes for this field.

NAVIGATION	Prospective DURS-Therapeutic Criteria Management Screen (PD-S-005)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application ProDUR Therapeutic Criteria Management System.	N/A
ENTER	Allows user Inquiry, Add, Update, and Delete access to the Therapeutic Criteria Data.	N/A

PF12 /SUB MENU	Returns user to the Virginia Drug Application PRN Main Menu screen.	N/A
PF3 / RETURN	Returns user to the ProDUR Main Menu	N/A

Error Messages

Error	Description	Resolution
6046	BENEFIT PROGRAM ENTERED IS NOT AVAILABLE	Check the benefit program for formatting or validity.
6047	BENEFIT PROGRAM MUST BE NUMERIC	See the field definitions for valid data/-formatting of this field.
6082	CRITERIA ALREADY PRESENT TRY ANOTHER CRITERIA.	Information message. No action needed.
6084	CRITERIA CODE MUST BE NUMERIC	See the field definitions for valid data/-formatting of this field.
6116	DIAGNOSIS CODES INVALID TRY A DIFFERENT DIAGNOSIS.	Enter a different diagnosis code, If necessary, see the field definitions for valid data/-formatting.
6215	ERROR IN GETTING CURRENT TIMESTAMP DATA	Process the transaction again. Contact ACS Operations for assistance, if necessary.
6277	EXCESSIVE DOSAGE CANNOT BE ZEROES	Re-enter the excessive dosage value. If necessary, see the field definitions for valid data/formatting.
6315	INSERT SUCCESSFUL EXCEPT FOR HIGHLIGHTED RANGES NO MORE PROGRAMS AVLBL	Information message. No action needed.
6383	INVALID KEY CHOSEN	Enter a different diagnosis code. If necessary, see the field definitions for valid data/-formatting.
6467	NO CRITERIA DETAILS FOUND	Information message. No action needed.
6468	NO DIAG CODES FOUND	Information message.
6471	NO DRUG CODES FOUND	Information message.
6481	NO MORE BENEFIT PROGRAMS AVAILABLE FOR INSERTION	Information message.
6482	NO MORE DIAGNOSIS CODES FOUND	Information message.
6483	NO MORE GENERIC CODES FOUND	Information message.
6499	NO THERAPEUTIC CODES AVAILABLE	Information message.
6522	PATIENT FROM AGE MUST BE NUMERIC	Re-enter the Patient from age. If necessary, see the field definitions for valid data/-formatting.
6523	PATIENT THRU AGE CANNOT BE ZEROES DEFAULT THRU AGE IS 999	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/-

		formatting.
6524	PATIENT THRU AGE MUST BE NUMERIC	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/-formatting.
6525	PATIENT THRU AGE NEEDED	Enter a Patient Thru age. If necessary, see the field definitions for valid data/formatting.
6867	PLEASE ENTER THE CODE	Enter valid data requested and re-process.
6559	PLEASE ENTER THE DENY INDICATOR	Enter valid data requested and re-process.
6868	PLEASE ENTER THE DENY INDICATOR Y/N	Enter valid data requested and re-process.
6869	PLEASE ENTER THE DRUG TO DRUG INTERACTION DESCRIPTION	Enter valid data requested and re-process.
6870	PLEASE ENTER THE GENERIC CODES AND PRESS ENTER TO INSERT IT	Enter valid data requested and re-process.
6871	PLEASE ENTER THE LOW DAILY DOSE DESCRIPTION	Enter valid data requested and re-process.
6641	THERAPEUTIC CODE MUST BE NUMERIC	Re-enter a valid Therapeutic code. If necessary, see the field definitions for valid data/-formatting.
6674	UNABLE TO UPDATE DATABASE ROLLBACK UNSUCCESSFUL.	Check to see if the segment is closed. Contact ACS Operations for assistance, if necessary.

Screen Access

From the VaMMIS Main System Menu:
1. Select the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select PROSPECTIVE DUR MENU from the drop menu.
4. Choose Enter.
5. You see the Prospective DURS Main Menu.
6. Select the Criteria Management Screen radio button.
7. Choose Enter.
8. You see Prospective DURS-Therapeutic Criteria Management Screen (PD-S-005).

Screens PD-S-006 Drug to Drug Interaction

General Information

This screen allows inquiry and update of drug-to-drug interaction criteria on the ProDUR Criteria File.

SOURCE/ORIGINATOR	ACS Pharmacist
USAGE	Inquiry, Update, Add, Delete
PROGRAM	VDT010B1 VDT020B1
MAPSET	VDDD0B1
TRAN ID	DV40(inquiry)/DV41(update)

SAMPLE	Drug to Drug Interaction (PD-S-006)
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VA DMAS Prototype Portal - Windows Internet Explorer

http://localhost:9080/HATS_Portlet/HATS_Portlet/default?ver=2.0/r:param=PERF0:1TIMESTAMP=0/r:param=portletAction=portletActionPost/r:param=SESSION

VA DMAS Prototype Portal

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MMS

Screen ID: PD-S-006
Trans ID: DV40
Program ID: VDT010B1

**VIRGINIA MEDICAID
PROSPECTIVE DURS - INQUIRY
THERAPEUTIC CRITERIA MANAGEMENT SCREEN
DRUG TO DRUG INTERACTION**

Date: 03/02/2010
Time: 10:14
Page: 001 of 004

Criteria:

Deny: Y

Drug Interaction: DIA SA,KETO,DIFLUN-ANTICOAGS

Generic Codes

00161 - 00161	14482 - 14482	16651 - 16663	16670 - 16670
16690 - 16699	16701 - 16705	16713 - 16713	16720 - 16725
16730 - 16730	16740 - 16741	16752 - 16752	16760 - 16760
16772 - 16776	16790 - 16790	16801 - 16802	16840 - 16840
16841 - 16841	16850 - 16851	17780 - 17781	21237 - 21237

Scroll Up | Scroll Down

AT THE TOP OF THE PAGE

Enter | Interactive Drugs | Next Therapeutic Cd | Return | Sub Menu | Main Menu

337 (5,17)

Local Intranet

start | Host ... | Office ... | Inbo ... | DSD ... | IBM ... | VA D ... | HodC... | Cust... | Excel... | Micro...

100%

10:14 AM

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CRITERIA ProDUR Drug File Criteria Number (DE5806)		Highlight the field and type in a criteria number. Use the On-line HELP system to find valid codes for this field. Highlight the field and type in a criteria number. Use the On-line HELP system to find valid codes for this field.
2	DENY ProDUR Drug Deny		Indicates whether this particular ProDUR criteria

	Indicator (DE5792)		<p>should deny. Overrides the Error Text Dispositions. N = No, this ProDUR criteria should NOT deny. Y = Yes, this ProDUR criteria should deny.</p> <p>Indicates whether this particular ProDUR criteria should deny. Overrides the Error Text Dispositions. N = No, this ProDUR criteria should NOT deny. Y = Yes, this ProDUR criteria should deny.</p>
3	<p>DRUG INTERACTION</p> <p>ProDUR Criteria Description (DE5917)</p>		<p>Description of a criteria set. System-displayed.</p> <p>Description of a criteria set. System-displayed.</p>
4	<p>GENERICS FOR DRUG</p> <p>Drug Generic Code Number (GCN) (DE5061)</p>		<p>System-displayed. This is a random number representing the generic formula of a drug. It is specific to generic ingredient combination and is the same across manufacturers and/or package sizes.</p> <p>System-displayed. This is a random number representing the generic formula of a drug. It is specific to generic ingredient combination and is the same across manufacturers and/or package sizes.</p>

NAVIGATION		Drug to Drug Interaction (PD-S-006)
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ENTER	Process Screen	N/A
PF12 / SUB MENU	Returns user to the Virginia Drug Application PRN Help Desk Main Menu.	N/A
PF3 / SUB MENU	Returns user to the Virginia Drug Application DUR Main Menu screen.	N/A
PF5 / NEXT THERAPEUTIC CD	Displays next therapeutic code information on PD-S-006	RB-S-001 ()
PF7 / SCROLL UP	Scroll Data Back	N/A

PF8 / SCROLL DOWN	Scroll Data Forward	N/A
PF9/INTERACTIVE DRUGS	Displays interactive drugs	N/A

Error Messages

Error	Description	Resolution
6046	BENEFIT PROGRAM ENTERED IS NOT AVAILABLE	Check the benefit program for formatting or validity.
6047	BENEFIT PROGRAM MUST BE NUMERIC	See the field definitions for valid data/-formatting of this field.
6116	DIAGNOSIS CODES INVALID TRY A DIFFERENT DIAGNOSIS.	Enter a different diagnosis code, If necessary, see the field definitions for valid data/-formatting.
6215	ERROR IN GETTING CURRENT TIMESTAMP DATA	Process the transaction again. Contact ACS Operations for assistance, if necessary.
6277	EXCESSIVE DOSAGE CANNOT BE ZEROES	Re-enter the excessive dosage value. If necessary, see the field definitions for valid data/formatting.
6315	INSERT SUCCESSFUL EXCEPT FOR HIGHLIGHTED RANGES NO MORE PROGRAMS AVLBL	Information message. No action needed.
6383	INVALID KEY CHOSEN	Enter a different diagnosis code. If necessary, see the field definitions for valid data/-formatting.
6467	NO CRITERIA DETAILS FOUND	Information message. No action needed.
6468	NO DIAG CODES FOUND	Information message.
6471	NO DRUG CODES FOUND	Information message.
6481	NO MORE BENEFIT PROGRAMS AVAILABLE FOR INSERTION	Information message.
6482	NO MORE DIAGNOSIS CODES FOUND	Information message.
6483	NO MORE GENERIC CODES FOUND	Information message.
6499	NO THERAPEUTIC CODES AVAILABLE	Information message.
6522	PATIENT FROM AGE MUST BE NUMERIC	Re-enter the Patient from age. If necessary, see the field definitions for valid data/-formatting.
6523	PATIENT THRU AGE CANNOT BE ZEROES DEFAULT THRU AGE IS 999	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/-formatting.
6524	PATIENT THRU AGE MUST BE NUMERIC	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/-

		formatting.
6525	PATIENT THRU AGE NEEDED	Enter a Patient Thru age. If necessary, see the field definitions for valid data/formatting.
6559	PLEASE ENTER THE DENY INDICATOR	Enter valid data requested and re-process.
6868	PLEASE ENTER THE DENY INDICATOR Y/N	Enter valid data requested and re-process.
6870	PLEASE ENTER THE GENERIC CODES AND PRESS ENTER TO INSERT IT	Enter valid data requested and re-process.
6871	PLEASE ENTER THE LOW DAILY DOSE DESCRIPTION	Enter valid data requested and re-process.
6882	PROGRAM EXCEPTION	Information message.
6884	PROVIDER DETAILS NOT FOUND	Information message.
6641	THERAPEUTIC CODE MUST BE NUMERIC	Re-enter a valid Therapeutic code. If necessary, see the field definitions for valid data/formatting.
6674	UNABLE TO UPDATE DATABASE ROLLBACK UNSUCCESSFUL.	Check to see if the segment is closed. Contact ACS Operations for assistance, if necessary.

Screen Access

From the VaMMIS Main System Menu:
1. Select the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select PROSPECTIVE DUR MENU from the drop menu.
4. Choose Enter.
5. You see the Prospective DURS Main Menu.
6. Select the Criteria Management Screen radio button.
7. Choose Enter.
8. You see Prospective DURS-Therapeutic Criteria Management Screen (PD-S-005).
9. Select the Inquiry radio button.
10. Enter a client number in the Client field.
11. Enter a valid benefit program in the Benefit Program field.
12. Select Drug To Drug Interaction from the Interaction Code drop menu.
13. Enter a valid Therapeutic Code in the Therapeutic Code field.
14. Enter a valid Criteria Code in the Criteria Code field.
15. Choose Enter.
16. You see the Drug to Drug Interaction screen (PD-S-006).

Screens PD-S-007 Excessive Quantity

General Information

This screen allows inquiry and update of excessive quantity criteria on the ProDUR Criteria File.

SOURCE/ORIGINATOR	ACS Pharmacist
USAGE	Inquiry, Update, Add, Delete
PROGRAM	VDT010B1 VDT020B1
MAPSET	VDER1B1
TRAN ID	DV40(inquiry)/DV41(update)

SAMPLE	Excessive Quantity (PD-S-007)
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Screen ID: PD-S-007
Trans ID: DV40
Program ID: VDT010B1

VIRGINIA MEDICAID
PROSPECTIVE DURS - INQUIRY
THERAPEUTIC CRITERIA MANAGEMENT SCREEN
EXCESSIVE QUANTITY

Date: 02/24/2010
Time: 13:56
Page: 001 of 001

Criteria:

Deny: N

Excessive Quantity Description: CI>14DAYS/HELIDAC
Excessive Quantity: 00029

Generic Codes:

64261 - 64261	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-

NO MORE GENERIC CODES FOUND

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CRITERIA ProDUR Drug File Criteria Number (DE5806)		Highlight the field and type in a criteria number. Highlight the field and type in a criteria number.
2	DENY ProDUR Drug Deny Indicator (DE5792)		Indicates whether this particular ProDUR criteria should deny. Overrides the Error Text Dispositions. N = No, this ProDUR criteria should NOT deny. Y = Yes, this ProDUR criteria should deny. Indicates whether this particular ProDUR criteria should deny. Overrides the Error Text Dispositions. N = No, this ProDUR criteria should NOT deny. Y = Yes, this ProDUR criteria should deny.
3	EXCESSIVE QUANTITY DESCRIPTION ProDUR Criteria Description (DE5917)		System-displayed. This is the name of the drug for which there is an excessive quantity description. System-displayed. This is the name of the drug for which there is an excessive quantity description.
4	EXCESSIVE QUANTITY Edit Criteria Limit Amount Quantity (DE5875)		System-displayed. This is the measure of the excessive quantity. System-displayed. This is the measure of the excessive quantity.
5	GENERIC CODES Drug Generic Code Number (GCN) (DE5061)		System-displayed. This is a random number representing the generic formula of a drug. It is specific to generic ingredient combination and is the same across manufacturers and/or package sizes. System-displayed. This is a random num-

			ber representing the generic formula of a drug. It is specific to generic ingredient combination and is the same across manufacturers and/or package sizes.
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NAVIGATION		Excessive Quantity (PD-S-007)
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application ProDUR Therapeutic Criteria Management System.	N/A
ENTER	Process Screen	N/A
PF12 / SUB MENU	Branches user to the Virginia Drug Application PRN Help Desk Main Menu	RB-S-001 (B)
PF3 / RETURN	Returns user to the Virginia Drug Application DUR Main Menu screen.	N/A
PF7 / SCROLL UP	Scroll data backward	N/A
PF8 / SCROLL DOWN	Scroll Data forward	N/A

Error Messages

Error	Description	Resolution
6046	BENEFIT PROGRAM ENTERED IS NOT AVAILABLE	Check the benefit program for formatting or validity.
6047	BENEFIT PROGRAM MUST BE NUMERIC	See the field definitions for valid data/-formatting of this field.
6116	DIAGNOSIS CODES INVALID TRY A DIFFERENT DIAGNOSIS.	Enter a different diagnosis code, If necessary, see the field definitions for valid data/-formatting.
6215	ERROR IN GETTING CURRENT TIMESTAMP DATA	Process the transaction again. Contact ACS Operations for assistance, if necessary.
6277	EXCESSIVE DOSAGE CANNOT BE ZEROES	Re-enter the excessive dosage value. If necessary, see the field definitions for valid data/formatting.
6315	INSERT SUCCESSFUL EXCEPT FOR HIGHLIGHTED RANGES NO MORE PROGRAMS AVLBL	Information message. No action needed.
6383	INVALID KEY CHOSEN	Enter a different diagnosis code. If necessary, see the field definitions for valid data/-

		formatting.
6467	NO CRITERIA DETAILS FOUND	Information message. No action needed.
6468	NO DIAG CODES FOUND	Information message.
6471	NO DRUG CODES FOUND	Information message.
6481	NO MORE BENEFIT PROGRAMS AVAILABLE FOR INSERTION	Information message.
6482	NO MORE DIAGNOSIS CODES FOUND	Information message.
6483	NO MORE GENERIC CODES FOUND	Information message.
6499	NO THERAPEUTIC CODES AVAILABLE	Information message.
6522	PATIENT FROM AGE MUST BE NUMERIC	Re-enter the Patient from age. If necessary, see the field definitions for valid data/-formatting.
6523	PATIENT THRU AGE CANNOT BE ZEROES DEFAULT THRU AGE IS 999	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/-formatting.
6524	PATIENT THRU AGE MUST BE NUMERIC	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/-formatting.
6525	PATIENT THRU AGE NEEDED	Enter a Patient Thru age. If necessary, see the field definitions for valid data/formatting.
6867	PLEASE ENTER THE CODE	Enter valid data requested and re-process.
6559	PLEASE ENTER THE DENY INDICATOR	Enter valid data requested and re-process.
6868	PLEASE ENTER THE DENY INDICATOR Y/N	Enter valid data requested and re-process.
6870	PLEASE ENTER THE GENERIC CODES AND PRESS ENTER TO INSERT IT	Enter valid data requested and re-process.
6871	PLEASE ENTER THE LOW DAILY DOSE DESCRIPTION	Enter valid data requested and re-process.
6874	PLEASE ENTER THE REMARKS CODE	Enter valid data requested and re-process.
6882	PROGRAM EXCEPTION	Information message.
6884	PROVIDER DETAILS NOT FOUND	Information message.
6674	UNABLE TO UPDATE DATABASE ROLLBACK UNSUCCESSFUL.	Check to see if the segment is closed. Contact ACS Operations for assistance, if necessary.

Screen Access

From the VaMMIS Main System Menu:

1. Select the Drugs button.
2. You see the PRN Main Menu (POS-S-000).

3. Select PROSPECTIVE DUR MENU from the drop menu.
4. Choose Enter.
5. You see the Prospective DURS Main Menu.
6. Select the Criteria Management Screen radio button.
7. Choose Enter.
8. You see the Prospective DURS-Therapeutic Criteria Management Screen (PD-S-005).
9. Select the Inquiry radio button.
10. Enter a client number in the Client field.
11. Enter a valid benefit program in the Benefit Program field.
12. Select Excessive Quantity from the Interaction Code drop-menu.
13. Enter a valid therapeutic code in the Therapeutic Code field.
14. Enter a valid criteria code in the Criteria Code field.
15. Choose Enter.
16. You see the Excessive Quantity screen (PD-S-007).

Screens PD-S-008 Excessive Daily Dose

General Information

This screen allows inquiry and update of excessive daily dose criteria on the ProDUR Criteria File.

SOURCE/ORIGINATOR	ACS Pharmacist
USAGE	Inquiry, Update, Add, Delete
PROGRAM	VDT010B1 VDT020B1
MAPSET	VDHD1B1
TRAN ID	DV40(inquiry)/DV41(update)

SAMPLE	Excessive Daily Dose (PD-S-008)
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MHIS

Help | Print | Logout

Screen ID: PD-S-008
 Trans ID: DV40
 Program ID: VDT010B1

**VIRGINIA MEDICAID
 PROSPECTIVE DURS - INQUIRY
 THERAPEUTIC CRITERIA MANAGEMENT SCREEN
 EXCESSIVE DAILY DOSE**

Date: 02/19/2010
 Time: 10:17
 Page: 001 of 001

Criteria: 01 HD1 008 0001
 Description: HD/TIZANIDINE
 Dosage: 0000036 . 10

Deny: N

Generic Codes:

14690 - 14690	14693 - 14693	24433 - 24435	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-

Scroll Up | Scroll Down

NO MORE GENERIC CODES FOUND

Enter | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CRITERIA ProDUR Drug File Criteria Number (DE5806)		Choose the field and enter a criteria number. Choose the field and enter a criteria number.
2	DENY ProDUR Drug Deny Indicator (DE5792)		Indicates whether this particular ProDUR criteria should deny. Overrides the Error Text Dispositions. N = No, this ProDUR criteria should NOT deny. Y = Yes, this ProDUR criteria should deny. Indicates whether this particular ProDUR

			<p>criteria should deny. Overrides the Error Text Dispositions.</p> <p>N = No, this ProDUR criteria should NOT deny.</p> <p>Y = Yes, this ProDUR criteria should deny.</p>
3	<p>DESCRIPTION</p> <p>ProDUR Criteria Description (DE5917)</p>		<p>System-displayed. This is a description of the drug criteria.</p> <p>System-displayed. This is a description of the drug criteria.</p>
4	<p>DOSAGE</p> <p>Benefit Plan Drug Criteria Dosage (DE5937)</p>		<p>System-displayed. This is the quantitative value for the maximum daily dose. It is usually expressed in metric strength units (i.e., mg, mcg, gm). Use the On-line HELP system to find valid codes for this field.</p> <p>System-displayed. This is the quantitative value for the maximum daily dose. It is usually expressed in metric strength units (i.e., mg, mcg, gm). Use the On-line HELP system to find valid codes for this field.</p>
5	<p>GENERIC CODES</p> <p>Drug Generic Code Number (GCN) (DE5061)</p>		<p>System-displayed. This is a random number representing the generic formula of a drug. It is specific to generic ingredient combination. It is the same across manufacturers and/or package sizes.</p> <p>System-displayed. This is a random number representing the generic formula of a drug. It is specific to generic ingredient combination. It is the same across manufacturers and/or package sizes.</p>

NAVIGATION	Excessive Daily Dose (PD-S-008)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application ProDUR Therapeutic Criteria Management System.	N/A
ENTER	Process Screen	N/A
PF12/SUB MENU	Branches User to the Virginia Drug Application PRN Help Desk Main Menu	N/A
PF3/RETURN	Exits user from the Virginia Drug Application ProDUR Therapeutic Criteria Management System.	N/A

PF7/SCROLL UP	Scroll Data Back	RB-S-001 ()
PF8/SCROLL DOWN	Scroll Data Forward	N/A

Error Messages

Error	Description	Resolution
6046	BENEFIT PROGRAM ENTERED IS NOT AVAILABLE	Check the benefit program for formatting or validity.
6047	BENEFIT PROGRAM MUST BE NUMERIC	See the field definitions for valid data/-formatting of this field.
6116	DIAGNOSIS CODES INVALID TRY A DIFFERENT DIAGNOSIS.	Enter a different diagnosis code, If necessary, see the field definitions for valid data/-formatting.
6215	ERROR IN GETTING CURRENT TIMESTAMP DATA	Process the transaction again. Contact ACS Operations for assistance, if necessary.
6277	EXCESSIVE DOSAGE CANNOT BE ZEROES	Re-enter the excessive dosage value. If necessary, see the field definitions for valid data/formatting.
6315	INSERT SUCCESSFUL EXCEPT FOR HIGHLIGHTED RANGES NO MORE PROGRAMS AVLBL	Information message. No action needed.
6383	INVALID KEY CHOSEN	Enter a different diagnosis code. If necessary, see the field definitions for valid data/-formatting.
6467	NO CRITERIA DETAILS FOUND	Information message. No action needed.
6468	NO DIAG CODES FOUND	Information message.
6471	NO DRUG CODES FOUND	Information message.
6481	NO MORE BENEFIT PROGRAMS AVAILABLE FOR INSERTION	Information message.
6482	NO MORE DIAGNOSIS CODES FOUND	Information message.
6483	NO MORE GENERIC CODES FOUND	Information message.
6499	NO THERAPEUTIC CODES AVAILABLE	Information message.
6522	PATIENT FROM AGE MUST BE NUMERIC	Re-enter the Patient from age. If necessary, see the field definitions for valid data/-formatting.
6523	PATIENT THRU AGE CANNOT BE ZEROES DEFAULT THRU AGE IS 999	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/-formatting.
6524	PATIENT THRU AGE MUST BE NUMERIC	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/-

		formatting.
6525	PATIENT THRU AGE NEEDED	Enter a Patient Thru age. If necessary, see the field definitions for valid data/formatting.
6867	PLEASE ENTER THE CODE	Enter valid data requested and re-process.
6559	PLEASE ENTER THE DENY INDICATOR	Enter valid data requested and re-process.
6868	PLEASE ENTER THE DENY INDICATOR Y/N	Enter valid data requested and re-process.
6870	PLEASE ENTER THE GENERIC CODES AND PRESS ENTER TO INSERT IT	Enter valid data requested and re-process.
6871	PLEASE ENTER THE LOW DAILY DOSE DESCRIPTION	Enter valid data requested and re-process.
6882	PROGRAM EXCEPTION	Information message.
6884	PROVIDER DETAILS NOT FOUND	Information message.
6641	THERAPEUTIC CODE MUST BE NUMERIC	Re-enter a valid Therapeutic code. If necessary, see the field definitions for valid data/-formatting.

Screen Access

From the VaMMIS Main System Menu:
1. Select the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select PROSPECTIVE DUR MENU from the drop menu.
4. Choose Enter.
5. You see the Prospective DURS Main Menu.
6. Select the Criteria Management Screen radio button.
7. Choose Enter.
8. You see the Prospective DURS-Therapeutic Criteria Management Screen (PD-S-005).
9. Select the Inquiry radio button.
10. Enter a client number in the Client field.
11. Enter a valid benefit program in the Benefit Program field.
12. Select Excessive Daily Dose from the Interaction Code drop-menu.
13. Enter a valid therapeutic code in the Therapeutic Code field.
14. Enter a valid criteria code in the Criteria Code field.
15. Choose Enter.
16. You see the Excessive Daily Dose Screen (PD-S-008).

Screens PD-S-009 Excessive Daily Dose Over Age

General Information

This screen allows inquiry and update of excessive daily dose over age criteria on the ProDUR Criteria File.

SOURCE/ORIGINATOR	ACS Pharmacist
USAGE	Inquiry, Update, Add, Delete
PROGRAM	VDT010B1 VDT020B1
MAPSET	VDHD2B1
TRAN ID	DV40(inquiry)/DV41(update)

SAMPLE	Excessive Daily Dose Over Age (PD-S-009)
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The screenshot shows the Virginia Medicaid MMIS interface. At the top left is the Virginia Medicaid logo. On the top right, there are navigation links: Test Environment | Home | ContactUs | Help | Search |. Below the logo is a blue header bar with 'MMIS' on the left and 'Help | Print | Logout' on the right. The main content area has a title: VIRGINIA MEDICAID PROSPECTIVE DURS - INQUIRY THERAPEUTIC CRITERIA MANAGEMENT SCREEN EXCESSIVE DAILY DOSE OVER AGE. It includes metadata: Screen ID: PD-S-009, Trans ID: DV40, Program ID: VDT010B1, Date: 02/22/2010, Time: 09:58, Page: 001 of 001. There are input fields for Criteria (01, HD2, 001, 0001) and Deny (N). The description is HD2>65:PANTOPRAZOLE with dosage 0000041 . 00 and age 065. A table for Generic Codes is shown with one entry: 40120 - 40120. Below the table, it says 'NO MORE GENERIC CODES FOUND'. At the bottom, there are navigation buttons: Enter, Return, Sub Menu, Main Menu, Scroll Up, and Scroll Down.

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CRITERIA ProDUR Drug File Criteria Number (DE5806)		This is the criteria number entered in the ProDUR Therapeutic Criteria Management Screen. This is the criteria number entered in the ProDUR Therapeutic Criteria Management Screen.
2	DENY ProDUR Drug Deny Indicator (DE5792)		N/A
3	DESCRIPTION ProDUR Criteria Description (DE5917)		System-displayed. This is a description of the drug criteria. System-displayed. This is a description of the drug criteria.
4	DOSAGE Benefit Plan Drug Cri- teria Dosage (DE5937)		System-displayed. This is the over age maximum dose amount. System-displayed. This is the over age maximum dose amount.
5	AGE ProDUR Drug Max- imum Age (DE5787)		This is the maximum age at which a person should take a particular drug. System-displayed. This is the maximum age at which a person should take a particular drug. System-displayed.
6	GENERIC CODES Drug Generic Code Number (GCN) (DE5061)		System-displayed. This is a random number representing the generic formula of a drug. It is specific to generic ingredient combination. It is the same across manufacturers and/or package sizes. System-displayed. This is a random number representing the generic formula of a drug. It is specific to generic ingredient combination. It is the same across manufacturers and/or package sizes.

NAVIGATION	Excessive Daily Dose Over Age (PD-S-009)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application ProDUR Therapeutic Criteria Management System.	N/A
ENTER	Process Screen	N/A
PF12/ SUB MENU	Returns user to the Virginia Drug Application PRN Help Desk Main Menu	N/A
PF3 /RETURN	Returns user to the Virginia Drug Application DUR Main Menu screen.	N/A
PF7 / SCROLL UP	Scrolls Data Back	N/A
PF8 / SCROLL DOWN	Scroll Data forward	N/A

Error Messages

Error	Description	Resolution
6046	BENEFIT PROGRAM ENTERED IS NOT AVAILABLE	Check the benefit program for formatting or validity.
6047	BENEFIT PROGRAM MUST BE NUMERIC	See the field definitions for valid data/-formatting of this field.
6116	DIAGNOSIS CODES INVALID TRY A DIFFERENT DIAGNOSIS.	Enter a different diagnosis code, If necessary, see the field definitions for valid data/-formatting.
6215	ERROR IN GETTING CURRENT TIMESTAMP DATA	Process the transaction again. Contact ACS Operations for assistance, if necessary.
6277	EXCESSIVE DOSAGE CANNOT BE ZEROES	Re-enter the excessive dosage value. If necessary, see the field definitions for valid data/formatting.
6315	INSERT SUCCESSFUL EXCEPT FOR HIGHLIGHTED RANGES NO MORE PROGRAMS AVLBL	Information message. No action needed.
6383	INVALID KEY CHOSEN	Enter a different diagnosis code. If necessary, see the field definitions for valid data/-formatting.
6468	NO DIAG CODES FOUND	Information message.
6471	NO DRUG CODES FOUND	Information message.
6481	NO MORE BENEFIT PROGRAMS	Information message.

	AVAILABLE FOR INSERTION	
6482	NO MORE DIAGNOSIS CODES FOUND	Information message.
6483	NO MORE GENERIC CODES FOUND	Information message.
6499	NO THERAPEUTIC CODES AVAILABLE	Information message.
6522	PATIENT FROM AGE MUST BE NUMERIC	Re-enter the Patient from age. If necessary, see the field definitions for valid data/formatting.
6523	PATIENT THRU AGE CANNOT BE ZEROES DEFAULT THRU AGE IS 999	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/formatting.
6524	PATIENT THRU AGE MUST BE NUMERIC	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/formatting.
6525	PATIENT THRU AGE NEEDED	Enter a Patient Thru age. If necessary, see the field definitions for valid data/formatting.
6867	PLEASE ENTER THE CODE	Enter valid data requested and re-process.
6559	PLEASE ENTER THE DENY INDICATOR	Enter valid data requested and re-process.
6868	PLEASE ENTER THE DENY INDICATOR Y/N	Enter valid data requested and re-process.
6870	PLEASE ENTER THE GENERIC CODES AND PRESS ENTER TO INSERT IT	Enter valid data requested and re-process.
6871	PLEASE ENTER THE LOW DAILY DOSE DESCRIPTION	Enter valid data requested and re-process.
6882	PROGRAM EXCEPTION	Information message.
6884	PROVIDER DETAILS NOT FOUND	Information message.
6641	THERAPEUTIC CODE MUST BE NUMERIC	Re-enter a valid Therapeutic code. If necessary, see the field definitions for valid data/formatting.
6674	UNABLE TO UPDATE DATABASE ROLLBACK UNSUCCESSFUL.	Check to see if the segment is closed. Contact ACS Operations for assistance, if necessary.

Screen Access

From the VaMMIS Main System Menu:
1. Select the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select PROSPECTIVE DUR MENU from the drop menu.
4. Choose Enter.
5. You see the Prospective DURS Main Menu.
6. Select the Criteria Management Screen radio button.

7. Choose Enter.
8. You see the Prospective DURS-Therapeutic Criteria Management Screen (PD-S-005).
9. Select the Inquiry radio button.
10. Enter a client number in the Client field.
11. Enter a valid benefit program in the Benefit Program field.
12. Select Excessive Daily Dose Over Age from the Interaction Code drop menu.
13. Enter a valid therapeutic code in the Therapeutic Code field.
14. Enter a valid Criteria Code in the Criteria Code field.
15. Choose Enter.
16. You see the Excessive Daily Dose Over Age screen (PD-S-009).

Screens PD-S-010 Excessive Daily Dose Under Age

General Information

This screen allows inquiry and update of excessive daily dose under age criteria on the ProDUR Criteria File.

SOURCE/ORIGINATOR	ACS Pharmacist
USAGE	Inquiry, Update, Add, Delete
PROGRAM	VDT010B1 VDT020B1
MAPSET	VDHD3B1
TRAN ID	DV40(inquiry)/DV41(update)

SAMPLE	Excessive Daily Dose Under Age (PD-S-010)
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Test Environment | [Home](#) | [Contact Us](#) | [Help](#) | [Search](#)

Virginia Medicaid

MMS

Screen ID: PD-S-010
Trans ID: DV40
Program ID: VDT010B1

**VIRGINIA MEDICAID
PROSPECTIVE DURS - INQUIRY
THERAPEUTIC CRITERIA MANAGEMENT SCREEN
EXCESSIVE DOSE UNDER AGE**

Date: 03/01/2010
Time: 09:18
Page: 001 of 001

Criteria: 01 HD3 001 0001 Deny: Y

Description: TEST WB
Dosage: 0000001 . 00 Age: 021

Generic Codes:

11111 - 11111	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-

NO MORE GENERIC CODES FOUND

Enter Return Sub Menu Main Menu

Scroll Up Scroll Down

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CRITERIA ProDUR Drug File Criteria Number (DE5806)		<p>This is the criteria number entered in the ProDUR Therapeutic Criteria Management Screen.</p> <p>This is the criteria number entered in the ProDUR Therapeutic Criteria Management Screen.</p>
2	DENY ProDUR Drug Deny Indicator (DE5792)		<p>Indicates whether this particular ProDUR criteria should deny. Overrides the Error Text Dispositions. N = No, this ProDUR criteria should NOT deny. Y = Yes, this ProDUR criteria should deny.</p> <p>Indicates whether this particular ProDUR criteria should deny. Overrides the Error Text Dispositions. N = No, this ProDUR criteria should NOT deny. Y = Yes, this ProDUR criteria should deny.</p>
3	DESCRIPTION ProDUR Criteria Description (DE5917)		<p>System-displayed. This is a description of the drug criteria.</p> <p>System-displayed. This is a description of the drug criteria.</p>
4	DOSAGE Benefit Plan Drug Cri- teria Dosage (DE5937)		<p>System-displayed. This is the under age maximum dose amount.</p> <p>System-displayed. This is the under age maximum dose amount.</p>
5	AGE ProDUR Drug Min- imum Age (DE5786)		<p>This is the maximum age at which a person should take a particular drug. System-displayed.</p> <p>This is the maximum age at which a person</p>

			should take a particular drug. System-displayed.
6	GENERIC CODES Drug Generic Code Number (GCN) (DE5061)		System-displayed. This is a random number representing the generic formula of a drug. It is specific to generic ingredient combination. It is the same across manufacturers and/or package sizes. System-displayed. This is a random number representing the generic formula of a drug. It is specific to generic ingredient combination. It is the same across manufacturers and/or package sizes.

NAVIGATION	Excessive Daily Dose Under Age (PD-S-010)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application ProDUR Therapeutic Criteria Management System.	N/A
ENTER	Process Screen	N/A
PF12/SUB MENU	Branches user to the Virginia Drug Application PRN Help Desk Main Menu	N/A
PF3/RETURN	Returns user to the Virginia Drug Application DUR Main Menu screen.	N/A
PF7/SCROLL UP	Scroll Data Back	N/A
PF8/SCROLL DOWN	Scroll data Forward	N/A

Error Messages

Error	Description	Resolution
6046	BENEFIT PROGRAM ENTERED IS NOT AVAILABLE	Check the benefit program for formatting or validity.
6047	BENEFIT PROGRAM MUST BE NUMERIC	See the field definitions for valid data/-formatting of this field.
6116	DIAGNOSIS CODES INVALID TRY A DIFFERENT DIAGNOSIS.	Enter a different diagnosis code, If necessary, see the field definitions for valid data/-formatting.
6215	ERROR IN GETTING CURRENT TIMESTAMP DATA	Process the transaction again. Contact ACS Operations for assistance, if necessary.

6277	EXCESSIVE DOSAGE CANNOT BE ZEROES	Re-enter the excessive dosage value. If necessary, see the field definitions for valid data/formatting.
6315	INSERT SUCCESSFUL EXCEPT FOR HIGHLIGHTED RANGES NO MORE PROGRAMS AVLBL	Information message. No action needed.
6383	INVALID KEY CHOSEN	Enter a different diagnosis code. If necessary, see the field definitions for valid data/-formatting.
6467	NO CRITERIA DETAILS FOUND	Information message. No action needed.
6468	NO DIAG CODES FOUND	Information message.
6471	NO DRUG CODES FOUND	Information message.
6481	NO MORE BENEFIT PROGRAMS AVAILABLE FOR INSERTION	Information message.
6482	NO MORE DIAGNOSIS CODES FOUND	Information message.
6483	NO MORE GENERIC CODES FOUND	Information message.
6499	NO THERAPEUTIC CODES AVAILABLE	Information message.
6522	PATIENT FROM AGE MUST BE NUMERIC	Re-enter the Patient from age. If necessary, see the field definitions for valid data/-formatting.
6523	PATIENT THRU AGE CANNOT BE ZEROES DEFAULT THRU AGE IS 999	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/-formatting.
6524	PATIENT THRU AGE MUST BE NUMERIC	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/-formatting.
6525	PATIENT THRU AGE NEEDED	Enter a Patient Thru age. If necessary, see the field definitions for valid data/formatting.
6867	PLEASE ENTER THE CODE	Enter valid data requested and re-process.
6559	PLEASE ENTER THE DENY INDICATOR	Enter valid data requested and re-process.
6868	PLEASE ENTER THE DENY INDICATOR Y/N	Enter valid data requested and re-process.
6870	PLEASE ENTER THE GENERIC CODES AND PRESS ENTER TO INSERT IT	Enter valid data requested and re-process.
6871	PLEASE ENTER THE LOW DAILY DOSE DESCRIPTION	Enter valid data requested and re-process.
6882	PROGRAM EXCEPTION	Information message.
6884	PROVIDER DETAILS NOT FOUND	Information message.
6641	THERAPEUTIC CODE MUST BE NUMERIC	Re-enter a valid Therapeutic code. If necessary, see the field definitions for valid data/-formatting.
6674	UNABLE TO UPDATE DATABASE	Check to see if the segment is closed.

	ROLLBACK UNSUCCESSFUL.	Contact ACS Operations for assistance, if necessary.
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Screen Access

From the VaMMIS Main System Menu:
1. Select the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select PROSPECTIVE DUR MENU from the drop menu.
4. Choose Enter.
5. You see the Prospective DURS Main Menu.
6. Select the Criteria Management Screen radio button.
7. Choose Enter.
8. You see the Prospective DURS-Therapeutic Criteria Management Screen (PD-S-005).
9. Select the Inquiry radio button.
10. Enter a client Number in the Client field.
11. Enter a valid benefit program in the Benefit Program field.
12. Select Excessive Daily Dose Under Age from the Interaction Code drop menu.
13. Enter a valid therapeutic code in the Therapeutic Code field.
14. Enter a valid criteria code in the Criteria Code field.
15. Choose Enter.
16. You see the Excessive Daily Dose Under Age screen (PD-S-010).

Screens PD-S-011 Insufficient Daily Dose

General Information

This screen allows inquiry and update of insufficient daily dose criteria on the ProDUR Criteria File.

SOURCE/ORIGINATOR	ACS Pharmacist
USAGE	Inquiry, Update, Add, Delete
PROGRAM	VDT010B1 VDT020B1
MAPSET	VDLD1B1
TRAN ID	DV40(inquiry)/DV41(update)

SAMPLE	Insufficient Daily Dose (PD-S-011)
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Virginia Medicaid

MMS

Screen ID: PD-S-011
Trans ID: DV40
Program ID: VDT010B1

**VIRGINIA MEDICAID
PROSPECTIVE DURS - INQUIRY
THERAPEUTIC CRITERIA MANAGEMENT SCREEN
INSUFFICIENT DAILY DOSE**

Date: 03/01/2010
Time: 09:01
Page: 001 of 001

Criteria: 01 | LD1 | 001 | 0001 Deny: N

Description: LD/RABEPRAZOLE
Dosage: 0000009 .99

Generic Codes:

94639 - 94639	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-

NO MORE GENERIC CODES FOUND

Enter | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CRITERIA ProDUR Drug File Criteria Number (DE5806)		<p>This is the criteria number entered in the ProDUR Therapeutic Criteria Management Screen.</p> <p>This is the criteria number entered in the ProDUR Therapeutic Criteria Management Screen.</p>
2	DENY ProDUR Drug Deny Indicator (DE5792)		<p>Indicates whether this particular ProDUR criteria should deny. Overrides the Error Text Dispositions. N = No, this ProDUR criteria should NOT deny. Y = Yes, this ProDUR criteria should deny.</p> <p>Indicates whether this particular ProDUR criteria should deny. Overrides the Error Text Dispositions. N = No, this ProDUR criteria should NOT deny. Y = Yes, this ProDUR criteria should deny.</p>
3	DESCRIPTION ProDUR Criteria Description (DE5917)		<p>System-displayed. This is a description of the drug criteria.</p> <p>System-displayed. This is a description of the drug criteria.</p>
4	DOSAGE Benefit Plan Drug Cri- teria Dosage (DE5937)		<p>System-displayed. This is the under age maximum dose amount.</p> <p>System-displayed. This is the under age maximum dose amount.</p>
5	GENERIC CODES Drug Generic Code Number (GCN) (DE5061)		<p>System-displayed. This is a random number representing the generic formula of a drug. It is specific to generic ingredient combination. It is the same across man-</p>

			<p>ufacturers and/or package sizes.</p> <p>System-displayed. This is a random number representing the generic formula of a drug. It is specific to generic ingredient combination. It is the same across manufacturers and/or package sizes.</p>
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NAVIGATION	Insufficient Daily Dose (PD-S-011)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application ProDUR Therapeutic Criteria Management System.	N/A
ENTER	Process Screen	N/A
PF12/SUB MENU	Branches user to the Virginia Drug Application PRN Help Desk Main Menu	N/A
PF3/RETURN	Returns user to the Virginia Drug Application DUR Main Menu screen.	N/A
PF7/SCROLL UP	Scroll data back	N/A
PF8/SCROLL DOWN	Scroll data forward	N/A

Error Messages

Error	Description	Resolution
None	N/A	N/A

Screen Access

From the VaMMIS Main System Menu:
1. Select the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select PROSPECTIVE DUR MENU from the drop menu.
4. Choose Enter.
5. You see the Prospective DURS Main Menu.
6. Select the Criteria Management Screen radio button.
7. Choose Enter.

8. You see the Prospective DURS-Therapeutic Criteria Management Screen (PD-S-005).
9. Select the Inquiry radio button.
10. Enter a client number in the Client field.
11. Enter a valid benefit program in the Benefit Program field.
12. Select Insufficient Daily Dose from the Interaction Code drop menu.
13. Enter a valid therapeutic code in the Therapeutic Code field.
14. Enter a valid criteria code in the Criteria Code field.
15. Choose Enter.

Screens PD-S-012 Insufficient Daily Dose Over Age

General Information

This screen allows inquiry and update of insufficient daily dose over age criteria on the ProDUR Criteria File.

SOURCE/ORIGINATOR	ACS Pharmacist
USAGE	Inquiry, Update, Add, Delete
PROGRAM	VDT010B1 VDT020B1
MAPSET	VDLD2B1
TRAN ID	DV40(inquiry)/DV41(update)

SAMPLE	Insufficient Daily Dose Over Age (PD-S-012)
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VA DMAS Prototype Portal - Windows Internet Explorer

http://localhost:9080/VAMMIS/VAMMIS/default/ver=2.0/rparam=PERFDx1TIMESTAMP=0/rparam=PB0x1ACTION=pb0x1action0x1send/rparam=in0x12520x11

VA DMAS Prototype Portal

Test Environment | Home | Contact Us | Help | Search



MMS

Screen ID: PD-S-012
Trans ID: DV40
Program ID: VDT010B1

**VIRGINIA MEDICAID
PROSPECTIVE DURS - INQUIRY
THERAPEUTIC CRITERIA MANAGEMENT SCREEN
INSUFFICIENT DAILY DOSE OVER AGE**

Date: 03/02/2010
Time: 16:54
Page: 001 of 001

Criteria: 01 LD2 001 0001 Deny: N

Description: TEST WB
Dosage: 0000100 . 99 Age: 021

Generic Codes:

11111 - 11111	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-

NO MORE GENERIC CODES FOUND

Enter Return Sub Menu Main Menu

337 (5,17) Local intranet 100%

start Host Access Transf... Inbox - Microsoft Out... Sri Lanka all-time XI: ... VA DMAS Prototype ... HodConn:RICIDW2C...

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CRITERIA ProDUR Drug File Criteria Number (DE5806)		This is the criteria number entered in the ProDUR Therapeutic Criteria Management Screen. test This is the criteria number entered in the ProDUR Therapeutic Criteria Management Screen. test
2	DENY ProDUR Drug Deny		Indicates whether this particular ProDUR

	Indicator (DE5792)		<p>criteria should deny. Overrides the Error Text Dispositions. N = No, this ProDUR criteria should NOT deny. Y = Yes, this ProDUR criteria should deny.</p> <p>Indicates whether this particular ProDUR criteria should deny. Overrides the Error Text Dispositions. N = No, this ProDUR criteria should NOT deny. Y = Yes, this ProDUR criteria should deny.</p>
3	DESCRIPTION ProDUR Criteria Description (DE5917)		<p>System-displayed. This is a description of the drug criteria.</p> <p>System-displayed. This is a description of the drug criteria.</p>
4	DOSAGE Drug Minimum Daily Dose Quantity (DE5737)		<p>System-displayed. This is the insufficient daily dosage over age amount.</p> <p>System-displayed. This is the insufficient daily dosage over age amount.</p>
5	AGE ProDUR Drug Maximum Age (DE5787)		<p>This is the minimum age at which a person should take a particular drug. System-displayed.</p> <p>This is the minimum age at which a person should take a particular drug. System-displayed.</p>
6	GENERIC CODES Drug Generic Code Number (GCN) (DE5061)		<p>System-displayed. This is a random number representing the generic formula of a drug. It is specific to generic ingredient combination. It is the same across manufacturers and/or package sizes.</p> <p>System-displayed. This is a random number representing the generic formula of a drug. It is specific to generic ingredient combination. It is the same across manufacturers and/or package sizes.</p>

NAVIGATION	Insufficient Daily Dose Over Age (PD-S-012)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application ProDUR Therapeutic Criteria Management System.	N/A
ENTER	Process Screen	N/A
PF12/SUB MENU	Branches user to the Virginia Drug Application PRN Help Desk Main Menu	N/A
PF3/RETURN	Returns user to the Virginia Drug Application DUR Main Menu screen.	N/A
PF7/SCROLL UP	Scroll data back	N/A
PF8/SCROLL DOWN	Scroll data forward	N/A

Error Messages

Error	Description	Resolution
6046	BENEFIT PROGRAM ENTERED IS NOT AVAILABLE	Check the benefit program for formatting or validity.
6047	BENEFIT PROGRAM MUST BE NUMERIC	See the field definitions for valid data/-formatting of this field.
6215	ERROR IN GETTING CURRENT TIMESTAMP DATA	Process the transaction again. Contact ACS Operations for assistance, if necessary.
6277	EXCESSIVE DOSAGE CANNOT BE ZEROES	Re-enter the excessive dosage value. If necessary, see the field definitions for valid data/formatting.
6315	INSERT SUCCESSFUL EXCEPT FOR HIGHLIGHTED RANGES NO MORE PROGRAMS AVLBL	Information message. No action needed.
6383	INVALID KEY CHOSEN	Enter a different diagnosis code. If necessary, see the field definitions for valid data/-formatting.
6467	NO CRITERIA DETAILS FOUND	Information message. No action needed.
6468	NO DIAG CODES FOUND	Information message.
6471	NO DRUG CODES FOUND	Information message.
6481	NO MORE BENEFIT PROGRAMS AVAILABLE FOR INSERTION	Information message.
6482	NO MORE DIAGNOSIS CODES FOUND	Information message.
6483	NO MORE GENERIC CODES FOUND	Information message.

6499	NO THERAPEUTIC CODES AVAILABLE	Information message.
6522	PATIENT FROM AGE MUST BE NUMERIC	Re-enter the Patient from age. If necessary, see the field definitions for valid data/-formatting.
6523	PATIENT THRU AGE CANNOT BE ZEROES DEFAULT THRU AGE IS 999	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/-formatting.
6524	PATIENT THRU AGE MUST BE NUMERIC	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/-formatting.
6525	PATIENT THRU AGE NEEDED	Enter a Patient Thru age. If necessary, see the field definitions for valid data/formatting.
6867	PLEASE ENTER THE CODE	Enter valid data requested and re-process.
6559	PLEASE ENTER THE DENY INDICATOR	Enter valid data requested and re-process.
6868	PLEASE ENTER THE DENY INDICATOR Y/N	Enter valid data requested and re-process.
6870	PLEASE ENTER THE GENERIC CODES AND PRESS ENTER TO INSERT IT	Enter valid data requested and re-process.
6871	PLEASE ENTER THE LOW DAILY DOSE DESCRIPTION	Enter valid data requested and re-process.
6882	PROGRAM EXCEPTION	Information message.
6884	PROVIDER DETAILS NOT FOUND	Information message.
6641	THERAPEUTIC CODE MUST BE NUMERIC	Re-enter a valid Therapeutic code. If necessary, see the field definitions for valid data/-formatting.
6674	UNABLE TO UPDATE DATABASE ROLLBACK UNSUCCESSFUL.	Check to see if the segment is closed. Contact ACS Operations for assistance, if necessary.

Screen Access

From the VaMMIS Main System Menu:
1. Select the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select PROSPECTIVE DUR MENU from the drop menu.
4. Choose Enter.
5. You see the Prospective DURS Main Menu.
6. Select the Criteria Management Screen radio button.
7. Choose Enter.
8. You see the Prospective DURS-Therapeutic Criteria Management Screen (PD-S-005).

9. Select the Inquiry radio button.
10. Enter a client number in the Client field.
11. Enter a valid benefit program in the Benefit Program field.
12. Select Insufficient Daily Dose Over Age from the Interaction Code drop-menu.
13. Enter a valid therapeutic code in the Therapeutic Code field.
14. Enter a valid criteria code in the Criteria Code field.
15. Choose Enter.
16. You see the Insufficient Daily Dose Over Age screen (PD-S-012).

Screens PD-S-013 Insufficient Daily Dose Under Age

General Information

This screen allows inquiry and update of insufficient daily dose under age criteria on the ProDUR Criteria File.

SOURCE/ORIGINATOR	ACS Pharmacist
USAGE	Inquiry, Update, Add, Delete
PROGRAM	VDT010B1 VDT020B1
MAPSET	VDLD3B1
TRAN ID	DV40(inquiry)/DV41(update)

SAMPLE	Insufficient Daily Dose Under Age (PD-S-013)
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Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CRITERIA ProDUR Drug File Criteria Number (DE5806)		This is the criteria number entered in the ProDUR Therapeutic Criteria Management Screen. test This is the criteria number entered in the ProDUR Therapeutic Criteria Management Screen. test
2	DENY ProDUR Drug Deny Indicator (DE5792)		Indicates whether this particular ProDUR criteria should deny. Overrides the Error Text Dispositions.

			<p>N = No, this ProDUR criteria should NOT deny. Y = Yes, this ProDUR criteria should deny.</p> <p>Indicates whether this particular ProDUR criteria should deny. Overrides the Error Text Dispositions. N = No, this ProDUR criteria should NOT deny. Y = Yes, this ProDUR criteria should deny.</p>
3	DESCRIPTION ProDUR Criteria Description (DE5917)		<p>System-displayed. This is a description of the drug criteria.</p> <p>System-displayed. This is a description of the drug criteria.</p>
4	DOSAGE Drug Minimum Daily Dose Quantity (DE5737)		<p>System-displayed. This is the insufficient daily dose under age amount.</p> <p>System-displayed. This is the insufficient daily dose under age amount.</p>
5	AGE ProDUR Drug Minimum Age (DE5786)		<p>This is the minimum age at which a person should take a particular drug. System-displayed.</p> <p>This is the minimum age at which a person should take a particular drug. System-displayed.</p>
6	GENERIC CODES Drug Generic Code Number (GCN) (DE5061)		<p>System-displayed. This is a random number representing the generic formula of a drug. It is specific to generic ingredient combination. It is the same across manufacturers and/or package sizes.</p> <p>System-displayed. This is a random number representing the generic formula of a drug. It is specific to generic ingredient combination. It is the same across manufacturers and/or package sizes.</p>

NAVIGATION	Insufficient Daily Dose Under Age (PD-S-013)
	Branch To (B)

Function (B) or (M)	Action	or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application ProDUR Therapeutic Criteria Management System.	N/A
ENTER	Process Screen	N/A
PF12/SUB MENU	Branches user to the Virginia Drug Application PRN Help Desk Main Menu	N/A
PF3/RETURN	Returns user to the Virginia Drug Application DUR Main Menu screen.	N/A
PF7/SCROLL UP	Scroll data back	N/A
PF8/SCROLL DOWN	Scroll data forward	N/A

Error Messages

Error	Description	Resolution
6046	BENEFIT PROGRAM ENTERED IS NOT AVAILABLE	Check the benefit program for formatting or validity.
6047	BENEFIT PROGRAM MUST BE NUMERIC	See the field definitions for valid data/-formatting of this field.
6116	DIAGNOSIS CODES INVALID TRY A DIFFERENT DIAGNOSIS.	Enter a different diagnosis code, If necessary, see the field definitions for valid data/-formatting.
6215	ERROR IN GETTING CURRENT TIMESTAMP DATA	Process the transaction again. Contact ACS Operations for assistance, if necessary.
6277	EXCESSIVE DOSAGE CANNOT BE ZEROES	Re-enter the excessive dosage value. If necessary, see the field definitions for valid data/formatting.
6315	INSERT SUCCESSFUL EXCEPT FOR HIGHLIGHTED RANGES NO MORE PROGRAMS AVLBL	Information message. No action needed.
6383	INVALID KEY CHOSEN	Enter a different diagnosis code. If necessary, see the field definitions for valid data/-formatting.
6468	NO DIAG CODES FOUND	Information message.
6471	NO DRUG CODES FOUND	Information message.
6481	NO MORE BENEFIT PROGRAMS AVAILABLE FOR INSERTION	Information message.
6482	NO MORE DIAGNOSIS CODES FOUND	Information message.
6483	NO MORE GENERIC CODES FOUND	Information message.
6522	PATIENT FROM AGE MUST BE NUMERIC	Re-enter the Patient from age. If necessary,

		see the field definitions for valid data/-formatting.
6523	PATIENT THRU AGE CANNOT BE ZEROES DEFAULT THRU AGE IS 999	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/-formatting.
6524	PATIENT THRU AGE MUST BE NUMERIC	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/-formatting.
6525	PATIENT THRU AGE NEEDED	Enter a Patient Thru age. If necessary, see the field definitions for valid data/formatting.
6867	PLEASE ENTER THE CODE	Enter valid data requested and re-process.
6559	PLEASE ENTER THE DENY INDICATOR	Enter valid data requested and re-process.
6868	PLEASE ENTER THE DENY INDICATOR Y/N	Enter valid data requested and re-process.
6870	PLEASE ENTER THE GENERIC CODES AND PRESS ENTER TO INSERT IT	Enter valid data requested and re-process.
6871	PLEASE ENTER THE LOW DAILY DOSE DESCRIPTION	Enter valid data requested and re-process.
6882	PROGRAM EXCEPTION	Information message.
6883	PROVIDER DETAILS FOUND	Information message.
6884	PROVIDER DETAILS NOT FOUND	Information message.
6641	THERAPEUTIC CODE MUST BE NUMERIC	Re-enter a valid Therapeutic code. If necessary, see the field definitions for valid data/-formatting.
6674	UNABLE TO UPDATE DATABASE ROLLBACK UNSUCCESSFUL.	Check to see if the segment is closed. Contact ACS Operations for assistance, if necessary.

Screen Access

From the VaMMIS Main System Menu:
1. Select the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select PROSPECTIVE DUR MENU from the drop menu.
4. Choose Enter.
5. You see the Prospective DURS Main Menu.
6. Select the Criteria Management Screen radio button.
7. Choose Enter.
8. You see the Prospective DURS-Therapeutic Criteria Management Screen (PD-S-005).
9. Select the Inquiry radio button.

10. Enter a client number in the Client field.
11. Enter a valid benefit program in the Benefit Program field.
12. Select Choose Insufficient Daily Dose Under Age from the Interaction Code drop menu.
13. Enter a valid therapeutic code in the Therapeutic Code field.
14. Enter a valid criteria code in the Criteria Code field.
15. Choose Enter.
16. You see the Insufficient Daily Dose Under Age screen (PD-S-013).

Screens PD-S-014 Underutilization

General Information

This screen allows inquiry and update of underutilization criteria on the ProDUR Criteria File.

SOURCE/ORIGINATOR	ACS Pharmacist
USAGE	Inquiry, Update, Add, Delete
PROGRAM	VDT010B1 VDT020B1
MAPSET	VDLR0B1
TRAN ID	DV40(inquiry)/DV41(update)

SAMPLE	Underutilization (PD-S-014)
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Virginia Medicaid

MMS

Screen ID: PD-S-014
Trans ID: DV40
Program ID: VDT010B1

**VIRGINIA MEDICAID
PROSPECTIVE DURS - INQUIRY
THERAPEUTIC CRITERIA MANAGEMENT SCREEN
UNDER UTILIZATION**

Date: 02/26/2010
Time: 14:58
Page: 001 of 001

Criteria: 01 LR 001 0001 Deny: N

Underutilization Description: LR/PROTON PUMP INHIBITORS
Days Span: 010

Generic Codes:

01697 - 01698	04348 - 04348	08454 - 08454	12867 - 12868
15032 - 15032	16264 - 16265	16305 - 16306	18992 - 18993
22228 - 22228	26632 - 26635	40120 - 40120	92989 - 92989
92999 - 92999	94639 - 94639	95045 - 95045	95976 - 95976
98030 - 98031	99389 - 99389	99418 - 99418	-

NO MORE GENERIC CODES FOUND

Enter Return Sub Menu Main Menu

Scroll Up Scroll Down

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CRITERIA ProDUR Drug File Criteria Number (DE5806)		<p>This is the criteria number entered in the ProDUR Therapeutic Criteria Management Screen.</p> <p>This is the criteria number entered in the ProDUR Therapeutic Criteria Management Screen.</p>
2	DENY ProDUR Drug Deny Indicator (DE5792)		<p>Indicates whether this particular ProDUR criteria should deny. Overrides the Error Text Dispositions. N = No, this ProDUR criteria should NOT deny. Y = Yes, this ProDUR criteria should deny.</p> <p>Indicates whether this particular ProDUR criteria should deny. Overrides the Error Text Dispositions. N = No, this ProDUR criteria should NOT deny. Y = Yes, this ProDUR criteria should deny.</p>
3	DESCRIPTION ProDUR Criteria Description (DE5917)		<p>System-displayed. This is a short description of how the drug was underutilized.</p> <p>System-displayed. This is a short description of how the drug was underutilized.</p>
4	DAYS SPAN Benefit Drug Criteria Days Span (DE5938)		<p>Number of days that may pass before late refill.</p> <p>Number of days that may pass before late refill.</p>
5	GENERIC CODES Drug Generic Code Number (GCN) (DE5061)		<p>System-displayed. This is a random number representing the generic formula of a drug. It is specific to generic ingredient combination. It is the same across manufacturers and/or package sizes.</p>

			System-displayed. This is a random number representing the generic formula of a drug. It is specific to generic ingredient combination. It is the same across manufacturers and/or package sizes.
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NAVIGATION		Underutilization (PD-S-014)
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application ProDUR Therapeutic Criteria Management System.	N/A
ENTER	Process screen	N/A
PF12/SUB MENU	Branches user to the Virginia Drug Application PRN Help Desk Main Menu	N/A
PF3/RETURN	Returns user to the Virginia Drug Application DUR Main Menu screen.	RF-S-010 (R)
PF7/SCROLL UP	Scroll data back	N/A
PF8/SCROLL DOWN	Scroll data forward	N/A

Error Messages

Error	Description	Resolution
6046	BENEFIT PROGRAM ENTERED IS NOT AVAILABLE	Check the benefit program for formatting or validity.
6047	BENEFIT PROGRAM MUST BE NUMERIC	See the field definitions for valid data/-formatting of this field.
6116	DIAGNOSIS CODES INVALID TRY A DIFFERENT DIAGNOSIS.	Enter a different diagnosis code, If necessary, see the field definitions for valid data/-formatting.
6215	ERROR IN GETTING CURRENT TIMESTAMP DATA	Process the transaction again. Contact ACS Operations for assistance, if necessary.
6277	EXCESSIVE DOSAGE CANNOT BE ZEROES	Re-enter the excessive dosage value. If necessary, see the field definitions for valid data/formatting.
6315	INSERT SUCCESSFUL EXCEPT FOR HIGHLIGHTED RANGES NO MORE PROGRAMS AVLBL	Information message. No action needed.

6383	INVALID KEY CHOSEN	Enter a different diagnosis code. If necessary, see the field definitions for valid data/formatting.
6467	NO CRITERIA DETAILS FOUND	Information message. No action needed.
6468	NO DIAG CODES FOUND	Information message.
6471	NO DRUG CODES FOUND	Information message.
6481	NO MORE BENEFIT PROGRAMS AVAILABLE FOR INSERTION	Information message.
6482	NO MORE DIAGNOSIS CODES FOUND	Information message.
6483	NO MORE GENERIC CODES FOUND	Information message.
6499	NO THERAPEUTIC CODES AVAILABLE	Information message.
6522	PATIENT FROM AGE MUST BE NUMERIC	Re-enter the Patient from age. If necessary, see the field definitions for valid data/formatting.
6523	PATIENT THRU AGE CANNOT BE ZEROES DEFAULT THRU AGE IS 999	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/formatting.
6524	PATIENT THRU AGE MUST BE NUMERIC	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/formatting.
6525	PATIENT THRU AGE NEEDED	Enter a Patient Thru age. If necessary, see the field definitions for valid data/formatting.
6867	PLEASE ENTER THE CODE	Enter valid data requested and re-process.
6559	PLEASE ENTER THE DENY INDICATOR	Enter valid data requested and re-process.
6868	PLEASE ENTER THE DENY INDICATOR Y/N	Enter valid data requested and re-process.
6870	PLEASE ENTER THE GENERIC CODES AND PRESS ENTER TO INSERT IT	Enter valid data requested and re-process.
6871	PLEASE ENTER THE LOW DAILY DOSE DESCRIPTION	Enter valid data requested and re-process.
6882	PROGRAM EXCEPTION	Information message.
6884	PROVIDER DETAILS NOT FOUND	Information message.
6641	THERAPEUTIC CODE MUST BE NUMERIC	Re-enter a valid Therapeutic code. If necessary, see the field definitions for valid data/formatting.
6674	UNABLE TO UPDATE DATABASE ROLLBACK UNSUCCESSFUL.	Check to see if the segment is closed. Contact ACS Operations for assistance, if necessary.

Screen Access

From the VaMMIS Main System Menu:
1. Select the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select PROSPECTIVE DUR MENU from the drop menu.
4. Choose Enter.
5. You see the Prospective DURS Main Menu.
6. Select the Criteria Management Screen radio button.
7. Choose Enter.
8. You see the Prospective DURS-Therapeutic Criteria Management Screen (PD-S-005).
9. Select the Inquiry radio button.
10. Enter a client number in the Client field.
11. Enter a valid benefit program in the Benefit Program field.
12. Select Under Utilization Under Age from the Interaction Code drop-menu.
13. Enter a valid therapeutic code in the Therapeutic Code field.
14. Enter a valid criteria code in the Criteria Code field.
15. Choose Enter.
16. You see the Underutilization screen (PD-S-014).

Screens PD-S-015 Drug to Chronic Interaction

General Information

This screen allows inquiry and update of drug to chronic interaction criteria on the ProDUR Criteria File.

SOURCE/ORIGINATOR	ACS Pharmacist
USAGE	Inquiry, Update, Add, Delete
PROGRAM	VDT010B1 VDT020B1
MAPSET	VDMC0B1
TRAN ID	DV40(inquiry)/DV41(update)

SAMPLE	Drug to Chronic Interaction (PD-S-015)
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HH15

Help | Close | Logout

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

Screen ID: POS-8-016
 Trans ID: NV28
 Program ID: VPT88BF4

VIRGINIA MEDICAID
INCLUDE/EXCLUDES - INQUIRY

Date: 06/12/2016
 Time: 14:20
 Page: 001 of 208

Type	Drug Values		Include/Exclude OTC Covered / OTC Not Covered	Begin Date	End Date	Error Code
	From	To				
00	00000034886	00000034886	C	07/01/2008		0000
00	00002418602	00002418602	P	06/23/2014		0000
00	00002418607	00002418607	P	06/23/2014		0000
00	00002418630	00002418630	P	06/23/2014		0000
00	00002821601	00002821601	P	07/01/2014		0000
00	00002821617	00002821617	P	07/01/2014		0000
00	00002821681	00002821681	P	07/01/2014		0000
00	00002831601	00002831601	P	07/01/2014		0000
00	00002831617	00002831617	P	07/01/2014		0000
00	00002831681	00002831681	P	07/01/2014		0000
00	00002871601	00002871601	P	07/01/2014		0000
00	00002871617	00002871617	P	07/01/2014		0000
00	00002871681	00002871681	P	07/01/2014		0000
00	00002872668	00002872668	P	04/01/2010		0000
00	00004080008	00004080008	E	03/09/2016		0403

B=PDL Brand Exclude
 C=PDL Covered
 D=Part D Drugs
 E=Exclude
 F=Bypass FMAC/FUL
 G=Brand Name Covered
 I=Include
 K=COD Edit Bypass
 L=DME Budget Exclude
 M=DME Budget Include
 N=OTC Not Covered
 O=OTC Covered
 P=PDL Include
 Q=PDL Exclude
 R=Rebate Include
 S=Rebate Exclude
 W=Withdrawn
 X=Part B Drugs
 Y=Exipient
 Z=Not Exipient

DRUG INCLUDE 8/EXCLUDE 3 FOUND

Scroll Up | Scroll Down

Enter | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CRITERIA ProDUR Drug File Criteria Number (DE5806)		This is the criteria number entered in the ProDUR Therapeutic Criteria Management Screen. This is the criteria number entered in the ProDUR Therapeutic Criteria Management Screen.
2	DENY ProDUR Drug Deny Indicator (DE5792)		N/A
3	CHRONIC ILLNESS DESCRIPT		System-displayed. This is a standard description of the chronic illness.

	ProDUR Criteria Description (DE5917)		System-displayed. This is a standard description of the chronic illness.
4	DIAGNOSIS CODES Diagnosis Name (DE5302)		System-displayed. Standard nomenclature for a diagnosis. System-displayed. Standard nomenclature for a diagnosis.
5	Generic Codes Drug Generic Code Number (GCN) (DE5061)		This is a random number representing the generic formula of a drug. It is specific to generic ingredient combination. It is the same across manufacturers and/or package sizes. System-displayed. This is a random number representing the generic formula of a drug. It is specific to generic ingredient combination. It is the same across manufacturers and/or package sizes. System-displayed.

NAVIGATION	Drug to Chronic Interaction (PD-S-015)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application ProDUR Therapeutic Criteria Management System.	N/A
ENTER	Process Screen	N/A
PF12/SUB MENU	Branch user to the Virginia Drug Application PRN Help Desk Main Menu	N/A
PF3/RETURN	Returns user to the Virginia Drug Application DUR Main Menu screen.	N/A
PF5/NEXT THERAPEUTIC CD	Redisplay screen with next therapeutic code	N/A
PF7/SCROLL UP	Scroll data back	N/A
PF8/SCROLL DOWN	Scroll data forward	N/A
PF9/ INTERACTIVE DRUGS	Display interactive drugs	N/A

Error Messages

Error	Description	Resolution
6046	BENEFIT PROGRAM ENTERED IS NOT AVAILABLE	Check the benefit program for formatting or validity.
6047	BENEFIT PROGRAM MUST BE NUMERIC	See the field definitions for valid data/-formatting of this field.
6054	CAT CODE SHOULD NOT BE SPACE	Enter data into the Category Code field. If necessary, see the field definitions for valid data/formatting.
6116	DIAGNOSIS CODES INVALID TRY A DIFFERENT DIAGNOSIS.	Enter a different diagnosis code, If necessary, see the field definitions for valid data/-formatting.
6124	DRUG INCLUDE/EXCLUDES PROG NOT FOUND	Information message. If necessary, process the transaction again.
6130	END DATE SHOULD BE GREATER THAN BEGIN DATE AND CURRENT DATE	Check the end date for valid formatting/data. See the field definitions for formatting/data requirements.
6215	ERROR IN GETTING CURRENT TIMESTAMP DATA	Process the transaction again. Contact ACS Operations for assistance, if necessary.

6277	EXCESSIVE DOSAGE CANNOT BE ZEROES	Re-enter the excessive dosage value. If necessary, see the field definitions for valid data/formatting.
6298	FROM VALUE SHOULD BE IN FORMAT OF	Enter a valid FROM value. If necessary, see the field definitions for valid data/formatting.
6299	FROM VALUE SHOULD BE NUMERIC	Enter a numeric FROM VALUE. If necessary, see the field definitions for valid data/-formatting.
6310	INQUIRY DATE SHOULD BE GE 01/01/1980	Enter an inquiry date falling on or after 01/01/1980. If necessary, see the field definitions for valid data/formatting.
6315	INSERT SUCCESSFUL EXCEPT FOR HIGHLIGHTED RANGES NO MORE PROGRAMS AVLBL	Information message. No action needed.
6326	INVALID DRUG TYPE	Enter a valid drug type. If necessary, see the field definitions for valid data/formatting.
6328	INVALID INQUIRY DATE	Enter a valid inquiry date. If necessary, see the field definitions for valid data/formatting.
6383	INVALID KEY CHOSEN	Enter a different diagnosis

		code. If necessary, see the field definitions for valid data/formatting.
6407	INVALID PAGE NO REQUESTED	Request another page number and process the transaction. If necessary, see the field definitions for valid data/formatting.
6465	NO CHANGES MADE	Information message.
6467	NO CRITERIA DETAILS FOUND	Information message. No action needed.
6468	NO DIAG CODES FOUND	Information message.
6471	NO DRUG CODES FOUND	Information message.
6481	NO MORE BENEFIT PROGRAMS AVAILABLE FOR INSERTION	Information message.
6482	NO MORE DIAGNOSIS CODES FOUND	Information message.
6483	NO MORE GENERIC CODES FOUND	Information message.
6484	NO MORE ORIGINAL PROBLEMS FOUND	Information message.
6496	NO RECORDS TO SCROLL	Information message. No action needed.
6499	NO THERAPEUTIC CODES AVAILABLE	Information message.
6500	NO UPDATES PERFORMED	Information message.
6522	PATIENT FROM AGE MUST BE NUMERIC	Re-enter the Patient from age. If necessary, see the field definitions for valid data/-

		formatting.
6523	PATIENT THRU AGE CANNOT BE ZEROES DEFAULT THRU AGE IS 999	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/formatting.
6524	PATIENT THRU AGE MUST BE NUMERIC	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/formatting.
6525	PATIENT THRU AGE NEEDED	Enter a Patient Thru age. If necessary, see the field definitions for valid data/formatting.
6867	PLEASE ENTER THE CODE	Enter valid data requested and re-process.
6559	PLEASE ENTER THE DENY INDICATOR	Enter valid data requested and re-process.
6868	PLEASE ENTER THE DENY INDICATOR Y/N	Enter valid data requested and re-process.
6870	PLEASE ENTER THE GENERIC CODES AND PRESS ENTER TO INSERT IT	Enter valid data requested and re-process.
6871	PLEASE ENTER THE LOW DAILY DOSE DESCRIPTION	Enter valid data requested and re-process.
6882	PROGRAM EXCEPTION	Information message.
6884	PROVIDER DETAILS NOT FOUND	Information message.
6625	SCROLL NOT ACTIVE FOR ADD SELECTION	If necessary, change to inquiry to scroll through the data.

6641	THERAPEUTIC CODE MUST BE NUMERIC	Re-enter a valid Therapeutic code. If necessary, see the field definitions for valid data/formatting.
6646	THRU VALUE SHOULD BE NUMERIC	Enter a numeric THRU value. If necessary, see the field definitions for valid data/formatting.
6659	TO VALUE SHOULD BE NUMERIC	Enter a numeric TO value. If necessary, see the field definitions for valid data/formatting.
6660	TO VALUES MUST NOT BE SPACES OR ZEROS	Enter a valid TO value. If necessary, see the field definitions for valid data/formatting.
6674	UNABLE TO UPDATE DATABASE ROLLBACK UNSUCCESSFUL.	Check to see if the segment is closed. Contact ACS Operations for assistance, if necessary.

Screen Access

From the VaMMIS Main System Menu:
1. Select the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select PROSPECTIVE DUR MENU from the drop menu.
4. Choose Enter.
5. You see the Prospective DURS Main Menu.
6. Select the Criteria Management Screen radio button.
7. Choose Enter.

8. You see the Prospective DURS-Therapeutic Criteria Management Screen (PD-S-005).
9. Select the Inquiry radio button.
10. Enter a client number in the Client field.
11. Enter a valid benefit program in the Benefit Program field.
12. Select Drug To Chronic Interaction from the Interaction Code drop-menu.
13. Enter a valid therapeutic code in the Therapeutic Code field.
14. Enter a valid criteria code in the Criteria Code field.
15. Choose Enter.
16. You see the Drug to Chronic Interaction screen (PD-S-015).

Screens PD-S-016 Inferred Pregnancy

General Information

This screen allows inquiry and update of inferred pregnancy criteria on the ProDUR Criteria File.

SOURCE/ORIGINATOR	ACS Pharmacist
USAGE	Inquiry, Update, Add, Delete
PROGRAM	VDT010B1 VDT020B1
MAPSET	VDPG0B1
TRAN ID	DV40(inquiry)/DV41(update)

SAMPLE	Inferred Pregnancy (PD-S-016)
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VA DMAS Prototype Portal - Windows Internet Explorer

http://localhost:9080/VAMMIS/VAMMIS/default/ver=2.0/rparam=PERFOX1TIMESTAMP=0/rparam=portletAction=portletActionPost/rparam=SESSIONID=ZIAH0

File Edit View Favorites Tools Help

VA DMAS Prototype Portal

Test Environment | Home | Contact Us | Help | Search |



MMIS

Screen ID: PD-S-016
Trans ID: DV40
Program ID: VDT010B1

**VIRGINIA MEDICAID
PROSPECTIVE DURS - INQUIRY
THERAPEUTIC CRITERIA MANAGEMENT SCREEN
INFERRED PREGNANCY**

Date: 03/03/2010
Time: 09:14
Page: 001 of 001

Criteria: 01 PG 001 0001 Deny: Y

Inferred Pregnancy Description: CIPREG/HELIDAC
Pregnancy Indicator: N

Generic Codes:

64261 - 64261	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-

NO MORE GENERIC CODES FOUND

Enter Return Sub Menu Main Menu

337 (5,17) Local intranet 100%

start | Inboxes - Microsoft Out... | Host Access Transfor... | VA DMAS Prototype P... | HodConn:RIC1LW2C...

9:14 AM

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CRITERIA ProDUR Drug File Criteria Number (DE5806)		This is the criteria number entered in the ProDUR Therapeutic Criteria Management Screen. This is the criteria number entered in the ProDUR Therapeutic Criteria Management Screen.
2	DENY ProDUR Drug Deny		Indicates whether this particular ProDUR criteria should deny. Overrides the Error

	Indicator (DE5792)		<p>Text Dispositions. N = No, this ProDUR criteria should NOT deny. Y = Yes, this ProDUR criteria should deny</p> <p>Indicates whether this particular ProDUR criteria should deny. Overrides the Error Text Dispositions. N = No, this ProDUR criteria should NOT deny. Y = Yes, this ProDUR criteria should deny</p>
3	<p>INFERRED PREGNANCY DESCRIPTION</p> <p>ProDUR Criteria Description (DE5917)</p>		<p>Description of a criteria set. An inferred pregnancy drug. (P) System-displayed.</p> <p>ADD (R/U) Enter an inferred pregnancy drug.</p>
4	<p>PREGNANCY INDICATOR</p> <p>ProDUR Drug Pregnancy Indicator (DE5788)</p>		<p>This code tells whether the drug can be taken while pregnant. Y = can be taken while pregnant. N = can NOT be taken while pregnant.</p> <p>ADD (R/U) This code tells whether the drug can be taken while pregnant. Y = can be taken while pregnant. N = can NOT be taken while pregnant.</p>
5	<p>GENERIC CODES</p> <p>Drug Generic Code Number (GCN) (DE5061)</p>		<p>This is a random number representing the generic formula of a drug. It is specific to generic ingredient combination. It is the same across manufacturers and/or package sizes.</p> <p>ADD (R/U) Click on the field and enter a generic code. This is a random number representing the generic formula of a drug. It is specific to generic ingredient combination. It is the same across manufacturers and/or package sizes.</p>

NAVIGATION	Inferred Pregnancy (PD-S-016)	
Function	Action	Branch To (B) or

(B) or (M)		Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application ProDUR Therapeutic Criteria Management System.	N/A
ENTER	Process Screen	N/A
PF12/SUB MENU	Branch user to the Virginia Drug Application PRN Help Desk Main Menu	N/A
PF3/RETURN	Returns user to the Virginia Drug Application DUR Main Menu screen.	N/A
PF7/SCROLL UP	Scroll data back	N/A
PF8/SCROLL DOWN	Scroll data forward	N/A

Error Messages

Error	Description	Resolution
6046	BENEFIT PROGRAM ENTERED IS NOT AVAILABLE	Check the benefit program for formatting or validity.
6047	BENEFIT PROGRAM MUST BE NUMERIC	See the field definitions for valid data/-formatting of this field.
6116	DIAGNOSIS CODES INVALID TRY A DIFFERENT DIAGNOSIS.	Enter a different diagnosis code, If necessary, see the field definitions for valid data/-formatting.
6215	ERROR IN GETTING CURRENT TIMESTAMP DATA	Process the transaction again. Contact ACS Operations for assistance, if necessary.
6277	EXCESSIVE DOSAGE CANNOT BE ZEROES	Re-enter the excessive dosage value. If necessary, see the field definitions for valid data/formatting.
6315	INSERT SUCCESSFUL EXCEPT FOR HIGHLIGHTED RANGES NO MORE PROGRAMS AVLBL	Information message. No action needed.
6383	INVALID KEY CHOSEN	Enter a different diagnosis code. If necessary, see the field definitions for valid data/-formatting.
6467	NO CRITERIA DETAILS FOUND	Information message. No action needed.
6468	NO DIAG CODES FOUND	Information message.
6471	NO DRUG CODES FOUND	Information message.
6481	NO MORE BENEFIT PROGRAMS AVAILABLE FOR INSERTION	Information message.
6482	NO MORE DIAGNOSIS CODES FOUND	Information message.
6483	NO MORE GENERIC CODES FOUND	Information message.

6484	NO MORE ORIGINAL PROBLEMS FOUND	Information message.
6499	NO THERAPEUTIC CODES AVAILABLE	Information message.
6522	PATIENT FROM AGE MUST BE NUMERIC	Re-enter the Patient from age. If necessary, see the field definitions for valid data/-formatting.
6523	PATIENT THRU AGE CANNOT BE ZEROES DEFAULT THRU AGE IS 999	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/-formatting.
6524	PATIENT THRU AGE MUST BE NUMERIC	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/-formatting.
6525	PATIENT THRU AGE NEEDED	Enter a Patient Thru age. If necessary, see the field definitions for valid data/formatting.
6867	PLEASE ENTER THE CODE	Enter valid data requested and re-process.
6559	PLEASE ENTER THE DENY INDICATOR	Enter valid data requested and re-process.
6868	PLEASE ENTER THE DENY INDICATOR Y/N	Enter valid data requested and re-process.
6870	PLEASE ENTER THE GENERIC CODES AND PRESS ENTER TO INSERT IT	Enter valid data requested and re-process.
6871	PLEASE ENTER THE LOW DAILY DOSE DESCRIPTION	Enter valid data requested and re-process.
6882	PROGRAM EXCEPTION	Information message.
6884	PROVIDER DETAILS NOT FOUND	Information message.
6641	THERAPEUTIC CODE MUST BE NUMERIC	Re-enter a valid Therapeutic code. If necessary, see the field definitions for valid data/-formatting.
6674	UNABLE TO UPDATE DATABASE ROLLBACK UNSUCCESSFUL.	Check to see if the segment is closed. Contact ACS Operations for assistance, if necessary.

Screen Access

From the VaMMIS Main System Menu:
1. Select the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select PROSPECTIVE DUR MENU from the drop menu.
4. Choose Enter.
5. You see the Prospective DURS Main Menu.
6. Select the Criteria Management Screen radio button.
7. Choose Enter.

8. You see the Prospective DURS-Therapeutic Criteria Management Screen (PD-S-005).
9. Select the Inquiry radio button.
10. Enter a client number in the Client field.
11. Enter a valid benefit program in the Benefit Program field.
12. Select Inferred Pregnancy from the Interaction Code drop-menu.
13. Enter a valid therapeutic code in the Therapeutic Code field.
14. Enter a valid criteria code in the Criteria Code field.
15. Choose Enter.
16. You see the Inferred Pregnancy screen (PD-S-016).

Screens PD-S-017 Therapeutic Duplication

General Information

This screen allows inquiry and update of therapeutic duplication criteria on the ProDUR Criteria File.

SOURCE/ORIGINATOR	ACS Pharmacist
USAGE	Inquiry, Update, Add, Delete
PROGRAM	VDT010B1 VDT020B1
MAPSET	VDTD0B1
TRAN ID	DV40(inquiry)/DV41(update)

SAMPLE	Therapeutic Duplication (PD-S-017)
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VA DMAS Prototype Portal - Windows Internet Explorer

http://localhost:9080/VAMMIS/VAMMIS/default/ver=2.0/rparam=PERF0x1TIMESTAMP=0/rparam=portletAction=portletActionPost/rparam=SESSIONID=u6Nbc

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VA DMAS Prototype Portal

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MMS

Screen ID: PD-S-017
Trans ID: DV40
Program ID: VDT010B1

**VIRGINIA MEDICAID
PROSPECTIVE DURS - INQUIRY
THERAPEUTIC CRITERIA MANAGEMENT SCREEN
THERAPEUTIC DUPLICATION**

Date: 03/04/2010
Time: 11:11
Page: 001 of 002

Criteria: 01 TD 001 0001 Deny: Y

Therapeutic Duplication Description: TD/PROTON PUMP INHIBITORS

Generic Codes:

01697 - 01698	02521 - 02521	02529 - 02529	04348 - 04348
08450 - 08450	08452 - 08453	08454 - 08454	12867 - 12868
15032 - 15032	16305 - 16306	18992 - 18993	20717 - 20718
21432 - 21432	22765 - 22765	23124 - 23124	24144 - 24144
24483 - 24483	26632 - 26635	40120 - 40120	64269 - 64269

Scroll Up Scroll Down

AT THE TOP OF THE PAGE

Enter Return Sub Menu Main Menu

337 (5,17) Local intranet 100%

start | Inboxes - Micro... | Host Acces... | Screens | Sudhakar_K... | DSD MMS S... | VA DMAS Pr... | HodConnR...

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CRITERIA ProDUR Drug File Criteria Number (DE5806)		System-displayed. This is the criteria number entered in the ProDUR Therapeutic Criteria Management Screen. System-displayed. This is the criteria number entered in the ProDUR Therapeutic Criteria Management Screen.
2	DENY-FLAG ProDUR Drug Deny		Indicates whether this particular ProDUR criteria should deny. (P) Overrides the Error

	Indicator (DE5792)		Text Dispositions. ADD (R/U) Enter a N or Y in this field.
3	THERAPEUTIC DUPLICATION DESCRIPT ProDUR Criteria Description (DE5917)		A description of the therapeutic duplication. ADD (R/U) Click on this field and add a Therapeutic Duplication Description.
4	GENERIC CODES Drug Generic Code Number (GCN) (DE5061)		This is a random number representing the generic formula of a drug. It is specific to generic ingredient combination. It is the same across manufacturers and/or package sizes. ADD (R/U) Enter a generic code in these fields. A generic code is a random number representing the generic formula of a drug. It is specific to generic ingredient combination. It is the same across manufacturers and/or package sizes.

NAVIGATION	Therapeutic Duplication (PD-S-017)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application ProDUR Therapeutic Criteria Management System.	N/A
ENTER	Process Screen	N/A
PF12/SUB MENU	Branches user to the Virginia Drug Application PRN Help Desk Main Menu	N/A
PF3/RETURN	Returns user to the Virginia Drug Application DUR Main Menu screen.	N/A
PF7/SCROLL UP	Scroll data back	N/A
PF8/SCROLL DOWN	Scroll data forward	N/A

Error Messages

Error	Description	Resolution
6046	BENEFIT PROGRAM ENTERED IS NOT	Check the benefit program for formatting or

	AVAILABLE	validity.
6047	BENEFIT PROGRAM MUST BE NUMERIC	See the field definitions for valid data/- formatting of this field.
6116	DIAGNOSIS CODES INVALID TRY A DIFFERENT DIAGNOSIS.	Enter a different diagnosis code, If neces- sary, see the field definitions for valid data/- formatting.
6215	ERROR IN GETTING CURRENT TIMESTAMP DATA	Process the transaction again. Contact ACS Operations for assistance, if necessary.
6277	EXCESSIVE DOSAGE CANNOT BE ZEROES	Re-enter the excessive dosage value. If necessary, see the field definitions for valid data/formatting.
6315	INSERT SUCCESSFUL EXCEPT FOR HIGHLIGHTED RANGES NO MORE PROGRAMS AVLBL	Information message. No action needed.
6383	INVALID KEY CHOSEN	Enter a different diagnosis code. If neces- sary, see the field definitions for valid data/- formatting.
6467	NO CRITERIA DETAILS FOUND	Information message. No action needed.
6468	NO DIAG CODES FOUND	Information message.
6471	NO DRUG CODES FOUND	Information message.
6481	NO MORE BENEFIT PROGRAMS AVAILABLE FOR INSERTION	Information message.
6482	NO MORE DIAGNOSIS CODES FOUND	Information message.
6483	NO MORE GENERIC CODES FOUND	Information message.
6484	NO MORE ORIGINAL PROBLEMS FOUND	Information message.
6499	NO THERAPEUTIC CODES AVAILABLE	Information message.
6522	PATIENT FROM AGE MUST BE NUMERIC	Re-enter the Patient from age. If necessary, see the field definitions for valid data/- formatting.
6523	PATIENT THRU AGE CANNOT BE ZEROES DEFAULT THRU AGE IS 999	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/- formatting.
6524	PATIENT THRU AGE MUST BE NUMERIC	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/- formatting.
6525	PATIENT THRU AGE NEEDED	Enter a Patient Thru age. If necessary, see the field definitions for valid data/formatting.
6867	PLEASE ENTER THE CODE	Enter valid data requested and re-process.
6559	PLEASE ENTER THE DENY INDICATOR	Enter valid data requested and re-process.
6868	PLEASE ENTER THE DENY INDICATOR Y/N	Enter valid data requested and re-process.
6870	PLEASE ENTER THE GENERIC CODES	Enter valid data requested and re-process.

	AND PRESS ENTER TO INSERT IT	
6871	PLEASE ENTER THE LOW DAILY DOSE DESCRIPTION	Enter valid data requested and re-process.
6882	PROGRAM EXCEPTION	Information message.
6884	PROVIDER DETAILS NOT FOUND	Information message.
6641	THERAPEUTIC CODE MUST BE NUMERIC	Re-enter a valid Therapeutic code. If necessary, see the field definitions for valid data/formatting.
6674	UNABLE TO UPDATE DATABASE ROLLBACK UNSUCCESSFUL.	Check to see if the segment is closed. Contact ACS Operations for assistance, if necessary.

Screen Access

From the VaMMIS Main System Menu:
1. Select the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select PROSPECTIVE DUR MENU from the drop menu.
4. Choose Enter.
5. You see the Prospective DURS Main Menu.
6. Select the Criteria Management Screen radio button.
7. Choose Enter.
8. You see the Prospective DURS-Therapeutic Criteria Management Screen (PD-S-005).
9. Select the Inquiry radio button.
10. Enter a client number in the Client field.
11. Enter a valid benefit program in the Benefit Program field.
12. Select Therapeutic Duplication from the Interaction Code drop-menu.
13. Enter a valid therapeutic code in the Therapeutic Code field.
14. Enter a valid criteria code in the Criteria Code field.
15. Choose Enter.
16. You see the Therapeutic Duplication screen (PD-S-017).

Screens PD-S-018 Age Conflict

General Information

This screen allows inquiry and update of age conflict criteria on the ProDUR Criteria File.

SOURCE/ORIGINATOR	ACS Pharmacist
USAGE	Inquiry, Update, Add, Delete
PROGRAM	VDT010B1 VDT020B1
MAPSET	VDPA0B1
TRAN ID	DV40(inquiry)/DV41(update)

SAMPLE	Age Conflict (PD-S-018)
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MMIS

Screen ID: PD-S-018
Trans ID: DV40
Program ID: VDT010B1

VIRGINIA MEDICAID
PROSPECTIVE DURS - INQUIRY
THERAPEUTIC CRITERIA MANAGEMENT SCREEN
AGE CONFLICT

Date: 02/25/2010
Time: 17:10
Page: 001 of 001

Criteria: Deny: N

Age Conflict Description: CI<6/DEXMETHYLPHENIDATE
Ages From: 006 Thru: 999

Generic Codes

14973 - 14975	97111 - 97111	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-

NO MORE GENERIC CODES FOUND

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CRITERIA ProDUR Drug File Criteria Number (DE5806)		<p>This is the criteria number entered in the ProDUR Therapeutic Criteria Management Screen.</p> <p>This is the criteria number entered in the ProDUR Therapeutic Criteria Management Screen.</p>
2	DENY ProDUR Drug Deny Indicator (DE5792)		<p>Indicates whether this particular ProDUR criteria should deny. Overrides the Error Text Dispositions. N = No, this ProDUR criteria should NOT deny. Y = Yes, this ProDUR criteria should deny.</p> <p>Indicates whether this particular ProDUR criteria should deny. Overrides the Error Text Dispositions. N = No, this ProDUR criteria should NOT deny. Y = Yes, this ProDUR criteria should deny.</p>
3	AGE CONFLICT DESCRIPTION ProDUR Criteria Description (DE5917)		<p>System-displayed. This is the name of the drug which has an age conflict.</p> <p>ADD (R/U) Add the drug name with an age conflict.</p>
4	AGES FROM ProDUR Drug Minimum Age (DE5786)		<p>System-displayed. This is the minimum age at which a person can begin using the drug.</p> <p>ADD (R/U) Enter a minimum age at which a person can begin using the drug.</p>
5	- THRU - ProDUR Drug Maximum Age (DE5787)		<p>System-displayed. This is the maximum age at which a person can take the drug.</p> <p>ADD (R/U) Enter a maximum age at which a person can take the drug.</p>
6	GENERIC CODES Drug Generic Code		<p>System-displayed. This is a random number representing the generic formula of a</p>

	Number (GCN) (DE5061)		<p>drug. It is specific to generic ingredient combination. It is the same across manufacturers and/or package sizes.</p> <p>System-displayed. This is a random number representing the generic formula of a drug. It is specific to generic ingredient combination. It is the same across manufacturers and/or package sizes.</p>
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NAVIGATION		
Age Conflict (PD-S-018)		
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application ProDUR Therapeutic Criteria Management System.	N/A
ENTER	Process Screen	N/A
PF/RETURN	Returns user to the Virginia Drug Application DUR Main Menu screen.	N/A
PF12/SUB MENU	Branches user to the Virginia Drug Application PRN Help Desk Main Menu	N/A
PF7/SCROLL UP	Scroll data back	N/A
PF8/SCROLL DOWN	Scroll data forward	N/A

Error Messages

Error	Description	Resolution
6046	BENEFIT PROGRAM ENTERED IS NOT AVAILABLE	Check the benefit program for formatting or validity.
6047	BENEFIT PROGRAM MUST BE NUMERIC	See the field definitions for valid data/-formatting of this field.
6116	DIAGNOSIS CODES INVALID TRY A DIFFERENT DIAGNOSIS.	Enter a different diagnosis code, If necessary, see the field definitions for valid data/-formatting.
6215	ERROR IN GETTING CURRENT TIMESTAMP DATA	Process the transaction again. Contact ACS Operations for assistance, if necessary.
6277	EXCESSIVE DOSAGE CANNOT BE ZEROES	Re-enter the excessive dosage value. If necessary, see the field definitions for valid data/formatting.

6315	INSERT SUCCESSFUL EXCEPT FOR HIGHLIGHTED RANGES NO MORE PROGRAMS AVLBL	Information message. No action needed.
6383	INVALID KEY CHOSEN	Enter a different diagnosis code. If necessary, see the field definitions for valid data/formatting.
6467	NO CRITERIA DETAILS FOUND	Information message. No action needed.
6468	NO DIAG CODES FOUND	Information message.
6471	NO DRUG CODES FOUND	Information message.
6481	NO MORE BENEFIT PROGRAMS AVAILABLE FOR INSERTION	Information message.
6482	NO MORE DIAGNOSIS CODES FOUND	Information message.
6483	NO MORE GENERIC CODES FOUND	Information message.
6484	NO MORE ORIGINAL PROBLEMS FOUND	Information message.
6499	NO THERAPEUTIC CODES AVAILABLE	Information message.
6522	PATIENT FROM AGE MUST BE NUMERIC	Re-enter the Patient from age. If necessary, see the field definitions for valid data/formatting.
6523	PATIENT THRU AGE CANNOT BE ZEROES DEFAULT THRU AGE IS 999	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/formatting.
6524	PATIENT THRU AGE MUST BE NUMERIC	Re-enter the Patient Thru age. If necessary, see the field definitions for valid data/formatting.
6525	PATIENT THRU AGE NEEDED	Enter a Patient Thru age. If necessary, see the field definitions for valid data/formatting.
6867	PLEASE ENTER THE CODE	Enter valid data requested and re-process.
6559	PLEASE ENTER THE DENY INDICATOR	Enter valid data requested and re-process.
6868	PLEASE ENTER THE DENY INDICATOR Y/N	Enter valid data requested and re-process.
6870	PLEASE ENTER THE GENERIC CODES AND PRESS ENTER TO INSERT IT	Enter valid data requested and re-process.
6871	PLEASE ENTER THE LOW DAILY DOSE DESCRIPTION	Enter valid data requested and re-process.
6882	PROGRAM EXCEPTION	Information message.
6884	PROVIDER DETAILS NOT FOUND	Information message.
6641	THERAPEUTIC CODE MUST BE NUMERIC	Re-enter a valid Therapeutic code. If necessary, see the field definitions for valid data/formatting.
6674	UNABLE TO UPDATE DATABASE ROLLBACK UNSUCCESSFUL.	Check to see if the segment is closed. Contact ACS Operations for assistance, if necessary.

Screen Access

From the VaMMIS Main System Menu:
1. Select the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select PROSPECTIVE DUR MENU from the drop menu.
4. Choose Enter.
5. You see the Prospective DURS Main Menu.
6. Select the Criteria Management Screen radio button.
7. Choose Enter.
8. You see the Prospective DURS-Therapeutic Criteria Management Screen (PD-S-005).
9. Select the Inquiry radio button.
10. Enter a client number in the client field.
11. Enter a valid benefit program in the Benefit Program field.
12. Select Age Conflict Duplication from the Interaction Code drop-menu.
13. Enter a valid therapeutic code in the Therapeutic Code field.
14. Enter a valid criteria code in the Criteria Code field.
15. Choose Enter.
16. You see the Age Conflict screen (PD-S-018).

Screens PD-S-019-01 Member Diagnosis Detail

General Information

Displays the Diagnosis detail for selected Chronic Condition from the Member Profile screen (PD-S-019).

SOURCE/ORIGINATOR	Help Desk Operator
USAGE	Inquiry
PROGRAM	VDT810B1
MAPSET	VD800B1/VD800M3
TRAN ID	NV71

SAMPLE **Member Profile (PD-S-019-01)**

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

Reports

Screen ID: PD-S-019-01
Trans ID: NV71
Program ID: VDT810B1

VIRGINIA MEDICAID ENROLLEE DIAGNOSIS

Date: 10/12/2015
Time: 13:25
Page: 001 OF 000

Member ID: [REDACTED] Service Date: 20 [REDACTED] SSN: 092 [REDACTED]
First Name: MARY Last Name: WY [REDACTED] Middle Name: E Suffix:
DOB: [REDACTED] Sex: F Race: 1 Age: 054 Country: US Aid Category: 051
Review: Begin Date: End Date: Premium IND: TPL: N
Medical Condition: Type 2 Diabetes Mellitus - 00000594

Diagnosis Code	Description	From Date	To Date	ICN
25000	Type 2 Diabetes Mellitus	10212014		0000000000000000
25002	Type 2 Diabetes Mellitus	09152014		0000000000000000
25000	Type 2 Diabetes Mellitus	06172014		0000000000000000
25000	Type 2 Diabetes Mellitus	05162014		0000000000000000
25002	Type 2 Diabetes Mellitus	05122014		0000000000000000
25000	Type 2 Diabetes Mellitus	03062014		0000000000000000
25002	Type 2 Diabetes Mellitus	01022014		0000000000000000
25002	Type 2 Diabetes Mellitus	12022013		0000000000000000

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

ALL DIAGNOSIS

[Enter](#) [End Date](#) [Return](#) [Sub Menu](#) [Main Menu](#)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ENROLLEE ID Enrollee Identification Number (DE3001)	Edits: Messages:	System-displayed. This is the number that uniquely identifies an individual enrollee in a DMAS-administered program. N/A
2	SERVICE DATE Claim Service From Date (DE2010)		The date of service. Must be CCYYMMDD format. N/A
3	SSN Enrollee Social Security Number (SSN) (DE3034)		System-displayed. The enrollee's social security number that identifies lifetime earnings under the Security Program. N/A
4	LAST NAME Enrollee Last Name (DE3110)	Edits: Messages:	System-displayed. The enrollee's last name name. Must be eligible for a DMAS-administered program. N/A
5	DOB Enrollee Birth Date (DE3005)	Edits: Messages:	System-displayed. This is the enrollee's date of birth. N/A
6	SEX Enrollee Sex Code (DE3007)		System-displayed. The sex of the enrollee. F = Female M = Male U = Unknown. N/A
7	RACE Enrollee Race Code (DE3006)		System-displayed. This code indicates the enrollee's racial origin. See the On-line HELP system for valid codes for this field. N/A
8	AGE Calculated (DE0002)		System-displayed. This is the enrollee's age, calculated from the date of birth. N/A
9	COUNTRY Enrollee Country of Origin (DE3253)		System-displayed. These codes correspond to those listed in Federal Information Processing Standards (FIPS) publication 10-2. Use the On-line HELP system to find valid codes for this field.

			N/A
10	AID CATEGORY Enrollee Eligibility Aid Category (DE3009)		System-displayed. Also known as the Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS-administered programs. It tells you if the enrollee must make a co-payment. It is also used to identify an enrollee's eligibility for certain benefit plans. N/A
11	REVIEW Enrollee Pend Loca- tion Code (DE3121)	Edits: Messages: Enrollee Pend Loc Code	Code identifying the unit that will review the enrollee pends. This code will be defined as a location in the Claims Subsystem. N/A
12	BEGIN Enrollee Eligibility Begin Date (DE3010)	Edits: Messages:	The begin date of the patient's service. In MM/DD/CCYY format. System-displayed. The begin date of the patient's service. In MM/DD/CCYY format. System-displayed.
13	END Enrollee Eligibility End Date (DE3011)	Edits: Messages:	The date through which an enrollee is approved to receive DMAS-administered program benefits for a particular continuous period. N/A
14	PREMIUM IND Medicare Premium Indicator (DE3655)		Indicates whether enrollee is eligible for Medicare Part B or SSA and whether premiums are to be paid by the enrollee or the state. System-displayed. See the On-line HELP system for valid field values. N/A
14.1	TPL Calculated (DE0002)	Edits: Messages:	Indicates whether the enrollee has other pharmacy coverage. Values as follows: N = No Pharmacy Coverage; Y = Non-Medicare Pharmacy Coverage; D = Medicare Part D Eligible; B = Medicare Part D Eligible and Non-Medicare Pharmacy Coverage. N/A
20	DIAGNOSIS CODE ProDUR Enrollee Chronic Code (DE8791)		System-displayed. This is the diagnosis code for the primary condition requiring medical attention. Use the On-line HELP system to find valid codes for this field. N/A

21	DESCRIPTION Diagnosis Name (DE5302)		System-displayed. Common nomenclature for a diagnosis. N/A
22	SERVICE DATE Enrollee Health Condition Begin Date (DE3400)		System-displayed. The date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. N/A
23	TO Enrollee Health Condition END Date (DE3401)		System-displayed. The date on which the service was ended as last day for a claim coverage. Format MMDDCCYY
24	ICN (DE2001)		The unique Control Number serving to identify each claim transaction record

NAVIGATION			Member Profile (PD-S-019)
Function (B) or (M)	Action	Branch To (B) or Return To (R)	
RETURN	Returns user to the Member Profile Menu.	PD-S-019 (R)	
BKWD	Moves user backward thru diagnosis codes	N/A	
FRWD	Moves user forward thru diagnosis codes.	N/A	
END DATE (PF4)	End Date all open conditions	N/A	

Error Messages

Error	Description	Resolution
	ALREADY AT THE FIRST PAGE, CANNOT SCROLL FURTHER	Information message. No action needed.
	ALREADY AT THE LAST PAGE, CANNOT SCROLL FURTHER	Information message. No action needed.
	INVALID KEY PRESSED	Information message.
	NO OPEN ROWS TO END DATE	Indicates there are no rows with END DATE greater than current date to end
	DIAGNOSIS HAS BEEN END DATED	Indicates the request to END Date all open rows was successful and new end date will show on the screen

	<p>*** USER NOT AUTHORIZED ***</p>	<p>The user id was not present on the RS_SECURITY_RULE_CRITERIA as an authorized user that can END DATE a medical condition.</p> <p>To add a new user (or remove a current one) DMAS will need to submit a MSR request to Xerox.</p>
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Screen Access

<p>From the VaMMIS Main System Menu:</p>
<p>1. Select the Drugs button.</p>
<p>2. You see the PRN Main Menu (POS-S-000).</p>
<p>3. Select MEMBER from the Selection drop-menu.</p>
<p>4. Choose 1 and give Member ID, press enter</p>
<p>5. You see the ENROLLEE PROFILE Screen (PD-S-019)</p>
<p>6. Select the Enrollee Profile radio button and enter an Enrollee ID in the ID Value field.</p>
<p>7. Select radio button next to desired chronic condition</p>
<p>8. Choose either DETAIL (to see only OPEN diagnosis codes) or DETAIL-ALL (to see all open and closed diagnosis codes)</p>

Screens PD-S-019 Member Profile

General Information

Displays Member Profile records for use in ProDUR processing when POS pharmacy payment requests are submitted. Screen displays data for up to 5 Benefit Plans, 10 Chronic Diagnosis.

SOURCE/ORIGINATOR	Help Desk Operator
USAGE	Inquiry
PROGRAM	VDT810B1
MAPSET	VD800B1/VD800M1
TRAN ID	NV71

SAMPLE	Member Profile (PD-S-019)
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MMIS

Help | Print | Log

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

Screen ID: PD-S-019
Trans ID: NV71
Program ID: VDT810B1

VIRGINIA MEDICAID MEMBER PROFILE

Date: 10/12/2015
Time: 13:24

Member ID: [REDACTED]	DOS: [REDACTED]	SSN: [REDACTED]	Gender: F
Last Name: [REDACTED]	First Name: MARY	Middle Initial: E	Suffix:
DOB: [REDACTED]	Race: 1	Age: 054	Country: US
Review:	Begin Date: MM/DD/CCYY	End Date: MM/DD/CCYY	Premium Ind:
			Aid Category: 051 TPL: N

Benefit Plan	Provider ID	Ind	Begin Date	End Date
01-01-0100	[REDACTED] 000		09/01/1994	12/31/9999
01-01-0100	[REDACTED] 000	9	02/25/2004	12/31/9999
01-03-0803	[REDACTED] 1042		03/01/2015	12/31/9999
			MM/DD/CCYY	MM/DD/CCYY
			MM/DD/CCYY	MM/DD/CCYY

Backward Elig Forward Elig

Medical Condition

Select	DXID	Date	Description	Select	DXID	Date	Description
<input type="radio"/>	00000594	10/21/2014	Type 2 Diabetes	<input type="radio"/>	00002187	06/15/2013	Chronic Hepatic
<input type="radio"/>	00000595	08/18/2014	Type 1 Diabetes	<input type="radio"/>	00003126	05/16/2014	Peripheral Edem
<input type="radio"/>	00001396	09/24/2014	Hearing Disorde	<input type="radio"/>	00013484	09/15/2014	Increased Cardi
<input type="radio"/>	00001432	09/15/2014	Hypertension	<input type="radio"/>	00013526	10/21/2014	Diabetes with V
<input type="radio"/>	00001877	10/21/2014	Chronic Obstruc	<input type="radio"/>	00013554	08/04/2014	Nephrocalcinosi

Scroll Up Scroll Down

ENROLLEE PROFILE FOUND

Enter	Member Menu	Name X-Ref	Detail	Detail All	Return	Sub Menu	Main Menu
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Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ENROLLEE ID Enrollee Identification Number (DE3001)	Edits: Messages:	System-displayed. This is the number that uniquely identifies an individual enrollee in a DMAS-administered program. N/A
2	SERVICE DATE Claim Service From Date (DE2010)		The date of service. Must be CCYYMMDD format. N/A
3	SSN Enrollee Social Security Number (SSN) (DE3034)		System-displayed. The enrollee's social security number that identifies lifetime earnings under the Security Program. N/A
4	LAST NAME Enrollee Last Name (DE3110)	Edits: Messages:	System-displayed. The enrollee's last name. Must be eligible for a DMAS-administered program. N/A
5	DOB Enrollee Birth Date (DE3005)	Edits: Messages:	System-displayed. This is the enrollee's date of birth. N/A
6	SEX Enrollee Sex Code (DE3007)		System-displayed. The sex of the enrollee. F = Female M = Male U = Unknown. N/A
7	RACE Enrollee Race Code (DE3006)		System-displayed. This code indicates the enrollee's racial origin. See the On-line HELP system for valid codes for this field. N/A
8	AGE Calculated (DE0002)		System-displayed. This is the enrollee's age, calculated from the date of birth. N/A
9	COUNTRY Enrollee Country of Origin (DE3253)		System-displayed. These codes correspond to those listed in Federal Information Processing Standards (FIPS) publication 10-2. Use the On-line HELP system to find valid codes for this field.

			N/A
10	AID CATEGORY Enrollee Eligibility Aid Category (DE3009)		System-displayed. Also known as the Scope of Coverage code. This is the pro- gram category under which a recipient is eli- gible for Medicaid or DMAS-administered programs. It tells you if the enrollee must make a co-payment. It is also used to identify an enrollee's eligibility for certain benefit plans. N/A
11	REVIEW Enrollee Pend Loca- tion Code (DE3121)	Edits: Messages: Enrollee Pend Loc Code	Code identifying the unit that will review the enrollee pends. This code will be defined as a location in the Claims Subsystem. N/A
12	BEGIN Enrollee Eligibility Begin Date (DE3010)	Edits: Messages:	The begin date of the patient's service. In MM/DD/CCYY format. System-displayed. The begin date of the patient's service. In MM/DD/CCYY format. System-displayed.
13	END Enrollee Eligibility End Date (DE3011)	Edits: Messages:	The date through which an enrollee is approved to receive DMAS-administered program benefits for a particular continuous period. N/A
14	PREMIUM IND Medicare Premium Indicator (DE3655)		Indicates whether enrollee is eligible for Medicare Part B or SSA and whether premi- ums are to be paid by the enrollee or the state. System-displayed. See the On-line HELP system for valid field values. N/A
14.1	TPL Calculated (DE0002)	Edits: Messages:	Indicates whether the enrollee has other pharmacy coverage. Values as follows: N = No Pharmacy Coverage; Y = Non-Medicare Pharmacy Coverage; D = Medicare Part D Eligible; B = Medicare Part D Eligible and Non-Medi- care Pharmacy Coverage. N/A
15	PLAN Benefit Definition Benefit Plan Code (DE3550)		System-displayed. This is a code that rep- resents the group level, three-tiered code describing the benefit plan under which ser- vices for an enrolled individual may be reim- bursed.

			N/A
16	PRV National Provider Identifier (DE4700)	Edits: Messages: Interchangable with PROVIDER NPI	This is the CMS assigned National Provider Identifier that represents an individual entity. An NPI may be assigned for multiple Provider IDs that exist in VAMMIS today. N/A
17	IND Benefit Plan Exception Indicator (DE3072)	Edits: Messages:	System-displayed. The premium associated with the premium plan benefit code. Use the On-line HELP system for valid codes for this field. N/A
18	PLAN-BEGIN-DATE Enrollee Benefit Plan HMO/PCP Provider Begin Date (DE3145)	Edits: Messages:	System-displayed. The date on which the incident occurred that resulted in the enrollee receiving medical treatment. N/A
19	END Enrollee Benefit Plan HMO/PCP Provider End Date (DE3147)	Edits: Messages:	System-displayed. The date on which the incident ended that resulted in the enrollee receiving medical treatment. N/A
20	CHRONIC DIAGNOSIS CODE ProDUR Enrollee Chronic Code (DE8791)		System-displayed. This is the diagnosis code for the primary condition requiring medical attention. Use the On-line HELP system to find valid codes for this field. N/A
21	CHRONIC DIAGNOSIS DATE Enrollee Health Condition Begin Date (DE3400)	Edits: Messages:	System-displayed. The date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. N/A
22	CHRONIC DIAGNOSIS DESCRIPTION Diagnosis Name (DE5302)		System-displayed. Common nomenclature for a diagnosis. N/A

NAVIGATION	Member Profile (PD-S-019)
	Branch To (B)

Function (B) or (M)	Action	or Return To (R)
RETURN	Returns user to the Member Menu.	PD-S-020 (R)
Backward Elig	Moves user backward to the Eligibility backward screen.	N/A
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	RF-S-010 ()
ENTER BUTTON	Refreshes or displays member data.	N/A
Forward Elig	Moves user forward to the Eligibility forward screen.	N/A
PF1/MEMBER MENU	Returns user to the Member Menu.	PD-S-020 (R)
PF12/SUB MENU	Returns user to the Virginia Drug Application PRN Help Desk Main Menu	POS-S-000 (R)
PF5/NAME X-REF	Branches user to the Member Name Cross Reference screen.	PD-S-021 (B)
PF10/Scroll Up	Scroll forward for Chronic Conditions	
PF11/Scroll Back	Scroll backward for Chronis Conditions	
PF2/Detail All	Transfer to PD-S-019-01 for all detail diagnosis for condition	PD-S-019-01 (B)
PF9/Detail	Transfer to PD-S-019-01 for only open diagnosis for condition	PD-S-019-01 (B)

Error Messages

Error	Description	Resolution
6007	ALREADY AT THE FIRST PAGE, CANNOT SCROLL FURTHER	Information message. No action needed.
6705	CANNOT DETERMINE PERSON	Information message.
6719	DATA SET ID ERROR	Information message.
6141	ENROLLEE DETAILS NOT FOUND	Enter another enrollee, if necessary.
6142	ENROLLEE ELIGIBILITY DETAILS NOT FOUND	Information message.
6143	ENROLLEE ID IS NOT ON FILE	Check the Enrollee ID for valid formatting and try the task again. See the field definitions for valid Enrollee ID specifications.
6729	ENROLLEE PROFILE FOUND SCROLL DOWN FOR MORE ELIGIBILITY INFORMATION	Information message.
6733	ENTER THE SERVICE DATE DEFAULT IS CURRENT DATE	Enter valid values according to error message specifications.

6780	FILE NOT OPEN ERROR	Information message.
6383	INVALID KEY CHOSEN	Enter a different diagnosis code. If necessary, see the field definitions for valid data/formatting.
6409	INVALID PARAMETER	Enter a new parameter. If necessary, see the field definitions for valid data/formatting.
6465	NO CHANGES MADE	Information message.
6497	NO SPACE ON FILE	Contact ACS Operations for assistance
6553	PLEASE ENTER SERVICE DATE IN YYYYMMDD FORMAT	Follow instructions in message. If necessary, see the field definitions for valid data/formatting.
6564	PLEASE ENTER THE ENROLLEE ID	Follow instructions in message. If necessary, see the field definitions for valid data/formatting.
6929	WRONG LENGTH RECORD	Information message.

Screen Access

From the VaMMIS Main System Menu:
1. Select the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select Member from the Selection drop-menu.
4. Choose Enter.
5. You see the Enrollee Menu Screen (PD-S-020).
6. Select the Enrollee Profile radio button and enter an Enrollee ID in the ID Value field.
OR
Select the Enrollee Name Cross Reference radio button and enter the enrollee's last name in the ID Value field.
7. Choose Enter.
8. If you selected Enrollee Profile, you see the Enrollee Profile screen (PD-S-019).
9. If you selected Enrollee Name Cross Reference, you see the Enrollee Name Cross Reference screen (PD-S-021). Select an enrollee and choose Profile. You see the Enrollee Profile screen (PD-S-019).

Screens PD-S-020 Member Menu

General Information

This screen displays the Member Menu with selections for display of member information or member name cross-reference.

SOURCE/ORIGINATOR	Help Desk Operator
USAGE	Inquiry
PROGRAM	VDT800B1
MAPSET	VD800B1/VD800M0
TRAN ID	NV70

SAMPLE	Member Menu (PD-S-020)
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Test Environment | Home | Contact Us | Help | Search

MMIS

Screen ID: PD-S-020
Trans ID: NV70
Program ID: VDT800B1

VIRGINIA MEDICAID
MEMBER MENU

Help | Print | Logout

Date: 02/10/2010
Time: 10:32

Selection: Member Profile
 Member Name Cross Reference

ID Value:

PLEASE ENTER THE LAST NAME FOR NAME XREF

Enter | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Selection Screen Functional Selection (DE5854)		Choose either the Enrollee Profile or Enrollee Name Cross Reference radio buttons. Then, enter an ID value. N/A
2	Enrollee ID number Enrollee Identification Number (DE3001)		Enter a number used to uniquely identify an individual enrollee in a DMAS-administered program or enrollee last name. N/A

NAVIGATION	Member Menu (PD-S-020)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	N/A
ENTER	Branches to the following screens based on function selection: Selection 1 - Member Profile Detail Screen PD-S-019 Selection 2 - Member Name Xref PD-S-021	N/A
RETURN	Returns user to the Virginia Drug Application PRN Help Desk Main Menu.	N/A
PF12/SUB MENU	Returns user to the Virginia Drug Application PRN Help Desk Main Menu	N/A

Error Messages

Error	Description	Resolution
None	N/A	N/A

Screen Access

From the VaMMIS Main System Menu:
1. Select the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select Subscriber from the Selection drop-menu.
4. Choose Enter.
5. You see the Enrollee Menu screen (PD-S-020).

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ENROLLEE LAST NAME Enrollee Last Name (DE3110)		System-displayed. The last name of the enrollee name searched for. The last name of the enrollee name searched for. Enter the enrollee's last name.
2	ENROLLEE FIRST NAME Enrollee First Name (DE3111)		System-displayed. The first name (if available) of the enrollee searched for. The first name of the individual eligible for a DMAS-administered medical care program. Enter the name in the field, if needed.
3	ENROLLEE ID NUMBER Enrollee Identification Number (DE3001)		System-displayed. The 12-digit number used to uniquely identify an individual enrollee in a DMAS-administered program. The 12-digit number used to uniquely identify an individual enrollee in a DMAS-administered program. ADD: Choose the field, then enter the individual's number.
4	ENROLLEE NAME Enrollee Full Name (DE3003)		System-displayed. The enrollee's name. The enrollee's name. Choose the field, then enter the enrollee's name.
5	ENROLLEE BIRTH DATE Enrollee Birth Date (DE3005)		System-displayed. Enrollee's date of birth. The enrollee's date of birth. ADD: Enter the enrollee's date of birth.
6	SEX Enrollee Sex Code (DE3007)		System-displayed. The sex of the enrollee. F = Female M = Male U = Unknown The sex of the enrollee. Enter either F = Female M = Male U = Unknown.
7	RACE Enrollee Race Code (DE3006)		System-displayed. This code indicates the enrollee's racial origin. See the On-line HELP system for valid codes for this field. This code indicates the enrollee's racial origin. See the On-line HELP system for valid

			codes for this field.
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NAVIGATION	Member Name Cross Reference (PD-S-021)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Takes the user out of the Virginia Drug Application screens	N/A
ENTER/PROFILE BUTTON	Branches to the Member Profile Screen	N/A
PF1/RETURN	Return to Member Profile Main Menu	N/A
PF12/SUB MENU	Returns User to the Virginia Drug Application PRN Help Desk Main Menu	N/A
PF7/SCROLL UP	Scrolls data back	N/A
PF8/SCROLL DOWN	Scrolls data forward	N/A

Error Messages

Error	Description	Resolution
None	N/A	N/A

Screen Access

From the VaMMIS Main System Menu:
1. Select the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select Subscriber from the Selection drop-menu.
4. Choose Enter.
5. You see the Enrollee Menu screen (PD-S-020).
6. Select the Enrollee Name Cross Reference radio button.
7. Enter a enrollee ID or the enrollee's last name in the ID Value field.
8. Choose Enter.
9. You see the Enrollee Patient Profile Name XREF Screen (PD-S-021)

Screens PD-S-022 Drug to Allergy Interaction

General Information

This screen allows inquiry and update of Drug to Allergy Interaction criteria on the ProDUR Criteria File.

SOURCE/ORIGINATOR	ACS Pharmacist
USAGE	Inquiry, Update, Add, Delete
PROGRAM	VDT010B1 VDT020B1
MAPSET	VDDA0B1
TRAN ID	DV40(inquiry)/DV41(update)

SAMPLE	Drug to Allergy Interaction (PD-S-022)
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MMIS

Screen ID: PD-S-022
 Trans ID: DV40
 Program ID: VDT010B1

VIRGINIA MEDICAID
PROSPECTIVE DURS - INQUIRY
THERAPEUTIC CRITERIA MANAGEMENT SCREEN
DRUG TO ALLERGY INTERACTION

Help | Print |
 Date: 02/25/2018
 Time: 09:20
 Page: 001 of 001

Criteria: 01 DA 001 0001

Deny: N

Drug Allergy Interaction: TEST

Generic Codes

14690 - 14690	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-

Scroll Up | Scroll Down

NO MORE GENERIC CODES FOUND

Enter | Interactive Drug | Next Therapeutic Cd | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Criteria ProDUR Drug File Criteria Number (DE5806)		This is the criteria number entered in the ProDUR Therapeutic Criteria Management Screen. This is the criteria number entered in the ProDUR Therapeutic Criteria Management Screen.
2	DENY ProDUR Drug Deny Indicator (DE5792)		System-displayed. (P) Indicates whether this particular ProDUR criteria should deny. Overrides the Error Text Dispositions.

			System-displayed. (P) Indicates whether this particular ProDUR criteria should deny. Overrides the Error Text Dispositions.
3	Drug Interaction Description ProDUR Criteria Description (DE5917)		System-displayed. This is a description of the drug to allergy interaction. System-displayed. This is a description of the drug to allergy interaction.
4	Generics for Drug Interaction Drug Generic Code Number (GCN) (DE5061)		System-displayed. This is a random number representing the generic formula of a drug. It is specific to generic ingredient combination. It is the same across manufacturers and/or package sizes. System-displayed. This is a random number representing the generic formula of a drug. It is specific to generic ingredient combination. It is the same across manufacturers and/or package sizes.

NAVIGATION		Drug to Allergy Interaction (PD-S-022)
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Clear	Exits user from the Virginia Drug Application Drug Therapeutic Criteria Screens	N/A
ENTER	Process Screen	N/A
PF12/SUB MENU	Branches user to the Virginia Drug Application PRN Help Desk Main Menu	N/A
PF3/RETURN	Returns user to the Virginia Drug Application DUR Main Menu Screen	N/A
PF7/SCROLL UP	Scroll data back	N/A
PF8/SCROLL DOWN	Scroll data forward	N/A

Error Messages

Error	Description	Resolution
None	N/A	N/A

Screen Access

From the VaMMIS Main System Menu:
1. Select the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select PROSPECTIVE DUR MENU from the drop menu.
4. Choose Enter.
5. You see the Prospective DURS Main Menu.
6. Select the Criteria Management Screen radio button.
7. Choose Enter.
8. You see the Prospective DURS-Therapeutic Criteria Management Screen (PD-S-005).
9. Select the Inquiry radio button.
10. Enter a client number in the Client field.
11. Enter a valid benefit program in the Benefit Program field.
12. Select Drug to Allergy Interaction from the Interaction Code drop-menu.
13. Enter a Therapeutic and a Criteria Code.13. Choose Enter.
14. You see the Drug to Allergy Interaction screen (PD-S-022).

Screens POS-S-000 Help Desk Main Menu

General Information

This screen displays the available subsystem selections based on the user's security group.

SOURCE/ORIGINATOR	Help Desk Operator
USAGE	Inquiry
PROGRAM	VPT88MEN
MAPSET	VP88MB1
TRAN ID	N1MM

SAMPLE	Help Desk Main Menu (POS-S-000)
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The screenshot shows a web application interface for the Virginia Medicaid system. At the top left is the Virginia Fiscal Agent Services logo. At the top right are navigation links: Prototype Environment | Home | Contact Us | Help | Search | Logout. Below the logo is a blue header bar with 'MMIS' and a 'Print' link. The main content area has a light blue background and contains the following text: Screen ID: POS-S-000, Trans ID: N1MM, Program ID: PRT88MEN on the left; VIRGINIA MEDICAID PHARMACY MAIN MENU SELECTION BY SUBSYSTEM in the center; and Date: 01/05/10 on the right. Below this is a 'Select from List' section with a 'Selection:' label and a dropdown menu. At the bottom center is a 'Main Menu' button.

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	SELECTION Screen Functional Selection (DE5854)	Edits: User entered data.	Description Edit User entered data. Choose a screen from the drop-down selection box.

NAVIGATION	Help Desk Main Menu (POS-S-000)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	N/A
ENTER BUTTON	<p>Branches to the following screens based on function selection:</p> <p>Selection ADJ Unpd Clms - Branches to Claims Inquiry Screen POS-S-009</p> <p>Selection Benefit Master - Branches to the Benefit Master Screen POS-S-012</p> <p>Selection Claims - Branches to the Online Pend Resolution Menu POS-S-031</p> <p>Selection Data Entry - Branches to the Pharmacy Data Entry Screen POS-S-028</p> <p>Selection Drug File - Branches to the National Drug Code Screen RF-S-014-07</p> <p>Selection Error Text - Branches to the Error Text Directory RF-S-002-01</p> <p>Selection Online Current Rejects - Branches to the Online Reject Records Screen POS-S-023</p> <p>Selection Service Authorization - Branches to the Service Authorization Process Screen POS-S-001</p> <p>Selection Prospective DUR - Branches to the ProDurs Main Menu PD-S-001</p> <p>Selection Provider - Branches to the Provider Menu POS-S-040</p> <p>Selection Subscriber - Branches to the Mem-</p>	RS-S-018 (B)

	ber Menu	PD-S-020	
PF12/SUB MENU	Branches to the Virginia Drug Application PRN Help Desk Main Menu		N/A
PF7/SCROLL UP	Scrolls selection list backward.		N/A
PF8/SCROLL DOWN	Scrolls the selection list forward.		N/A

Error Messages

Error	Description	Resolution
None	N/A	N/A

Screen Access

From the VaMMIS Main Menu:
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).

Screens POS-S-001 Service Authorization Process

General Information

This screen allows access to the Pharmacy Service Authorization Files. Menu options include: inquiry, add, update, and activate/delete/deny.

SOURCE/ORIGINATOR	Help Desk Operator
USAGE	Inquiry
PROGRAM	VPT600B1
MAPSET	VP600B1
TRAN ID	NV11

SAMPLE	Service Authorization Process (POS-S-001)
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Test Environment | Home | Contact Us | Help | Search

Virginia Medicaid

MMIS

Screen ID: POS-S-001
Trans ID: NV11
Program ID: VPT600B1
Client: 5148

VIRGINIA MEDICAID
SERVICE AUTHORIZATION PROCESS

Date: 02/15/2010
Time: 10:12

Help | Print | Logout

Srv Auth File Maintenance	Srv Auth Pend File Maintenance	Srv Auth Support
<input type="radio"/> Add <hr/> PA Nbr: <input type="text"/> Line Nbr: <input type="text"/> <input type="radio"/> Inquiry <input type="radio"/> Update	<input type="radio"/> Activate / Delete / Deny / Inquiry	<input type="radio"/> Notes <hr/> Remarks <input type="radio"/> Inquiry <input type="radio"/> Add / Update

PLEASE ENTER THE SELECTION

Enter | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	SELECTION Screen Functional Selection (DE5854)	Edits: You will choose to add or inquire on a PA file, maintain the PA file, or add notes or remarks to a PA file.	Choose Inquiry in either the PA Nbr. box, the PA Pend File Maintenance box, or the Remarks box. Click on this Add button to add a PA file. Click on Activate, Delete, or Deny to alter the PA file. Click on Add/Update to add or update a remark on to a specific PA file.
2	CLIENT Drug Application Client Number (DE8776)	Edits: User entered data.	This is the four-digit Client Number for the Drug application. It is generated by the system. This is the four-digit client number for the drug application. It is generated by the system.
3	PA NO. Prior Authorization Control Number (DE2024)		This is a unique identifier number assigned to the Prior Authorization file. This is a unique identifier number assigned to the Prior Authorization file.
4	PA Line Number PA Line Number (DE2607)		A Prior Authorization file may contain requests for up to 15 procedures. Each request occupies a 'line' on the PA request input form. This is the line number of a specific PA procedure request. A Prior Authorization file may contain requests for up to 15 procedures. Each request occupies a 'line' on the PA request input form. This is the line number of a specific PA procedure request.

NAVIGATION	Service Authorization Process (POS-S-001)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
RETURN	Refreshes Screen	N/A

MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	N/A
SRV AUTH File Maintenance ADD	Branch to the Service Authorization Segment Inquiry/Add/Update Screen	N/A
SRV AUTH File Maintenance INQUIRY	Branch to the Service Authorization Maintenance Screen	N/A
SRV AUTH File Maintenance UPDATE	Branch to the Service Authorization Maintenance Screen	N/A
SRV AUTH Pend File Maintenance	Branch to the SRV AUTH Pend File Maintenance Screen	N/A
SRV AUTH Pend File Maintenance ACTIVATE	Branch to the SRV AUTH Pend File Maintenance Screen	N/A
SRV AUTH Pend File Maintenance DELETE	Branch to the SRV AUTH Pend File Maintenance Screen.	N/A
SRV AUTH Pend File Maintenance DENY	Branch to the SRV AUTH Pend File Maintenance Screen	N/A
SRV AUTH Support NOTES	Branch to the Notes Inquiry Screen	N/A
PF12 /SUB MENU	Returns user to the Virginia Drug Application PRN Help Desk Main Menu screen.	N/A
REMARKS ADD/UPDATE	Branch to the Service Authorization Remarks Add/Update Screen	N/A
REMARKS INQUIRY	Branch to the Service Authorization REMARKS INQUIRY	N/A

Error Messages

Error	Description	Resolution
6200	ERROR FETCHING CURSOR	Process the transaction again. If necessary, contact ACS operations for assistance.
6284	FILE NOT OPEN ERROR	Contact ACS Operations for assistance
6304	I/O ERROR	Contact ACS Operations for assistance.
6383	INVALID KEY CHOSEN	Enter a different diagnosis code. If necessary, see the field

		definitions for valid data/formatting.
6822	INVALID REQUEST	Check field for valid data and re-enter.
6824	INVALID SELECTION FOR PA	Check field for valid data and re-enter.
6497	NO SPACE ON FILE	Contact ACS Operations for assistance
6509	PA NUMBER NOT FOUND	Check the field data and resubmit the transaction. If necessary, contact ACS operations for assistance.
6877	PLEASE SELECT OPTION	Information message.
6903	SELECT ONLY FROM OPTIONS GIVEN BELOW	Information message.
6929	WRONG LENGTH RECORD	Information message.

Screen Access

From the VaMMIS Main Menu:
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Choose Enter.
4. Select PRIOR AUTHORIZATION from the Selection drop-menu.
5. You see the Prior Authorization Process screen (POS-S-001).
To add a Prior Authorization, click on the Add button.
To inquire about a prior authorization, click on the Inquiry button and enter a PA number.
To Inquire about a Prior Authorization, type in a PA number and click on Inquiry.
To Update a Prior Authorization, type in a PA number and click on Inquiry.
The PA Pend File Maintenance box is for use by VMAP. From this box, a user can Activate, Delete, Deny or Inquire about a Prior Authorization record.
The PA Support box allows a user to add a note to the Prior Authorization record. The Remarks box allows a user to inquire, add, or update remarks to a Prior Authorization record.

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CLIENT Drug Application Client Number (DE8776)	Edits: User entered data.	This is the four-digit client number for the drug application. This is the four-digit client number for the drug application.
2	ENROLLEE Enrollee Identification Number (DE3001)		Type in the recipient's ID number. The Recipient's ID number uniquely identifies an individual enrollee in a DMAS-administered program. This number indicates any enrollee ID other than the permanent ID. Type in the recipient's ID number. The Recipient's ID number uniquely identifies an individual enrollee in a DMAS-administered program. This number indicates any enrollee ID other than the permanent ID.
3	ENROLLEE NAME Enrollee Full Name (DE3003)		The enrollee's name is displayed in this field after pressing ENTER. This is based on the ID number in the enrollee field. The recipient's name is displayed in this field after pressing ENTER. This is based on the ID number in the recipient F
4	SEGMENTS Calculated (DE0002)		This is the number of segments or records on file for the selected recipient. N/A
5	ACT Screen Functional Selection (DE5854)	Edits: User entered data.	System-displayed. This field is used for updates and add features. You see an A in this field if the record is being added. System-displayed. This field is used for updates and add features. You see an A in this field if the record is being added.
6	ERR Error Text Error Code (DE5501)		System-displayed. As an error is encountered in adjudication, it will be placed here; there is no limit to the number of errors. Use the On-line HELP system to find valid codes for this field.

			System-displayed. As an error is encountered in adjudication, it will be placed here; there is no limit to the number of errors. User the On-line HELP system to find valid codes for this field.
7	PROVIDER National Provider Identifier (DE4700)	Edits: Messages:	System-displayed. This is a unique identification number assigned to a provider. This number identifies the provider that submitted the claim that generated this PA record. System-displayed. This is a unique identification number assigned to a provider. This number identifies the provider that submitted the claim that generated this PA record.
8	NDC Drug Code (NDC) (DE5200)		System-displayed. The eleven (11) digit National Drug Code of the drug being dispensed. The drug name and strength are displayed below the NDC number. Note: Records which are added by GCN only will not display drug name and strength. System-displayed. The eleven (11) digit National Drug Code of the drug being dispensed. The drug name and strength are displayed below the NDC number. Note: Records which are added by GCN only will not display drug name and strength.
9	GENXRF Drug Generic Code Number (GCN) (DE5061)		System-displayed. The five (5) digit generic cross-reference number of the drug dispensed. It is a random number representing the generic formula of a drug. It is specific to generic ingredient combination, Route of Administration (DE 5736), Dosage Form (DE 5043) and Drug Strength (DE 5070). It is the same across manufacturers and/or package sizes. System-displayed. The five (5) digit generic cross-reference number of the drug dispensed. It is a random number representing the generic formula of a drug. It is specific to generic ingredient combination, Route of Administration (DE 5736), Dosage Form (DE 5043) and Drug Strength (DE 5070). It is the same across manufacturers and/or package sizes.
10	FROM PA Authorized From Date (DE2610)		System-displayed. The from (begin) date of service that DMAS has actually approved for a specific procedure that required prior authorization. System-displayed. The from (begin) date of ser-

			vice that DMAS has actually approved for a specific procedure that required prior authorization.
11	THRU PA Authorized Through Date (DE2611)		System-displayed. The through (end) date of service that DMAS has actually approved for a specific procedure that required prior authorization. System-displayed. The through (end) date of service that DMAS has actually approved for a specific procedure that required prior authorization.
12	RX NO Claim Pharmacy Prescription Number (DE2211)		System-displayed. This is the prescription number assigned by the dispensing pharmacist. System-displayed. This is the prescription number assigned by the dispensing pharmacist.
13	SEQ Sequence Number Value Identifier (DE0031)		System-displayed; sequence number of the transaction. System-displayed; sequence number of the transaction.
14	THERP Drug Therapeutic Class Standard Code (DE5232)		System-displayed. The therapeutic class of the drug dispensed. Classifies drugs according to the most common intended use. This coding scheme is intended for users who need a definitive but not comprehensive therapeutic class scheme. System-displayed. The therapeutic class of the drug dispensed. Classifies drugs according to the most common intended use. This coding scheme is intended for users who need a definitive but not comprehensive therapeutic class scheme.
15	HIC # Drug Hierarchical Ingredient Code List (HICL) Sequence Number (DE5218)		This is the Drug Hierarchical Ingredient Code List (HICL) Sequence Number. (P) It is a unique and randomly assigned 6-byte numeric field which provides a link from either an NDC (DE 5200) or a GCN Sequence Number (DE 5731) record to the HICL. It can be used to identify a unique combination of ingredients, irrespective of the manufacturer, package size, dosage form, drug strength or route of administration. It can be combined with the Specific Therapeutic Class Code (DE 5735), Route Code (DE 5736), Dosage Form code (DE 5043) and/or Strength Description (DE 5070) for specialized DUR reporting applications. This is the Drug Hierarchical Ingredient Code List

			(HICL) Sequence Number. (P) It is a unique and randomly assigned 6-byte numeric field which provides a link from either an NDC (DE 5200) or a GCN Sequence Number (DE 5731) record to the HICL. It can be used to identify a unique combination of ingredients, irrespective of the manufacturer, package size, dosage form, drug strength or route of administration. It can be combined with the Specific Therapeutic Class Code (DE 5735), Route Code (DE 5736), Dosage Form code (DE 5043) and/or Strength Description (DE 5070) for specialized DUR reporting applications.
16	DRUG NAME Drug Brand Name (DE5208)		This is the drug's brand name. (P) N/A
17	DRUG STRENGTH Drug Strength Description (DE5070)		In specific instances, strength may be described in mg per n ml, where n is greater than 1, to correspond to the manufacturer's description. Strength is expressed in metric units. N/A

NAVIGATION	Service Authorization Maintenance (POS-S-002)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	RF-S-010 ()
ENTER BUTTON	Refreshes Screen	N/A
INQUIRY/UPDATE	Branches to the Service Authorization Segment Inquiry/Ad- d/Update Screen	N/A
PF1/RETURN	Returns to the Virginia Drug Application Service Authorization Main Menu screen.	N/A
PF12/SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	POS-S-000 (R)
PF5 or NOTES	Branches to the Virginia Drug Application Service Authorization Notes Inquiry screen if the selection value is '5'.	N/A
PF7/SCROLL UP	Allows backward scrolling of the Va DMAS Service Author- ization Maintenance screen (POS-S-002).	N/A
PF8/SCROLL DOWN	Allows forward scrolling of the Va Service Authorization Main- tenance screen (POS-S-002).	N/A

Error Messages

Error	Description	Resolution
6102	DATA REFRESHED FOR THE NEW RECIP ID	Information message. No action needed.
6144	ENROLLEE NOT ON FILE	Information message.
6751	ERROR GETTING DRUG NAME	Information message.
6752	ERROR GETTING DRUG STRENGTH	Information message.
6755	ERROR IN OPENING PA CURSOR :	Information message.
6769	ERROR OPENING PA LINE CURSOR	Information message.
6776	ERROR WHILE FETCHING PHRM-PA-LINE	Information message.
6777	ERROR WHILE FETCHING RECIP NAME	Information message.
6778	ERROR WHILE PA FETCH :	Information message.
6821	INVALID RECIP NUMBER TRY AGAIN	Check field for valid data and re-enter.
6838	MUST ENTER RECIP NUMBER TRY AGAIN	Enter valid data and begin process again.
6850	NO RECORD TO DISPLAY	Information message.
6851	NO RECORDS FOUND	Information message.
6511	PAGE DOWN NOT ACTIVE	Information message.
6512	PAGE DOWN PERFORMED	Information message. No action needed.
6513	PAGE REQUESTED DISPLAYED	Information message.
6514	PAGE UP NOT ACTIVE	Information message.
6515	PAGE UP PERFORMED	Information message.

Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select PRIOR AUTHORIZATION from the Selection drop-menu.
4. Choose Enter.
5. You see the Prior Authorization Process screen (POS-S-001).
6. Enter a PA number in the PA Nbr. field.
7. Choose the Inquiry button in the PA File Maintenance box.
8. You see the Prior Authorization Maintenance screen (POS-S-002).

Screens POS-S-003 Service Authorization Segment Inquiry/Add/Update

General Information

This screen allows the user to view the details of a record selected from the Service Authorization Maintenance screen.

SOURCE/ORIGINATOR	Help Desk Operator
USAGE	Inquiry, Update, Add
PROGRAM	VPT602B1
MAPSET	VP602B1
TRAN ID	NV13(inquiry)/NV18(add/update)

SAMPLE **Service Authorization Segment Inquiry/Add/Update (POS-S-003)**

Virginia Medicaid

Home | Contact Us | Help

Help | Print | Logout

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

Drugs Reports

Screen ID: POS-S-003
Trans ID: NV13
Program ID: VPT602B1

VIRGINIA MEDICAID
SERVICE AUTHORIZATION SEGMENT-INQUIRY

Date: 09/07/2011
Time: 16:15

Srv Auth Number: [REDACTED] Member ID: [REDACTED] Segment Count: 001
Date Added: 09072011 Line: 001 Segment User: XA372
Update Date: 09072011 Added User: XA372

Error Code: 1499 Begin Date: 06012011 Authorized Units: 100000 . 000
Provider ID: [REDACTED] End Date: 06012012 Authorized Amounts: 100000000 . 00
Prescriber: [REDACTED] Days Supply: 0000 Claim Quantity: 000000 . 000
Rx Number: [REDACTED] HICL Seq #: 011595 Claim Amount: 1100000 . 00
NDC: 00093725305 Therap Class: Z2Q Status: A
Used Units: 00000 . 000 Generic Xref: 46594 Used Amount: 000000000 . 00
Comments: 919 CLINICAL APPROVAL -- SEE QUESTIONS
Drug Name: FEXOFENADINE HCL 180 MG TABLET DEA: 0 Strength: 180 MG

Enter Update Notes Previous Return Sub Menu Main Menu

Field Definitions

#	GSD Field	Edit Cri-	Field
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	Name Data Element Name (ID)	teria Message	Instructions
1	CLIENT Drug Application Client Number (DE8776)		System-displayed. This is the four-digit client number for the drug application. System-displayed. This is the four-digit client number for the drug application.
2	PA NUMBER Prior Authorization Control Number (DE2024)		The unique identifier for a Prior Authorization. System-displayed. The unique identifier for a Prior Authorization. System-displayed.
3	ADDED PA Entry Date (DE2601)		Date that the Prior Authorization Request is entered into the FIRST HEALTH computer system. System-Displayed. Date that the Prior Authorization Request is entered into the ACS MMIS.
4	ENROLLEE ID Enrollee Identification Number (DE3001)		ADD (R/U) This number is used to uniquely identify an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID. DD (R/U) This number is used to uniquely identify an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID.
5	PA Line Number PA Line Number (DE2607)		A PA may contain requests regarding up to 15 procedures. Each request occupies a 'line' on the PA request input form. This is the line number of a specific PA procedure request. System-displayed. A PA may contain requests regarding up to 15 procedures. Each request occupies a 'line' on the PA request input form. This is the line number of a specific PA procedure request. System-displayed.
6	UPDATED PA Detail Action Status Date (DE2624)		Date on which an action status was set. System-displayed. Date on which an action status was set. ADD: Add the date on which the status was set.
7	SEGMENT COUNT		This is a calculated field. System-displayed.

	Calculated (DE0002)		This is a calculated field. System-displayed.
8	SEG USER User/Operator ID (DE0012)		A code uniquely identifying the VaMMIS user. It tracks user input and use of the system. System-displayed. A code uniquely identifying the VaMMIS user. It tracks user input and use of the system. System-displayed.
9	ADDED USER User/Operator ID (DE0012)		This code tracks user input and use of the system. System-displayed. This code tracks user input and use of the system. System-displayed.
11	PROVIDER National Provider Identifier (DE4700)	Edits: Messages:	A unique identification number assigned to a provider. System-displayed. A unique identification number assigned to a provider. ADD: Type in the provider ID number.
12	PRESCRIBING PHYSICIAN National Provider Identifier (DE4700)	Edits: Messages:	Drug Claim Prescribing provider ID. System-displayed. Drug Claim Prescribing provider ID. ADD: Type in the Provider ID.
13	RX NO Claim Pharmacy Prescription Number (DE2211)		Reference number assigned by the provider for the dispensed drug/product and/or service provided. System-displayed. Reference number assigned by the provider for the dispensed drug/product and/or service provided. ADD: Type in the reference number and choose Enter.
14	NDC Drug Code (NDC) (DE5200)		National standard formulary 11-digit code used by most states to uniquely identify drugs. Codes are assigned by the FDA. The labeler code designates the drug manufacturer, always 5 numeric characters; the product code identifies the specific drug, drug strength and dosage form, always 4 characters, may be alphanumeric; and the package code always 2 characters, may be alphanumeric. System-displayed. National standard formulary 11-digit code used by most states to uniquely identify drugs. Codes are assigned by the FDA. The labeler code des-

			ignates the drug manufacturer, always 5 numeric characters; the product code identifies the specific drug, drug strength and dosage form, always 4 characters, may be alphanumeric; and the package code always 2 characters, may be alphanumeric. ADD: Clear the field, if necessary, and add an NDC code.
15	USED UNITS Calculated (DE0002)		Calculated field, system-displayed. Calculated field, system-displayed.
16	REMARKS CODE PA Comment Code (DE2334)		This is a code that indicates why a prior authorization was approved or denied. Any 3-digit code can be used. This is related to Pharmacy claims only. Ex: VAC - Vacation supply, SCH- School supply. This is a code that indicates why a prior authorization was approved or denied. Enter any 3-digit code can be used. This is related to Pharmacy claims only. Ex: VAC - Vacation supply SCH- School supply
17	FROM DATE PA Authorized From Date (DE2610)		The from (begin) date of service that DMAS has actually approved for a specific procedure that required prior authorization. System-displayed. The from (begin) date of service that DMAS has actually approved for a specific procedure that required prior authorization. ADD: Enter an date of service for the procedure.
18	THRU DATE PA Authorized Through Date (DE2611)		The through (end) date of service that DMAS has actually approved for a specific procedure that required prior authorization. System-displayed. The through (end) date of service that DMAS has actually approved for a specific procedure that required prior authorization. ADD: Enter a through date of service in the field.
19	DAYS SPLY Claim Pharmacy Days Supply (DE2216)		Estimated number of days the prescription will last. System-displayed. Estimated number of days the prescription will last. ADD: Enter an estimated number of days the prescription will last. UPDATE: Delete the value in the field and enter a new estimated value.
20	THERP		Is the most specific therapeutic class coding

	Drug Therapeutic Class Specific Code (DE5735)		<p>scheme offered by First Databank and is intended for users who need a very definitive therapeutic classification system. System-displayed.</p> <p>Is the most specific therapeutic class coding scheme offered by First Databank and is intended for users who need a very definitive therapeutic classification system. ADD: Enter a valid therapeutic class code.</p>
21	GENXRF Drug Generic Code Number (GCN) (DE5061)		<p>Random number representing the generic formula of a drug. It is specific to generic ingredient combination. System-generated.</p> <p>Random number representing the generic formula of a drug. It is specific to generic ingredient combination. System-generated.</p>
22	AUTH UNITS PA Authorized Units (DE2613)		<p>Number of units that DMAS has actually approved for a prior authorization procedure. System-displayed.</p> <p>Number of units that DMAS has actually approved for a prior authorization procedure. ADD: Enter a number of units that has been approved. Make sure it matches the actual units approved.</p>
23	AUTH AMT PA Authorized Amount (DE2616)		<p>Dollar amount that DMAS has authorized to pay to a provider who has requested prior authorization for a specific procedure. System-displayed.</p> <p>Dollar amount that DMAS has authorized to pay to a provider who has requested prior authorization for a specific procedure. ADD: Enter a specific dollar amount for the procedure.</p>
24	QUANTITY Prior Authorization Pharmacy Authorized Quantity (DE2249)		<p>Authorized quantity per claim. System-displayed.</p> <p>Authorized quantity per claim. ADD: Enter an authorized quantity for the claim, if necessary.</p>
25	AMOUNT Prior Authorization Pharmacy Authorized Amount (DE2247)		<p>Amount authorized per claim. System-displayed.</p> <p>Amount authorized per claim. ADD: Choose the field and enter an authorized amount per claim.</p>
26	STATUS		The code indicating the status of a PA at any

	PA Detail Action Status Code (DE2641)		<p>given point in its history. For valid values, see the on-line HELP system.</p> <p>The code indicating the status of a PA at any given point in its history. For valid values, see the on-line HELP system.</p>
27	USED AMT Calculated (DE0002)		<p>This is the amount of the PA amount already used or dispensed. System-displayed.</p> <p>This is the amount of the PA amount already used or dispensed. System-displayed.</p>
28	DRUG NAME Drug Brand Name (DE5208)		<p>This is the name that appears on the drug package label. System-displayed.</p> <p>This is the name that appears on the drug package label. System-displayed.</p>
29	DEA Drug Enforcement Administration (DEA) Code (DE5032)		<p>A code indicating the degree of potential abuse and Federal control of a drug. System-displayed.</p> <p>A code indicating the degree of potential abuse and Federal control of a drug. System-displayed.</p>
30	STRENGTH Drug Strength Description (DE5070)		<p>In specific instances, strength may be described in mg per n ml, where n is greater than 1, to correspond to the manufacturer's description. Strength is expressed in metric units. See the On-line HELP system for valid values for this field.</p> <p>In specific instances, strength may be described in mg per n ml, where n is greater than 1, to correspond to the manufacturer's description. Strength is expressed in metric units. See the On-line HELP system for valid values for this field. System-displayed.</p>
31	HICL SEQ # Drug Hierarchical Ingredient Code List (HICL) Sequence Number (DE5218)		<p>This is the Drug Hierarchical Ingredient Code List (HICL) Sequence Number. (P) It is a unique and randomly assigned 6-byte numeric field which provides a link from either an NDC (DE 5200) or a GCN Sequence Number (DE 5731) record to the HICL. It can be used to identify a unique combination of ingredients, irrespective of the manufacturer, package size, dosage form, drug strength or route of administration. It can be combined with the Specific Therapeutic Class Code (DE 5735), Route Code (DE 5736),</p>

			<p>Dosage Form code (DE 5043) and/or Strength Description (DE 5070) for specialized DUR reporting applications.</p> <p>This is the Drug Hierarchical Ingredient Code List (HICL) Sequence Number. (P) It is a unique and randomly assigned 6-byte numeric field which provides a link from either an NDC (DE 5200) or a GCN Sequence Number (DE 5731) record to the HICL. It can be used to identify a unique combination of ingredients, irrespective of the manufacturer, package size, dosage form, drug strength or route of administration. It can be combined with the Specific Therapeutic Class Code (DE 5735), Route Code (DE 5736), Dosage Form code (DE 5043) and/or Strength Description (DE 5070) for specialized DUR reporting applications.</p>
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NAVIGATION Service Authorization Segment Inquiry/Add/Update (POS-S-003)		
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Return	Returns user to the VaMMIS Main Menu.	RF-S-010 ()
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	RF-S-010 (R)
PF12/SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	POS-S-000 (R)
PF3 or PREVIOUS	Returns to the previous Va Drug Application Service Authorization Process screen or the Va Drug Application Service Authorization Maintenance screen.	N/A
PF4 or UPDATE	Returns the Virginia Drug Application Service Authorization Process screen to allow updating of applicable fields.	N/A
PF5 or NOTES	Branches to the Virginia Drug Application Service Authorization Notes Inquiry screen if the selection value is '5'.	N/A
Update	Updates data on screen following user updates.	N/A

Error Messages

Error	Description	Resolution
6106	DATABASE UPDATED SUCCESSFULLY	Information message. No action needed.
6125	DUPLICATE RECORD ALREADY EXISTS	There is another payee on file with these same attributes. Cancel the transaction and research the file to determine appropriate action.
6153	ENTER CHANGES OR EXIT	Information message. Follow the message instructions.
6263	ERROR VALIDATING ENROLLEE	Information message. Retry the action, if necessary.
6309	INQUIRY COMPLETE	Information message. No action needed.
6418	INVALID REMARKS CODE	Enter a valid provider or recipient number. If necessary, see the field definitions for valid data/formatting.
6428	INVALID STATUS	Re-enter a valid status. If necessary, see the field definitions for valid data/formatting.
6430	INVALID THROUGH DATE	Re-enter a through date. If necessary, see the field definitions for valid data/formatting.
6593	PROVIDER NUMBER INVALID	Re-enter a valid Provider Number. If necessary, see the field definitions for valid data/formatting.

Screen Access

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

1. Choose the Drugs button.

2. You see the PRN Main Menu (POS-S-000).

3. Select PRIOR AUTHORIZATION from the Selection drop-menu.

4. Choose Enter.

5. You see the Prior Authorization Process screen (POS-S-001).

6. Enter a PA number in the PA Nbr. field. Add a line number, if necessary.

7. Choose the Inquiry button in the PA File Maintenance box.

8. You see the Prior Authorization Maintenance screen (POS-S-002).

9. Highlight a record (line) listed.

10. Choose the Inquiry button.

11. You see the Prior Authorization Segment Inquiry/Add/Update screen (POS-S-003).

Only those prior authorization records which have been activated will appear in the PA Maintenance Files. Prior authorization records generated or written to the PA Pend File by a denied claim will remain in the Pend file until some action is taken (activate, deny or delete). To view a 'pending' record choose selection '4' at the PA Process Screen; to view an activated record, choose selection '1.' To inquire, choose selection '1' and Enter. At the PRIOR AUTHORIZATION

MAINTENANCE Screen, type in the subscriber's ID, then ENTER. If there are any "activated" PA records for the selected subscriber in this file, they will be displayed in the lower portion of this screen. Users may also retrieve records in this file by PA number, from the PA PROCESS Screen choose selection '1' and ENTER the PA number.

A single byte status indicator is displayed in front of the three-digit error code. An indicator of 'Y' or 'D' means the prior authorization record was denied; an 'A' means the PA record was activated; 'H' indicates the PA record is on hold pending further information.

To view the details of a record which appears on the PRIOR AUTHORIZATION Maintenance Screen, cursor to the record and ENTER

The PRIOR AUTHORIZATION SEGMENT INQUIRY Screen displays the details of the PA record. To inquire, choose selection '1' and ENTER. At the PRIOR AUTHORIZATION MAINTENANCE Screen, type in the subscriber's ID, then ENTER. If there are any "activated" PA records for the selected subscriber in this file, they will be displayed in the lower portion of this screen. Users may also retrieve records in this file by PA number, from the PA PROCESS Screen choose selection '1' and ENTER the PA number.

A single byte status indicator is displayed in front of the three-digit error code. An indicator of 'Y' or 'D' means the prior authorization record was denied; an 'A' means the PA record was activated; 'H' indicates the PA record is on hold pending further information.

To view the details of a record which appears on the PRIOR AUTHORIZATION Maintenance Screen, cursor to the record and ENTER

The PRIOR AUTHORIZATION SEGMENT INQUIRY Screen displays the details of the PA record.

Selection 4: This selection allows the user to Inquire into, Activate, Delete or Deny a prior authorization record in the PA Pend File.

Inquire by entering a minimum of the provider, subscriber (recipient) number at the appropriate prompts in the PA PEND FILE MAINTENANCE Screen. Enter to view selected record. To view the details of a record, cursor to the record and ENTER. The PA PEND FILE INQUIRY Screen displays the details. Activate a record in the pend file by placing a 'U' in the ACT field on the PA PEND FILE MAINTENANCE Screen, then ENTER. At the PA PEND FILE UPDATE Screen, type in the THRU DATE. To activate the record, press PF6 key.

To Deny a record, complete the Provider ID, Subscriber (recipient), Service Date, Rx No, and Error fields, then ENTER. Place a 'U' in the ACT field and ENTER. If the user cannot complete all of the above fields to single out a record, they may retrieve a record by completing the Provider and Subscriber fields and pressing the ENTER key. Then cursor to the record you wish to deny, place a 'U' in the ACT field and press ENTER. At the PA PEND FILE UPDATE Screen, press PF10 key to

Deny the record.

To put a record on 'HOLD', complete the Provider ID, Subscriber (recipient), Service Date, Rx No, and Error fields, then ENTER. Place a 'U' in the ACT field and ENTER. If the user cannot complete all of the above fields to single out a record, they may retrieve a record by completing the Provider, and Subscriber fields and pressing the ENTER key. Then cursor to the record you wish to deny, place a 'U' in the ACT field and press ENTER.

At the PA PEND FILE UPDATE Screen, press PF9 key to 'HOLD'

The record. Selection 5: This selection allows the user to Inquire into or Add notes regarding a prior authorization record.

Inquire by entering a minimum of the member (recipient) number at the appropriate prompts in the NOTES INQUIRY FILE. Enter to view selected record. Selection 6 This selection allows the user to Inquire into the Remarks Table to obtain an on-line explanation of the three-digit remarks code(s).

Inquire by entering the four-digit Client ID and the three-digit remarks code at the appropriate prompts in the REMARKS INQUIRY SCREEN FILE. Enter to view selected record. Selection 7 This selection allows the user to Add/Update a current record on the Remarks Table. User must have appropriate ACF2 Security to access this table. Choose the selection number from the list below:

PA File Maintenance Selections

1 - INQUIRE into a record which has been activated

2 - ADD a record (used when PA record was not generated)

3 - UPDATE a record which, appears in the PA File (update an NDC, Thru Date, etc.)

PA Pend File Maintenance Selections

4 - ACTIVATE, DELETE, DENY or INQUIRE into a pending PA record (a record which was generated by a denied claim and has not yet been activated)

5 - NOTES: This file can only be accessed by users with ACF2 security to access it. This file contains 'notes' as it relates to PA records for the selected subscriber. Notes are listed in sequential order (most current listed first). 6 - 6 - REMARKS (INQ) This file can only be accessed by users with ACF2 security to access it. This file allows the user to view remarks code definitions online. (3-digit Remarks Code is required)

6 - REMARKS (ADD/UPD) This file can only be accessed by users with ACF2 security to access it. This file allows the user to update or add Remarks Codes to the existing table.

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CLIENT Drug Application Client Number (DE8776)	Edits: User entered data.	System-displayed. This is the 4-digit client ID number for the drug application. This is the 4-digit client ID number for the drug application. ADD: Choose the field and enter the client ID.
2	PROVIDER National Provider Identifier (DE4700)	Edits: Messages:	Enter the dispensing provider's ID number. Then, click on Enter. Enter the dispensing provider's ID number. Then, click on Enter.
3	ENROLLEE Enrollee Permanent Identification Number (DE3093)		This number uniquely identifies an individual enrolled in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID. This number uniquely identifies an individual enrolled in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID.
5	SERVICE DATE Claim Service From Date (DE2010)		Date the service was performed in MMDDYY format. System-displayed. If you know the date of service, enter it in MMDDYY format.
6	RX NO Claim Pharmacy Prescription Number (DE2211)		The prescription number of the claim. System-displayed. If you know the prescription number, enter it in this field.
7	ERROR Error Text Error Code (DE5501)		The three-digit error code. System-displayed. Enter the three digit error code. Use the On-line HELP system to find valid codes for this field.
8	ERR Error Text Error Code (DE5501)		System-generated. This is the error code associated with the prior authorization record. It serves as the record type. N/A

9	PROVIDER National Provider Identifier (DE4700)	Edits: Messages:	A unique identification number assigned to a provider. System-displayed. A unique identification number assigned to a provider. System-displayed.
10	NDC Drug Code (NDC) (DE5200)		System-displayed. This is the 11-digit National Drug Code of the drug being dispensed. The drug name and strength are displayed in the line below the NDC number. System-displayed. This is the 11-digit National Drug Code of the drug being dispensed. The drug name and strength are displayed in the line below the NDC number.
11	GENXRF Drug Generic Code Number (GCN) (DE5061)		System-displayed. This is the 5-digit generic cross-reference number of the drug being dispensed. System-displayed. This is the 5-digit generic cross-reference number of the drug being dispensed.
12	SERVDT PA Authorized From Date (DE2610)		System-displayed. This is the claim date of service that DMAS has actually approved for a specific procedure that required prior authorization. This is the claim date of service that DMAS has actually approved for a specific procedure that required prior authorization.
13	RX NO Claim Pharmacy Prescription Number (DE2211)		This is the prescription number assigned by the dispensing pharmacist. System-displayed. This is the prescription number assigned by the dispensing pharmacist.
14	ENROLLEE Enrollee Identification Number (DE3001)		This number uniquely identifies an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID. This number uniquely identifies an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID.

Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	RF-S-010 (R)
ENTER BUTTON	Process Screen	N/A
PF1 or SRV AUTH MENU BUTTON	Returns to the Virginia Drug Application Service Authorization Main Menu screen.	N/A
PF12/SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	POS-S-000 (R)
PF7/SCROLL UP	Scrolls the list of entries for the given key fields previously entered backward.	RF-S-004 ()
PF8 /SCROLL DOWN	Scrolls the list of entries for the given key fields previously entered forward.	N/A

Error Messages

Error	Description	Resolution
6108	DATABASE UPDATED	Information message.
6144	ENROLLEE NOT ON FILE	Information message.
6159	ENTER PROV OR RECIP NUMBER	Enter a valid provider or recipient number. If necessary, see the field definitions for valid data/formatting.
6256	ERROR OPENING PA_CSR	Check to see if the segment is closed. Contact ACS Operations for assistance, if necessary.
6366	INVALID ENROLLEE NUMBER	Re-enter a valid enrollee number. If necessary, see the field definitions for valid data/formatting.
6414	INVALID PROVIDER NUMBER	Re-enter a valid provider number. If necessary, see the field definitions for valid data/formatting.
6438	LINE ALREADY PROCESSED	Information message. No action needed.
6494	NO RECORDS FOR REQUEST	Information message.
6496	NO RECORDS TO SCROLL	Information message. No action needed.
6512	PAGE DOWN PERFORMED	Information message. No action needed.
6514	PAGE UP NOT ACTIVE	Information message.
6515	PAGE UP PERFORMED	Information message.
6635	SQL ERROR IN GETTING	Contact ACS Operations for assistance.

	DRUG NAME	
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Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select PRIOR AUTHORIZATION from the Selection drop-menu.
4. Choose Enter.
5. You see the Prior Authorization Process screen (POS-S-001).
6. Choose the Inquiry button in the PA Pend File Maintenance box.
7. You see the PA Pend File Maintenance screen (POS-S-006).

Screens POS-S-007 Service Authorization Pend File Inquiry/Update

General Information

This screen allows access to Service Authorization Pend Records for inquiry purposes.

SOURCE/ORIGINATOR	Help Desk Operator
USAGE	Inquiry, Update
PROGRAM	VPT604B1
MAPSET	VP604B1
TRAN ID	NV15(inquiry)/NV19 (update)

SAMPLE Service Authorization Pend File Inquiry/Update (POS-S-007)



MMIS

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

Screen ID: POS-S-007
Trans ID: NV19
Program ID: VPT604B1

VIRGINIA MEDICAID SERVICE AUTH PEND FILE MAINTENANCE - UPDATE

Provider: [REDACTED]

Member: [REDACTED]

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

DOS: 03012011

Rx No:
Line: 001

Error: 0401

Segment Count: 001

NDC: 00053761510

Begin Date: 03012011

Authorized Units: 054820 . 000

Therapeutic Class: M0E

End Date: 03012011

Authorized Amount: 000049341 . 75

Generic Xref: 26451

HICL Seq: 017395

Claim Quantity: 054820 . 000

Srv Auth Number:

Days Supply: 0010

Claim Amount: 0049341 . 75

Comments:

Drug-Name: HUMATE-P 500-1200 UKIT

DEA: 0

Strength: 500-1200 U

Enter

Notes

Activate

Hold

Deny

Return

Sub Menu

Main Me

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CLIENT Drug Application Client Number (DE8776)	Edits: User entered data.	This is the 4-digit client ID number for the drug application. System-displayed. This is the 4-digit client ID number for the drug application. System-displayed.
2	PROVIDER National Provider Identifier (DE4700)	Edits: Messages:	This is the CMS assigned National Provider Identifier that represents an individual entity. An NPI may be assigned for multiple Provider IDs that exist in VAMMIS today. The Provider's unique identification number.
3	ENROLLEE Enrollee Identification Number (DE3001)		This number uniquely identifies an individual enrolled in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID. System-displayed. This number uniquely identifies an individual enrolled in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID. System-displayed.
4	ENROLLEE NAME Enrollee Full Name (DE3003)		The name of the individual eligible for DMAS-administered programs. System-displayed. The name of the individual eligible for DMAS-administered programs. System-displayed.
5	SERV DATE Claim Service From Date (DE2010)		This is the claim date of service that DMAS has actually approved for a specific procedure that required prior authorization. System-displayed. This is the claim date of service that DMAS has actually approved for a specific procedure that required prior authorization. System-displayed.
6	NDC		National standard formulary 11-digit code

	Drug Code (NDC) (DE5200)		used by most states to uniquely identify drugs. Codes are assigned by the FDA. System-displayed. National standard formulary 11-digit code used by most states to uniquely identify drugs. Codes are assigned by the FDA. System-displayed.
7	THERP Drug Therapeutic Class Specific Code (DE5735)		System-displayed. The specific therapeutic class code used by First Databank. See the on-line HELP system for valid therapeutic class codes. System-displayed. The specific therapeutic class code used by First Databank. See the on-line HELP system for valid therapeutic class codes.
8	GENXREF Drug Generic Code Number (GCN) (DE5061)		System-displayed. This is the 5-digit generic cross-reference number of the drug being dispensed. System-displayed. This is the 5-digit generic cross-reference number of the drug being dispensed.
9	PA NUMBER Prior Authorization Control Number (DE2024)		The unique identifier for a Prior Authorization. System-Displayed. The unique identifier for a Prior Authorization. System-Displayed.
10	RX NO Claim Pharmacy Pre- scription Number (DE2211)		This is the prescription number assigned by the dispensing pharmacist. System-displayed. This is the prescription number assigned by the dispensing pharmacist. System-displayed.
11	LINE NUMBER PA Line Number (DE2607)		The line number on the record. System-displayed. The line number on the record. System-displayed.
12	FROM DATE PA Authorized From Date (DE2610)		The from (begin) date of service that DMAS has actually approved for a specific procedure that required prior authorization. System-displayed.

			The from (begin) date of service that DMAS has actually approved for a specific procedure that required prior authorization. System-displayed.
13	THRU DATE PA Authorized Through Date (DE2611)		The through (end) date of service that DMAS has actually approved for a specific procedure that required prior authorization. The through (end) date of service that DMAS has actually approved for a specific procedure that required prior authorization. Must be in MMDDCCYY format. ADD/UPDATE (R/U) Enter a valid through date of service.
14	DAYS SUPPLY Claim Pharmacy Days Supply (DE2216)		Claim Pharmacy Days Supply. This is the estimated number of days the prescription will last. Claim Pharmacy Days Supply. This is the estimated number of days the prescription will last. ADD/UPDATE (R/U) Enter a valid number of days. See the on-line HELP system for valid values for this field.
15	ERROR Error Text Error Code (DE5501)		This is the error code associated with the prior authorization record. It serves as a record type. System-generated. This is the error code associated with the prior authorization record. It serves as a record type. System-generated.
16	SEGMENT Calculated (DE0002)		The count of the segment displayed. System-displayed. The count of the segment displayed. System-displayed.
17	Authorized Units PA Authorized Units (DE2613)		Dollar amount that DMAS has authorized to pay to a provider who has requested prior authorization for a specific procedure. Dollar amount that DMAS has authorized to pay to a provider who has requested prior authorization for a specific procedure.

			ADD/UPDATE (R/U) Enter a valid amount. Must be in dollars and cents format.
18	Authorized Amount PA Authorized Amount (DE2616)		Dollar amount that DMAS has authorized to pay to a provider who has requested prior authorization for a specific procedure. Dollar amount that DMAS has authorized to pay to a provider who has requested prior authorization for a specific procedure. ADD/UPDATE (R/U) Enter a valid amount. Must be in dollars and cents format.
19	Claim Quantity Prior Authorization Pharmacy Authorized Quantity (DE2249)		DMAS-authorized quantity per claim. DMAS-authorized quantity per claim. ADD/UPDATE (R/U) Enter a new claim quantity. See the on-line HELP system for valid formatting and values for this field.
20	Claim Amount Prior Authorization Pharmacy Authorized Amount (DE2247)		Amount authorized per claim Amount authorized per claim ADD/UPDATE (R/U) Enter a valid authorized claim amount. Must be all decimal amounts, including cents.
21	REMARKS PA Comment Code (DE2334)		This code indicates why a prior authorization was approved or denied. Client may enter a 3digit code to represent any value he would like. This is related to Pharmacy claims only. This code indicates why a prior authorization was approved or denied. Client may enter a 3digit code to represent any value he would like. This is related to Pharmacy claims only. ADD/UPDATE (R/U)Enter a valid remark. Example: VAC – Vacation supply. SCH- School supply.
22	REMARKS DESCRIPTION PA Comments Text (DE2619)		This code indicates why a prior authorization was approved or denied. Client may enter a 3digit code to represent any value he would like. This is related to Pharmacy claims only. This code indicates why a prior authorization was approved or denied. Client may enter a 3digit code to represent any value he would like. This is

			related to Pharmacy claims only. ADD/UPDATE (R/U)Enter a valid remark. Ex: VAC – Vacation supply. SCH- School supply.
23	DRUG NAME Drug Brand Name (DE5208)		Name appearing on the drug package label. System-Displayed. Name appearing on the drug package label. System-Displayed.
24	DEA Drug Enforcement Administration (DEA) Code (DE5032)		A code indicating the degree of potential abuse and Federal control of a drug. See the on-line HELP system for valid DEA codes. System-Displayed. A code indicating the degree of potential abuse and Federal control of a drug. See the on-line HELP system for valid DEA codes. System-Displayed.
25	STRENGTH Drug Strength Description (DE5070)		In specific instances, strength may be described in mg per n ml, where n is greater than 1, to correspond to the manufacturer's description. Strength is expressed in metric units. System-Displayed. In specific instances, strength may be described in mg per n ml, where n is greater than 1, to correspond to the manufacturer's description. Strength is expressed in metric units. System-Displayed.
26	HICL SQ Drug Hierarchical Ingredient Code List (HICL) Sequence Number (DE5218)		This is the Drug Hierarchical Ingredient Code List (HICL) Sequence Number. (P) It is a unique and randomly assigned 6-byte numeric field which provides a link from either an NDC (DE 5200) or a GCN Sequence Number (DE 5731) record to the HICL. It can be used to identify a unique combination of ingredients, irrespective of the manufacturer, package size, dosage form, drug strength or route of administration. It can be combined with the Specific Therapeutic Class Code (DE 5735), Route Code (DE 5736), Dosage Form code (DE 5043) and/or Strength Description (DE 5070) for specialized DUR reporting applications. This is the Drug Hierarchical Ingredient Code List (HICL) Sequence Number. (P) It is a unique and randomly assigned 6-byte numeric field

			which provides a link from either an NDC (DE 5200) or a GCN Sequence Number (DE 5731) record to the HICL. It can be used to identify a unique combination of ingredients, irrespective of the manufacturer, package size, dosage form, drug strength or route of administration. It can be combined with the Specific Therapeutic Class Code (DE 5735), Route Code (DE 5736), Dosage Form code (DE 5043) and/or Strength Description (DE 5070) for specialized DUR reporting applications.
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NAVIGATION		SRV AUTH Pend File Inquiry/Update (POS-S-007)
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	RF-S-010 ()
Enter	Processes screen commands.	N/A
PF1/RETURN	Returns to the Virginia Drug Application Service Authorization Main Menu screen.	N/A
PF10 or DENY	Adds the Denied Service Authorization Pend record to the Drug Application Service Authorization File.	FN-S-006 ()
PF12/SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	POS-S-000 (R)
PF5 or NOTES BUTTON	Branches to the Virginia Drug Application Service Authorization Notes Inquiry screen	N/A
PF6 or ACTIVATE	Adds the Service Authorization Pend record to the Drug Application Service Authorization File.	N/A
PF9 or HOLD	Adds the Service Authorization Pend record to the Drug Application Service Authorization File with a on-hold status.	N/A

Error Messages

Error	Description	Resolution
6106	DATABASE UPDATED SUCCESSFULLY	Information message. No action needed.
6126	DUPLICATE	Information message.
6153	ENTER CHANGES OR EXIT	Information message. Follow the message instructions.
6309	INQUIRY COMPLETE	Information message. No action needed.

6350	INVALID CLAIMS AMOUNT	Re-enter a valid claims amount data. If necessary, see the field definitions for valid data/formatting.
6359	INVALID DAYS SUPPLY	Re-enter a valid days supply data. If necessary, see the field definitions for valid data/formatting.
6418	INVALID REMARKS CODE	Enter a valid provider or recipient number. If necessary, see the field definitions for valid data/formatting.

Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select PRIOR AUTHORIZATION from the Selection drop-menu.
4. Choose Enter.
5. You see the Prior Authorization Process screen (POS-S-001).
6. Choose the Inquiry button in the PA Pend File Maintenance box.
7. You see the PA Pend File Maintenance screen (POS-S-006).
8. Enter a Provider, Enrollee, Service Date, Rx Number, or Error number to specify the search.
9. Choose Enter.
10. Select (highlight) the record you want to see.
11. Choose the Activate/Delete/Deny button.
12. You see the PA Pend File Inquiry/Update screen (POS-S-007).

Screens POS-S-009 Claims On-line Inquiry Screen

General Information

This screen displays claims information for pharmacy claims that have been fully adjudicated.

SOURCE/ORIGINATOR	Help Desk Operator
USAGE	Inquiry
PROGRAM	VPT300
MAPSET	VP300B1/VP300M0
TRAN ID	NV20

SAMPLE **Claims On-line Inquiry Screen (POS-S-009)**

	ber (DE2211)		
3	FILL DATES Claim Service From Date (DE2010)		Enter begin and end range of the dates of service (DOS) you wish to view. Format is in YYMMDD. This is the date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date.
4	ENROLLEE Enrollee Per- manent Iden- tification Number (DE3093)		Enter the 12-digit ID number of the recipient whose records you wish to view. N/A
5	NDC Drug Code (NDC) (DE5200)		This is the 11-digit national formulary drug code.
6	DATE ENTERED Claim Entered Date (DE2177)		Enter the POS date (the date the claim was submitted). N/A
7	CLIENT Drug Application Client Number (DE8776)	Edits: User entered data.	This is the 4-digit client number for the drug application. N/A
8	STATUS Claim Status (DE2039)	Messages: A minimum of either the pro- vider number or subscriber ID number is required to retrieve claims in this file. Completing the "secondary fields" narrows the scope of the search. If you do not complete any of these fields, you see the entire file of the selected provider or sub- scriber.	Enter a status code to identify the type of claims you want to query. Enter one of these: 1 = to see paid claims only 2 = to see denied claims only 3 = to see voided claims only If you do NOT enter a status code, you may retrieve all claim dispositions. N/A
8.1	ICN (DE2001)		Enter ICN number user wishes to search on
9	ENROLLEE Enrollee Iden- tification Number (DE3001)		This first field is untitled and will contain the selected provider ID number or recipient ID number. When the provider number alone is entered, this field will be titled PROVIDER. When the recipient number alone is

			entered, this field will be titled SUBSCRIBER. When both the provider number and recipient number are entered, this field will remain untitled. N/A
10	RX NUM Claim Pharmacy Prescription Number (DE2211)		The prescription number assigned by the dispensing provider. N/A
11	DOS Claim Service From Date (DE2010)		The prescription fill date or date of service. The prescription fill date or date of service.
12	STATUS DATE Claim Entered Date (DE2177)		The status date. The date the claim was entered or transmitted. N/A
13	NDC Drug Code (NDC) (DE5200)		This is the 11-digit National Drug Code. The drug name and strength are displayed in the line below the NDC. N/A
14	BILL CHG Claim Billed Charge (DE2016)		Charges transmitted by the provider. Charges transmitted by the provider.
15	PAID AMT Claim Payment Amount (DE2023)		The amount allowed for the claim. The amount allowed for the claim.
16	STATUS Claim Status (DE2039)		This code tells you the claim status. 1 - Paid 3 - Denied V - Void N/A
17	CLAIM TYPE MODIFIER Claim Type Modifier (DE2003)		A code which indicates the type of claim transaction and the processing to be done. For paper claims, the third position of the transmission code is moved to this field except for 0 which is used to identify PAs. Zero is not a valid claim type modifier. N/A

18	MEDIA Claims Payment Request Media Code (DE2478)		The portion of the payment request number that indicates the source of the data. N/A
19	SEX Enrollee Sex Code (DE3007)		A code indicating the sex of the enrollee. N/A
20	RELATIONSHIP Claim Patient's Relationship to Insured (DE2514)		This code indicates the relationship of the claim patient's relationship to the insured. N/A
21	DRUG NAME Drug Brand Name (DE5208)		Name appearing on the drug package label. N/A
22	DRUG STRENGTH Drug Strength Description (DE5070)		In specific instances, strength may be described in mg per n ml, where n is greater than 1, to correspond to the manufacturer's description. Strength is expressed in metric units. N/A

NAVIGATION		Claims On-line Inquiry Screen (POS-S-009)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)	
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	RF-S-010 ()	
ENTER or PROCESS	Displays the client claims information or if a claim is selected, branch to the Claims Detail Screen	N/A	
PF12/SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	POS-S-000 (R)	
PF7/SCROLL UP	Scrolls to the previous Virginia Drug Application Client Claims data.	N/A	
PF8/SCROLL DOWN	Scrolls to the next Virginia Drug Application Claims data.	N/A	

Error Messages

Error	Description	Resolution
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6194	ERROR CLOSING CURSOR	Contact ACS Operations for assistance.
6253	ERROR OPENING CURSOR	Contact ACS Operations for assistance.
6357	INVALID DATE ENTERED	Enter a valid date. See the field definitions for valid data/formatting.
6806	INVALID DATE ENTERED TRY AGAIN.	Check field for valid data and re-enter.
6807	INVALID DATES FOUND	Check field for valid data and re-enter.
6810	INVALID ENROLLEE ID TRY AGAIN.	Check field for valid data and re-enter.
6366	INVALID ENROLLEE NUMBER	Re-enter a valid enrollee number. If necessary, see the field definitions for valid data/-formatting.
6816	INVALID PERSON ID CANNOT TRANSFER CONTROL TO RECIPIENT SUBSYSTEM	Check field for valid data and re-enter.
6820	INVALID PROVIDER TRY AGAIN.	Check field for valid data and re-enter.
6819	INVALID PROVIDER NUMBER	Check field for valid data and re-enter.
6828	INVALID THRU FILL DATE ENTERED	Check field for valid data and re-enter.
6831	LAST PAGE DISPLAYED	Information message.
6859	PAYMENT RUNNING TOTAL	Information message.
6866	PLEASE ENTER SSN OR PROVIDER TRY AGAIN.	Enter valid data requested and re-process.
6901	SEARCH LIMIT EXCEEDED .REFINE SEARCH CRITERIA.	Change the search criteria, if necessary, to complete the transaction.
6924	UNIDENTIFIED SECURITY ERROR	Information message.
6927	USER UNAUTHORIZED FOR THIS TRANSACTION	You do not have CICS authorization for the transaction.

Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select ADJUB.UNPD.CLMS from the Selection drop-menu.
4. Choose Enter.
5. You see the Claims On-line Inquiry Screen (POS-S-009).
Note: You will have to enter either (a valid Legacy provider) or (a valid NPI) to see matching adjudicated claims. To see Legacy and NPI, enter 'B' in second field.
A minimum of either the Legacy/NPI or subscriber ID number is required to retrieve claims in this file. Completing the
"secondary fields" in this screen narrows the scope of the

search. If you do not complete any of these fields, you
see the entire file of the selected provider or subscriber.

Screens POS-S-010 Claims Detail Screen

General Information

This screen displays claims information for Pharmacy claims that have been fully adjudicated.

SOURCE/ORIGINATOR	Help Desk Operator
USAGE	Inquiry, Update
PROGRAM	VPT300
MAPSET	VP300B1/VP300M1
TRAN ID	NV20

SAMPLE Claims Detail Screen (POS-S-010)



UT2 | [Home](#) | [Contact Us](#) | [Help](#)

MMIS

Help | Print | Log

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

Screen ID: POS-S-010
Trans ID: NV20
Program ID: VPT300B1

VIRGINIA MEDICAID
CLAIMS DETAIL SCREEN

Date: 07/18/2014
Time: 15:35
Switch: EMD1

Member Information

Provider: [REDACTED]	Relationship: 1	Gender: F	Update User ID: EMD045
Member: [REDACTED]	Benefit: 01010100	Srv Auth Ind: N	DOB: [REDACTED]
Name(L-4, F-1): HURS K	Level of Care:	Level of Service: 00	TPL: 00
		Age: 27	

Claim Information

Former ICN: [REDACTED]	Status: 20130817	Date Filled: 20130812	Claim Type Mod: 1
ICN: [REDACTED]	Line of Business: 00	Status Date: 20130817	Prescribing Physician: 01 1447213988
Adj Reason: [REDACTED]	Transaction: B1	Date Entered: 20130812	Compound Ind: 1
Adj ICN: [REDACTED]	Rx Number: 00000001405	Date Written: 20130812	Unit Dose: 0
Product/Service: 03 11822074080	Quantity: 30.000	Days: 030	Refill Code: 00
Disp: [REDACTED]	Intd Qty: 0.000	Intd Days: 000	DOS: 0
Error Codes: 0968 1498	Version:	DAW: 0	DEA: 0
		Assoc RX: 000000000000	

Billing Information

Usual & Customary: 2.86	Billed Charges: 2.86	TPL Amount: 0.00	Service Fee: 0.00	Copy: 0.00
Ingredient Cost: 2.86	Dispensing Fee: 0.00	Computed Amt: 2.61		Allowed Amount: 2.86
Vendor MAC: 0.12460	MAC Price: 0.00000	Cost Ind: B		Payment: 0.00
AWP: 0.09995	Category Code: L	Ref Cost: 0.08685		Unit Price: 0.08685
Specific Therapeutic: D6S	Drug Form: TABLET	Class: O	HICL: 001289	Reason Code:
Standard Therapeutic: 06	Budget Code: 0000	GCN: 00701		Service Code:
ProDUR Errors:	Addl Fee: 0.00	Dosage: 000000000		Result Code:

[Enter](#) | [Compound](#) | [Prov](#) | [Recip](#) | [NDC](#) | [Physician](#) | [Edit Text](#) | [Return](#) | [Sub Menu](#) | [Main Menu](#)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1.1	(Provider Qualifier) Provider/Prescriber Qualifier (DE0001)	Edits: Messages:	The NCPDP Provider Number Qualifier. The NCPDP Provider Number Qualifier.
1.2	PROVIDER National Provider Identifier (DE4700)	Edits: Messages: Accepts NPI or Legacy Provider	This is the CMS assigned National Provider Identifier that represents an individual entity. An NPI may be assigned for multiple Provider IDs that exist in VaMMIS today. N/A
2	ENROLLEE Enrollee Identification Number (DE3001)		The DMAS-administered identification number that is used to tie all claims for a single enrollee together. System-displayed. The DMAS-administered identification number that is used to tie all claims for a single enrollee together. System-displayed.
3	(ENROLLEE SHORT) NAME Enrollee Full Name (DE3003)	Edits: Messages:	The name of the individual eligible for DMAS-administered programs. System-displayed. (P) N/A
4	RELATIONSHIP Enrollee Relationship to Case Head Code (DE3480)		System-displayed. (P) A code reflecting the enrollee's relationship to the head-of-household or Case Head. DSS ADAPT relationship values are suggested. This field is not in use.
5	BENEFIT Benefit Definition Benefit Plan Code (DE3550)		This is the integer code that represents the three-tiered code with exception indicator describing the benefit plan under which services for the enrolled individual may be reimbursed. This is the recipient's benefit number.
6	LEVEL OF CARE (EXCEPTION INDICATOR) Benefit Plan Exception Indicator (DE3072)	Edits: Messages:	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. It also identifies CMM restriction levels. System-displayed. See the On-line HELP system for valid values. A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. It also identifies CMM restriction levels. If necessary, enter a modifier code. See the On-line HELP system for valid values.

7	SEX Enrollee Sex Code (DE3007)		A code indicating the sex of the enrollee. This code identifies the patient's gender. F - Female M - Male
8	PA IND Calculated (DE0002)	Edits: determined by presence or absence of a Prior Authorization Number	A code indicating whether the claim was prior-authorized or not. 'Y' means the claim was prior-authorized. A code indicating whether the claim was prior-authorized or not. 'Y' means the claim was prior-authorized.
9	AGE Calculated (DE0002)		Patient's age. This is calculated by the system base on the DOB. Patient's age. This is calculated by the system base on the DOB.
10	Update Oper-ID User/Operator ID (DE0012)	Edits: Messages:	A code uniquely identifying the VaMMIS user. It tracks user input and use of the system. A code uniquely identifying the VaMMIS user. It tracks user input and use of the system.
11	Date of Birth Enrollee Birth Date (DE3005)	Edits: Messages:	System-displayed. The enrollee's date of birth. Enter the patient's birth date in MM/DD/YY format.
12	TPL (CODE) Claim Pharmacy Other Coverage Indicator (DE2227)	Edits: Messages:	System-displayed. The list of Third Party Liability codes that may be billed for this procedure. System-displayed. The list of Third Party Liability codes that may be billed for this procedure.
13	FORMER ICN Claim Related Document Number (DE2034)		Not in use. The Reference Number of the claim which is to be altered by this adjustment or void (previously called former reference number) or the reference number submitted on the claim from the previous processor in the case of encounters. Not in use. The Reference Number of the claim which is to be altered by this adjustment or void (previously called former reference number) or the reference number submitted on the claim from the previous processor in the case of encounters.
14	ICN Claim Request ICN (DE2001)		System-displayed. A unique Transaction Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number). System-displayed. A unique Transaction Control Number

			serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number).
15	ADJ REASON Adjustment/Void Reason (DE2033)	Edits: Messages:	System-displayed. A code specifying the reason for adjusting or voiding an individual claim. A code specifying the reason for adjusting or voiding an individual claim.
16	ADJ ICN Claim Related Document Number (DE2034)	Edits: Messages:	System-displayed. The Reference Number of the claim which is to be altered by this adjustment or void (previously called former reference number) or the reference number submitted on the claim from the previous processor in the case of encounters. N/A
17	NDC Drug Code (NDC) (DE5200)		System-displayed. This is the eleven (11) digit National Drug Code. This is the eleven (11) digit National Drug Code.
18	ERROR CODES Error Text Error Code (DE5501)		System-displayed. The three (3) digit ACS error code associated with the claim. The three (3) digit ACS error code associated with the claim.
19	STATUS Claim Status (DE2039)		System-displayed. This code shows the status of the claim. See the On-line HELP system for valid codes. This code shows the status of the claim. See the On-line HELP system for valid codes.
20	LINE OF BUSINESS Claim Pharmacy Transmission Received Line (DE2226)		System-displayed. Code to indicate the 'switch' or line that is transmitting the claim. System-displayed. Code to indicate the 'switch' or line that is transmitting the claim.
21	TRN Claim Pharmacy Transaction Type (DE2224)	Edits: Messages:	System-displayed. Unique identifier for a specific transaction type. This may include eligibility only, original, reversals, downtime claims, rebills, ProDur information and refill transactions. Unique identifier for a specific transaction type. This may include eligibility only, original, reversals, downtime claims, rebills, ProDur information and refill transactions.
22	RX NUMBER Claim Pharmacy Prescription Number (DE2211)	Edits: Messages:	System-displayed. Reference number assigned by the provider for the dispensed drug/product and/or service provided. System-displayed. Reference number assigned

			by the provider for the dispensed drug/-product and/or service provided.
23	QUANTITY Claims Pharmacy Metric/Dec/Qty (DE2248)		System-displayed. This is the metric decimal quantity of the drug (NDC) being dispensed by the pharmacist. System-displayed. This is the metric decimal quantity of the drug (NDC) being dispensed by the pharmacist.
24	DATE FILLED Claim Service From Date (DE2010)	Edits: Messages:	System-displayed. Date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. Date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date.
25	STATUS DATE Claim Status Begin Date (DE2383)		The date on which this status was assigned to the claim. It is essentially the claims activity date, which can be assigned by adjudication or financial cycles. N/A
26	DATE ENTERED Claim Entered Date (DE2177)	Edits: Messages:	System-displayed. The date the claim entered the automated system. This is the date the claim was submitted. Enter in MM/DD/YY format.
27	DATE WRITTEN Claim Pharmacy Date Prescription Written (DE2214)	Edits: Messages:	System-displayed. The date the prescription was written in MM/DD/YY format. The date the prescription was written in MM/DD/YY format.
28	DAYS Claim Pharmacy Days Supply (DE2216)		System-displayed. Estimated number of days the prescription will last. Number of days the medication is to last. (Day's supply).
28	BASIS OF COST (DE5531)		The Basis of Cost field is an NCPDP field of 423-DN (BASIS OF COST DETERMINATION). Â Â
29	SUB CLARIFICATION CODE (DE5532)		The Sub Clarification Code indicates the pharmacist is clarifying the submission. Â NCPDP field 420-DK.
30	CLAIM TYPE MOD Claim Type Modifier (DE2003)	Edits: Messages:	A code which indicates the type of claim transaction and the processing to be done. or paper claims, the third position of the transmission code is moved to this field. 1 - Original Claim 2 - Adjustment (Rebill) 4 - Void. System-displayed. This is the Claim Type modifier. 1 - Original Claim 2 - Adjustment (Rebill) 4 - Void
31.1	(Prescriber Qualifier) Provider/Prescriber	Edits: Messages:	The NCPDP Prescriber Number Qualifier. The NCPDP Prescriber Number Qualifier.

	Qualifier (DE0001)		
31.2	PRESCRIBING PHYSICIAN National Provider Identifier (DE4700)	Edits: Messages:	Drug Claim Prescribing provider ID. For VAMMIS, the prescribing physician is the 10-digit NPI. System-displayed. Drug Claim Prescribing provider ID. For VAMMIS, the prescribing physician is the 10-digit NPI. System-displayed.
32	COMPOUND IND Claim Pharmacy Compound Indicator (DE2220)		This code tells you if the claim submitted was a compound: 1 - Not a compound 2 - Compound. (P) This code tells you if the claim submitted was a compound: 1 - Not a compound 2 - Compound
33	UNIT DOSE Claim Pharmacy Unit Dose Indicator (DE2236)		This code tells you if the drug is packaged in a unit dose by the manufacturer. It is pulled from the drug file by NDC. This code tells you if the drug is packaged in a unit dose by the manufacturer. It is pulled from the drug file by NDC.
34	REFILL CODE Claim Pharmacy Refill Code (DE2212)	Edits: Messages:	This code tells whether the prescription dispensed was a new prescription or a refill: 00 - New prescription 01-99 - Refill number This code tells whether the prescription dispensed was a new prescription or a refill: 00 - New prescription 01-99 - Refill number
35	DAW Claim Dispensed as Written Indicator (DE2418)		System-displayed. Dispense as written code. This code tells whether or not the prescriber's instructions regarding generic substitution were followed: 0 - No Product Selection Indicated (Default) 1 - Physician DAW 2 - Patient DAW 3 - Pharmacy DAW 4 - No Generic Available 5 - Brand dispensed as generic 6 - Override 7. Dispense as written code. This code tells whether or not the prescriber's instructions regarding generic substitution were followed: 0 - No Product Selection Indicated (Default) 1 - Physician DAW 2 - Patient DAW 3 - Pharmacy DAW 4 - No Generic Available 5 - Brand dispensed as generic 6 - Override 7.
36	DEA Drug Enforcement Administration (DEA) Code (DE5032)		System-displayed. This is the drug schedule or DEA code of the NDC . It is pulled from the drug file by NDC: 0 - No control 1 - LSD, heroin, marijuana - research only 2 - Morphine, meperidine, amphetamines - most abused 3 - APC/codeine, etc. less abused 4 - Diazepam, etc. potential abuse 5

			- Controlled sale by Pharmacy only. This is the drug schedule or DEA code of the NDC . It is pulled from the drug file by NDC: 0 - No control 1 - LSD, heroin, marijuana - research only 2 - Morphine, meperidine, amphetamines - most abused 3 - APC/-codeine, etc. less abused 4 - Diazepam, etc. potential abuse 5 - Controlled sale by Pharmacy only
37	Usual & Customary Claim Pharmacy Usual Charge (DE2213)	Edits: Messages:	This is the provider's usual and customary charge. (P) This is the provider's usual and customary charge.
37.1	Ingredient Cost Calculated (DE0002)	Edits: Messages:	The drug unit price times (x) the drug quantity. The drug unit price times (x) the drug quantity.
38	VENDOR MAC Drug Price Amount (DE5220)	Edits: Billing Information: Vendor MAC, based on Data element id # 5205, being 'VMC'.	Vendor MAC Price (P) This is the vendor Maximum Allowable Cost (MAC). It is based on the Drug Price Type (DE5205) being VMC. Vendor MAC Price (P) This is the vendor Maximum Allowable Cost (MAC). It is based on the Drug Price Type (DE5205) being VMC.
39	AWP Drug Price Amount (DE5220)	Edits: Billing Information: AWP - Average Wholesale Price, based on Data element id # 5205, being 'AWP'.	AWP - Average Wholesale Price. (P) This is the AWP returned when Drug Price Type (DE5205) is AWP.
40	SPECIFIC THERAPEUTIC (CLASS) Drug Therapeutic Class Specific Code (DE5735)	Edits: Messages:	This is the specific therapeutic class of the drug. It is pulled from the drug file by NDC. System-displayed. This is the specific therapeutic class of the drug. It is pulled from the drug file by NDC.
41	STANDARD THERAPEUTIC (CODE) Drug Therapeutic Class Standard Code (DE5232)	Edits: Messages:	System-displayed. This code classifies drugs according to the most common intended use. This coding scheme is intended for users who need a definitive but not comprehensive therapeutic class scheme. This code classifies drugs according to the most common intended use. This coding scheme is intended for users who need a definitive but not comprehensive therapeutic class scheme. See the On-line HELP system for valid values for this field.

42	PRODUR ERRORS ProDUR Reason Code (Reason for Service) (DE5740)	Edits: Messages:	System-displayed. This code identifies the type of utilization reason detected or the reason for the pharmacist's professional service. System-displayed. This code identifies the type of utilization reason detected or the reason for the pharmacist's professional service. This is the Pro-DUR error code (DUR Reason Code), if applicable.
43	BILLED CHARGES Claim Billed Charge (DE2016)	Edits: Messages:	This is the total charges submitted by the provider. This is the total charges submitted by the provider.
44	DISPENSING FEE Claim Pharmacy Dispensing Fee (DE2217)	Edits: Messages:	This is the provider's dispensing fee. System-displayed. This is the provider's dispensing fee.
45	MAC PRICE Drug Price Amount (DE5220)	Edits: Billing Information: MAC, Federal MAC, based on Data element id # 5205, being 'MAC'.	MAC - Federal MAC
46	CATEGORY CODE Drug Category Code (DE5088)		This code Indicates that a drug product belongs to a category that is commonly treated as an exception in third party plans. System-displayed. Indicates that a drug product belongs to a category that is commonly treated as an exception in third party plans.
47	DRUG FORM Drug Dosage Form Description (DE5043)	Edits: Messages:	Dosage form by which a drug is administered. Descriptive terms include tablets, capsules, cream, etc. Abbreviations are used when possible. N/A
48	BUDGET CODE Budget Account Identifier (DE9865)	Edits: Messages:	The account code used to identify each item in the State's (DMAS) chart of accounts. The account code used to identify each item in the State's (DMAS) chart of accounts.
50	TPL AMOUNT Claim Third Party Payment (DE2018)	Edits: Messages:	This is the amount paid by another carrier for this prescription. (P) This is the amount paid by another carrier for this prescription.
51	COMPUTED AMT Calculated (DE0002)	Edits: Messages:	This is the system-calculated price. System-displayed. This is the system-calculated price.
52	COST IND Claim Pharmacy Provider Drug Cost Basis (DE2231)	Edits: Messages:	Code indicating the method by which 'Ingredient Cost Submitted' was calculated. Code indicating the method by which 'Ingredient Cost Submitted' was calculated. See the On-line HELP menu for valid val-

			ues. This tells you how the claim was priced. Allowed amount was derived from: B - Billed charge E - EAC (Estimated Acquisition Cost) M - Manual Price U - Usual and customary
53	Ref Cost Drug Price Amount (DE5220)	Edits: Billing Information: Reference Price, based on Data Element Id # 5205, being 'REF'. Messages:	This is the Reference Price. (P) It is based on the Drug Price Type (DE 5205) being REF. System-displayed. N/A
54	CLASS Drug Class Code (DE5059)		Designates a drug's availability to the consumer according to federal specifications. Legend drugs require prescriptions and bear the federal caution: 'Federal Law Prohibits Dispensing a Drug without a Prescription'. Designates a drug's availability to the consumer according to federal specifications. Legend drugs require prescriptions and bear the federal caution: 'Federal Law Prohibits Dispensing a Drug without a Prescription'.
55	GCN Drug Generic Code Number (GCN) (DE5061)		Random number representing the generic formula of a drug. It is specific to generic ingredient combination, Route of Administration (DE 5736), Dosage Form (DE 5043) and Drug Strength (DE 5070). It is the same across manufacturers and/or package sizes. Random number representing the generic formula of a drug. It is specific to generic ingredient combination, Route of Administration (DE 5736), Dosage Form (DE 5043) and Drug Strength (DE 5070). It is the same across manufacturers and/or package sizes.
56	DOSAGE (DE0000)		The calculated dosage amount from the prescription. System-displayed. The calculated dosage amount from the prescription. System-displayed.
56.5	Service Fee Pharmacy Claim Professional Service Fee (2262)		Amount submitted by the provider for professional services rendered. Amount submitted by the provider for professional services rendered.
57	COPAY Claim Medicaid Co-Payment (DE2022)		This field is not in use. This field is not in use.

58	ALLOWED AMOUNT Claim Allowed Amount (DE2073)	Edits: Messages:	This is the calculated amount allowed according to program specifications. This is the calculated amount allowed according to program specifications.
59	PAYMENT Claim Payment Amount (DE2023)		This is the calculated amount payable to the provider for the claim. This is the calculated amount payable to the provider for the claim.
60	UNIT PRICE Drug Direct Unit Price (DE5235)		Manufacturer's direct unit price. System-displayed. Manufacturer's direct unit price.
61	REASON CODE ProDUR Reason Code (Reason for Service) (DE5740)	Edits: Messages:	This DUR reason code identifies the type of utilization reason that was detected. Currently, ODHS only denies select DDs and TDs: LR - Under use Precaution (Underutilization) HD - High Dose Alert (Excessive Daily Dose) LD - Low Dose Alert (Insufficient Daily Dose) TD - Therapeutic Duplication DD - Drug-Drug Interaction (Drug to Drug Interaction) PA - Drug-Age Precaution (Drug-Age contraindication) PG - Drug-Pregnancy Alert (Drug Pregnancy Contraindication) ER - Overuse Precaution (Excessive Quantity) This DUR reason code identifies the type of utilization reason that was detected. Currently, ODHS only denies select DDs and TDs: LR - Under use Precaution (Underutilization) HD - High Dose Alert (Excessive Daily Dose) LD - Low Dose Alert (Insufficient Daily Dose) TD - Therapeutic Duplication DD - Drug-Drug Interaction (Drug to Drug Interaction) PA - Drug-Age Precaution (Drug-Age contraindication) PG - Drug-Pregnancy Alert (Drug Pregnancy Contraindication) ER - Overuse Precaution (Excessive Quantity)
62	REASON CODE ProDUR Services Code (Professional Service Code) (DE5741)	Edits: Messages:	This DUR reason code represents the pharmacist's interaction when a reason code has been identified. These are valid codes: 00 - No intervention M0 - Prescriber consulted P0 - Patient consulted R0 - RPh consulted other source PE - Patient Education/instruction. System-displayed. This DUR Services code represents the pharmacist's interaction when a reason code has been identified. These are valid codes: 00 - No intervention M0 - Prescriber consulted P0 - Patient consulted R0 - RPh consulted

			other source PE - Patient Education/instruction
63	RESULT CODE ProDUR Result Code (DE5742)	Edits: Messages:	This DUR result code tells you the action taken by the pharmacist. These are valid codes: 1A - Filled as is, false positive 1B - Filled prescription as is 1C - Filled with different dose 1D - Filled with different doctors 1F - Filled with different quantity 1G - Filled with prescriber amount 2A - Prescription not filled 3B - Recommendation not accepted 3C - Discontinued drug. This DUR result code tells you the action taken by the pharmacist. These are valid codes: 1A - Filled as is, false positive 1B - Filled prescription as is 1C - Filled with different dose 1D - Filled with different doctors 1F - Filled with different quantity 1G - Filled with prescriber amount 2A - Prescription not filled 3B - Recommendation not accepted 3C - Discontinued drug.
64	DISP Claim Pharmacy Dispensing Status (DE2235)	Edits: Messages:	Code indicating the quantity dispensed is a partial fill or the completion of a partial fill. Used only in situations where inventory shortages do not allow the full quantity to be dispensed. System-displayed. N/A
65	INTD QTY Claim Pharmacy Quantity Intended to be Dispensed (DE2234)	Edits: Messages:	Metric decimal quantity of medication that would be dispensed on original filling if inventory were available. System-displayed. Metric decimal quantity of medication that would be dispensed on original filling if inventory were available
66	INTD DAYS Claim Pharmacy Days Supply Intended To Be Dispensed (DE2232)	Edits: Messages:	Days supply for metric decimal quantity of medication that would be dispensed on original dispensing if inventory were available. System-displayed. Days supply for metric decimal quantity of medication that would be dispensed on original dispensing if inventory were available.
67	ASSOC RX Associated RX Number (DE2025)		Related Prescription Reference Number to which the service is associated is entered on the NCPDP 5.1 transaction to support the processing of partial fill prescriptions. Related Prescription Reference Number to which the service is associated is entered on the NCPDP 5.1 transaction to support the processing of partial fill prescriptions.

68	DOS Associated Date of Service (DE2026)	Edits: Messages:	This is the date entered on the NCPDP 5.1 transaction to support the processing of partial fill prescriptions. System-displayed. This date is entered on the NCPDP 5.1 transaction to support the processing of partial fill prescriptions.
69	ADDL FEE Claim Pharmacy Add-on Fee (DE2218)	Edits: Messages:	Also known as the Claim Pharmacy Add-on Fee. (P) For Pharmacy claims, this contains either the unit dose add-on fee for unit dose drugs or a monitoring fee for Clozril prescriptions. Also known as the Claim Pharmacy Add-on Fee. (P) For Pharmacy claims, this contains either the unit dose add-on fee for unit dose drugs or a monitoring fee for Clozril prescriptions.
70	Level of Service Claim Pharmacy Level of Service (DE2229)	Edits: Messages:	Coding indicating the type of service the Provider rendered. Use the on-line HELP system to find valid values for this field. Coding indicating the type of service the Provider rendered. Use the on-line HELP system to find valid values for this field.
71	HICL Drug Hierarchical Ingredient Code List (HICL) Sequence Number (DE5218)	Edits: Messages:	This is the Drug Hierarchical Ingredient Code List (HICL) Sequence Number. (P) It is a unique and randomly assigned 6-byte numeric field which provides a link from either an NDC (DE 5200) or a GCN Sequence Number (DE 5731) record to the HICL. It can be used to identify a unique combination of ingredients, irrespective of the manufacturer, package size, dosage form, drug strength or route of administration. It can be combined with the Specific Therapeutic Class Code (DE 5735), Route Code (DE 5736), Dosage Form code (DE 5043) and/or Strength Description (DE 5070) for specialized DUR reporting applications. This is the Drug Hierarchical Ingredient Code List (HICL) Sequence Number. (P) It is a unique and randomly assigned 6-byte numeric field which provides a link from either an NDC (DE 5200) or a GCN Sequence Number (DE 5731) record to the HICL. It can be used to identify a unique combination of ingredients, irrespective of the manufacturer, package size, dosage form, drug strength or route of administration. It can be combined with the Spe-

			cific Therapeutic Class Code (DE 5735), Route Code (DE 5736), Dosage Form code (DE 5043) and/or Strength Description (DE 5070) for specialized DUR reporting applications.
72	Other REJ.	Error Text NCPDP Error Code (DE2990)	This is the NCPDP error code for display only. Up to 5 error codes can be displayed.

NAVIGATION		Claims Detail Screen (POS-S-010)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)	
RETURN	Returns the user back to the Claims Inquiry Screen (POS-S-009).	POS-S-009 (B)	
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	RF-S-010 (R)	
ENTER or PROCESS	Returns to the Claims On-line Inquiry Screen	N/A	
PF09 /COMPOUND BUTTON	Branches to the Virginia Drug Application Compound Claims Inquiry Screen	POS-S-011 (B)	
PF12/SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	POS-S-000 (R)	
PROV	Branches to the Provider Location Information – Inquiry Screen	PS-S-001-03	
RECIP	Branches to the Member Demographics – Inquiry Screen	RS-S-018	
NDC	Branches to the DMAS Drug Information – Inquiry Screen	RF-S-014-01	
PHYSICIAN	Branches to the Provider Location Information – Inquiry Screen	PS-S-001-03	
EDIT TEXT	Branches to the Edit Text - Inquiry Screen	RF-S-002-02	

Error Messages

Error	Description	Resolution
6194	ERROR CLOSING CURSOR	Contact ACS Operations for assistance.
6253	ERROR OPENING CURSOR	Contact ACS Operations for assistance.
6357	INVALID DATE ENTERED	Enter a valid date. See the field definitions for valid data/formatting.
6806	INVALID DATE ENTERED TRY AGAIN.	Check field for valid data and re-enter.

6807	INVALID DATES FOUND	Check field for valid data and re-enter.
6810	INVALID ENROLLEE ID TRY AGAIN.	Check field for valid data and re-enter.
6366	INVALID ENROLLEE NUMBER	Re-enter a valid enrollee number. If necessary, see the field definitions for valid data/-formatting.
6816	INVALID PERSON ID CANNOT TRANSFER CONTROL TO RECIPIENT SUBSYSTEM	Check field for valid data and re-enter.
6820	INVALID PROVIDER TRY AGAIN.	Check field for valid data and re-enter.
6819	INVALID PROVIDER NUMBER	Check field for valid data and re-enter.
6828	INVALID THRU FILL DATE ENTERED	Check field for valid data and re-enter.
6831	LAST PAGE DISPLAYED	Information message.
6859	PAYMENT RUNNING TOTAL	Information message.
6866	PLEASE ENTER SSN OR PROVIDER TRY AGAIN.	Enter valid data requested and re-process.
6901	SEARCH LIMIT EXCEEDED .REFINE SEARCH CRITERIA.	Change the search criteria, if necessary, to complete the transaction.
6924	UNIDENTIFIED SECURITY ERROR	Information message.
6927	USER UNAUTHORIZED FOR THIS TRANSACTION	You do not have CICS authorization for the transaction.

Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select ADJUB.UNPD.CLMS from the Selection drop-menu.
4. Choose Enter.
5. You see the Claims Inquiry Screen (POS-S-009).
6. Enter a provider number to see adjudicated claims for that provider.
7. Enter date range.
8. Choose the Process button.
9. Choose (highlight) a claim in the list.
10. Choose the Process button.
11. You see the Claims Detail Screen On-line File screen (POS-S-010).

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	NDC Drug Code (NDC) (DE5200)		<p>National standard formulary 11-digit code used by most states to uniquely identify drugs. See the on-line HELP menu for valid values. System-displayed.</p> <p>National standard formulary 11-digit code used by most states to uniquely identify drugs. See the on-line HELP menu for valid values. System-displayed.</p>
2	QUANTITY Claim Number of Units/Visits/Studies (DE2009)		<p>This is the number of units of the procedure performed by the provider. System-displayed.</p> <p>This is the number of units of the procedure performed by the provider. System-displayed.</p>
3	CALCULATED PRICE Claim Allowed Amount (DE2073)		<p>The calculated claim payment amount before reduction due to copay, TPL, patient liability, cutbacks (other than pricing) or denial. System-displayed.</p> <p>The calculated claim payment amount before reduction due to copay, TPL, patient liability, cutbacks (other than pricing) or denial. System-displayed.</p>
4	GENERIC DRUG CODE Drug Generic Code Number (GCN) (DE5061)		These are random number representing the generic

			<p>formula of a drug. It is specific to generic ingredient combination and is the same across manufacturers and/or package sizes. System-displayed.</p> <p>These are random number representing the generic formula of a drug. It is specific to generic ingredient combination and is the same across manufacturers and/or package sizes. System-displayed.</p>
5	<p>COST INDICATOR</p> <p>Claim Pharmacy Provider Drug Cost Basis (DE2231)</p>		<p>Code indicating the method by which 'Ingredient Cost Submitted' was calculated. System-displayed.</p> <p>Code indicating the method by which 'Ingredient Cost Submitted' was calculated. System-displayed.</p>
6	<p>SPECIFIC THERAPEUTIC CODE</p> <p>Drug Therapeutic Class Specific Code (DE5735)</p>		<p>Classifies drugs according to the most common intended use. This coding scheme is intended for users who need a definitive but not comprehensive therapeutic class scheme. System-displayed.</p> <p>Classifies drugs according to the most common intended use. This coding scheme is intended for users who need a definitive but not comprehensive therapeutic class scheme. System-displayed.</p>
7	<p>STANDARD THERAPEUTIC CODE</p> <p>Drug Therapeutic Class Standard Code (DE5232)</p>		<p>Classifies drugs according to the most common intended use. This coding scheme is intended for users who need a definitive but</p>

			<p>not comprehensive therapeutic class scheme. System-displayed.</p> <p>Classifies drugs according to the most common intended use. This coding scheme is intended for users who need a definitive but not comprehensive therapeutic class scheme. System-displayed.</p>
8	<p>CLASS CATEGORY CODE Drug Category Code (DE5088)</p>		<p>Indicates that a drug product belongs to a category that is commonly treated as an exception in third party plans. System-displayed.</p> <p>Indicates that a drug product belongs to a category that is commonly treated as an exception in third party plans. System-displayed.</p>
9	<p>DRUG CLASS Drug Class Code (DE5059)</p>		<p>Designates a drug's availability to the consumer according to federal specifications. Legend drugs require prescriptions and bear the federal caution: 'Federal Law Prohibits Dispensing a Drug without a Prescription'. System-displayed.</p> <p>Designates a drug's availability to the consumer according to federal specifications. Legend drugs require prescriptions and bear the federal caution: 'Federal Law Prohibits Dispensing a Drug without a Prescription'. System-displayed.</p>
10	<p>ERROR CODES Error Text Error Code (DE5501)</p>		<p>Code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual.</p>

			System-displayed. Code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. System-displayed.
11	PRODUR ALERT ProDUR Reason Code (Reason for Service) (DE5740)		Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service. See the on-line HELP system for valid values. System-displayed. Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service. See the on-line HELP system for valid values. System-displayed.

NAVIGATION		Compound Claims Inquiry Screen (POS-S-011)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)	
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	RF-S-010 (R)	
PF1/ CLAIMS INQ /ENTER BUTTONS	Returns to the Drug Application Claims On-line Inquiry Screen	N/A	
PF12/SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	N/A	
PF3 or CLAIMS DETAIL BUTTON	Returns to the Virginia Drug Application Claims Detail Screen	N/A	

Error Messages

Error	Description	Resolution
6194	ERROR CLOSING CURSOR	Contact ACS Operations for assistance.
6253	ERROR OPENING CURSOR	Contact ACS Operations for assistance.
6357	INVALID DATE ENTERED	Enter a valid date. See the field definitions for valid data/formatting.
6806	INVALID DATE ENTERED TRY AGAIN.	Check field for valid data and re-enter.
6807	INVALID DATES FOUND	Check field for valid data and re-enter.
6810	INVALID ENROLLEE ID TRY AGAIN.	Check field for valid data and re-enter.
6366	INVALID ENROLLEE NUMBER	Re-enter a valid enrollee number. If necessary, see the field definitions for valid data/-formatting.
6816	INVALID PERSON ID CANNOT TRANSFER CONTROL TO RECIPIENT SUBSYSTEM	Check field for valid data and re-enter.
6820	INVALID PROVIDER TRY AGAIN.	Check field for valid data and re-enter.
6819	INVALID PROVIDER NUMBER	Check field for valid data and re-enter.
6828	INVALID THRU FILL DATE ENTERED	Check field for valid data and re-enter.
6831	LAST PAGE DISPLAYED	Information message.
6859	PAYMENT RUNNING TOTAL	Information message.
6866	PLEASE ENTER SSN OR PROVIDER TRY AGAIN.	Enter valid data requested and re-process.
6901	SEARCH LIMIT EXCEEDED .REFINE SEARCH CRITERIA.	Change the search criteria, if necessary, to complete the transaction.
6924	UNIDENTIFIED SECURITY ERROR	Information message.
6927	USER UNAUTHORIZED FOR THIS TRANSACTION	You do not have CICS authorization for the transaction.

Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select ADJUB.UNPD.CLMS from the Selection drop-menu.
4. Choose Enter.
5. You see the Claims On-line Inquiry Screen (POS-S-009).
6. Enter a provider number to see adjudicated claims for the provider.
7. Choose (highlight) a claim in the list.
8. Choose the Process button.

9. You see the Claims Detail Screen On-line File screen (POS-S-010).

10. Choose the Compound button on the Claims Detail Screen On-line File screen.

11. You see the Compound Claims Inquiry Screen (POS-S-011).

Screens POS-S-012 Benefit Main Menu

General Information

This screen allows the user to access Benefit tables. The Benefit tables allow review of therapeutic exceptions and member drug coverage.

SOURCE/ORIGINATOR	Benefit Administrator, Help Desk Operator
USAGE	Inquiry
PROGRAM	VPT88BF0
MAPSET	VPBF0B1
TRAN ID	NV25

SAMPLE **Benefit Main Menu (POS-S-012)**

Test Environment | [Home](#) | [Contact Us](#) | [Help](#) | [Search](#)

HMIS

Screen ID: POS-S-012
Trans ID: NV25
Program ID: VPT88BF0

**VIRGINIA MEDICAID
BENEFIT MASTER FILE**

Date: 02/11/2010
Time: 16:59

Selection:
Record:
Plan: Begin Date:
Plan Name: End Date:

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

[Enter](#) [Refresh](#) [Previous](#) [Sub Menu](#) [Main Menu](#)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	SELECTION Screen Functional Selection (DE5854)	Edits: User entered data.	Choose one of the following selections: New Plan Add Record Update Record Terminate Plan Reinstate Plan Choose one of the following selections: New Plan Add Record Update Record Terminate Plan Reinstate Plan
2	RECORD SELECTION Screen Functional Selection (DE5854)	Edits: Selection of Benefit Record Type: Benefit Data/Fees Benefit Exceptions Dosage Limitations Drug Include/Excludes Map Category Map Criteria Produr Overrides - Reason/Service/Result Codes Benefit Service Codes	Choose one of the following benefit record types from the drop-down list: Benefit Data/Fees, Benefit Exceptions, Dosage Limitations, Drug Includes/Excludes, Map Category, Map Criteria, PRODUR Overrides Reason/Service/Result Codes, Benefit Service Codes Choose one of the following benefit record types from the drop-down list: Benefit Data/Fees, Benefit Exceptions, Dosage Limitations, Drug Includes/Excludes, Map Category, Map Criteria, PRODUR Overrides Reason/Service/Result Codes, Benefit Service Codes
3	PLAN Benefit Definition Plan Program Code (DE3551)		Enter the benefit master plan number. Use the On-line HELP system to find value codes for this field. Enter the benefit master plan number.
4	BENEFIT PLAN NAME Benefit Definition Plan Name (DE3554)		The benefit plan name. N/A
5	BENEFIT PLAN BEGIN DATE Benefit Definition Plan Begin (Effective) Date (DE3556)		The effective beginning date of the benefit plan. N/A

6	BENEFIT PLAN END DATE Benefit Definition Plan End (Ter- mination) Date (DE3557)		The termination date of the benefit plan. N/A
---	--	--	--

NAVIGATION		Benefit Main Menu (POS-S-012)
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	N/A
ENTER or PROCESS	Branches to the following screens based upon the user's chosen record value: If record value = '1', branches to the POS Benefit Data/Fees screen, POS-S-013. If record value = '2', branches to the POS Benefit Exceptions screen, POS-S-014. If record value = '3', branches to the POS Benefit Dosage Limitations screen, POS-S-015. If record value = '4', branches to the POS Benefit Include/Excludes screen, POS-S-016. If record value = '5', branches to the POS Benefit Map Category screen, POS-S-017. If record value = '6', branches to the POS Benefit Map Criteria screen, POS-S-018. If record value = '7', branches to the POS Benefit PRODUR Overrides screen, POS-S-020. If record value = '8', branches to the Benefit Service Codes screen, POS-S-019.	TP-S-002 (B)
PF1/REFRESH/ BUTTONS	Refreshes the POS-S-012 screen.	N/A
PF12 /SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	N/A
Previous	New Screen Action	N/A

Error Messages

Error	Description	Resolution
6017	BEGIN DATE SHOULD BE GREATER THAN 01/01/1980	Check the begin date for valid formatting/data. See the field definitions for formatting/data requirements.
6018	BEGIN DATE SHOULD BE GREATER THAN CURRENT DATE	Check the begin date for valid formatting/data. See the field definitions for formatting/data requirements.
6043	BENEFIT PLAN ALREADY ON FILE	Information message.
6045	BENEFIT PLAN IS NOT VALID	Re-enter benefit plan data. If necessary, check the field definitions for valid data/formatting requirements.
6071	CLIENT SELECTION PROGRAM NOT FOUND	Information message.
6131	END DATE SHOULD BE GREATER THAN OR EQUAL TO CURRENT DATE	Enter an end date that falls after, or on, the current date. See the field definitions for explanation of valid begin and end date.
6155	ENTER DATA IN ALL THE FIELDS	Information message. Follow instructions in the error message.
6194	ERROR CLOSING CURSOR	Contact ACS Operations for assistance.
6229	ERROR IN PROCESSING END DATE	Process the transaction again. Contact ACS Operations for assistance, if necessary.
6235	ERROR IN REINSTATING THE PLAN	Process the transaction again. Contact ACS Operations for assistance, if necessary.
6242	ERROR IN RETRIEVING	Process the transaction again. Contact ACS Operations for assistance, if necessary.
6241	ERROR IN RETRIEVING SEQ NUMBER OF BNFT DRUG	Try the transaction again. If necessary, contact ACS operations for assistance.
6383	INVALID KEY CHOSEN	Enter a different diagnosis code. If necessary, see the field definitions for valid data/formatting.
6416	INVALID RECORD NUMBER	Enter a valid record number. If necessary, see the field definitions for valid data/formatting.
6440	MAIN MENU PROGRAM NOT FOUND	If necessary, contact ACS operations for assistance.
6486	NO MORE RECORDS AVAILABLE / END OF BNFT-DRUG TABLE	Information message.
6530	PLAN ADDED TO RX-BENEFIT TABLE	Information message.
6533	PLAN NOT TERMINATED	Information message.
6534	PLAN REINSTATED	Information message.
6535	PLAN TERMINATED	Information message.
6543	PLEASE ENTER END DATE	Follow message instructions. If necessary, see the field definitions for data/formatting requirements.
6548	PLEASE ENTER PLAN	Follow message instructions. If necessary, see the

		field definitions for data/formatting requirements.
6551	PLEASE ENTER RECORD	Follow message instructions. If necessary, see the field definitions for data/formatting requirements.
6550	PLEASE ENTER RECORD AND PLAN	Follow message instructions. If necessary, see the field definitions for data/formatting requirements.
6552	PLEASE ENTER SELECTION	Follow message instructions. If necessary, see the field definitions for data/formatting requirements.
6579	PLEASE SELECT THE OPTION	Follow instructions in message. If necessary, see the field definitions for valid data/formatting.
6624	SCROLL IS ACTIVE ONLY FOR INQUIRY SELECTION	Information message. If necessary, switch to inquiry mode.
6682	USER NOT AUTHORIZED FOR THIS SELECTION	You are not authorized to use the screen. If necessary, contact ACS Operations for assistance.

Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select BENEFIT MASTER from the Selection drop-menu.
4. Choose Enter.
5. You see the Benefit Main Menu (POS-S-012).

Screens POS-S-013 Benefit Data/Fees Screen

General Information

This screen allows the user to access Benefit Data/Fees of a specific plan by plan/benefit number.

SOURCE/ORIGINATOR	Benefit Administrator, Help Desk Operator
USAGE	Inquiry, Update, Add
PROGRAM	VPT88BF1
MAPSET	VPBF1B1
TRAN ID	NV26(inquiry)/NV42(update)

SAMPLE	Benefit Data/Fees Screen (POS-S-013)
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Test Environment | Home | Contact Us | Help | Search

Virginia Medicaid

MMIS

Screen ID: POS-S-013
Trans ID: NV42
Program ID: VPT88BF1

VIRGINIA MEDICAID
BENEFIT DATA/FEES-UPDATE

Date: 02/14/2010
Time: 21:14

Plan: 01
Date for Inquiry: 02/14/2010
Begin Date: 01/01/1998
End Date:

Benefit Data

Include OTC: Y
Include Injectables: N
Refill Percent: 75 %
File Limit: 365
PAMC Flags: 1 Y 2 N 3 Y 4 N 5 N 6 N 7 Y 8 N 9 N

Standard Days: 034
Standard Quantity: 99999
DEA 2-5: Y
Runout Date:

Exceed Days/Quantity: N
Maximum Allowed: 0010000
Starter Program: 00

Scroll Up | Scroll Down

Fees

Benefit Fee	Amount/%	Fee Type	Begin Date	End Date
COGN	03 - 750	D	06/20/2003	
COPB	03 - 000	D	07/01/2003	
COPG	01 - 000	D	01/01/2000	
DISG	03 - 750	D	07/01/2009	
DISP	03 - 750	D	07/01/2009	
			//	//

Scroll Up | Scroll Down

NO MORE BENEFIT DRUG RECORDS AVAILABLE

Enter | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	PLAN Benefit Definition Plan Program Code (DE3551)		System-displayed. This is the benefit plan number entered in the Benefit Master Plan Screen. System-displayed. This is the benefit plan number entered in the Benefit Master Plan Screen.
2	DATE FOR INQUIRY (DE0000)	Messages: User entered selection of date for inquiry	System-displayed. This is the pharmacy last update. System-displayed. This is the pharmacy last update.
3	BEGIN DATE Benefit Sub Program Begin Date (DE3961)		Begin date of the sub program table entry. System-displayed. Begin date of the sub program table entry.
4	END DATE Benefit Sub Program End Date (DE3962)		End date for the sub program table entry. System-displayed. End date for the sub program table entry.
5	OTC INCLUDE INDICATOR Benefit Master Over The Counter (OTC) Include Indicator (DE5574)		Benefit Master Over The Counter (OTC) Include Indicator. System-displayed. Y = the OTC (Over the Counter) include indicator is set. N = the OTC (Over the Counter) include indicator is not set. Benefit Master Over The Counter (OTC) Include Indicator. System-displayed. Y = the OTC (Over the Counter) include indicator is set. N = the OTC (Over the Counter) include indicator is not set.
6	BENEFIT INCLUDE INJECTABLES INDICATOR Benefit Master Include Indictable Indicator (DE5575)		Benefit Master Include Injectables Indicator. System-displayed. Y = the Include Injectables indicator is set. N = the Include Injectables indicator is not set. Benefit Master Include Injectables Indicator. System-displayed. Y = the Include

			Injectables indicator is set. N = the Include Injectables indicator is not set.
7	REFILL PERCENT Benefit Master Early Refill Percentage (DE5578)		The percentage used for the ProDUR early refill calculation. System-displayed. The percentage used for the ProDUR early refill calculation. System-displayed.
8	BENEFIT FILING LIMIT Benefit Master Timely Filing Limit (DE5572)		This is the time limit imposed on filling of the prescription. This is the time limit imposed on filling of the prescription. See the provider's specifications for this time limit.
9	STD DAYS SUPPLY Benefit Days Supply (DE5914)		System-displayed. This is the estimated number of days the prescription will last. System-displayed. This is the estimated number of days the prescription will last.
10	STD QUANTITY Benefit Master Dosage Limit (DE5913)		System-displayed. This is the maximum allowable quantity per fill for a point-of-sale claim from a retail provider. System-displayed. This is the maximum allowable quantity per fill for a point-of-sale claim from a retail provider.
11	DEA 2-5 Benefit Master DEA 2-5 Indicator (DE5526)		'Y' tells you that drugs with DEA codes of 2 through 5 will be excluded from the early refill auto override. A 'Y' tells you that drugs with DEA codes of 2 through 5 will be excluded from the early refill auto override.
12	RUNOUT DATE Benefit Master Claims Submission Run out Date (DE5573)		System-displayed. This is the date the prescription validity will expire. This is the date the prescription validity will expire. ADD: Choose the field, then enter the date the prescription will expire.
13	EXCEED DAYS/QUANTITY Benefit Master Exceeded Limit Flag (DE5901)		A flag set on the Benefit Master used to indicate whether both days and quantity must be exceeded before an edit can be set. System-displayed. A flag set on the Benefit Master used to indicate whether both days and quantity must be exceeded before an edit can be

			set.
14	MAX ALLOWED Benefit Master Maximum Allowed Amount (DE5577)		This is the maximum allowed refills allowed for the benefit. System-displayed, The maximum calculated allowed amount for this benefit program.
15	STARTER PROGRAM DAYS SUPPLY Benefit Master Starter Standard Days Supply (DE5564)		This is the estimated number of days the prescription will last. System-displayed. This is the estimated number of days the prescription will last. ADD: If necessary, add an estimated number of days the prescription will last. Use the prescriber's data.
16	PAMC Flag 1 Benefit Master PAMC Flag 1 (DE5551)		This is a Prior Authorization Medical Certification (PM/CA) flag. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits. This is a Prior Authorization Medical Certification (PM/CA) flag. ADD: If allowed, set the PM/CA flag.
17	PAMC Flag 2 Benefit Master PAMC Flag 2 (DE5552)		This is a Prior Authorization Medical Certification (PM/CA) flag. N/A
18	PAMC Flag 3 Benefit Master PAMC Flag 3 (DE5553)		This is a Prior Authorization Medical Certification (PM/CA) flag. N/A
19	PAMC Flag 4 Benefit Master PAMC Flag 4 (DE5554)		This is a Prior Authorization Medical Certification (PM/CA) flag. N/A
20	PAMC Flag 5 Benefit Master PAMC Flag 5 (DE5555)		This is a Prior Authorization Medical Certification (PM/CA) flag. N/A
21	PAMC Flag 6 Benefit Master PAMC Flag 6 (DE5556)		This is a Prior Authorization Medical Certification (PM/CA) flag. N/A

22	PAMC Flag 7 Benefit Master PAMC Flag 7 (DE5557)		N/A
23	PAMC Flag 8 Benefit Master PAMC Flag 8 (DE5558)		N/A
24	PAMC Flag 9 Benefit Master PAMC Flag 9 (DE5559)		N/A
25	BENEFIT FEE CODE Benefit Fee Code (DE5902)		System-displayed. This is a code number for the benefit fee listed. This is a code number for the benefit fee lis- ted. System-displayed.
26	BENEFIT FEE Benefit Fee (DE5904)		This is the amount of the benefit paid, in per- centage. System-displayed. This is the amount of the benefit paid, in per- centage. System-displayed.
27	BENEFIT FEE TYPE Benefit Fee Type (DE5903)		This is a single-letter code indicating the fee type i.e. whether the benefit fee is a per- centage or a dollar amount. D means dol- lar. P means Percentage. This is a single-letter code indicating the fee type i.e. whether the benefit fee is a per- centage or a dollar amount. D means dol- lar. P means Percentage. System- displayed.
28	BENEFIT FEE BEGIN DATE Benefit Fee Begin Date (DE5905)		This is the begin date of the benefit fee. Sys- tem-displayed. This is the begin date of the benefit fee. Sys- tem-displayed.
29	BENEFIT FEE END DATE Benefit Fee End Date (DE5906)		This is the end date of the benefit fee. Sys- tem-displayed. This is the end date of the benefit fee. ADD: If necessary, add an end date for the bene- fit fee.

NAVIGATION

Benefit Data/Fees Screen (POS-S-013)

Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	AS-S-005 (R)
ENTER	Allows the user to continue to process the transaction they have selected on screen POS-S-012.	RS-S-018 ()
PF1/RETURN	Returns user to the Virginia Drug Application Benefit Menu Screen	N/A
PF12/SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	FN-S-021 (R)
PF5/SCROLL UP (Benefit Fees)	Scrolls Benefit Fee Data back	N/A
PF6/SCROLL DOWN (Benefit Fees)	Scrolls Benefit Fees Data forward	N/A
PF7/SCROLL UP (Benefit Data)	Scrolls Benefit Data back	N/A
PF8/SCROLL DOWN (Benefit Data)	Scrolls Benefit Data forward	N/A

Error Messages

Error	Description	Resolution
6022	BENEFIT DATA BEGIN DATE MUST BE GREATER THAN OR EQUAL TO 01/01/1980	Check and re-enter a benefit data begin date. If necessary, see the field definitions for data/-formatting requirements.
6023	BENEFIT DATA END DATE MUST BE GREATER THAN BEGIN DATE	Check and re-enter a benefit data end date. If necessary, see the field definitions for data/-formatting requirements.
6310	INQUIRY DATE SHOULD BE GE 01/01/1980	Enter an inquiry date falling on or after 01/01/1980. If necessary, see the field definitions for valid data/-formatting.
6323	INVALID BNFT DATA END DATE	Enter a valid benefit data end date. If necessary, see the field definitions for valid data/formatting.
6333	INVALID BENEFIT DATA BEGIN DATE	Enter a valid benefit data begin date. If necessary, see the field definitions for valid data/formatting.
6342	INVALID BENEFIT FEE TYPE	Enter a valid benefit fee type. If necessary, see the field definitions for valid data/formatting.
6360	INVALID DEA 2-5	Enter valid DEA data. If necessary, see the field

		definitions for valid data/formatting.
6370	INVALID EXCEED LIMIT	Enter a valid exceed limit. If necessary, see the field definitions for valid data/formatting.
6371	INVALID FILE LIMIT; SHOULD BE NUMERIC	Enter a numeric file limit. If necessary, see the field definitions for valid data/formatting.
6378	INVALID INJ INCLUDE	Enter a injectable include number. If necessary, see the field definitions for valid data/formatting.
6379	INVALID INQUIRY DATE	Enter a inquiry date. If necessary, see the field definitions for valid data/formatting.
6383	INVALID KEY CHOSEN	Enter a different diagnosis code. If necessary, see the field definitions for valid data/formatting.
6400	INVALID MAX ALLOWED	Enter a valid maximum allowed amount. If necessary, see the field definitions for valid data/-formatting.
6405	INVALID OTC INCLUDE	Enter a valid over the counter value. If necessary, see the field definitions for valid data/formatting.
6408	INVALID PAMC FLAGS	Enter a valid PAMC flags value. If necessary, see the field definitions for valid data/formatting.
6417	INVALID REFILL PERCENTAGE	Enter a valid refill percentage value. If necessary, see the field definitions for valid data/formatting.
6424	INVALID STANDARD DAYS	Enter a valid number of standard days. If necessary, see the field definitions for valid data/-formatting.
6425	INVALID STANDARD QUANTITY	Enter a valid standard quantity. If necessary, see the field definitions for valid data/formatting.
6426	INVALID STARTER PGM DAYS; MUST BE NUMERIC	Enter a numeric value for starter program days. If necessary, see the field definitions for valid data/-formatting.
6625	SCROLL NOT ACTIVE FOR ADD SELECTION	If necessary, change to inquiry to scroll through the data.

Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select BENEFIT MASTER from the Selection drop-menu.
4. Choose Enter.
5. You see the Benefit Main Menu (POS-S-012)
6. Select INQUIRY RECORD from the Selection drop-menu.
7. Select BENEFIT DATA/FEES from the Record drop-menu.

8. Enter a valid plan number.

9. Choose Enter.

10. You see the Benefit Data/Fees screen (POS-S-013).

Screens POS-S-014 Dosage Limitations Screen

General Information

This screen allows the user to access to the Benefit Dosage Limitations Screen for plan/benefit number.

SOURCE/ORIGINATOR	Benefit Administrator, Help Desk Operator
USAGE	Inquiry, Update, Add
PROGRAM	VPT88BF3
MAPSET	VPBF3B1
TRAN ID	NV28(inquiry)/NV44(add/update)

SAMPLE	Dosage Limitations Screen (POS-S-014)
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https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/lut/p/c5/fU9LDolwFDyLJ3gPK7QsixoKEVCrWL - Windows Internet Explorer

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/lut/p/c5/fU9LDolwFDyLJ3gPK7QsixoKEVCrWLoHGI2KH1gQCxjAtXdmY5mR9oGPKq2tulaG7Vq3IAAu3k0sLpYr6dWT5hDANpEzcOILMU00qZk-MfcDS5XYQDKJzlsr

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MMIS

Help | Print | Logout

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

Screen ID: POS-S-014
Trans ID: NV28
Program ID: VPT88BF3

**VIRGINIA MEDICAID
DISPENSING LIMITATIONS-INQUIRY**

Date: 11/25/2014
Time: 08:06

Plan: 01 Date for Inquiry:

Type	Drug Code From	Drug Code To	Qty Limit	Days Lmt	Daily Dose	Total Dose	Begin Date	End Date	Error Code
20	01698	01698	00068	034	0060	0000000	04/01/2010	//	1497
20	05700	05700	00018	034	0000	0000000	01/02/2008	//	0868
20	05701	05701	00009	034	0000	0000000	01/02/2008	//	0868
20	05702	05702	00018	034	0000	0000000	01/02/2008	//	0868
20	06019	06019	00010	034	0000	0000000	01/02/2008	//	0868
20	08454	08454	00272	034	0080	0000000	04/01/2010	//	1497
20	10495	10495	00024	034	0000	0000000	01/01/2014	12/31/9999	1497
20	12248	12248	00034	034	0054	0000000	04/01/2010	//	1497
20	12289	12289	00030	034	0000	0000000	04/01/2010	//	1497
20	12302	12302	00030	034	0000	0000000	04/01/2010	//	1497
20	12472	12472	00006	034	0000	0000000	01/02/2008	//	0868
20	12567	12567	00034	034	0018	0000000	01/02/2008	//	1497
20	12568	12568	00068	034	0072	0000000	01/02/2008	//	1497
20	12867	12867	00068	034	0040	0000000	04/01/2010	//	1497
20	12868	12868	00068	034	0080	0000000	04/01/2010	//	1497

Scroll Up Scroll Down

Enter Return Sub Menu Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	BENEFIT PLAN Benefit Definition Plan Program Code (DE3551)		The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by

			<p>DMAS and, in most cases, is indicative of the source of funding. This is the benefit plan number entered in the Benefit Master Plan Screen. System-displayed. See the on-line HELP system for valid codes and values.</p> <p>The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. This is the benefit plan number entered in the Benefit Master Plan Screen. System-displayed. See the on-line HELP system for valid codes and values.</p>
2	DATE FOR INQUIRY (DE0000)	<p>Messages:</p> <p>User entered selection of Date for inquiry</p>	<p>This is the pharmacy last update.</p> <p>This is the pharmacy last update. ADD/UPDATE (R/U) Enter a valid date for inquiry. Must be in MM/DD/CCYY format.</p>
3	DRUG TYPE CODE Pharmacy Therapeutic Type Code (DE5915)		<p>Value for drug classification type: 00 = NDC 10 = GCN Sequence Number 20 = GCN 30 = HICL Number 40 = Specific Therapeutic Class 50 = Standard Therapeutic Class 60 = Category Code 70 = Gen TC and STD TC plus the GCN 80 = Gen TC and STD TC Combination See the on-line HELP system for further explanations of these codes.</p> <p>Value for drug classification type: 00 = NDC 10 = GCN Sequence Number 20 = GCN 30 = HICL Number 40 = Specific Therapeutic Class 50 = Standard Therapeutic Class 60 = Category Code 70 = Gen TC and STD TC plus the GCN</p>

			80 = Gen TC and STD TC Combination See the on-line HELP system for further explanations of these codes.
4	DRUG CODE FROM/TO Benefit Limit Drug Range (DE5932)		Drug values specifying a drug range: Drug values specifying a drug range: ADD (R/U) Enter an 11-character drug value. UPDATE (U) Edit/update the drug value.
5	DOSAGE LIMIT Benefit Master Dosage Limit (DE5913)		Dosage limitation specified for a plan or drug range. This is the maximum allowable quantity per fill for a point-of-sale claim from a retail provider. 5 decimal places. Dosage limitation specified for a plan or drug range. This is the maximum allowable quantity per fill for a point-of-sale claim from a retail provider. 5 decimal places. ADD (R/U) Enter a dosage limit. UPDATE (U) Edit/update the dosage limit.
6	DAYS SUPPLY Benefit Days Supply (DE5914)		Days Supply limitation specified for a plan or drug range. This is the estimated number of days the prescription will last. Days Supply limitation specified for a plan or drug range. This is the estimated number of days the prescription will last. ADD (R/U) Enter a 2-digit days supply value. UPDATE (U) Edit/update the days supply value.
7	DOSAGE LIMIT		The beginning effective date for a dosage

	BEGIN DATE Dosage Limit Begin Date (DE5885)		limit. The beginning effective date for a dosage limit. ADD (R/U) Enter a beginning effective date.
8	DOSAGE LIMIT END DATE Dosage Limit End Date (DE5886)		The ending effective date for a dosage limit. In MM/DD/CCYY format. The ending effective date for a dosage limit. In MM/DD/CCYY format. ADD (R/U) Enter a valid ending effective date. UPDATE (U) Edit/update the ending effective date.
9	CLAIM ERROR ESC CODE Claim Error ESC Code (DE5506)	Edits: Must be valid Error ESC.	N/A

NAVIGATION	Dosage Limitations Screen (POS-S-014)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	N/A
ENTER	Allows the user to continue to process the transaction they have selected on screen POS-S-012.	N/A
PF1/RETURN	Returns user to the Virginia Drug Application Benefit Master Screen	N/A
PF12/SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	TP-S-002 (R)
PF7/SCROLL UP	Scrolls Dosage Limitation data back	N/A
PF8/SCROLL DOWN	Scrolls Dosage Limitation data forward	N/A

Error Messages

Error	Description	Resolution
6016	BEGIN DATE MUST BE GE 01/01/1980	Enter a valid standard quantity. If necessary, see the field definitions for valid data/formatting.
6028	BENEFIT DOSAGE RECORDS ARE ADDED	Information message.
6130	END DATE SHOULD BE GREATER THAN BEGIN DATE AND CURRENT DATE	Check the end date for valid formatting/data. See the field definitions for formatting/data requirements.
6217	ERROR IN GETTING CURRENT TIMESTAMP	If necessary, contact ACS Operations for assistance.
6224	ERROR IN INSERTING DATA	Contact ACS Operations for assistance.
6239	ERROR IN RETRIEVING SEQ NUMBER OF BENEFIT FEES	Process the transaction again. Contact ACS Operations for assistance, if necessary.
2218	ESC NUMBER IS INVALID	Enter a valid ESC number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
6291	FROM VALUE SHOULD BE 11 DIGITS	Enter a valid value. If necessary, see the field definitions for valid data/formatting.
6294	FROM VALUE SHOULD BE 5 DIGITS	Enter a valid value. If necessary, see the field definitions for valid data/formatting.
6298	FROM VALUE SHOULD BE IN FORMAT OF	Enter a valid FROM value. If necessary, see the field definitions for valid data/formatting.
6299	FROM VALUE SHOULD BE NUMERIC	Enter a numeric FROM VALUE. If necessary, see the field definitions for valid data/formatting.
6310	INQUIRY DATE SHOULD BE GE 01/01/1980	Enter an inquiry date falling on or after 01/01/1980. If necessary, see the field definitions for valid data/formatting.
6320	INVALID BENEFIT DOSAGE END DATE	Enter a valid benefit dosage end date. If necessary, see the field definitions for valid data/formatting.
6326	INVALID DRUG TYPE	Enter a valid drug type. If necessary, see the field definitions for valid data/formatting.
6336	INVALID BENEFIT DOSAGE BEGIN DATE	Enter a valid benefit dosage begin date. If necessary, see the field definitions for valid data/formatting.
6346	INVALID CAT CODE --TO VALUE	Enter a valid CATEGORY CODE TO value. If necessary, see the field definitions for valid data/formatting.
6353	INVALID DAILY DOSAGE	Enter a valid daily dosage amount. If necessary, see the field definitions for valid data/formatting.
6359	INVALID DAYS SUPPLY	Re-enter a valid days supply data. If necessary, see the field definitions for valid data/formatting.
6363	INVALID DOSAGE LIMIT	Enter a valid dosage limit. If necessary, see the field definitions for valid data/formatting.

6379	INVALID INQUIRY DATE	Enter a inquiry date. If necessary, see the field definitions for valid data/formatting.
6383	INVALID KEY CHOSEN	Enter a different diagnosis code. If necessary, see the field definitions for valid data/formatting.
6431	INVALID TOTAL DOSAGE	Enter a valid total dosage amount. If necessary, see the field definitions for valid data/formatting.
6448	MAP DATA HAS OVERLAPPING VALUES	Check the data in the transaction you just finished, if necessary.
6542	PLEASE ENTER DATA	Information message.
6625	SCROLL NOT ACTIVE FOR ADD SELECTION	If necessary, change to inquiry to scroll through the data.
6655	TO VALUE SHOULD BE 5 DIGITS	Enter a five-digit TO value. If necessary, see the field definitions for valid data/formatting.
6659	TO VALUE SHOULD BE NUMERIC	Enter a numeric TO value. If necessary, see the field definitions for valid data/formatting.
6660	TO VALUES MUST NOT BE SPACES OR ZEROS	Enter a valid TO value. If necessary, see the field definitions for valid data/formatting.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select BENEFIT MASTER from the Selection drop-menu.
4. Choose Enter.
5. You see the Benefit Master File (POS-S-012).
6. Select UPDATE RECORD from the Selection drop-menu:
7. Choose DOSAGE LIMITATIONS from the Record drop-menu.
8. Choose Enter.
9. You see the Dosage Limitations screen (POS-S-014).

Screens POS-S-015 Benefit Includes/Excludes Screen

General Information

This screen allows the user to access to Benefit Include/Exclude criteria.

SOURCE/ORIGINATOR	Benefit Administrator, Help Desk Operator
USAGE	Inquiry, Update, Add
PROGRAM	VPT88BF4
MAPSET	VPBF4B1
TRAN ID	NV29(inquiry)/NV45(add/update)

SAMPLE	Benefit Includes/Excludes Screen (POS-S-015)
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MMIS

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

Screen ID: POS-S-015
 Trans ID: NV29
 Program ID: VPT88BF4

VIRGINIA MEDICAID INCLUDE/EXCLUDES - INQUIRY

Date: 06/12/2016
 Time: 14:20
 Page: 001 of 208

Plan: 01 Date For Inquiry: 06/12/2016 Selection: 1 / 1

Type	Drug Values		Include/Exclude OTC Covered / OTC Not Covered	Begin Date	End Date	Error Code
	From	To				
00	00000034886	00000034886	C	07/01/2008		0000
00	00002418602	00002418602	P	06/23/2014		0000
00	00002418607	00002418607	P	06/23/2014		0000
00	00002418630	00002418630	P	06/23/2014		0000
00	00002821601	00002821601	P	07/01/2014		0000
00	00002821617	00002821617	P	07/01/2014		0000
00	00002821691	00002821691	P	07/01/2014		0000
00	00002831601	00002831601	P	07/01/2014		0000
00	00002831617	00002831617	P	07/01/2014		0000
00	00002831691	00002831691	P	07/01/2014		0000
00	00002871601	00002871601	P	07/01/2014		0000
00	00002871617	00002871617	P	07/01/2014		0000
00	00002871691	00002871691	P	07/01/2014		0000
00	00002872669	00002872669	P	04/01/2010		0000
00	00004080008	00004080008	E	03/08/2016		0403

B=PDL Brand Exclude
 C=PDL Covered
 D=Part D Drugs
 E=Exclude
 F=Bypass FMAC/FUL
 G=Brand Name Covered
 I=Include
 K=COD Edit Bypass
 L=DME Budget Exclude
 M=DME Budget Include
 N=OTC Not Covered
 O=OTC Covered
 P=PDL Include
 Q=PDL Exclude
 R=Rebate Include
 S=Rebate Exclude
 W=Withdrawn
 X=Part B Drugs
 Y=Exempt
 Z=Not Exempt

DRUG INCLUDE 9/EXCLUDE 3 FOUND

Scroll Up Scroll Down

Enter Return Sub Menu Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Cri- teria Message	Field Instructions
1	PLAN Benefit Definition Plan Program Code (DE3551)		<p>The selected 6-digit benefit number, followed by the benefit record selection option will be displayed in the upper left-hand corner. System-displayed.</p> <p>The selected 6-digit benefit number, followed by the benefit record selection option will be displayed in the upper left-hand corner.</p>
2	DATE FOR INQUIRY (DE0000)	Messages: User entered selection of date for inquiry	<p>Enter a date for the inquiry.</p> <p>Enter a date for the inquiry.</p>
3	DRUG TYPE CODE Pharmacy Thera- peutic Type Code (DE5915)		<p>This is the type of drug chosen. See the On-line HELP system for valid codes and explanations.</p> <p>This is the type of drug chosen. See the On-line HELP system for valid codes and explanations.</p>
4	FROM DRUG CODE Benefit Limit Drug Range (DE5932)		<p>Drug Values based on (NDC, GCN, HICL, etc.) used to specify a drug range. System-displayed.</p> <p>Drug Values based on (NDC, GCN, HICL, etc.) used to specify a drug range. System-displayed.</p>
5	THRU DRUG CODE Benefit Limit Drug Range (DE5932)		N/A
6	INCLUDE/EXCLUDE INDICATOR Benefit Master Include/Exclude Indic- ator (DE5529)		<p>Code indicating whether or not the therapeutic class(es) or GCN(s) in the from and to fields are to be included or excluded, or over-the-counter covered or non-covered. See the On-line HELP system for valid values.</p> <p>Code indicating whether or not the therapeutic class(es) or GCN(s) in the from and to fields are to be included or excluded, or over-the-counter covered or non-covered. ADD: Enter a valid code for this field.</p>
7	INCLUDE/EXCLUDE BEGIN DATE Benefit Plan Drug Inc/Exc Begin Date (DE5923)		<p>The beginning effective date for Drug Include/Excludes. System-displayed.</p> <p>The beginning effective date for Drug Include/Excludes. Sys-</p>

		tem-displayed.
8	INCLUDE/EXCLUDE END DATE Benefit Plan Drug Inc/Exc End Date (DE5924)	The ending effective date for Drug Includes/Excludes. System-generated. The ending effective date for Drug Includes/Excludes. ADD: If necessary, add an effective date for Drug Includes/excludes.
9	Error Code Claim Error ESC Code (DE5506)	N/A

NAVIGATION		
Benefit Includes/Excludes Screen (POS-S-015)		
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	N/A
ENTER	Allows the user to continue to process the transaction they have selected on screen POS-S-012.	N/A
PF1/RETURN	Returns user to the Virginia Drug Applic. Benefit Master Screen	N/A
PF12/SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	N/A
PF7/SCROLL UP	Scrolls Include/Exclude data back	N/A
PF8/SCROLL DOWN	Scrolls Include/Exclude data forward	N/A

Error Messages

Error	Description	Resolution
6054	CAT CODE SHOULD NOT BE SPACE	Enter data into the Category Code field. If necessary, see the field definitions for valid data/formatting.
6124	DRUG INCLUDE/EXCLUDES PROG NOT FOUND	Information message. If necessary, process the transaction again.
6131	END DATE SHOULD BE GREATER THAN OR EQUAL TO CURRENT DATE	Enter an end date that falls after, or on, the current date. See the field definitions for explanation of valid begin and end date.
2218	ESC NUMBER IS INVALID	Enter a valid ESC number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
6298	FROM VALUE SHOULD BE IN	Enter a valid FROM value. If necessary, see the field

	FORMAT OF	definitions for valid data/formatting.
6299	FROM VALUE SHOULD BE NUMERIC	Enter a numeric FROM VALUE. If necessary, see the field definitions for valid data/formatting.
6310	INQUIRY DATE SHOULD BE GE 01/01/1980	Enter an inquiry date falling on or after 01/01/1980. If necessary, see the field definitions for valid data/-formatting.
6326	INVALID DRUG TYPE	Enter a valid drug type. If necessary, see the field definitions for valid data/formatting.
6327	INVALID INCLUDE / EXCLUDE	Enter valid include/exclude data. If necessary, see the field definitions for valid data/formatting.
6379	INVALID INQUIRY DATE	Enter a inquiry date. If necessary, see the field definitions for valid data/formatting.
6383	INVALID KEY CHOSEN	Enter a different diagnosis code. If necessary, see the field definitions for valid data/formatting.
6407	INVALID PAGE NO REQUESTED	Request another page number and process the transaction. If necessary, see the field definitions for valid data/formatting.
6465	NO CHANGES MADE	Information message.
6496	NO RECORDS TO SCROLL	Information message. No action needed.
6500	NO UPDATES PERFORMED	Information message.
6625	SCROLL NOT ACTIVE FOR ADD SELECTION	If necessary, change to inquiry to scroll through the data.
6646	THRU VALUE SHOULD BE NUMERIC	Enter a numeric THRU value. If necessary, see the field definitions for valid data/formatting.
6659	TO VALUE SHOULD BE NUMERIC	Enter a numeric TO value. If necessary, see the field definitions for valid data/formatting.
6660	TO VALUES MUST NOT BE SPACES OR ZEROS	Enter a valid TO value. If necessary, see the field definitions for valid data/formatting.

Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Choose BENEFIT MASTER from the Selection drop-menu.
4. Choose Enter.
5. You see the Benefit Main Menu (POS-S-012).
6. Select INQUIRY RECORD from the Selection drop-menu:
7. Choose DRUG INCLUDE/EXCLUDES from the Record drop-menu.
8. Enter the plan number.
9. Choose Enter.
10. You see the Benefit Includes/Excludes screen (POS-S-015).

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	PLAN Benefit Definition Plan Program Code (DE3551)		The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. Selected 6-digit benefit number, followed by the benefit record selection option. System-displayed. Selected 6-digit benefit number, followed by the benefit record selection option. System-displayed.
2	DATE FOR INQUIRY (DE0000)	Messages: User entered selection of date for inquiry	User-selected date for inquiry. User-selected date for inquiry.
3	SELECTION Screen Functional Selection (DE5854)		N/A
4	NAME MAP Criteria Category Types (DE5969)	Messages: C_CATG from the RX_MAP_CATG table	N/A
5	DRUG TYPE CODE Benefit MAP Criteria Category Type (DE5942)		Type of program used in for category code/criteria edits. System-displayed. Type of program used in for category code/criteria edits. System-displayed.
6	DAILY DOSAGE LIMIT Benefit Master Managed Access Program (MAP) Daily Dosage Limit (DE5532)		A daily dosage amount used for establishing plan limits. This can be used in conjunction with minimum and maximum ages to define limits for a particular population. System-displayed. A daily dosage amount used for establishing plan limits. This can be used in conjunction with minimum and maximum ages to define limits for a particular population. System-displayed.

7	<p>TOTAL DOSAGE LIMIT</p> <p>Benefit Master Managed Access Program (MAP) Total Dosage Limit (DE5533)</p>		<p>A total dosage amount used for establishing plan limits. This can be used in conjunction with minimum and maximum ages to define limits for a particular population. System-displayed.</p> <p>A total dosage amount used for establishing plan limits. This can be used in conjunction with minimum and maximum ages to define limits for a particular population. System-displayed.</p>
8	<p>TOTAL DAYS/QUANTITY LIMIT</p> <p>Benefit Master Managed Access Program (MAP) Total Days/Quantity Limit (DE5534)</p>		<p>A limit used in maintenance situations and can be used to limit the number of days for a specific drug maintenance situation, i.e. Anti-ulcer edits. This Data Element is also used in conjunction with TIME FRAME to determine a quantity limitation within a time frame, i.e. Viagra edits. System-displayed.</p> <p>A limit used in maintenance situations and can be used to limit the number of days for a specific drug maintenance situation, i.e. Anti-ulcer edits. This Data Element is also used in conjunction with TIME FRAME to determine a quantity limitation within a time frame, i.e. Viagra edits. System-displayed.</p>
9	<p>TIME FRAME</p> <p>Benefit MAP Time Frame (DE5972)</p>		<p>Number days, on a rolling calendar basis, used in MAP limitations. System-displayed.</p> <p>Number days, on a rolling calendar basis, used in MAP limitations. System-displayed.</p>
10	<p>MAP CRITERIA BEGIN DATE</p> <p>Benefit Master MAP Criteria Begin Date (DE5546)</p>		<p>The beginning effective date for a MAP criteria set. System-displayed. In MM/DD/YY format.</p> <p>The beginning effective date for a MAP criteria set. System-displayed. In MM/DD/YY format.</p>
11	<p>MAP CRITERIA END DATE</p> <p>Benefit Master MAP Criteria End Date (DE5547)</p>		<p>The ending effective date for a MAP criteria set. System-displayed. In MM/DD/YY format.</p> <p>The ending effective date for a MAP criteria set. System-displayed. In MM/DD/YY format.</p>

NAVIGATION		
Benefit Criteria Management Category Screen (POS-S-017)		
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	N/A
ENTER	Allows the user to continue to process the transaction they have selected on screen POS-S-012.	N/A
PF1/BENEFIT MENU/RETURNS	Returns user to the Virginia Drug Application Benefit Master Screen	N/A
PF10/CRITERIA	Branch to the Benefit MAP Criteria Screen	N/A
PF12 /SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	N/A
PF7/SCROLL UP	Scrolls MAP Category data back	N/A
PF8/SCROLL DOWN	Scroll MAP Category data forward	N/A

Error Messages

Error	Description	Resolution
6065	CHOOSE ENTER TO SAVE CHANGES	Information message. Choose Enter to process the transaction.
6106	DATABASE UPDATED SUCCESSFULLY	Information message. No action needed.
6152	ENTER CHANGES OR EXIT / SCROLL	Information message.
6155	ENTER DATA IN ALL THE FIELDS	Information message. Follow instructions in the error message.
6261	ERROR VALIDATING DATES	Information message. Retry the action, if necessary.
6353	INVALID DAILY DOSAGE	Enter a valid daily dosage amount. If necessary, see the field definitions for valid data/formatting.
6357	INVALID DATE ENTERED	Enter a valid date. See the field definitions for valid data/formatting.
6379	INVALID INQUIRY DATE	Enter a inquiry date. If necessary, see the field definitions for valid data/formatting.
6383	INVALID KEY CHOSEN	Enter a different diagnosis code. If necessary, see the field definitions for valid data/formatting.
6431	INVALID TOTAL DOSAGE	Enter a valid total dosage amount. If necessary, see the field definitions for valid data/formatting.

6608	RECORDS ADDED, CAN ADD MORE RECORDS	Information message.
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Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Choose BENEFIT MASTER from the Selection drop-menu.
4. Choose Enter.
5. You see the Benefit Main Menu (POS-S-012).
6. Select INQUIRY RECORD from the Selection drop-menu:
7. Choose MAP CATEGORY from the Record drop-menu.
8. Enter a plan number.
9. Choose Enter.
10. You see the Benefit MAP Category screen (POS-S-017).

Screens POS-S-018 Benefit Criteria Management Category Screen

General Information

This screen allows the user to access to the parameters used for MAP editing.

SOURCE/ORIGINATOR	Benefit Administrator, Help Desk Operator
USAGE	Inquiry, Update, Add
PROGRAM	VPT88BF6
MAPSET	VPBF6B1
TRAN ID	NV31(inquiry)/NV47(add/update)

SAMPLE	Benefit Criteria Management Category Screen (POS-S-018)
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MMIS

Screen ID: POS-S-018
 Trans ID: NV47
 Program ID: VPT88BF6

**VIRGINIA MEDICAID
 CRITERIA MANAGEMENT CRITERIA-UPDATE**

Date: 02/15/2010
 Time: 17:03

Plan: 01 Date for Inquiry: 02152010

Name	Drug Type	Minimum	Maximum	Strength	Daily Maintenance	Ceiling	Begin Date	End Date
MAPSC	20	26531	26531	1111	0000	0000000	07/01/2008	
MAPSC	20	26532	26532	1111	0000	0000000	07/01/2008	
MAPSC	20	26533	26533	1111	0000	0000000	07/01/2008	
MAPSC	20	26534	26534	1111	0000	0000000	07/01/2008	
MAPSC	20	26535	26535	1111	0000	0000000	07/01/2008	
MAPSC	20	42331	42331	1111	0000	0000000	07/01/2008	
MAPSC	20	61810	61810	1111	0000	0000000	07/01/2008	
MAPSC	20	94871	94871	1111	0000	0000000	07/01/2008	
MAPSC	20	94872	94872	1111	0000	0000000	07/01/2008	
MAPSC	20	94876	94876	1111	0000	0000000	07/01/2008	
MAPSC	20	94884	94884	1111	0000	0000000	07/01/2008	
MAPSC	20	94887	94887	1111	0000	0000000	07/01/2008	
MAPSC	20	94891	94891	1111	0000	0000000	07/01/2008	
MAPSC	20	94895	94895	1111	0000	0000000	07/01/2008	
MAPSC	20	99402	99402	2222	0000	0000000	07/01/2008	

Scroll Up Scroll Down

INQUIRY COMPLETE

Enter Category Return Sub Menu Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	PLAN Benefit Definition Plan Program Code (DE3551)		The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. This is the benefit plan number entered in the Benefit Master Plan Screen. System-displayed. See the on-line

			<p>HELP system for valid codes and values.</p> <p>This is the first 6 digits of the benefit code. The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. System-displayed.</p>
2	DATE FOR INQUIRY` (DE0000)	<p>Messages:</p> <p>User entered selection of date for inquiry</p>	<p>This is the pharmacy last update. (P)</p> <p>Enter a date on which to inquire. Must be in MM/DD/YY format.</p>
3	NAME MAP Criteria Category Types (DE5969)	<p>Messages:</p> <p>C_CATG from the RX_MAP_CRITERIA table</p>	<p>A 3 to 5-byte code that links all GCNs together for a group edit. The code name for the MAP criteria.</p> <p>A 3 to 5-byte code that links all GCNs together for a group edit.</p>
4	DRUG TYPE Pharmacy Therapeutic Type Code (DE5915)		<p>A 3-digit code that identifies the type of edit to be performed. See the On-line HELP system for valid code values.</p> <p>A 3-digit code that identifies the type of edit to be performed. These are valid codes: DD1 - Daily dosage for current claim exceeds limit on table. Only current claim is used in the edit. DD2 - Daily dosage for current claim exceeds limit on table AND total dosage for current and historical claims exceeds limit on table. DD3 - Daily dosage for current claim exceeds limit on table AND total days supply for current and historical claims exceed limit on table. DD4 - Same as DD3 AND passes information on days remaining in edit, if an historical claim is a maintenance claim, AND per cent of current dosage that is maintenance level. TD1 - Total Dosage for current and historical claims exceeds limit on table. QT1 - Quantity for current and historical claims exceeds limit on table. Quantity total factored by number of units in package. DS1 - Days supply for current and historical claims exceeds limit on table. MD1 - MDAC penalty amount</p>

			to be applied to current claim. MDAC penalty factor is passed to pricing module. C11 - Current claim is contra-indicated due to an historical claim.
5	MAP CRITERIA NDC/GCN MINIMUM Benefit Limit Drug Range (DE5932)		N/A Drug Values based on (NDC, GCN, HICL, etc.) used to specify a drug range. System-displayed.
6	MAP CRITERIA NDC/GCN MAXIMUM Benefit Limit Drug Range (DE5932)		Drug Values based on (NDC, GCN, HICL, etc.) used to specify a drug range. Drug Values based on (NDC, GCN, HICL, etc.) used to specify a drug range. System-displayed.
7	MAP CRITERIA STRENGTH Drug Strength Num- ber (DE5295)		Usually expressed in the metric system. This data element must be used in conjunction with the Drug Strength Unit (DE 5296), the Drug Strength Volume Number (DE 5194) and the Drug Strength Volume Units (DE 5195) to obtain a conventional strength expression for the drug product. For e.g., when the conventional strength is 250MG/5ML, '250' is the Strength Number, 'MG' is the Strength Unit, '5' is the Strength Volume and 'ML' is the Volume Unit. System-displayed. Usually expressed in the metric system. This data element must be used in conjunction with the Drug Strength Unit (DE 5296), the Drug Strength Volume Number (DE 5194) and the Drug Strength Volume Units (DE 5195) to obtain a conventional strength expression for the drug product. For e.g., when the conventional strength is 250MG/5ML, '250' is the Strength Number, 'MG' is the Strength Unit, '5' is the Strength Volume and 'ML' is the Volume Unit. System-displayed.
8	DAILY MAINTENANCE Benefit Master Man- aged Access Pro- gram (MAP) Maintenance Drug		A daily dosage amount used to establish maintenance drug plan limits. A daily dosage amount used to establish maintenance drug plan limits. System-displayed.

	Maximum Daily Dose (DE5536)		
9	CEILING Benefit MAP Criteria Ceiling (DE5945)		Limit set for an average daily strength. Calculation for ceiling set as (strength x quantity / days supply. System-displayed. Limit set for an average daily strength. Calculation for ceiling set as (strength x quantity (or metric decimal quantity) / days supply. System-displayed.
10	MAP BEGIN DATE Benefit Master MAP Criteria Begin Date (DE5546)		The beginning effective date for a MAP criteria set. System-displayed. The beginning effective date for a MAP criteria set. System-displayed.
11	MAP END DATE Benefit Master MAP Criteria End Date (DE5547)		The ending effective date for a MAP criteria set. System-displayed. The ending effective date for a MAP criteria set. System-displayed.

NAVIGATION		Benefit Criteria Management Category Screen (POS-S-018)
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	N/A
ENTER	Allows the user to continue to process the transaction they have selected on screen POS-S-012.	N/A
PF1/RETURN	Returns user to the Virginia Drug Application Benefit Master Screen	N/A
PF10/CATEGORY BUTTON	Returns user to the Benefit MAP Category Screen	N/A
PF12/SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	FN-S-021 (R)

Error Messages

Error	Description	Resolution
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6059	CATEGORY NOT ACTIVE ON THIS BEGIN-DATE	Choose another begin date. If necessary, see the field definitions for valid data/formatting.
6060	CATEGORY NOT ACTIVE ON THIS END-DATE	Choose another end date. If necessary, see the field definitions for valid data/formatting.
6104	DATABASE HAS BEEN UPDATED SUCCESSFULLY.	Information message. No action needed.
6152	ENTER CHANGES OR EXIT / SCROLL	Information message.
6200	ERROR FETCHING CURSOR	Process the transaction again. If necessary, contact ACS operations for assistance.
6309	INQUIRY COMPLETE	Information message. No action needed.
6347	INVALID CEILING	Enter a valid ceiling value. If necessary, see the field definitions for valid data/formatting.
6354	INVALID DAILY MAINT	Enter a valid daily maintenance amount. If necessary, see the field definitions for valid data/formatting.
6379	INVALID INQUIRY DATE	Enter a inquiry date. If necessary, see the field definitions for valid data/formatting.
6383	INVALID KEY CHOSEN	Enter a different diagnosis code. If necessary, see the field definitions for valid data/formatting.
6401	INVALID MCR TYPE	Enter a valid TO value. If necessary, see the field definitions for valid data/formatting.
6429	INVALID STRENGTH	Enter a valid TO value. If necessary, see the field definitions for valid data/formatting.
6450	MAX VALUE SHOULD BE EQUAL TO/GREATER THAN MINIMUM VALUE	Enter a new maximum value more than or equal to the minimum value. If necessary, see the field definitions for valid data/formatting.
6451	MAX VALUE SHOULD BE GREATER THAN ZERO	Enter a new maximum value. If necessary, see the field definitions for valid data/formatting.
6511	PAGE DOWN NOT ACTIVE	Information message.
6512	PAGE DOWN PERFORMED	Information message. No action needed.
6514	PAGE UP NOT ACTIVE	Information message.
6897	SCREEN DATA CHANGED SCROLLING NOT AVAILABLE.	Information message.

Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Choose BENEFIT MASTER from the Selection drop-menu.
4. Choose Enter.

5. You see the Benefit Main Menu (POS-S-012).

6. Select INQUIRY RECORD from the Selection drop-menu:

7. Choose MAP CRITERIA from the Record drop-menu.

8. Enter a plan number.

9. Choose Enter.

10. You see the Benefit MAP Criteria screen (POS-S-018).

Screens POS-S-019 Benefit Services Screen

General Information

This screen allows the user to access Benefit Services tables. The Benefit Services tables allows for the storage of rates applicable to reimbursable pharmacy services.

SOURCE/ORIGINATOR	Benefit Administrator, Help Desk Operator
USAGE	Add, Inquiry, Update
PROGRAM	VPT88BF8
MAPSET	VPBF8B1
TRAN ID	NV36 (Add), NV37 (Inquiry), NV38 (Update)

SAMPLE	Benefit Services Screen (POS-S-019)
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MMIS

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

Screen ID: POS-S-019
 Trans ID: NV37
 Program ID: VPT88BF8

VIRGINIA MEDICAID SERVICE CODES - INQUIRY

Plan: 01

Date For Inquiry: 10212011

Service Type	Service Code	PPS Codes			Begin Date	End Date	Rate
		Reason	Service	Result			
3	04834	PP	PM	00	07/01/2011	12/31/9999	0000003.75
3	04834	PP	00	00	07/01/2011	12/31/9999	0000003.75
9	H2012	PP	00	00	01/01/2011	12/31/9999	0000010.00
9	J0800	PP	PM	00	05/01/2011	12/31/9999	0000018.00
9	J1230	PP	00	00	01/01/2011	12/31/9999	0000005.00
9	J9999	PP	PM	PM	11/01/2011	12/31/9999	0000022.00
9	S9373	PP	00	00	01/01/2011	10/01/2011	0000020.00
9	S9373	PP	00	00	01/01/2011	09/20/2011	0000005.55
9	S9373	PP	PM	PM	03/01/2011	12/31/9999	0000005.55
9	S9373	PP	00	00	09/21/2011	12/31/9999	0000009.99
9	01842	PP	00	00	07/01/2011	12/31/9999	0000003.99

- 0 - RESERVED/NDC
- 1 - RESERVED/IGSN
- 2 - RESERVED/IGCN
- 3 - HICL Sequence N
- 4 - RESERVED/Specif
- 5 - RESERVED/STD T
- 6 - RESERVED/Categ
- 7 - RESERVED/Gen T
- 8 - RESERVED/Gen T
- 9 - HCPCS

AT THE TOP OF THE PAGE

Enter	Benefit Menu	Return	Sub Menu	Main Menu
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Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	DATE FOR INQUIRY (DE0000)	Messages: User entered selection of date for inquiry	Enter the date for inquiry in the format of MMDDCCYY N/A
2	SERVICE TYPE Pharmacy Benefit Service Code Type (DE5592)		The type of service code. This is not the same as the Pharmacy Therapeutic Type Code (DE5915) that appears on POS-S-015. See Online Help for values.

			N/A
3	SERVICE CODE Pharmacy Benefit Service Code (DE5591)		The service being performed by the pharmacy. See Online Help for values. N/A
4	PPS CODES - REASON ProDUR Reason Code (Reason for Service) (DE5740)		Code identifying the type of utilization reason detected or the reason for the pharmacist's professional service. N/A
5	PPS CODES - SERVICE ProDUR Intervention Code (Professional Service Code) (DE5741)		Code identifying pharmacist service when a Reason code has been identified or service has been rendered. N/A
6	PPS CODES - RESULT ProDUR Result Code (DE5742)		Result of an action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service. N/A
7	BEGIN DATE Pharmacy Benefit Service Code Begin Date (DE5593)		The effective date of the pharmacy benefit service code. N/A
8	END DATE Pharmacy Benefit Service Code End Date (DE5594)		The termination date of the pharmacy benefit service code. N/A
9	RATE Pharmacy Benefit Service Code Rate (DE5595)		The Rate defines the associated reimbursement amount for the Service Code. N/A.

NAVIGATION		Benefit Main Menu (POS-S-012)
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application Help Desk	N/A

	System.	
ENTER	Refreshes the screen with the requested data.	N/A
PF7	Scrolls to the previous screen of data.	N/A
PF8	Scrolls to the next screen of data.	N/A
PF1/REFRESH/ BUTTONS	Refreshes the POS-S-019 screen.	N/A
PF12 /SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	N/A
PF1/BENEFITS MENU	Branches to the Benefit Main Menu	POS-S-012 (B)

Error Messages

Error	Description	Resolution
N/A	INVALID KEY PRESSED	Valid keys are CLEAR, PF7, PF8, PF1, PF 12, and ENTER
N/A	SCROLL NOT ACTIVE FOR ADD SELECTION	Information message. This is set when the selection is A - ADD, and either PF7 or PF8 is hit
N/A	PLEASE ENTER DATA	Selection is A – ADD and the ENTER key is hit and no data was entered.
N/A	BENEFIT SERVICES RECORDS ARE ADDED	One or more records have been added
N/A	MAP DATA HAS OVERLAPPING DATES	Segments BEGIN and/or END DATES overlap an existing segment
N/A	SERVICE CODE SHOULD NOT BE SPACE	When a line is entered, the service code is required
N/A	RATE REQUIRED ENTRY	When a line is entered, the rate is required
N/A	INVALID CONFLICT CODE	See Online Help for valid values
N/A	INVALID INTERVENT CODE	See Online Help for valid values
N/A	INVALID OUTCOME CODE	See Online Help for valid values
N/A	INVALID TYPE CODE	See Online Help for valid values
N/A	INVALID SERVICE CODE	The SERVICE CODE is validated against either the HCPCS or HICL
N/A	INVALID HCPCS CODE	This is set when the SERVICE TYPE is "9" and the SERVICE CODE is not a valid procedure code. It also verifies that the BEGIN and END DATES fall within the dates the procedure is valid.
N/A	INVALID HICL CODE	This is set when the SERVICE TYPE is "E" and the SERVICE CODE is not found on the HICL table
N/A	INVALID INQUIRY DATE	INQUIRY DATE is an invalid date
N/A	INQUIRY DATE SHOULD BE GE 01/01/1980	INQUIRY DATE is prior to 01/01/1980

N/A	INVALID BENEFIT SERVICES END DATE	END DATE is an invalid date
N/A	END DATE MUST BE GREATER THAN OR EQUAL TO BEGIN DATE	END DATE is prior to the BEGIN DATE
N/A	INVALID BENEFIT SERVICES BEGIN DATE	BEGIN DATE is an invalid date
N/A	BEGIN DATE MUST BE GE 01/01/1980	BEGIN DATE is prior to 01/01/1980
N/A	DATES OVERLAPPING	Segment BEGIN and END DATES can not overlap any other existing segments within the TYPE, SERVICE, CONFLICT, OUTCOME, INTERVENT
N/A	END OF BENEFIT SERVICES TABLE	Pressed PF7 and the end of data is reached
N/A	TOP OF BENEFIT SERVICES TABLE	Pressed PF8 and the top of data is reached
N/A	ERROR IN PROCESSING BENEFIT SERVICES READ	Process the transaction again. Contact ACS Operations for assistance
N/A	ERROR IN INSERTING BENEFIT SERVICES	Process the transaction again. Contact ACS Operations for assistance
N/A	BENEFIT SERVICES RECORDS ARE UPDATED	Process the transaction again. Contact ACS Operations for assistance
N/A	ERROR ON OPEN OF D1 CURSOR	Process the transaction again. Contact ACS Operations for assistance
N/A	ERROR IN CLOSE OF D1 CURSOR	Process the transaction again. Contact ACS Operations for assistance
N/A	ERROR ON UPDATE SERVICE END DATE	Process the transaction again. Contact ACS Operations for assistance
N/A	ERROR IN PROCESSING SERVICE CODE TABLE	Process the transaction again. Contact ACS Operations for assistance
N/A	ERROR IN PROCESSING RX_HICL TABLE	Process the transaction again. Contact ACS Operations for assistance
N/A	ERROR IN PROCESSING BNFT SERV	Process the transaction again. Contact ACS Operations for assistance
N/A	ERROR IN PROCESSING BNFT SERV	Process the transaction again. Contact ACS Operations for assistance
N/A	NO MORE BENEFIT SERV RECORDS AVAILABLE	Process the transaction again. Contact ACS Operations for assistance
N/A	ERROR IN S1 FETCH - BNFT SERV	Process the transaction again. Contact ACS Operations for assistance
N/A	ERROR ON FETCH OF D1 CURSOR	Process the transaction again. Contact ACS Operations for assistance

N/A	ERROR OCCURED AT SEND TRANS CANCELLED	Process the transaction again. Contact ACS Operations for assistance
N/A	ERROR OCCURED AT RECEIVE TRANS CANCELLED	Process the transaction again. Contact ACS Operations for assistance
N/A	MAIN MENU PROGRAM NOT FOUND	Process the transaction again. Contact ACS Operations for assistance
N/A	BENEFIT MASTER MAIN MENU NOT FOUND	Process the transaction again. Contact ACS Operations for assistance
N/A	ENTER DATA IN ALL THE FIELDS	Process the transaction again. Contact ACS Operations for assistance

Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. You see the Pharmacy Main Menu (POS-S-000).
3. Select BENEFIT MASTER from the Selection drop-menu.
4. Choose Enter.
5. You see the Benefit Main Menu (POS-S-012).
6. Select INQUIRY, ADD, or UPDATE from the Selection drop-menu.
7. Select BENEFIT SERVICE CODES from the Selection drop-menu.
8. Enter a Plan Program Code in the Plan text box. Optional.
9. Enter a date in the Begin Date text box. Optional.
10. Enter a date in the End Date text box. Optional.
11. Choose ENTER.
12. You see the Benefit Services screen (POS-S-019).

Screens POS-S-020 Benefit PRODUR Overrides

General Information

This screen allows the user to access PRODUR Overrides for Conflict Codes, Intervention Codes and Outcome Codes.

SOURCE/ORIGINATOR	Benefit Administrator, Help Desk Operator
USAGE	Inquiry, Update
PROGRAM	VPT88BF7
MAPSET	VPBF7B1
TRAN ID	NV32(inquiry)/NV48(add/update)

SAMPLE	Benefit PRODUR Overrides (POS-S-020)
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	Screen Functional Selection (DE5854)	Select Conflict or for Both	
4	PRODUR CONFLICT CODE ProDUR Reason Code (Reason for Service) (DE5740)		N/A Code identifying the type of utilization reason detected or the reason for the pharmacist's professional service. See the on-line valid values listed.
5	CONFLICT CODE BEGIN DATE ProDUR Conflict Code Begin Date (DE5960)		The beginning effective date for a ProDUR conflict code. The beginning effective date for a ProDUR conflict code. System-displayed.
6	CONFLICT CODE END DATE ProDUR Conflict Code End Date (DE5961)		N/A The ending effective date for a ProDUR conflict code. System-displayed.
7	PRODUR INTERVENTION CODES ProDUR Service Code (Professional Service Code) (DE5741)		N/A Code identifying pharmacist service when a Reason code has been identified or service has been rendered. See the valid values listed in the On-line HELP system.
8	PRODUR OUTCOME CODES ProDUR Result Code (DE5742)		N/A A code that indicates the result of an action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service. See the On-line HELP system for valid values.

NAVIGATION		Benefit PRODUR Overrides (POS-S-020)
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	N/A
ENTER or PROCESS	Allows the user to continue to process the transaction they have selected on screen POS-S-012.	N/A
PF1/BENEFIT MENU BUTTON	Returns user to the Virginia Drug Application Benefit Master Screen	N/A
PF10/REFRESH	Refreshes Screen	N/A

BUTTON		
PF12/SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	N/A
PF7/SCROLL UP	Scrolls data back	N/A
PF8/SCROLL DOWN	Scrolls data forward	N/A

Error Messages

Error	Description	Resolution
6016	BEGIN DATE MUST BE GE 01/01/1980	Enter a valid standard quantity. If necessary, see the field definitions for valid data/formatting.
6075	CONFLICT CODE SHOULD NOT BE SPACE	Enter valid conflict code data.
6131	END DATE SHOULD BE GREATER THAN OR EQUAL TO CURRENT DATE	Enter an end date that falls after, or on, the current date. See the field definitions for explanation of valid begin and end date.
6738	ERROR CHECKING EXISTENCE OF INTERVENTION CODES	Information message.
6739	ERROR CHECKING EXISTENCE OT OUTCOME CODES	Information message.
6758	ERROR IN VALIDATING INTERVENTION CODE	Information message.
6264	ERROR VALIDATING ERROR CODE	Information message. Retry the action, if necessary.
6310	INQUIRY DATE SHOULD BE GE 01/01/1980	Enter an inquiry date falling on or after 01/01/1980. If necessary, see the field definitions for valid data/-formatting.
6319	INVALID BENEFIT CONFLICT END DATE	Enter a valid benefit conflict end date. If necessary, see the field definitions for valid data/formatting.
6351	INVALID CONFLICT CODE	Enter a valid conflict code. If necessary, see the field definitions for valid data/formatting.
6379	INVALID INQUIRY DATE	Enter a inquiry date. If necessary, see the field definitions for valid data/formatting.
6383	INVALID KEY CHOSEN	Enter a different diagnosis code. If necessary, see the field definitions for valid data/formatting.
6406	INVALID OUTCOME CODE	Enter a valid outcome code. If necessary, see the field definitions for valid data/formatting.
6536	PLEASE ENTER INTERVENT CODES AND OUTCOME CODES	Enter valid intervention and outcome codes. If necessary, see the field definitions for valid data/formatting.
6541	PLEASE ENTER COLUMN TYPE	Enter a column type. If necessary see the field definitions for valid data/format.

6542	PLEASE ENTER DATA	Information message.
6625	SCROLL NOT ACTIVE FOR ADD SELECTION	If necessary, change to inquiry to scroll through the data.

Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Choose BENEFIT MASTER from the Selection drop-menu.
4. Choose Enter.
5. You see the Benefit Main Menu (POS-S-012).
6. Select INQUIRY RECORD from the Selection drop-menu:
7. Select ProDUR OVERRIDES CONFLICT/INTERVENTION/OUTCOME CODES from the Record drop-menu.
8. Enter a plan number.
9. Choose Enter.
10. You see the Benefit PRODUR Overrides screen (POS-S-020).

Screens POS-S-023 On-line Reject Record Menu

General Information

This screen allows access to the Pharmacy On-line Reject File.

SOURCE/ORIGINATOR	Help Desk Operator
USAGE	Inquiry
PROGRAM	VPT050
MAPSET	VP050B1
TRAN ID	NV55

SAMPLE On-line Reject Record Menu (POS-S-023)

MMIS

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

Screen ID: POS-S-023
Trans ID: NV55
Program ID: VPT050

VIRGINIA MEDICAID ONLINE REJECT RECORDS

Required

Version:
 Provider ID:
 or
 Member ID:

Optional

Rx Number:
 Begin Date:

Enter

Sub Menu

Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CARRIER		System-displayed. This is the pharmacy carrier

	Pharmacy Carrier (Business Entity) (DE5864)		number. N/A
2	VERSION Claim Pharmacy NCPDP Version (DE2225)		Code uniquely identifying the transmission syntax and corresponding NCPDP Data Dictionary. Use the On-line HELP system to find valid codes for this field. Code uniquely identifying the transmission syntax and corresponding NCPDP Data Dictionary. Use the On-line HELP system to find valid codes for this field.
3	PROVIDER National Provider Identifier (DE4700)	Edits: Messages:	A unique identification number assigned to a provider.
4	ENROLLEE ID Enrollee Identification Number (DE3001)		A number used to uniquely identify an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID. N/A
5	RX NUMBER Claim Pharmacy Prescription Number (DE2211)		Reference number assigned by the provider for the dispensed drug/product and/or service provided.
6	FROM DATE Claim Service From Date (DE2010)		Date on which the service was first rendered. For a claim covering only one service (e.g., a prescription), this is the only service date.

NAVIGATION	On-line Reject Record Menu (POS-S-023)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	RF-S-010 (R)
ENTER	Branch to On-line Reject Record Screen	N/A
PF12/SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	POS-S-000 (R)

Error Messages

Error	Description	Resolution
None	N/A	N/A

Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Choose ONLINE CURRENT REJECTS from the Selection drop-menu.
4. Choose Enter.
5. You see the On-line Reject Record Menu screen (POS-S-023).

Screens POS-S-024 On-line Reject Records

General Information

This program displays Pharmacy POS claim records that have been rejected.

SOURCE/ORIGINATOR	Help Desk Operator
USAGE	Inquiry
PROGRAM	VPT051 VPT052
MAPSET	VP051B1
TRAN ID	NV56(version 3C)/NV57(ver- sion5.0)

SAMPLE **On-line Reject Records (POS-S-024)**



HMIS

Help | Print | Logout

Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	HARS	EPSDT	HICC	TPL	Assessments
Drugs	Reports											

Screen ID: POS-S-024
Trans ID: NV56
Program ID: VPT051

**VIRGINIA MEDICAID
ONLINE REJECT RECORDS**

Date: 09/02/2011
Time: 16:19

Requested Provider ID: Rx #: Begin Date:
Member ID: POS Date:

Member ID	Rx #	Begin Date	Written Date	POS Date	NOC	Tran	Ver
<input type="text"/>	00000001033	110605	???????	110804	00093516101	B2-1	D0
ERRORS: REVERSAL PROCESSED SUCCESSFULLY							
<input type="text"/>	00000001033	110605	???????	110805	00093516101	B2-1	D0
ERRORS: REVERSAL PROCESSED SUCCESSFULLY							
<input type="text"/>	00000001033	110605	???????	110805	00093516101	B2-1	D0
ERRORS: REVERSAL PROCESSED SUCCESSFULLY							
<input type="text"/>	00000001033	110605	???????	110805	00093516101	B2-1	D0
ERRORS: REVERSAL PROCESSED SUCCESSFULLY							
<input type="text"/>	00000001182	110605	???????	110808	00093516101	B2-1	D0
ERRORS: REVERSAL PROCESSED SUCCESSFULLY							
<input type="text"/>	00000001033	110605	???????	110824	00093516101	B2-1	D0
ERRORS: REVERSAL PROCESSED SUCCESSFULLY							
<input type="text"/>	00000001033	110601	110601	110804	00093516101	B1-1	D0
ERRORS: ER-RPH CALL800-932-6648 FOR PA							
<input type="text"/>	???????????????	110605	???????	110805	???????????????	S1-1	D0
ERRORS: MI Prof. Service Fee Submitted							

[Top](#) [Scroll Down](#)

PRESS ENTER TO VIEW ADDITIONAL RECORDS.....

Enter	Reject Rec	Sub Menu	Main Menu
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Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	REQUESTED PROVIDER National Provider Identifier (DE4700)	Edits: Messages:	The unique identification number assigned to a provider. This was entered in Screen POS-S-023. N/A
2	RX NBR Claim Pharmacy Prescription Number (DE2211)		System-displayed. This is the reference number assigned by the provider for the dispensed drug/-product and/or service provided. N/A

3	FROM DATE Claim Service From Date (DE2010)		Date on which the service was first rendered. For a claim covering only one service (e.g., a prescription), this is the only service date. N/A
4	ENROLLEE ID Enrollee Identification Number (DE3001)		A number used to uniquely identify an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID. N/A
5	CARRIER Pharmacy Carrier (Business Entity) (DE5864)		System-displayed. This is the pharmacy carrier number. N/A
6	POS DATE Claim Entered Date (DE2177)		System-displayed. This is the date the claim entered the automated system. N/A
7	ENROLLEE ID Enrollee Identification Number (DE3001)		A number used to uniquely identify an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID. N/A
8	CARRIER Pharmacy Carrier (Business Entity) (DE5864)		System-displayed. This is the pharmacy carrier number. N/A
9	RX NBR Claim Pharmacy Prescription Number (DE2211)		Reference number assigned by the provider for the dispensed drug/product and/or service provided. N/A
10	FROM DATE Claim Service From Date (DE2010)		Date on which the service was first rendered. For a claim covering only one service (e.g., a prescription), this is the only service date. N/A
11	WRITTEN DATE Claim Pharmacy Date Prescription Written (DE2214)		The date the prescription was written. Must be in CCYYMM format. N/A
12	POS ENTERED DATE		This is the date the claim entered the automated system.

	Claim Entered Date (DE2177)		N/A
13	NDC Drug Code (NDC) (DE5200)		National standard formulary 11-digit code used by most states to uniquely identify drugs. Codes are assigned by the FDA. The labeler code designates the drug manufacturer, always 5 numeric characters. The product code identifies the specific drug, drug strength and dosage form, always 4 characters, may be alphanumeric. The package code is always 2 characters, may be alphanumeric. N/A
14	TRN Claim Pharmacy Transaction Type (DE2224)		Unique identifier for a specific transaction type. This may include eligibility only, original, reversals, downtime claims, rebills, ProDur information and refill transactions. See the On-line HELP system to find valid codes for this field. N/A
15	VRN Claim Pharmacy NCPDP Version (DE2225)		This code uniquely identifies the transmission syntax and corresponding NCPDP Data Dictionary. N/A

NAVIGATION		On-line Reject Records (POS-S-024)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)	
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	RF-S-010 ()	
ENTER	Redisplays screen based on any criteria changes. If no changes to the criteria is made, ENTER will display the next set of records.	N/A	
ENTER BUTTON with Line Selection	Branches to the Prescription Detail Screen	N/A	
SCROLL DOWN	Displays the next set of records based on selection criteria.	N/A	
PF1/REJECT REC BUTTON	Returns user to the Virginia Drug Application Reject Record screen.	N/A	
PF12/SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	POS-S-000 (R)	
PF6/TOP BUTTON	Re-displays records from the top	N/A	

Error Messages

Error	Description	Resolution
None	N/A	N/A

Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Choose ONLINE CURRENT REJECTS from the Selection drop-menu.
4. Choose Enter.
5. You see the On-line Reject Record Menu screen (POS-S-023).
6. Enter a Provider ID or Enrollee Number. Also, you can enter an Rx number in the Rx field.
7. Choose Enter.
8. You see the On-line Reject Records screen (POS-S-024).

Screens POS-S-025 Prescription Detail

General Information

This screen allows review of the Pharmacy claim reject record of the selected record from POS-S-024. All data elements are NCPDP standard.

SOURCE/ORIGINATOR	Help Desk Operator
USAGE	Inquiry
PROGRAM	VPT051 VPT052
MAPSET	VP055B1
TRAN ID	NV56(version D0)/NV57(version 5.0)

SAMPLE Prescription Detail (POS-S-025)

Screen ID: POS-S-025 Trans ID: NV56 Program ID: VPT052	VIRGINIA MEDICAID PRESCRIPTION DETAIL	Date: 12/16/20 Time: 12:59 Switch: D0
Claim		
Provider ID: [REDACTED]	Transaction Type: B1	Transmission Line: 99
		Version: D0
Member		
Member ID: [REDACTED]	DOB:	Gender:
First Name:	Last Name:	Residence:
Group:	Other Coverage:	NCPDP Person Code:
Prescription		
Fill Date: 201307	POS:	Elig Clarif Code:
Rx #: [REDACTED]	Date Written:	Prescriber ID: [REDACTED]
NDC: 0000000000	Quantity: 0000100.00	Days Supply: 030
Refill Code:	Unit Dose Ind:	Pharm Serv Type:
Disp:	Intd Qty: 0000000.00	Intd Days:
		Assoc Rx:
		Dos:
Pricing		Clinical
Ingrd Cost: 100.00	Service Fee: .00	Service Auth Ind:
Usual Amt: 100.00		Level of Service:
Other Payor: .00		Payor Denial Date:
Incentive Amt: .00		Diagnosis Code:
Gross Amt: .00		Service Auth #: [REDACTED]
Patient Paid: .00		Reason Code:
		Service Code:
		Result Code:

PRESS PF6 FOR MORE DETAILS

Field Definitions

#	GSD Field Name Data Element	Edit Criteria Message	Field Instructions
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	Name (ID)		
1.1	(Provider Qualifier) Provider/Prescriber Qualifier (DE0001)	Edits: Messages:	The NCPDP Provider Number Qualifier. N/A
1.2	PROVIDER National Provider Identifier (DE4700)	Edits: Messages: NPI or Legacy Provider	This is the CMS assigned National Provider Identifier that represents an individual entity. An NPI may be assigned for multiple Provider IDs that exist in VaMMIS today. N/A
2	CARRIER Pharmacy Carrier (Business Entity) (DE5864)		This is the pharmacy carrier number. N/A
3	TRANSACTION TYPE Claim Pharmacy Transaction Type (DE2224)	Edits: Messages:	Unique identifier for a specific transaction type. This may include eligibility only, original, reversals, downtime claims, rebills, ProDur information and refill transactions. N/A
4	LINE Claim Pharmacy Transmission Received Line (DE2226)		This code indicates the 'switch' or line that is transmitting the claim. N/A
5	VERSION Claim Pharmacy NCPDP Version (DE2225)		This code uniquely identifies the transmission syntax and corresponding NCPDP Data Dictionary. N/A
6	ERRORS Error Text NCPDP Error Code (DE5522)	Edits: Messages:	This is the error code assigned by NCPDP that is returned on Pharmacy POS transactions. N/A
7	Enrollee ID Enrollee Identification Number (DE3001)	Edits: Messages:	A number used to uniquely identify an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID. N/A
8	DOB Enrollee Birth Date (DE3005)		This is the enrollee's date of birth in YYYYMMDD format. N/A
9	SEX Enrollee Sex Code (DE3007)		This code tells the sex of the enrollee. 1 = Female 2 = Male

			N/A
10	FIRST NAME Enrollee First Name (DE3111)		The first name of the individual eligible for DMAS-administered programs. N/A
11	LAST NAME Enrollee Last Name (DE3110)		The last name of the individual eligible for DMAS-administered programs. N/A
12	RELATION Claim Patient's Relationship to Insured (DE2514)	Edits: Messages:	This code indicates the relationship to the head-of-household or Case Head. N/A
13	GROUP (DE0000)		The commercial group. N/A
14	OTH COVERAGE Claim Pharmacy Other Coverage Indicator (DE2227)	Edits: Messages:	This code indicates if the patient has other insurance coverage. Use the On-line HELP system to see valid codes for this field. N/A
15	NCPDP PERSON CODE (DE0000)		The NCPDP Person Code. N/A
16	FILL DATE Claim Service From Date (DE2010)		Date on which the service was first rendered. For a claim covering only one service (e.g., a prescription), this is the only service date. N/A
17	LOCATION Claim Pharmacy Patient Location Code (DE2228)		This code identifies the location of the patient (home, nursing facility, etc.) when receiving pharmacy services. See the On-line HELP system for valid codes. N/A
18	ELIG CLARIF CODE Claim Pharmacy Deny Eligibility Clarification Code (DE2230)	Edits: Messages:	This code indicates that the pharmacy is clarifying eligibility based on receiving a denial. See the On-line HELP system for codes for this field. N/A
19	DAW Claim Dispensed as Written Indicator (DE2418)		This means Dispensed as Written. This indicator causes the claim to price using (AWP x Units) + 10% rather than the state max. N/A

20	RX Nbr Claim Pharmacy Prescription Number (DE2211)	Edits: Messages:	This is the reference number assigned by the provider for the dispensed drug/product and/or service provided. N/A
21	DATE WRITTEN Claim Pharmacy Date Prescription Written (DE2214)		This is the date the prescription was written. It is in CCYYMMDD format. N/A
22	PRESCRIBER ID Claim Prescribing Physician Identification Number (DE2826)		This is the ID number used for network routing. This number identifies ACS to one of the software switches for electronic transfer. This number is assigned by the American National Standards Institute. N/A
23	NDC Drug Code (NDC) (DE5200)		National standard formulary 11-digit code used by most states to uniquely identify drugs. Codes are assigned by the FDA. The labeler code designates the drug manufacturer, always 5 numeric characters. The product code identifies the specific drug, drug strength and dosage form, always 4 characters, may be alphanumeric. The package code always 2 characters, may be alphanumeric. N/A
24	Quantity Claim Number of Units/Visits/Studies (DE2009)	Edits: Messages:	The number of units, visits or services rendered to a recipient and billed on one claim line item for a procedure; may be defined as days, visits, miles, injections, metric quantity, etc. N/A
25	DAYS SUPPLY Claim Pharmacy Days Supply (DE2216)	Edits: Messages:	This is the estimated number of days the prescription will last. N/A
25.1	Disp Claim Pharmacy Dispensing Status (DE2235)	Edits: Messages: DISP STAT	Code indicating the quantity dispensed is a partial fill or the completion of a partial fill. Used only in situations where inventory shortages do not allow the full quantity to be dispensed. N/A
25.2	Intd Qty	Edits:	Metric decimal quantity of medication that

	Claim Pharmacy Quantity Intended to be Dispensed (DE2234)	Messages: INTENDED QUANTITY	would be dispensed on original filling if inventory were available. N/A
25.3	Intd Days Claim Pharmacy Days Supply Intended To Be Dispensed (DE2232)	Edits: Messages: INTENDED DAYS	Days supply for metric decimal quantity of medication that would be dispensed on original dispensing if inventory were available. N/A
25.4	Assoc Rx Associated RX Number (DE2025)	Edits: Messages: ASSOC RX	Related Prescription Reference Number to which the service is associated is entered on the transaction to support the processing of partial fill prescriptions. N/A
25.5	DOS Associated Date of Service (DE2026)	Edits: Messages: DOS	This date is entered on the transaction to support the processing of partial fill prescriptions. N/A
26	REFILL CODE Claim Pharmacy Refill Code (DE2212)		This code indicates if the prescription is an original or a refill. See the On-line HELP system for valid codes. N/A
27	UNIT DOSE IND Claim Pharmacy Unit Dose Indicator (DE2236)	Edits: Messages:	Code indicating the type of unit dose dispensing. See the On-line HELP system for valid codes. N/A
28	COMPOUND CODE Claim Pharmacy Compound Indicator (DE2220)		This code indicates if the prescription is a compound. 0 = Not specified 1 = Not a compound 2 = Compound N/A
29	INGRED COST Pharmacy Ingredient Cost (DE2223)		System-displayed. This is the ingredient cost for the metric decimal quantity of the product included in the compound. See the On-line HELP system for valid codes. N/A
30	USUAL AMT Claim Billed Charge (DE2016)		System-displayed. This is the charge submitted on a claim. N/A
31	OTHER PAYOR Claim Third Party Payment (DE2018)		System-displayed. This is the amount submitted by the pharmacist. It is the amount collected from another insurance carrier.

			N/A
32	INCENTIVE AMOUNT (DE0000)		System-displayed and calculated. N/A
33	GROSS AMT (DE0000)		System-displayed. This is the gross amount reported. N/A
34	PATIENT PAID Claim Patient Pay Amount (DE2083)		System-displayed. This is the amount of money a recipient is scheduled to pay per month while confined to a nursing home or other long-term care facility. N/A
35	PRIOR AUTH IND Claim Pharmacy PA/MC Code (DE2238)		Value indicating prior authorization or medical certification occurred. See the On-line HELP system for valid field codes. System-displayed. N/A
36	LEVEL OF SERVICE Claim Pharmacy Level of Service (DE2229)		System-displayed. This code indicates the type of service the provider rendered. See the On-line HELP system for valid codes. N/A
38	DIAGNOSIS CODE Diagnosis Code (DE5301)		System-displayed. This is the generally-accepted nomenclature for a diagnosis. N/A
39	PRIOR AUTH NBR Prior Authorization Control Number (DE2024)	Edits: Messages:	System-displayed. This is the Prior Authorization (PA) reference number. N/A
40	REASON CODE ProDUR Reason Code (Reason for Service) (DE5740)		System-displayed. This code identifies the type of utilization reason detected or the reason for the pharmacist's professional service. See the On-line HELP system for valid codes. N/A
41	SERVICE CODE ProDUR Service Code (Professional Service Code) (DE5741)		System-displayed. This code identifies the pharmacist service when a reason code has been identified or service has been rendered. See the On-line HELP system for valid codes. N/A

42	RESULT CODE ProDUR Result Code (DE5742)		Result of an action taken by a pharmacist in response to a reason or the result of a pharmacist's professional service. System-displayed. N/A
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NAVIGATION		Prescription Detail (POS-S-025)
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	RF-S-010 (R)
ENTER	Returns user to the Virginia Drug Application Reject Record screen.	POS-S-024 (R)
PF1/REJECT REC	Branches to the On-line Reject Record Menu	POS-S-023 (B)
PF12/SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	POS-S-000 (R)
PF6/OTHER DETAIL BUTTON	Branch to the On-line Reject Other Detail Screen	POS-S-033 (B)

Error Messages

Error	Description	Resolution
None	N/A	N/A

Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Choose ONLINE CURRENT REJECTS from the Selection drop-menu.
4. Choose Enter.
5. You see the On-line Reject Record Menu screen (POS-S-023).
6. Enter a version number.
7. Enter a Provider ID or Enrollee Number. Also, you can enter a Rx number in the Rx field.

8. Choose Enter.

9. You see the On-line Reject Records screen (POS-S-024).

10. Choose (highlight) a record in the display.

11. Choose Enter.

12. You see the Prescription Detail screen (POS-S-025).

Screens POS-S-026 Eligibility Detail

General Information

This screen allows review of the Pharmacy claim reject record for NCPDP transaction code 00 (Eligibility Verification) of the selected record from POS-S-024.

SOURCE/ORIGINATOR	Help Desk Operator
USAGE	Inquiry
PROGRAM	VPT051 VPT052
MAPSET	VP053B1
TRAN ID	NV56(version 3C)/NV57(version 5.0)

SAMPLE	Eligibility Detail (POS-S-026)
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VA DMAS Prototype Portal - Windows Internet Explorer

http://localhost:9080/HATS_Portlet/HATS_Portlet/default?ver=2.0/?param=PERF0:1TIMESTAMP=0/?param=portletAction=portletActionPost/?param=SESSION

VA DMAS Prototype Portal

Test Environment | Home | Contact Us | Help | Search



MMS

Screen ID: POS-S-026
Trans ID: NV57
Program ID: VPT052

**VIRGINIA MEDICAID
ELIGIBILITY DETAIL**

Date: 03/09/2010
Time: 09:21

Provider ID: [REDACTED] Transaction: E1
Member ID: [REDACTED] DOB: [REDACTED] Gender: 1
Fill-Date: [REDACTED] Override: Person Code: Line: 04
Relation: 1
Other Coverage:

PRESS ENTER TO RETURN

Enter Reject Rec Sub Menu Main Menu

1 (1,1) | Local intranet

start Office... Inbo... Java... Host... DSD ... Text... Meta... Help ... WA D... Hod...

9:21 AM

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	(Provider Qualifier) Provider/Prescriber Qualifier (DE0001)	Edits: Messages:	The NCPDP Provider Number Qualifier. N/A
1.1	PROVIDER ID National Provider Identifier (DE4700)	Edits: Messages: NPI or Legacy Provider	This is the CMS assigned National Provider Identifier that represents an individual entity. An NPI may be assigned for multiple Provider IDs that exist in VAMMIS today. N/A
2	CARRIER		This is a four digit number to identify Phar-

	Pharmacy Carrier (Business Entity) (DE5864)		macy Client/Carrier. N/A
3	TRANSACTION Claim Pharmacy Transaction Type (DE2224)		This is a unique identifier for a specific transaction type. May include eligibility only, original, reversals, downtime claims, rebills, ProDur information and refill transactions. N/A
4	LINE Claim Pharmacy Transmission Received Line (DE2226)		This code indicates the 'switch' or line that is transmitting the claim. N/A
5	ENROLLEE Enrollee Identification Number (DE3001)	Edits: Messages:	This number uniquely identifies an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID. N/A
6	DOB Enrollee Birth Date (DE3005)	Edits: Messages:	This is the enrollee's date of birth in CCYYMMDD format. N/A
7	SEX Enrollee Sex Code (DE3007)		This code is the sex of the enrollee. 1 = Male 2 = Female 3 = Unknown N/A
8	RELATION Claim Patient's Relationship to Insured (DE2514)	Edits: Messages:	Claim Relationship to Patient . This is from field 59 of the UB-04. N/A
9	FILL DATE Claim Service From Date (DE2010)	Edits: Messages:	Date on which the service was first rendered. For a claim covering only one service (e.g., a prescription), this is the only service date. N/A
10	OVERRIDE Error Text Resolution Override Indicator (DE5504)		This code indicates whether an error can be overridden manually. Y = Yes N = No N/A
11	PERSON CODE (DE0000)	Edits: Messages:	Person Code N/A

12	OTHER COVERAGE Claim Pharmacy Other Coverage Indicator (DE2227)		This code indicates whether or not the patient has other insurance coverage. Valid Values: 0 Not Specified 1 No Other Coverage Identified 2 Other Coverage Identified - Payment Collected 3 Other Coverage Identified - Claim Not Covered 4 Other Coverage Identified - Payment Not Collected 5 Managed Card Plan Denial 6 Other Coverage Denied - Not a Participating Provider 7 Other Coverage Exists - Not in Effect at Time of Service 8 Claim is a billing for Copay N/A
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NAVIGATION		Eligibility Detail (POS-S-026)
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	RF-S-010 (R)
ENTER	Returns user to the Virginia Drug Application Reject Record screen.	POS-S-024 (R)
PF1/REJECT REC	Branches to On-line Reject Record Menu Selection Screen	POS-S-023 (B)
PF12/SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	POS-S-000 (R)

Error Messages

Error	Description	Resolution
None	N/A	N/A

Screen Access

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

1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Choose ONLINE CURRENT REJECTS from the Selection drop-menu.
4. Choose Enter.
5. You see the On-line Reject Record Menu screen (POS-S-023).
6. Enter a version number.
7. Enter a Provider ID or Enrollee Number. Also, you can enter an Rx number in the Rx field.
8. Choose Enter.
9. You see the On-line Reject Records screen (POS-S-024).
10. Choose (highlight) a record with an NCPDP transaction code of 00 (Eligibility Verification).
11. Choose Enter.
12. You see the Eligibility Detail screen (POS-S-026).

Screens POS-S-027 Reversal Detail

General Information

This screen allows review of the Pharmacy claim reject record for NCPDP transaction code 11 (Void) of the selected record from POS-S-024.

SOURCE/ORIGINATOR	Help Desk Operator
USAGE	Inquiry
PROGRAM	VPT051 VPT052
MAPSET	VP054B1
TRAN ID	NV56(version D0)/NV57(version 5.0)

SAMPLE **Reversal Detail (POS-S-027)**



MMIS

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

Screen ID: POS-S-027
Trans ID: NV56
Program ID: VPT051

VIRGINIA MEDICAID REVERSAL DETAIL

Provider ID: [REDACTED]
Rx Number: 000000001033

Transaction: B2
Fill Date: 2011/06/05

Line: 99

PRESS ENTER TO RETURN

Enter

Reject Rec

Return

Sub Menu

Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	(Provider Qualifier)	Edits:	The NCPDP Provider Number Qual-

	Provider/Prescriber Qualifier (DE0001)	Messages:	ifier. N/A
1.1	Provider National Provider Identifier (DE4700)	Edits: Messages:	This is the CMS assigned National Provider Identifier that represents an individual entity. An NPI may be assigned for multiple Provider IDs that exist in VaMMIS today. N/A
2	Carrier Pharmacy Carrier (Business Entity) (DE5864)	Edits: Messages:	This is the pharmacy carrier number. N/A
3	Transaction Claim Pharmacy Transaction Type (DE2224)	Edits: Messages:	Unique identifier for a specific transaction type. See the On-line HELP system to find valid codes for this field. System-displayed. N/A
4	Line Claim Pharmacy Transmission Received Line (DE2226)	Edits: Messages:	Code to indicate the 'switch' or line that is transmitting the claim. N/A
5	Rx Number Claim Pharmacy Prescription Number (DE2211)	Edits: Messages:	Reference number assigned by the provider for the dispensed drug/-product and/or service provided. N/A
6	Fill Date Claim Service From Date (DE2010)	Edits: Messages: Date on which the service was first rendered. For a claim covering only one service (e.g., a prescription), this is the only service date.	Date on which the service was first rendered. For a claim covering only one service (e.g., a prescription), this is the only service date. N/A

NAVIGATION		Reversal Detail (POS-S-027)
Function (B) or (M)	Action	Branch To (B) or Return To (R)
RETURN	Returns user to the Virginia Drug Application Reject Record screen.	POS-S-023 (R)
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	RF-S-010 (R)
Enter	Returns user to the Virginia Drug Application Reject Record screen.	POS-S-023 (R)

PF1/REJECT REC	Branch to On-line Reject Record Menu Selection	POS-S-023 (B)
PF12/SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	POS-S-000 (R)

Error Messages

Error	Description	Resolution
None	N/A	N/A

Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Choose ONLINE CURRENT REJECTS from the Selection drop-menu.
4. Choose Enter.
5. You see the On-line Reject Record Menu screen (POS-S-023).
6. Enter a version number.
7. Enter a Provider ID or Enrollee Number. Also, you can enter an Rx number in the Rx field.
8. Choose Enter.
9. You see the On-line Reject Records screen (POS-S-024).
10. Choose (highlight) a record with an NCPDP transaction of Code 11 (Void).
11. Choose Enter.
12. You see the Reversal Detail screen (POS-S-027).

Field Definitions

Seq. Num.	Label	Data Element Name (ID)	Field Instructions
1	Version	Claim Pharmacy NCPDP Version (DE2225)	NCPDP defined version identifier. Currently limited to NCPDP Version D.0
2	Transaction Type	Claim Pharmacy Transaction Type (DE2224)	NCPDP defined transaction identifier. B1 = Original Claim B2 = Reversal
3	Enrollee	Enrollee Identification Number (DE3001)	VAMMIS Enrollee ID. REQUIRED
4	Last Name	Enrollee Last Name (DE3110)	Enrollee's last name. Messages will be generated but the claim will adjudicate without this value.
5	First Name	Enrollee First Name (DE3111)	Enrollee's first name. Messages will be generated but the claim will adjudicate without this value.
6	Date of Birth	Enrollee Birth Date (DE3005)	Enrollee's date of birth. Messages will be generated but the claim will adjudicate without this value. FORMAT: MMDDCCYY
7	Sex	Enrollee Sex Code (DE3007)	Enrollee's gender. Valid Values: F = Female M = Male U = Unknown
8	Relationship	Enrollee Relationship to Case Head Code (DE3480)	Enrollee's relationship to the head-of-household or Case Head. DSS ADAPT relationship values are used. See the on-line HELP system for valid DSS ADAPT relationship codes.
9	Residence	Claim Pharmacy Patient Residence Code (DE2264)	Patient's place of residence. See the on-line HELP system for valid values.
10	PA Number	Prior Authorization Control Number (DE2024)	Service Authorization.
11	Date Written	Claim Pharmacy Date Prescription Written (DE2214)	Date prescription was written. FORMAT: MMDDCCYY
12	Eligibility Code	Claim Pharmacy Deny Eligibility Clarification Code (DE2230)	Claim Pharmacy Deny Eligibility Clarification Code

13	ICN	Claim Request ICN (DE2001)	Inventory Control Number (ICN): A character string uniquely identifying this claim transaction record. The string is composed of the following fields: creation date (ccyyddd), media (one character), batch number (3 digits), sequence number (3 digits) and claim reference lines (two digits). For paper claims this number is assigned during imaging. For electronic claims this number is assigned at the end of adjudication. This field is optional and allows the user to specify an ICN value, overriding the system assignment of an ICN.
14	Batch POS Flag	Claims Payment Request Media Code (DE2478)	Media code portion of the payment request number. These are the valid values: 5 = Subscriber 6 = POS (Paper) 7 = POS (Provider)
15	Fill Date	Claim Service From Date (DE2010)	Date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. Add date in MMDDCCYY format.
16	Level of Service	Claim Pharmacy Level of Service (DE2229)	Code indicating the type of service the provider rendered. Use the following codes: 00 = Not specified 01 = Patient consultation 02 = Home delivery 03 = Emergency 04 = 24 hour service 05 = Patient consultation regarding generic product selection 06 = In-home service
17	Preg Ind	ProDUR Drug Pregnancy Indicator (DE5788)	Patient is pregnant. Valid values: Y = pregnant N = NOT pregnant.
18	[Provider Qualifier]	Provider/Prescriber Qualifier (DE0001)	The NCPDP Provider Number Qualifier.
19	Provider	National Provider Identifier (DE4700)	Provider Identifier for pharmacy.
20	Rx Number	Claim Pharmacy Prescription Number (DE2211)	Reference number assigned by the provider for the dispensed drug/product and/or service provided. Must be numeric.
21	Other Coverage	Claim Pharmacy Other Coverage Indicator (DE2227)	Indicates if the patient has other insurance coverage. Valid values: 00 = Not Specified 01 = No Other Coverage Identified DEFAULT 02 = Other Coverage Identified – Payment Collected

			<p>03 = Other Coverage Identified - claim not covered</p> <p>04 = Other Coverage Identified - payment not collected</p> <p>05 = Managed Card Plan Denial</p> <p>06 = Other Coverage denied-not a Participating Provider</p> <p>07 = Other Coverage Exists-Not in effect at Time of Service</p> <p>08 = Claim is a billing for Copay</p>
22	Refill	Claim Pharmacy Refill Code (DE2212)	<p>This code indicates a prescription is an original or a refill. These are valid values</p> <p>00 = New prescription - DEFAULT</p> <p>01-99 = Refill Number</p>
23	[Prescriber Qualifier]	Provider/Prescriber Qualifier (DE0001)	NCPDP Prescriber Identifier Qualifier.
24	Presc Physician	National Provider Identifier (DE4700)	Provider Identifier of physician writing the prescription.
25	Quantity	Claim Number of Units/Visits/Studies (DE2009)	Units of drug dispensed.
26	Days Supply	Claim Pharmacy Days Supply (DE2216)	Number of days the prescription serves when taken as prescribed.
27	Cust Loc	Claim Pharmacy Patient Location Code (DE2228)	<p>Code identifying the location of the patient when receiving pharmacy services. Valid values:</p> <p>00 = Not specified - DEFAULT</p> <p>01 = Home</p> <p>02 = Inter-Care</p> <p>03 = Nursing Home</p> <p>04 = Long Term/Extended Care</p> <p>05 = Rest Home</p> <p>06 = Boarding Home</p> <p>07 = Skilled Care Facility</p> <p>08 = Sub-Acute Care Facility</p> <p>09 = Acute care Facility</p> <p>10 = Outpatient</p> <p>11 = Hospice</p>
28	Adj Reason	Adjustment/Void Reason (DE2033)	A code specifying the reason for adjusting or voiding an individual claim.
29	DAW	Claim Dispensed as Written Indicator (DE2418)	<p>Code indicating whether or not the prescriber's instructions regarding generic substitution were followed.</p> <p>If the DAW = 1, the brand necessary price on the drug file is used for pricing.</p> <p>DAW=0 is DEFAULT</p>
30	Unit Dose	Claim Pharmacy Unit Dose Indicator (DE2236)	<p>Indicates a drug packaged in unit doses. These are valid values:</p> <p>0 = Unspecified</p>

			<p>1 = Not Unit Dose 2 = Manufacturer Unit Dose 3 = Pharmacy Unit Dose</p>
31	Diagnosis qualifier and code	Diagnosis Code (DE5301)	Identifies a diagnosed medical condition. The ICD-9-CM coding structure is used before 10/1/2015 with qualifier 1. On and after 10/1/2015 ICD10 codes will be used with qualifier 2. Up to 5 occurrences will be accepted.
32	Product/Service	Pharmacy Benefit Service Code Type (NDC Qualifier) (DE5592) plus either Drug Code (NDC) (DE5200) or Procedure Code (DE5002)	This is two-part field. The first part is the NDC Qualifier, which indicates whether the code is a HCPC or NDC. The second part is either a National standard formulary 11-digit code used by most states to uniquely identify drugs or a HCPC code.
33	Cost Basis	Claim Pharmacy Provider Drug Cost Basis (DE2231)	This code indicates the method by which the 'Ingredient Cost Submitted' was calculated.
34	Comp Code	Claim Pharmacy Compound Indicator (DE2220)	This code tells you if the prescription is compound or not. Use the following codes 0 = Not Specified - DEFAULT 1 = Not a Compound 2 = Compound
35	Comp Type	Claim Pharmacy Compound Type Code (DE2260)	This code clarifies the type of compound. See the on-line HELP system for valid values.
36	Att Ind	Claim Attachments Indicator (DE2030)	This code tells you if there is an attachment to the claim. Use the following codes: N = No attachment to the claim. Y = the claim has an attachment.
37	Disp	Claim Pharmacy Dispensing Status (DE2235)	Claims Pharmacy Dispensing Status. Code indicating the quantity dispensed is a partial fill or the completion of a partial fill. Used only in situations where inventory shortages do not allow the full quantity to be dispensed.
38	Pharm Serv Type	Claim Pharmacy Service Type (DE2261)	The type of service being performed by a pharmacy when different contractual terms exist between a payer and the pharmacy, or when benefits are based upon the type of service performed.
39	Intd Qty	Claim Pharmacy Quantity Intended to be Dispensed (DE2234)	Metric decimal quantity of medication that would be dispensed on original filling if inventory were available.

40	Intd Days	Claim Pharmacy Days Supply Intended To Be Dispensed (DE2232)	Claim Pharmacy Day's Supply Intended To Be Dispensed Day's supply for metric decimal quantity of medication that would be dispensed on original dispensing if inventory were available. Enter an amount of days for supply. Must be less than 3 digits.
41	Assoc Rx	Associated RX Number (DE2025)	Associated RX Number. Related Prescription Reference Number to which the service is associated and entered on the NCPDP 5.1 transaction to support the processing of partial fill prescriptions.
42	DOS	Associated Date of Service (DE2026)	Associated Date of Service. Supports the processing of partial fill prescriptions.
43	Amount Due	Claim Billed Charge (DE2016)	The charge submitted on the claim.
44	Usual Amount	Claim Pharmacy Usual Charge (DE2213)	The amount charged cash customers for the prescription exclusive of sales tax of other amounts claimed.
45	TPL Amount	Claim Third Party Payment (DE2018)	This is the amount submitted by the pharmacist indicating the amount collected from another insurance carrier.
46	Service Fee	Claim Pharmacy Professional Service Fee (DE2262)	Amount submitted by the provider for professional services rendered.
47	Manual	Claim Manual Price Amount (DE2158)	This is the claim manual price amount. Amount of a claim priced 'by hand' due to the special nature of the service.
48	Copay Amount	Claim Medicaid Co-Payment (DE2022)	The co-payment amount that the recipient has paid or is to pay on the claim.
49	Ingredient Cost	Pharmacy Ingredient Cost (DE2223)	Ingredient cost for the metric decimal quantity of the product included in the compound.
50	Basis of Cost	Basis of Cost (DE5531)	The Basis of Cost field is an NCPDP field of 423-DN (BASIS OF COST DETERMINATION). Â Â
51	TPL Date	TPL Coverage Effective (Begin) Date (DE3667)	This is the date the TPL amount was collected from another insurance carrier.
52	Sales Tax	(DE0000)	The sales tax amount added to the cost.
53	Sub Clarification Code	Sub Clarification Code (DE5532)	The Sub Clarification Code indicates the pharmacist is clarifying the submission. Â NCPDP field 420-DK.
54	Allow	Claim Allowed Amount (DE2073)	The calculated claim payment amount before reduction due to copay, TPL, patient liability, cutbacks (other than pricing) or denial. System-generated.
55	Deductible	Claim Title XVIII	The deductible amount entered on the Title18 claim.

		Deductible Amount (DE2251)	System-generated.
56	Copay	Claim Medicaid Co-Payment (DE2022)	The co-payment amount that the recipient has paid or is to pay on the claim. System-generated.
57	Payment	Claim Payment Amount (DE2023)	Claim payment amount for the claim. System-generated.
58	Deny Reasons	Error Text Error Code (DE5501)	VAMMIS Edit Code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. System-generated.
59	Edits	Error Text Error Code (DE5501)	Code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual.
60	NCPDP Reasons	Error Text NCPDP Error Code (DE5522)	This is the error code assigned by NCPDP that is returned on Pharmacy POS transactions. System-generated.
61	Other REJ.	Error Text NCPDP Error Code (DE2990)	This is the NCPDP error code entered. Up to 5 error codes can be entered.

NAVIGATION		Pharmacy Data Entry Screen (POS-S-028)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)	
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	RF-S-010	(R)
ENTER	Process Screen/Submit Claim for adjudication processing	N/A	
PF12/SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.(POS-S-000)	POS-S-000	(R)
PF6/RESET BUTTON	Refresh Screen	N/A	
PF9/COMPOUND BUTTON	Branch to the Compound Claims Data Entry Screen (POS-S-029)	POS-S-029	(B)

Error Messages

Error	Description	Resolution
6070	CLAIM CAPTURED	Information message.
6078	CORRECT HIGHLIGHTED FIELD (S)	See the field definitions for valid data/formatting for the missing data.
6079	CORRECT HIGHLIGHTED FIELDS IN ERROR	Correct the highlighted fields. If necessary, see the field definitions for valid data/formatting.

6126	DUPLICATE	Information message.
6125	DUPLICATE RECORD ALREADY EXISTS	There is another payee on file with these same attributes. Cancel the transaction and research the file to determine appropriate action.
6305	ICN CANNOT BE ENTERED IF BATCH POS FLAG IS 7	Information message. If necessary, see the on-line HELP system for field definitions/procedures.
6344	INVALID BUTTON CHOSEN	Choose another button to process the transaction. See the navigation section for this screen for valid buttons for each transaction.
6427	INVALID STATUS RECEIVED	Check the status using the field definitions. Re-enter a new status, if applicable.
6441	MANUAL PRICE CANNOT BE GREATER THAN ALLOWED AMOUNT	Enter a manual price.
6442	MANUAL PRICE CANNOT BE GREATER THAN USUAL PRICE	Re-enter a manual price less than the usual price. Refer to the on-line HELP system for explanations, if necessary.
6506	OVERRIDES NOT ALLOWED FOR BATCH POS FLAG OF 7	Information message. Refer to the on-line HELP system for explanations, if necessary.
6520	PARTIAL ICN NOT ALLOWED PLEASE ENTER FULL ICN OR MEDIA TYPE ONLY.	Enter a full ICN or valid media type. Refer to the field definitions for valid data/formatting.
6592	PROVIDER NOT ALLOWED FOR PROVIDER SUBMITTED CLAIM	Information message. Research the provider's data for valid criteria. Refer to the on-line HELP system for explanations, if necessary.
6614	REVERSAL NOT PROCESSED	Resubmit the transaction. If necessary, contact ACS operations for assistance.
6615	REVERSAL SUCCESSFUL	Information message.
6622	SCREEN RESET DUE TO INVALID KEY	Re-submit the transaction using a valid button. Refer to the navigation section for valid buttons/transactions.
6645	THIS FUNCTION NOT AVAILABLE IN PRODUCTION REGION	Information message. Switch to another mode to complete the function.
6675	UNIT DOSE NOT ALLOWED ON THIS ACCOUNT	Information message. Refer to the on-line HELP system for explanations, if necessary.
6676	UNKNOWN REVERSAL STATUS	Information message. If necessary, contact ACS operations for assistance.

Screen Access

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

1. Choose the Drugs button.

2. Choose Data Entry - N1PS from the Selection drop-menu.

3. Choose Enter.

4. You see the Pharmacy Claims Data Entry Screen (POS-S-028).

Screens POS-S-029 Compound Claims Data Entry Screen

General Information

This screen allows data entry of all the ingredients and quantities for compound claims. It can be accessed via screen POS-S-028 when the compound indicator is set and the version is '50'.

SOURCE/ORIGINATOR	Help Desk Operator
USAGE	Add
PROGRAM	VPT000
MAPSET	VP000B2/VP000M2
TRAN ID	NV00

SAMPLE	Compound Claims Data Entry Screen (POS-S-029)
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Test Environment | [Home](#) | [Contact Us](#) | [Help](#) | [Search](#)

MMIS

Screen ID: POS-S-029
Trans ID: NV00
Program ID: VPT000

VIRGINIA MEDICAID
COMPOUND CLAIMS ENTRY SCREEN

Date: 02/17/2010
Time: 10:09
Page

Seq. #	NDC	Quantity	Ingredient Cost
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			

Enter | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	NDC Drug Code (NDC) (DE5200)		National standard formulary 11-digit code used by most states to uniquely identify drugs. National standard formulary 11-digit code used by most states to uniquely identify drugs. ADD (R/U) Add an NDC. See the on-line HELP menu for valid values.
2	QUANTITY Claim Number of Units/Visits/Studies (DE2009)		This is the number of units of the drug provided by the provider. This is the number of units of the drug provided by the provider. ADD (R/U) Add a valid quantity number. See the on-line HELP system for valid values.
3	INGREDIENT COST Pharmacy Ingredient Cost (DE2223)		Ingredient cost for the metric decimal quantity of the product included in the compound. Ingredient cost for the metric decimal quantity of the product included in the compound. ADD (R/U) Enter the correct ingredient cost amount. Must be numeric.
4	ERROR CODE1 Error Text Error Code (DE5501)		N/A
5	ERROR STATUS1 Error Text Disposition Attachments (DE5603)		N/A
6	ERROR CODE2 Error Text Error Code		N/A

	(DE5501)		
7	ERROR STATUS2 Error Text Disposition Attachments (DE5603)		N/A

NAVIGATION	Compound Claims Data Entry Screen (POS-S-029)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	N/A
PF12/SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	N/A
PF9/ENTER/RETURN	Returns user to the Virginia Drug Application Data Entry screen to enter the next payment request.	N/A

Error Messages

Error	Description	Resolution
6070	CLAIM CAPTURED	Information message.
6079	CORRECT HIGHLIGHTED FIELDS IN ERROR	Correct the highlighted fields. If necessary, see the field definitions for valid data/formatting.
6126	DUPLICATE	Information message.
6125	DUPLICATE RECORD ALREADY EXISTS	There is another payee on file with these same attributes. Cancel the transaction and research the file to determine appropriate action.
6306	ICN CANNOT BE ENTERED IF BATCH POS FLAG IS 7	Information message. If necessary, see the on-line HELP system for field definitions/procedures.
6307	ICN DATE SHOULD BE PRIOR TO TODAY'S DATE	Enter a new ICN date that falls before the current date.
6383	INVALID KEY CHOSEN	Enter a different diagnosis code. If necessary, see the field definitions for valid data/formatting.
6427	INVALID STATUS RECEIVED	Check the status using the field definitions. Re-enter a new status, if applicable.
6441	MANUAL PRICE CANNOT BE GREATER THAN ALLOWED AMOUNT	Enter a manual price.
6506	OVERRIDES NOT ALLOWED FOR BATCH POS FLAG OF 7	Information message. Refer to the on-line HELP system for explanations, if necessary.
6516	PAID	Information message.

6520	PARTIAL ICN NOT ALLOWED PLEASE ENTER FULL ICN OR MEDIA TYPE ONLY.	Enter a full ICN or valid media type. Refer to the field definitions for valid data/formatting.
6592	PROVIDER NOT ALLOWED FOR PROVIDER SUBMITTED CLAIM	Information message. Research the provider's data for valid criteria. Refer to the on-line HELP system for explanations, if necessary.
6613	REJECT	Information message.
6614	REVERSAL NOT PROCESSED	Resubmit the transaction. If necessary, contact ACS operations for assistance.
6622	SCREEN RESET DUE TO INVALID KEY	Re-submit the transaction using a valid button. Refer to the navigation section for valid buttons/transactions.
6645	THIS FUNCTION NOT AVAILABLE IN PRODUCTION REGION	Information message. Switch to another mode to complete the function.
6675	UNIT DOSE NOT ALLOWED ON THIS ACCOUNT	Information message. Refer to the on-line HELP system for explanations, if necessary.
6676	UNKNOWN REVERSAL STATUS	Information message. If necessary, contact ACS operations for assistance.

Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. Select DATA ENTRY - N1PS from the Selection drop-menu.
3. Choose Enter.
4. You see the Pharmacy POS Claim Entry screen (POS-S-028)
5. Enter the Pharmacy POS Claim information in the appropriate fields.
6. Choose Enter to save the data entered.
7. Choose the Compound button.
8. You see the Compound Claims Data Entry Screen (POS-S-029).

Screens POS-S-030 Online Pend Resolution - Pharmacy

General Information

Display Pharmacy Claims Pending Resolution

SOURCE/ORIGINATOR	Pend Resolution Operator
USAGE	Inquiry, Update
PROGRAM	VPT005
MAPSET	VP005B1/VP0005M2
TRAN ID	NV02

SAMPLE Online Pend Resolution - Pharmacy (POS-S-030)



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

Screen ID: POS-S-030
Trans ID: NV02
Program ID: VPT005B1

VIRGINIA MEDICAID ONLINE PEND RESOLUTION PHARMACY

Date: 12/16/2008
Time: 9:27

Version: 51	Trans Type: B1	(B1/B2/B3/S1/S2/S3)	Submit Type: P	(P)
ICN: 20	Claim Type: 06	Batch POS: 7	(6,7)	User ID: XA028
Loc From: 100	To: 999	Status: 4	Fill Date: 20081209	Refill: 00
FCN: 9999999999	Rx Number: 0096185	Att Ind:	NTP: 999	Adjustment: 9999
Former ICN: 0000000000000000	Basis of Cost:	Sub. Clarification Code:		

Errors: 0222	P	1496	E	9999	X																
Resolution Ind: 9999	X	9999	X																		
NCPDP Reasons: 999	999	999	999	999	999	999	999	999	999	999	999	999	999	999	999	999	999	999	999	999	999

Member: ID: 1	Name (F,M,L):	DOB:	Gender: M
Provider: ID: 1	Name:	Provider Type: 060	
Prescribing Physician: 1962445429			

Srv Auth Number: 00 0000000000	Level of Service: 00	Date Written: 20081117	Manual Price: 0000000.00
DAW: 0	Quantity: 000030.000	0	TPL Amount: 0000000.00
NDC: 00	Days Supply: 007	T DOSE:	Billed Charges: 0000011.99
Compound: 1	Ingredient Cost: 0000004.54	Elig Code:	Allowed Charges: 0000008.54
Disp: 0	Intd Qty: 000000.000	Intd Days: 000	DOS:
Copy: X	Copy Amount: 00000	TPL IN : 0	Payment: 0000008.54

Enter	Next	Compound	Pend Menu	Prov-Pharm	Prov-Phys	Member	Drug Info	Edit Text	Sub Menu	Main Menu
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Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	VERSION Claim Pharmacy NCPDP Version (DE2225)		Code uniquely identifying the transmission syntax and corresponding NCPDP Data Dictionary. System-displayed. See the on-line HELP system for valid codes. N/A
2	Trans Type Claim Pharmacy Transaction Type (DE2224)	Edits: Messages:	Unique identifier for a specific transaction type. This may include eligibility only, original, reversals, downtime claims, rebills, ProDUR information and refill transactions. See the on-line HELP system for valid codes. System-displayed. N/A
3	CARRIER Pharmacy Carrier (Business Entity) (DE5864)	Edits: Messages:	This four-digit number identifies Pharmacy Client/Carrier. System displayed. 5048 = Old Virginia MMIS 5148 = New Virginia MMIS N/A
4	Submit Type (DE0000)	Edits: Messages:	A single letter code indicating the type of submission. System-displayed. N/A
5	ICN Claim Request ICN (DE2001)		A unique Transaction Control Number serving to identify each claim transaction record. System-displayed. N/A
6	CLAIM TYPE Claim Type (DE2002)		This code defines the type of claim. System-displayed. See the on-line HELP system for valid claim type codes. N/A
7	Batch POS Claims Payment Request Media Code (DE2478)	Edits: Messages:	Media code portion of the payment request number. These are the valid values: 5 = Subscriber 6 = POS (Paper) 7 = POS (Provider) Media code portion of the payment request number. These are the valid values:

			<p>5 = Subscriber 6 = POS (Paper) 7 = POS (Provider)</p> <p>ADD (R/U) Enter codes listed above.</p>
8	Tech Code User/Operator ID (DE0012)	Edits: Messages:	<p>The operator ID of the person making the insert or making the most recent update. System-Displayed. N/A</p>
9	Loc From Claim Pend From Location (DE2840)	Edits: Messages:	<p>The location a pended claim was transferred from. System-Displayed. See the on-line HELP system for valid location codes.</p> <p>N/A</p>
10	Loc To Claim Pend To Location (DE2841)	Edits: Messages:	<p>The location a pended claim will be transferred to.</p> <p>The location a pended claim will be transferred to. ADD (R/U) Add a location the pended claim will be transferred to. See the on-line HELP menu for valid locations.</p>
11	Status Claim Status (DE2039)	Edits: Messages:	<p>Code indicating the status of a claim after an adjudication cycle. System-displayed. See the on-line HELP system for valid status codes. N/A</p>
12	Fill Date Claim Service From Date (DE2010)	Edits: Messages:	<p>Date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. System-displayed. N/A</p>
13	Refill Claim Pharmacy Refill Code (DE2212)	Edits: Messages:	<p>This code indicates a prescription is an original or a refill. System-displayed. Valid values are listed below. 00 = Original Dispensing 00 = New prescription 01-99 = Refill Number 01-99 = Number of refill N/A</p>

15	FCN Financial Control Number (DE9874)	Edits: Messages:	A unique number that identifies a financial transaction. System-displayed. N/A
16	Rx Number Claim Pharmacy Prescription Number (DE2211)	Edits: Messages:	Reference number assigned by the provider for the dispensed drug/product and/or service provided. Must be numeric. N/A
17	Att Ind Claim Attachments Indicator (DE2030)	Edits: Messages:	This code tells you if there is an attachment to the claim. System-displayed. Valid values are below: N = No attachment to the claim. Y = the claim has an attachment. N/A
18	NTP (DE0000)	Edits: Number of Times Pended Messages:	Number of times pended. N/A
19	Former ICN Claim Related Document Number (DE2034)	Edits: Messages:	The Reference Number of the claim which is to be altered by this adjustment or void (previously called former reference number) or the reference number submitted on the claim from the previous processor in the case of encounters. System-displayed. N/A
20	Basis of Cost (DE5531)		The Basis of Cost field is an NCPDP field of 423-DN (BASIS OF COST DETERMINATION). N/A
21	Sub Clarification Code (DE5532)		The Sub Clarification Code indicates the pharmacist is clarifying the submission. NCPDP field 420-DK.
22	ADJUSTMENT Adjustment/Void Reason (DE2033)	Edits: Messages:	A code specifying the reason for adjusting or voiding an individual claim. UPDATE (R/U) Add an adjustment reason. See the on-line HELP system for valid values for this field.
23	ERRORS Error Text Error Code (DE5501)		Code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. System-displayed. See the on-line HELP system for valid error codes. N/A
24	(ERROR DISPOSITION) Error Text Disposition Attachments (DE5603)	Edits: Messages:	Indicates that the Disposition requires attachments for this Media Type for this Invoice Type. The domain will be the actual one position Disposition Code. On the Pend Resolution Screens, this field is the disposition

			entered with an ESC number when the pend resolution clerk is denying, rejecting, or overriding an edit. System-Displayed. N/A
25	RESOLUTION IND Claim Edit Override (DE2078)	Edits: Messages:	Indicates whether OVERRIDE/EOB CODE (DE 5501) represents an error to be overridden, or a message to be printed on the provider's remittance advice. System-displayed. Indicates whether OVERRIDE/EOB CODE (DE 5501) represents an error to be overridden, or a message to be printed on the provider's remittance advice. UPDATE 1. To override an edit, enter the 4 digit ESC code of the edit that is to be overridden, followed by O in the next space. Example: If the claim set for edit 401 and you wish to override this edit to allow payment, enter 0401 in the Reso Ind field and O (the letter) in the 1 digit space that follows the 4 digit field. 2. To deny the claim with the edit that set, enter the 4 digit ESC code of the edit that is to be used to deny (the same edit that set or another edit if resolution instructions so indicate) followed by a D in the next space. Example: If the claim set for edit 0302 and you wish to deny the claim as a duplicate, enter 0302 in the Reso Ind field and D in the 1 digit space that follows the 4 digit field. 3. Enter values only for those edits that show a P following the ESC code as displayed in the Errors field. Do not enter values for codes that are followed by T, R, or E. 4. If there are multiple edits with the P indicator displayed in the Errors field, work each P edit. However, if you deny the claim with any one edit, it is not necessary to work the rest of the P edits.
26	(RESO/OVERRIDE INDICATOR) Claim Edit Override (DE2078)	Edits: Messages:	Indicates whether OVERRIDE/EOB CODE (DE 5501) represents an error to be overridden, or a message to be printed on the provider's remittance advice. System-displayed. Indicates whether OVERRIDE/EOB CODE (DE 5501) represents an error to be overridden, or a message to be printed on the provider's remittance advice. UPDATE Enter O (the letter) to override or D to deny. See the Resolution Ind field for further instructions.
27	NCPDP REASONS Error Text NCPDP		This is the error code assigned by NCPDP

	Error Code (DE5522)		that is returned on Pharmacy POS transactions. System-generated. N/A
28	ENROLLEE ID Enrollee Identification Number (DE3001)	Edits: Messages:	A number used to uniquely identify an individual enrollee in a DMAS-administered program. This is assigned by the system. N/A
29	ENROLLEE NAME Enrollee Full Name (DE3003)	Edits: Messages:	The name of the individual eligible for DMAS-administered programs. N/A
30	ENROLLEE DOB Enrollee Birth Date (DE3005)	Edits: Messages:	The enrollee's date of birth. Must be in MMDDCCYY format. The enrollee's date of birth. Must be in MMDDCCYY format.
31	ENROLLEE SEX Enrollee Sex Code (DE3007)	Edits: Messages:	A code indicating the sex of the enrollee. A code indicating the sex of the enrollee.
32	PROVIDER ID National Provider Identifier (DE4700)	Edits: Messages:	This is the CMS assigned National Provider Identifier that represents an individual entity. An NPI may be assigned for multiple Provider IDs that exist in VaMMIS today. N/A
33	PROVIDER NAME Provider Name (DE4085)		The name of the provider. System-displayed. N/A
34	PROVIDER TYPE Provider Type (DE4006)		A code that designates the classification of a provider under the State plan (e.g., Dentist, Pharmacy). System-displayed. N/A
35	PRESCRIBING National Provider Identifier (DE4700)	Edits: Messages:	This is the CMS assigned National Provider Identifier that represents an individual entity. An NPI may be assigned for multiple Provider IDs that exist in VaMMIS today. N/A
36	PA NUMBER Prior Authorization Control Number (DE2024)	Edits: Messages:	The unique identifier for a Prior Authorization. The unique identifier for a Prior Authorization. UPDATE (R/U) Add a PA number.
37	LEVEL OF SERVICE Claim Pharmacy Level of Service (DE2229)		Code indicating the type of service the provider rendered. The following codes are valid: 00 = Not specified 01 = Patient consultation 02 = Home delivery 03 = Emergency 04 = 24 hour service 05 = Patient consultation regarding generic product selection 06 = In-home service Code indicating the type of service the provider rendered. The following codes are valid: 00 = Not specified 01 = Patient consultation 02 = Home delivery 03 = Emergency 04 = 24 hour service 05 = Patient consultation regarding generic product selection 06 = In-home service
38	DATE WRITTEN		The date the prescription was written. Must

	Claim Pharmacy Date Prescription Written (DE2214)		be in MMDDCCYY format. System-displayed. N/A
39	MANUAL PRICE Claim Manual Price Amount (DE2158)		Amount of a claim priced 'by hand' due to the special nature of the service. Amount of a claim priced 'by hand' due to the special nature of the service. UPDATE (R/U) Add a manual pricing amount, if necessary. Must be all numeric.
40	DAW Claim Dispensed as Written Indicator (DE2418)		This indicator causes the claim to price using (AWP x Units) + 10% rather than the state max. System-displayed. 0 = No product Selection Indicated (Default) 1 = Substitution Not Allowed by Prescribing Physician 2 = Substitution Allowed-Patient Requested Product Dispensed 3 = Substitution Allowed-Pharmacist Selected Product Dispensed 4 = Substitution Allowed-Generic Drug not in Stock 5 = Substitution Allowed-Brand Drug Dispensed as Generic 6 = Override 7 = Substitution Not Allowed-Brand Drug Mandated by Law 8 = Substitution Allowed-Generic Drug not Available in Marketplace. 9 = Other This indicator causes the claim to price using (AWP x Units) + 10% rather than the state max. System-displayed. 0 = No product Selection Indicated (Default) 1 = Substitution Not Allowed by Prescribing Physician 2 = Substitution Allowed-Patient Requested Product Dispensed 3 = Substitution Allowed-Pharmacist Selected Product Dispensed 4 = Substitution Allowed-Generic Drug not in Stock 5 = Substitution Allowed-Brand Drug Dispensed as Generic 6 = Override 7 = Substitution Not Allowed-Brand Drug Mandated by Law 8 = Substitution Allowed-Generic Drug not Available in Marketplace. 9 = Other
41	QUANTITY Claim Number of Units/Visits/Studies (DE2009)	Edits: Messages:	This is the number of units of the drug provided by the provider. UPDATE (R/U) Add a valid quantity number. See the on-line HELP system for valid values. This is the number of units of the drug provided by the provider. UPDATE (R/U) Add a valid quantity number. See the on-line HELP system for valid values.
42	UNIT DOSE		Indicates a drug packaged in unit doses. Sys-

	Claim Pharmacy Unit Dose Indicator (DE2236)		tem-displayed. 0 = Unspecified 1 = Not Unit Dose 2 = Manufacturer Unit Dose 3 = Pharmacy Unit Dose Indicates a drug packaged in unit doses. System-displayed. 0 = Unspecified 1 = Not Unit Dose 2 = Manufacturer Unit Dose 3 = Pharmacy Unit Dose
43	TPL AMOUNT Claim Third Party Payment (DE2018)	Edits: Messages:	This is the amount submitted by the pharmacist indicating the amount collected from another insurance carrier. System-displayed. N/A
44	NDC Drug Code (NDC) (DE5200)		National standard formulary 11-digit code used by most states to uniquely identify drugs. See the on-line HELP menu for valid values. System-displayed. N/A
45	DAYS SUPPLY Claim Pharmacy Days Supply (DE2216)	Edits: Messages:	Estimated number of days the prescription will last. System-displayed. Estimated number of days the prescription will last. System-displayed.
46	TPL IND Claim Pharmacy Other Coverage Indicator (DE2227)		This code indicates if the patient has other secondary insurance coverage. System-displayed. 0 = Not Specified 1 = No Other Coverage Identified 2 = Other Coverage Identified " Payment Collected 3 = Other Coverage Identified - claim not covered 4 = Other Coverage Identified - payment not collected 5 = Managed Card Plan Denial 6 = Other Coverage denied-not a Participating Provider 7 = Other Coverage Exists-Not in effect at Time of Service 8 = Claim is a billing for Copay This code indicates if the patient has other secondary insurance coverage. System-displayed. 0 = Not Specified 1 = No Other Coverage Identified 2 = Other Coverage Identified " Payment Collected 3 = Other Coverage Identified - claim not covered 4 = Other Coverage Identified - payment not collected 5 = Managed Card Plan Denial 6 = Other Coverage denied-not a Participating Provider 7 = Other Coverage Exists-Not in effect at Time of Service 8 = Claim is a billing for Copay
47	BILLED CHARGES Claim Billed Charge (DE2016)		The charge submitted on the claim. Must be numeric. System-displayed. The charge submitted on the claim. Must be numeric. System-displayed.
48	COMPOUND	Edits:	This code tells you if the prescription is com-

	Claim Pharmacy Compound Indicator (DE2220)	Messages:	pound or not. System-displayed. These are valid values: 0 = Not Specified 1 = Not a Compound 2 = Compound System N/A
49	INGREDIENT COST Pharmacy Ingredient Cost (DE2223)	Edits: Messages:	Ingredient cost for the metric decimal quantity of the product included in the compound. System-displayed. N/A
50	ELIG CODE Claim Pharmacy Deny Eligibility Clarification Code (DE2230)	Edits: Messages:	Code indicating that the pharmacy is clarifying eligibility based on receiving a denial. System-displayed. Valid values are as follows: 0 = Not specified 1 = No Override 2 = Override 3 = Full Time Student 4 = Disabled Dependent 5 = Dependent Parent 6 = Significant Other N/A
51	ALLOWED CHARGES Claim Revenue Allowed Amt (DE2991)	Edits: Messages:	The allowed amount from the claim revenue line. System-displayed. The allowed amount from the claim revenue line. System-displayed.
52	COPAY Claim Co-pay Indicator (DE2599)	Edits: Messages:	Indicates what copay was taken. System-displayed. See the on-line HELP menu for valid values for this field. N/A
53	COPAY AMOUNT Claim Medicaid Co-Payment (DE2022)		The co-payment amount that the recipient has paid or is to pay on the claim. System-generated. System-displayed. N/A
54	PAYMENT Claim Payment Amount (DE2023)		Claim payment amount for the claim. System-generated. Claim payment amount for the claim. System-generated.
55	DISP Claim Pharmacy Dispensing Status (DE2235)	Edits: Messages:	Claim Pharmacy Dispensing Status. Code indicating the quantity dispensed is a partial fill or the completion of a partial fill. Used only in situations where inventory shortages do not allow the full quantity to be dispensed. System-displayed. Claim Pharmacy Dispensing Status. Code indicating the quantity dispensed is a partial fill or the completion of a partial fill. Used only in situations where inventory shortages do not allow the full quantity to be dispensed.
56	INTD QTY Claim Pharmacy Quantity Intended to be Dispensed (DE2234)	Edits: Messages:	Claim Pharmacy Quantity Intended to be Dispensed. Metric decimal quantity of medication that would be dispensed on original filling if inventory were available. N/A
57	INTD DAYS Claim Pharmacy Days Supply Intended To Be Dispensed (DE2232)	Edits: Messages:	Claim Pharmacy Days Supply Intended To Be Dispensed. Days supply for metric decimal quantity of medication that would be dispensed on original dispensing if inventory

			were available. N/A
58	ASSOC RX Associated RX Number (DE2025)		Associated RX Number. Related Prescription Reference Number to which the service is associated is entered on the NCPDP transaction to support the processing of partial fill prescriptions. N/A
59	DOS Associated Date of Service (DE2026)	Edits: Messages:	Associated Date of Service. This date is entered on the NCPDP transaction to support the processing of partial fill prescriptions. N/A
60	SERVICE FEE Pharmacy Professional Service Fee (DE2262)	Edits: Messages:	Amount submitted by the provider for professional services rendered. N/A
61	Other REJ.	Error Text NCPDP Error Code (DE2990)	This is the NCPDP error code entered. Up to 5 error codes can be entered.

NAVIGATION		Online Pend Resolution - Pharmacy (POS-S-030)
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	RF-S-010 (R)
ENTER	Processes screen; resubmits claims into the adjudication process	N/A
PF10/PEND MENU BUTTON	Returns the user to the VA DMAS ONLINE PEND MENU	POS-S-031 (R)
PF12/SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	POS-S-000 (R)
PF14/PROV - PHARM	Branches to the Provider Information - Inquiry Screen	PS-S-001-03 (B)
PF15/MEMBER	Branches to the Member Demographics - Inquiry Screen	RS-S-018 (B)
PF16/DRUG INFO	Branches to the Drug Information - Inquiry Screen	RF-S-014-01 (B)
PF17/PROV - PHYS	Branches to the Provider Information - Inquiry Screen	PS-S-001-03 (B)
PF18/EDIT TEXT	Branches to the Edit Text Information - Inquiry Screen	RF-S-002-02 (B)
PF5/COMPOUND MENU	Branches to the Compound Detail Screen	POS-S-032 (B)
PF8/NEXT BUTTON	Displays the next pended claim.	N/A

Error Messages

Error	Description	Resolution
6070	CLAIM CAPTURED	Information message.
6079	CORRECT HIGHLIGHTED FIELDS IN ERROR	Correct the highlighted fields. If necessary, see the field definitions for valid data/formatting.
6126	DUPLICATE	Information message.
6210	ERROR GETTING MAX SEQ NO FROM FN_BAC_COS_R TABLE	Contact ACS Operations for assistance.
6253	ERROR OPENING CURSOR	Contact ACS Operations for assistance.
6773	ERROR READING ERROR TABLE	Information message.
6817	INVALID PFKEY PRESSED	Check field for valid data and re-enter.
6845	NO MORE PENDED CLAIM FOR THE LOCATION	Information message.
6895	REVERSAL SUCCESSFUL	Information message.
6898	SCREEN/RECEIVE ERROR	If necessary, contact the ACS help desk for assistance.
6920	UNABLE TO RECOVER PENDLOC	Information message.
6921	UNABLE TO RECOVER REQ DOC	Information message.
6676	UNKNOWN REVERSAL STATUS	Information message. If necessary, contact ACS operations for assistance.
6682	USER NOT AUTHORIZED FOR THIS SELECTION	You are not authorized to use the screen. If necessary, contact ACS Operations for assistance.

Screen Access

1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select CLAIMS from the Selection drop-menu.
4. Choose Enter.
5. You see the Pharmacy Pend Resolution Menu screen (POS-S-031).
6. Enter Pend Resolution selection criteria.
7. Choose Enter.
8. You see the Pharmacy Pend Resolution Detail Screen (POS-S-030).

Screens POS-S-031 Pharmacy Pend Resolution Menu Screen

General Information

This screen is the menu for Pharmacy Pend Resolution.

SOURCE/ORIGINATOR	Help Desk Operator
USAGE	Inquiry
PROGRAM	VPT005
MAPSET	VP005B1/VP005M1
TRAN ID	NV02

SAMPLE	Pharmacy Pend Resolution Menu Screen (POS-S-031)
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Test Environment | [Home](#) | [Contact Us](#) | [Help](#) | [Search](#)

Virginia Medicaid

HHS

Screen ID: POS-S-031
Trans ID: NV02
Program ID: VPT005B1

**VIRGINIA MEDICAID
ONLINE PEND RESOLUTION MENU**

Date: 03/02/2010
Time: 17:28

Enter Pend File Starting Point

Location:

Key:

Claim Type: 06

[Enter](#) [Sub Menu](#) [Main Menu](#)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	PEND LOCATION Claim Pend From Location (DE2840)		The location a pending claim is assigned to. Use the on-line HELP system to find the values for this field. Enter the pending location you wish to work. N/A
2	KEY ICN Claim Request ICN (DE2001)		A unique Transaction Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number). When first displayed, this field is set to all 9's. If you wish to access a specific claim, enter the claim ICN. Otherwise, skip this field. N/A
3	CLAIM TYPE Claim Type (DE2002)		A code defining the type of claim. This field is system displayed. N/A

NAVIGATION	Pharmacy Pend Resolution Menu Screen (POS-S-031)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	N/A
ENTER	Branches to the Pharmacy Pend Resolution Detail Screen retrieving the pending based on the selection cri-	N/A

	teria entered	
PF12/SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	N/A

Error Messages

Error	Description	Resolution
6070	CLAIM CAPTURED	Information message.
6079	CORRECT HIGHLIGHTED FIELDS IN ERROR	Correct the highlighted fields. If necessary, see the field definitions for valid data/formatting.
6126	DUPLICATE	Information message.
6210	ERROR GETTING MAX SEQ NO FROM FN_BAC_COS_R TABLE	Contact ACS Operations for assistance.
6253	ERROR OPENING CURSOR	Contact ACS Operations for assistance.
6773	ERROR READING ERROR TABLE	Information message.
6817	INVALID PFKEY PRESSED	Check field for valid data and re-enter.
6845	NO MORE PENDED CLAIM FOR THE LOCATION	Information message.
6895	REVERSAL SUCCESSFUL	Information message.
6898	SCREEN/RECEIVE ERROR	If necessary, contact the ACS help desk for assistance.
6920	UNABLE TO RECOVER PENDLOC	Information message.
6921	UNABLE TO RECOVER REQ DOC	Information message.
6676	UNKNOWN REVERSAL STATUS	Information message. If necessary, contact ACS operations for assistance.
6682	USER NOT AUTHORIZED FOR THIS SELECTION	You are not authorized to use the screen. If necessary, contact ACS Operations for assistance.

Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select CLAIMS from the Selection drop-menu.
4. Choose Enter.
5. You see the Pharmacy Pend Resolution Menu screen (POS-S-031).

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	NDC Drug Code (NDC) (DE5200)		<p>National standard formulary 11-digit code used by most states to uniquely identify drugs. See the on-line HELP menu for valid values. System-displayed.</p> <p>National standard formulary 11-digit code used by most states to uniquely identify drugs. See the on-line HELP menu for valid values. System-displayed.</p>
2	QUANTITY Claim Pharmacy Quantity Dispensed (DE2233)		<p>Quantity dispensed. Expressed in metric decimal units. System-displayed.</p> <p>Quantity dispensed. Expressed in metric decimal units. System-displayed.</p>
3	Ingredient Pharmacy Ingredient Cost (DE2223)		<p>Ingredient cost for the metric decimal quantity of the product included in the compound.</p> <p>Ingredient cost for the metric decimal quantity of the product included in the compound.</p>
4	ERROR CODE 1 Error Text Error Code (DE5501)		<p>Code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual.</p> <p>Code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual.</p>
5	ERROR STAT1 Error Text Dis-		Indicates that the Disposition requires attachments for

	position Attachments (DE5603)		<p>this Media Type for this Invoice Type. The domain will be the actual one position Disposition Code. See the on-line HELP system for valid values for this field.</p> <p>Indicates that the Disposition requires attachments for this Media Type for this Invoice Type. The domain will be the actual one position Disposition Code. See the on-line HELP system for valid values for this field.</p>
6	ERROR CODE2 Error Text Error Code (DE5501)		<p>Code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual.</p> <p>Code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual.</p>
7	ERROR STATUS2 Error Text Disposition Attachments (DE5603)		N/A

NAVIGATION	Pharmacy Pend Resolution Compound Screen (POS-S-032)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	N/A
ENTER	Process Screen	N/A
PF12/SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	N/A
PF16/DRUG INFO	Branches to the Drug Information - Inquiry Screen	N/A
PF18/EDIT TEXT	Branches to the Edit Text - Inquiry Screen	N/A

PF5/RETURN	Returns user to the Pharmacy Pend Resolution Detail Screen	N/A
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Error Messages

Error	Description	Resolution
6070	CLAIM CAPTURED	Information message.
6079	CORRECT HIGHLIGHTED FIELDS IN ERROR	Correct the highlighted fields. If necessary, see the field definitions for valid data/formatting.
6126	DUPLICATE	Information message.
6210	ERROR GETTING MAX SEQ NO FROM FN_BAC_COS_R TABLE	Contact ACS Operations for assistance.
6253	ERROR OPENING CURSOR	Contact ACS Operations for assistance.
6773	ERROR READING ERROR TABLE	Information message.
6817	INVALID PFKEY PRESSED	Check field for valid data and re-enter.
6845	NO MORE PENDED CLAIM FOR THE LOCATION	Information message.
6895	REVERSAL SUCCESSFUL	Information message.
6898	SCREEN/RECEIVE ERROR	If necessary, contact the ACS help desk for assistance.
6920	UNABLE TO RECOVER PENDLOC	Information message.
6921	UNABLE TO RECOVER REQ DOC	Information message.
6676	UNKNOWN REVERSAL STATUS	Information message. If necessary, contact ACS operations for assistance.
6682	USER NOT AUTHORIZED FOR THIS SELECTION	You are not authorized to use the screen. If necessary, contact ACS Operations for assistance.

Screen Access

1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select CLAIMS from the Selection drop-menu.
4. Choose Enter.
5. You see the Pharmacy Pend Resolution Menu screen (POS-S-031).
6. Enter Pend Resolution selection criteria.
7. Choose Enter.
8. You see the Pharmacy Pend Resolution Detail Screen (POS-S-030).
9. Choose (highlight) a record on this screen.
10. Choose the Compound button.

11. You see the Pharmacy Pend Resolution Compound Screen (POS-S-032).

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	FIELD NAME Pharmacy Screen Field Name (DE5512)		N/A
2	FIELD VALUE Pharmacy Screen Field Value (DE5511)		N/A

NAVIGATION	On-line Reject Other Detail (POS-S-033)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	AS-S-035 (R)
ENTER BUTTON	Returns user to the Online Reject Record Screen	RF-S-012-04 (R)
PF1/REJECT REC	Branch to the Online Reject Record Menu Selection	RF-S-012-06 (B)
PF12/SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	N/A

Error Messages

Error	Description	Resolution
None	N/A	N/A

Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Choose ONLINE CURRENT REJECTS from the Selection drop-menu.

4. Choose Enter.
5. You see the On-line Reject Record Menu screen (POS-S-023).
6. Enter a version number.
7. Enter a Provider ID or Enrollee Number. Also, you can enter an Rx number in the Rx field.
8. Choose Enter.
9. You see the On-line Reject Records screen (POS-S-024).
10. Highlight a record in the display.
11. Choose Enter.
12. You see the Prescription Detail screen (POS-S-025).
13. Choose the Other Detail button.
14. You see the On-line Reject Other Detail screen (POS-S-033).

Screens POS-S-034 Notes - Inquiry Screen

General Information

This screen allows the user to document information regarding the approval/denial of a service authorization request.

SOURCE/ORIGINATOR	Help Desk Operator
USAGE	Inquiry, Update, Add
PROGRAM	VPT606B1
MAPSET	VP606B1
TRAN ID	NV17(inquiry)/NV81(add/update)

SAMPLE **Notes - Inquiry Screen (POS-S-034)**


| Home | Contact Us | Help

HMIS
Help | Print | Logout

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

Drugs
Reports

Screen ID: POS-S-034
Trans ID: NV17
Program ID: VPT606B1

**VIRGINIA MEDICAID
NOTES - INQUIRY**

Date: 09/02/2011
Time: 16:31
Page:

Member ID:

Member Name:

Provider ID:

Diagnosis:

Physician Name:

Call Source:

Rx #:

Date Entered: MMDDCCYY

User ID:

Srv Auth Status:

Phys Phone:

Title:

DOS:

Time: HHMMSS

Notes

Srv Auth #:

Error Code:

Rep:

ENTER THE RECIPIENT ID TO INQUIRE

Enter
Add Note
Prev Note
Next Note
Srv Auth Sum
Return
Sub Menu
Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ENROLLEE ID Enrollee Identification Number (DE3001)		<p>A number used to uniquely identify an individual enrollee in a DMAS-administered program. System-displayed.</p> <p>A number used to uniquely identify an individual enrollee in a DMAS-administered program. System-displayed.</p>
2	RX NO Claim Pharmacy Prescription Number (DE2211)		<p>Claim Pharmacy Prescription Number. Reference number assigned by the provider for the dispensed drug/product and/or service provided.</p> <p>ADD (R/U) Add a reference number. See the On-line HELP system for valid formatting.</p> <p>Claim Pharmacy Prescription Number. Reference number assigned by the provider for the dispensed drug/product and/or service provided.</p> <p>ADD (R/U) Add a reference number. See the On-line HELP system for valid formatting.</p>
3	DOS Claim Service From Date (DE2010)		<p>Claim Service From Date. Date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. ADD (R/U) Enter a Claim Service From Date</p> <p>Claim Service From Date. Date on which the service was first rendered; for a claim</p>

			covering only one service (e.g., a prescription), this is the only service date. ADD (R/U) Enter a Claim Service From Date
4	ENROLLEE NAME Enrollee Full Name (DE3003)		Enrollee Full Name. The name of the individual eligible for DMAS-administered programs. See DE 3110-3113. Enrollee Full Name. The name of the individual eligible for DMAS-administered programs. See DE 3110-3113.
5	DATE ENTERED (DE0000)	Messages: Date and Time taken from the timestamp (H_ENTERED) on RS_PHRM_MAP_DATA	The date the note was entered. System-generated. The date the note was entered. System-generated.
6	TIME (DE0000)	Messages: Date and Time taken from the timestamp (H_ENTERED) on RS_PHRM_MAP_DATA	The time the note was entered. System-generated. The time the note was entered. System-generated.
7	PROVIDER National Provider Identifier (DE4700)	Edits: Messages:	A unique identification number assigned to a provider. A unique identification number assigned to a provider.
8	ADDED USER ID User/Operator ID (DE0012)		User/Operator ID. A code uniquely identifying the VaMMIS user. It tracks user input and use of the system. User/Operator ID. A code uniquely identifying the VaMMIS user. It tracks user input and use of the system.
9	DIAGNOSIS Diagnosis Name (DE5302)		Generally accepted nomenclature for a diagnosis. N/A
10	PA STATUS Claims PA Type Code (DE2508)		Identifies the type of Prior Authorization. Identifies the type of Prior Authorization.
11	PHYS NAME		The name of the provider. System-dis-

	Provider Name (DE4085)		played. The name of the provider. System-displayed.
12	PHYS PHONE Provider Phone Number (DE4090)		The provider's phone number. System-displayed. The provider's phone number. System-displayed.
13	CALL SOURCE PA Notes Call Source (DE5948)		Contact for information. System-displayed. Contact for information. System-displayed.
14	CALL SOURCE TITLE PA Notes Call Source Title (DE5949)		PA Notes Call Source Title. Title of the person that the Help Desk spoke to, i.e. R.Ph., Dr., Rn. PA Notes Call Source Title. Title of the person that the Help Desk spoke to, i.e. R.Ph., Dr., Rn.
15	NOTES PA External Text (DE2244)		This field displays the text captured from the Prior Authorization External Text screen (CP-S-004-23). This field displays the text captured from the Prior Authorization External Text screen (CP-S-004-23).
16	PA # Prior Authorization Control Number (DE2024)		The unique identifier for a Prior Authorization. System-generated. The unique identifier for a Prior Authorization. System-generated.
17	ERROR CODE Error Text Error Code (DE5501)		Code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. System-displayed. Code assigned to each edit error identified

			in the Claims Processing Subsystem Edit/Audit Manual. System-displayed.
18	FIRST HEALTH REPRESENTATIVE Name of Pharmacist (DE5870)		Pharmacist's name at ACS. This is the person Help Desk operator spoke to when determining patient diagnosis or health history. Pharmacist's name at ACS. This is the person Help Desk operator spoke to when determining patient diagnosis or health history.

NAVIGATION			Notes - Inquiry Screen (POS-S-034)
Function (B) or (M)	Action	Branch To (B) or Return To (R)	
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	RF-S-010 (R)	
ENTER	Processes screen.	N/A	
PF1/RETURN	Returns user to the Virginia Drug Application Service Authorization Screen	N/A	
PF12/ SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	POS-S-034 ()	
PF4/ ADD NOTE BUTTON	Allows the user to add notes to the current record displayed on the Virginia Drug Application Service Authorization Notes screen.	N/A	
PF6/ SRV AUTH SUM	Returns user to the Va DMAS SRV AUTH Process screen.	N/A	
PF7 or PREVI NOTE	Allows the user to scroll backward through the notes portion of the current record displayed on the Virginia Drug Application Service Authorization Notes screen.	N/A	
PF8 or NEXT NOTE	Allows the user to scroll forward through the notes portion of the current record displayed on the Virginia Drug Application Service Authorization Notes screen.	N/A	

Error Messages

Error	Description	Resolution
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6014	AT THE TOP OF MEMBER NOTES	Information message.
6061	CHOOSE ADD NOTE TO ADD	Information message.
6157	ENTER NOTES	Enter valid notes. See the field definitions for valid data/formatting.
6156	ENTER NOTES DETAILS AND CHOOSE ENTER TO SAVE	Enter valid notes details. See the field definitions for valid data/formatting.
6161	ENTER THE AREA CODE OF THE CITY	Enter the city's area code. See the field definitions for valid data/formatting.
6164	ENTER THE CALL SOURCE	Enter a valid call source. See the field definitions for valid data/formatting.
6163	ENTER THE CALL SOURCE TITLE	Enter a valid call source title. See the field definitions for valid data/formatting.
6166	ENTER THE DIAGNOSIS	Enter a valid diagnosis. See the field definitions for valid data/formatting.
6168	ENTER THE PHYSICIAN NAME	Enter the physician name. See the field definitions for valid data/formatting.
6169	ENTER THE PHYSICIAN PHONE	Enter the physician's phone number. See the field definitions for valid data/formatting.
6170	ENTER THE RECIPIENT ID	Enter a recipient ID. See the field definitions for valid data/formatting.
6195	ERROR CODE MUST BE BLANK OR NUMERIC	Enter a blank or numeric error code. See the field definitions for valid data/formatting.
6196	ERROR CODE NOT FOUND	Enter another error code and process the transaction again.
6300	FUNCTION AVAILABLE	Information message.
6312	INQUIRY SUCCESSFUL	Information message.
6375	INVALID FUNCTION CHOSEN NO INQUIRY DONE ON THIS RECIPIENT ID.	Choose another button to complete the transaction. If necessary, see the Navigation section for button navigation details.
6463	NEXT RECORD DISPLAYED	Information message.
6464	NO ADDITIONAL NOTES FOR MEMBER	Information message.
6491	NO NOTES FOUND	Information message.
6508	PA NUMBER MUST BE NUMERIC	Enter a number PA number. See the field definitions for valid data/formatting.
6509	PA NUMBER NOT FOUND	Check the field data and resubmit the transaction. If necessary, contact ACS operations for assistance.
6583	PREVIOUS RECORD DISPLAYED	Information message.
6590	PROVIDER NO SHOULD BE 9 DIGITS	Enter a nine-digit provider number.
6602	RECIPIENT ID ENTERED IS NOT FOUND	Check the field data and resubmit the transaction. If necessary, contact ACS operations for assistance.

6603	RECIPIENT ID IS NOT FOUND	Information message.
6604	RECIPIENT ID MUST BE NUMERIC	Enter a numeric recipient ID. See the field definitions for valid data/formatting.
6605	RECIPIENT ID NOT FOUND	Check the field data and resubmit the transaction. If necessary, contact ACS operations for assistance.
6606	RECIPIENT ID SHOULD BE 12 CHARACTERS	Enter a 12-character recipient ID. See the field definitions for valid data/formatting.
6627	SCROLLING NOT AVAILABLE NO INQUIRY DONE.	Information message.

Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select PRIOR AUTHORIZATION from the Selection drop-menu.
4. Choose Enter.
5. You see the Prior Authorization Process screen (POS-S-001).
6. Choose the Inquiry button in the PA Pend File Maintenance box.
7. You see the PA Pend File Maintenance screen (POS-S-006).
8. Enter either a Provider number, an enrollee number, a service date, an Rx number, or error number in the field provided.
9. Choose Enter.
10. You see all the records that match the criteria you entered.
11. Select (highlight) a record from the ones listed.
12. Choose the Inquiry button.
13. You see the PA Pend File Inquiry/Update screen (POS-S-007).
14. Choose the Notes button.
15. You see the Notes - Inquiry screen (POS-S-034).

Screens POS-S-035 ProDUR Data Entry Screen

General Information

This screen allows entry of ProDUR exception override codes. It can be accessed via screen POS-S-028 by selecting the ProDUR button or by pressing F10. If the response information is available (claim has been adjudicated) it is displayed in columns 1 and 2. User can enter conflict, intervention and outcome codes in columns 3 thru 5. These values will be included in a subsequent submission of the claim. NOTE: the ProDUR message columns are not tied in any way to the ProDUR intervention columns.

SOURCE/ORIGINATOR	Data Entry Operator
USAGE	Add/View
PROGRAM	VPT000B1
MAPSET	VP000M3
TRAN ID	NV00

SAMPLE ProDUR Data Entry Screen (POS-S-035)

UAT1

Virginia Medicaid

MMIS

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

Reports

Screen ID: POS-S-035
Trans ID: NV00
Program ID: VPT000B1

VIRGINIA MEDICAID
POS DATA ENTRY-PRODUR SUB-SCREEN

ProDUR Exception Message	Exception Disposition	Conflict	Interventions	Outcome	Co-Agent
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ENTER PHARMACY INTERVENTION CODES. THEY ARE NOT PAIRED WIT THE MESSAGE

Enter Return Sub Menu Main Menu

Field Definitions

Seq. Num.	Data Element Name (ID)	Field Information
1	ProDUR Formatted Message (DE5734)	Message describing a ProDUR exception; same text returned to the pharmacy by POS. System generated
2	ProDUR Exception Disposition (DE2474)	Code number identifying the disposition of the ProDUR exception. System generated
3	ProDUR Reason Code (5740)	NCPDP defined ProDUR conflict code
4	Pharmacy Intervention Code (5741)	NCPDP defined pharmacy intervention code
5	Pharmacy Outcome Code (5742)	NCPDP defined pharmacy outcome code

NAVIGATION	Compound Claims Data Entry Screen (POS-S-035)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU Button	Returns to VAMMIS Main Menu screen.	B
PF10/Return Button	Return to the Main Pharmacy Data Entry screen (POS-S-028)	R
PF12/SUB MENU	Return to the Drugs Submenu screen.	B
ENTER	Returns to the ProDUR Entry screen.	R

Error Messages

N/A

Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. Select DATA ENTRY - N1PS from the Selection drop-menu.
3. Choose Enter.
4. You see the Pharmacy POS Claim Entry screen (POS-S-028)
5. Enter the Pharmacy POS Claim information in the appropriate fields.
6. Choose Enter to save the data entered.

7. Choose the ProDUR button.

8. You see the ProDUR Entry Screen (POS-S-043).

Screens POS-S-036 Benefit Exception Selection

General Information

This screen allows the user to view a list of the begin date(s) for the selected GCN or NDC and select the desired record.

SOURCE/ORIGINATOR	Benefit Administrator, Help Desk Operator
USAGE	Inquiry
PROGRAM	VPT88BF2
MAPSET	VPBX1B1
TRAN ID	NV33

SAMPLE	Benefit Exception Selection (POS-S-036)
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The screenshot displays the Virginia Medicaid MMS interface. At the top left is the Virginia Medicaid logo. On the top right, there are links for 'Test Environment', 'Home', 'Contact Us', 'Help', and 'Search'. Below the logo is a blue header bar with 'MMIS' on the left and 'Help | Print | Logout' on the right. The main content area has a title 'VIRGINIA MEDICAID BENEFIT EXCEPTION SELECTION - UPDATE'. On the left side, there are fields for 'Screen ID: POS-S-036', 'Trans ID: NV43', 'Program ID: VPT88BF2', 'Plan: 01', and 'Date For Inquiry: 02272010'. On the right side, there are fields for 'Date: 02/27/2010', 'Time: 12:28', and 'Page: 001 of 003'. The central part of the screen features a table with columns: 'Select', 'Type', 'Drug Code', 'Begin Date', and 'End Date'. The table contains 15 rows of data, each with a radio button in the 'Select' column. At the bottom right of the table area are 'Scroll Up' and 'Scroll Down' buttons. At the very bottom of the screen are four buttons: 'Enter', 'Return', 'Sub Menu', and 'Main Menu'.

Select	Type	Drug Code	Begin Date	End Date
<input type="radio"/>	30	008993	02/11/2009	
<input type="radio"/>	30	018847	01/01/2007	
<input type="radio"/>	30	033513	01/01/2007	
<input type="radio"/>	30	033512	01/01/2007	
<input type="radio"/>	20	18993	01/01/2007	
<input type="radio"/>	20	18992	01/01/2007	
<input type="radio"/>	20	12868	01/01/2007	
<input type="radio"/>	20	12867	01/01/2007	
<input type="radio"/>	20	99418	01/01/2007	
<input type="radio"/>	20	95976	01/01/2007	
<input type="radio"/>	20	92999	01/01/2007	
<input type="radio"/>	20	40120	01/01/2006	
<input type="radio"/>	20	94639	01/01/2006	
<input type="radio"/>	20	19975	10/01/2004	
<input type="radio"/>	20	10947	10/01/2004	

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CLIENT Drug Application Client Number (DE8776)		This is the 4-digit client number for the drug application. System-displayed. This is the 4-digit client number for the drug application. System-displayed.
2	BENEFIT PLAN Benefit Definition Plan Program Code (DE3551)		The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. This is the benefit plan number entered in the Benefit Master Plan Screen. System-displayed. See the on-line HELP system for valid codes and values. System-displayed. Selected group/rider number.
3	DATE FOR INQUIRY (DE0000)	Messages: User entered selection or Date for Inquiry	N/A
4	DRUG TYPE Pharmacy Therapeutic Type Code (DE5915)		Value for drug classification type: 00 = NDC 10 = GCN Sequence Number 20 = GCN 30 = HICL Number 40 = Specific Therapeutic Class 50 = Standard Therapeutic Class 60 = Category Code 70 = Gen TC and STD TC plus the GCN 80 = Gen TC and STD TC Combination See the on-line HELP system for explanations of these codes. System-displayed.

			<p>Value for drug classification type: 00 = NDC 10 = GCN Sequence Number 20 = GCN 30 = HICL Number 40 = Specific Therapeutic Class 50 = Standard Therapeutic Class 60 = Category Code 70 = Gen TC and STD TC plus the GCN 80 = Gen TC and STD TC Combination See the on-line HELP system for explanations of these codes. System-displayed.</p>
5	<p>DRUG CODE VALUE Benefit Exception Drug Value (DE5928)</p>		<p>Actual Drug value based on the program specifications. This will contain the type of drug value (NDC, GCN, HICL, etc.) System-displayed.</p> <p>Selected 9-digit National Drug Code, 5-digit Generic Cross-reference Number. 4-byte Category Code + specific therapeutic class or 1-byte category code. Note: When the Drug type is M, do not enter a drug code.</p>
6	<p>BENEFIT EXCEPTION BEGIN DATE Benefit Exception Begin Date (DE5587)</p>		<p>The beginning effective date for drug exceptions. System-displayed.</p> <p>The begin date of the exception record. Place the cursor next to the desired date, then press the ENTER key.</p>
7	<p>BENEFIT EXCEPTION END DATE Benefit Exception End Date (DE5971)</p>		<p>The ending effective date for drug exceptions. System-displayed.</p> <p>The ending effective date for drug exceptions. System-displayed.</p>

NAVIGATION	Benefit Exception Selection (POS-S-036)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)

MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	N/A
Enter	Returns user to the Virginia Drug Application Benefit Exception Selection Screen	N/A
PF1/RETURN	Return to the Benefit Main Menu	N/A
PF12/SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	N/A
PF7/SCROLL UP	Allows the user to scroll backward through records displayed on the Virginia Drug Application Benefit Exception Selection screen.	N/A
PF8/SCROLL DOWN	Allows the user to scroll forward through records displayed on the Virginia Drug Application Benefit Exception Selection screen.	N/A

Error Messages

Error	Description	Resolution
None	N/A	N/A

Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select BENEFIT MASTER from the Selection drop-menu.
4. Choose Enter.
5. You see the Benefit Main Menu (POS-S-012).
6. Choose Benefit Exceptions from the Selection drop-menu.
7. You see the Benefit Exception Selection screen (POS-S-036).

Screens POS-S-037 Benefit Exceptions

General Information

This screen allows the user to access Benefit Exception records. This screen displays the benefit maximum, quantity maximum and out-of-pocket maximum for the selected NDC, GCN, Category Code or Specific Therapeutic Class. Coding on this file overrides other Benefit criteria.

SOURCE/ORIGINATOR	Benefit Administrator, Help Desk Operator
USAGE	Inquiry, Update, Add
PROGRAM	VPT88BF2
MAPSET	VPT88BF2
TRAN ID	NV27(inquiry)/NV43(Update)

SAMPLE	Benefit Exceptions (POS-S-037)
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https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c5/fU9HDoJQFDwLJ3iP_IISDCXwISJtQ1 - Windows Internet Explorer

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c5/fU9HDoJQFDwLJ3iP_IISDCXwISJtQ1AMgdASCQZOL8aFKSIZTqZBDjuHcmnqcm7GoewghVwqQhY5Qw8ELuQJQTsUeYU6Jw4t3PVMKvAPVDxyKwglpCgUYL



UAT1 | [Home](#) | [Contact Us](#) | [Help](#)

MMIS

Help | Print | Logout

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

Screen ID: POS-S-037
 Trans ID: NV27
 Program ID: VPT88BF2

**VIRGINIA MEDICAID
 BENEFIT EXCEPTION DETAIL -IN QUIRY**

Date: 11/25/2014
 Time: 07:50

Plan: 01	Drug Code: 22880	Begin Date: 05/23/2014
Drug Type Indicator: 20	Medicar N	End Date: / /
Date for Inquiry: 11/25/2014	Age Minimum: 00000	Gender Restriction: B
MAC Exclusion: N	Days as Minimum N	Age Maximum: 06574
Quantity as Minimum: N		Error Code 1499

Limit/Qty Type	Limit	Time Period	Begin Date	End Date
	0000000 . 00		/ /	/ /
	0000000 . 00		/ /	/ /
	0000000 . 00		/ /	/ /
	0000000 . 00		/ /	/ /
	0000000 . 00		/ /	/ /

NO EXCEPTION LIMIT RECORD MATCHED...

Enter | Benefit Menu | Benefit Selection | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	PLAN Benefit Definition Plan Program Code (DE3551)		The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. This is

			<p>the benefit plan number entered in the Benefit Master Plan Screen. System-displayed. See the on-line HELP system for valid codes and values.</p> <p>Exception record drug type. Choose from: 1 - NDC 2 - GCN 3 - Therapeutic Class (Category code + specific Therp.) 4 - Category M - Maintenance Co-pay</p>
2	CLIENT Drug Application Client Number (DE8776)		<p>This is the 4-digit client number for the drug application. System-displayed.</p> <p>The selected client's 4-digit client ID.</p>
3	BENEFIT EXCEPTION BEGIN DATE Benefit Exception Begin Date (DE5587)		<p>The beginning effective date for drug exceptions. System-displayed.</p> <p>Selected client key.</p>
4	DRUG TYPE INDICATOR Pharmacy Therapeutic Type Code (DE5915)		<p>Value for drug classification type: See the on-line HELP system for explanations of these codes. System-displayed.</p> <p>Exception record drug code. 11 digits = NDC 5 digits = GCN 4 bytes = Category Code plus specific Therapeutic Class 1 byte = Category Code</p>
5	DRUG CODE VALUE Benefit Exception Drug Value (DE5928)		<p>Actual Drug value based the CVAL. This contains the type of drug value (NDC, GCN, HICL, etc.) System-displayed.</p> <p>Actual Drug value based the CVAL. This contains the type of drug value (NDC, GCN, HICL, etc.) System-displayed.</p>
6	BENEFIT EXCEPTION END DATE Benefit Exception End Date (DE5971)		<p>The ending effective date for drug exceptions. UPDATE (R/U)</p>

			<p>The ending effective date for drug exceptions.</p> <p>UPDATE (R/U)</p> <p>Choose the field, then edit the ending effective date. Must be in MMDDCCYY format.</p>
7	<p>DATE FOR INQUIRY (DE0000)</p>	<p>Messages:</p> <p>User entered selection of Date for Inquiry</p>	<p>The date of the inquiry. In MM/DD/CCYY format. System-displayed.</p> <p>The date of the inquiry. In MM/DD/CCYY format. System-displayed.</p>
8	<p>MEDICARE COVERED INDICATOR</p> <p>Claim Medicare Coverage Indicator (DE2402)</p>		<p>This code indicates that the recipient has Medicare Part B coverage only.</p> <p>This code indicates that the recipient has Medicare Part B coverage only.</p> <p>UPDATE (R/U)</p> <p>Enter a Y or N.</p>
9	<p>SEX RESTRICT</p> <p>Benefit Exception Sex Restriction Indicator (DE5590)</p>		<p>Indicates if the exception restriction is based on gender. These are valid values:</p> <p>F = Female</p> <p>M = Male</p> <p>Indicates if the exception restriction is based on gender. These are valid values:</p> <p>F = Female</p> <p>M = Male</p> <p>UPDATE (R/U)</p> <p>Choose the field, then add a new code, if necessary.</p>
10	<p>MAC EXCLUSION</p> <p>Benefit Exception Maximum Allowable Cost (MAC) Exclusion (DE5588)</p>		<p>An indicator that tells whether MAC (Maximum Allowable Cost) drugs are covered by the benefit plan.</p> <p>N = MAC Drugs are Included</p> <p>Y = MAC Drugs are Excluded</p> <p>An indicator that tells whether MAC (Maximum Allowable Cost) drugs are covered by the</p>

			<p>benefit plan. N = MAC Drugs are Included Y = MAC Drugs are Excluded UPDATE (R/U) Choose the field, then enter a Y or N.</p>
11	<p>AGE MINIMUM Benefit Exception Age Minimum (DE5589)</p>		<p>The minimum age an enrollee must be to have a particular class of drugs dispensed.</p> <p>This age is expressed in days.</p> <p>UPDATE (R/U) Choose the field, then add a new age minimum, if necessary. Must be five digits, beginning with zero.</p>
12	<p>AGE MAXIMUM Benefit Exception Age Minimum (DE5589)</p>		<p>The maximum age an enrollee must be to have a particular class of drugs dispensed.</p> <p>This age is expressed in days.</p> <p>UPDATE (R/U) Choose the field, then add a new age maximum, if necessary. Must be five digits, beginning with zero.</p>
13	<p>QUANTITY AS MINIMUM Benefit Exception Qty as Min Flag (DE5929)</p>		<p>Flag that determines if quantity specified should be used as minimum quantity to be dispensed for a Benefit Exception. System-displayed. Y = Quantity specified should be used as minimum quantity to be dispensed as benefit exception. N = Quantity specified should NOT be used as minimum quantity to be dispensed as benefit exception.</p> <p>Flag that determines if quantity specified should be used as minimum quantity to be dispensed for a Benefit Exception. System-displayed. Y = Quantity specified should be used as minimum quantity to be dispensed as benefit exception. N = Quantity specified should NOT be used as minimum quantity to be dispensed as benefit exception.</p>

			<p>UPDATE (R/U) Choose the field, then add a Y or N.</p>
14	<p>DAYS AS MINIMUM Benefit Exception Days as Min Flag (DE5930)</p>		<p>Flag determining whether days specified should be used as the minimum number of days for a Benefit Exception. System-displayed. Y = Days specified should be used as minimum number of days for a benefit exception. N = Days specified should be NOT used as minimum number of days for a benefit exception.</p> <p>Flag determining whether days specified should be used as the minimum number of days for a Benefit Exception. System-displayed. Y = Days specified should be used as minimum number of days for a benefit exception. N = Days specified should be NOT used as minimum number of days for a benefit exception. UPDATE (R/U) Choose the field, then add a Y or N.</p>
15	<p>LIMIT/QTY TYPE (DE0000)</p>	<p>Edits: Use C_LIMIT_TYPE_CVAL (DE5913) if not spaces. If spaces use C_LIMIT_QTY_TYP_CVAL (DE5932).</p>	<p>Numeric limit type. System-displayed. Numeric limit type. System-displayed.</p>
16	<p>LIMIT Benefit Exception Limit (DE5933)</p>		<p>Numeric limit specified based on Days Supply, Quantity or Scripts.</p> <p>Numeric limit specified based on Days Supply, Quantity or Scripts. UPDATE (R/U) Choose the field, then add a valid numeric value.</p>

17	TIME PERIOD Benefit Exception Limits Time Period (DE5934)		<p>Time period on which a limit is based, i.e. annual, days, month, etc. A =ANNUAL D =DAYS L =LIFETIME M =MONTHS Q =QUARTERLY</p> <p>Time period on which a limit is based, i.e. annual, days, month, etc. A =ANNUAL D =DAYS L =LIFETIME M =MONTHS Q =QUARTERLY UPDATE (R/U) Choose the field, then add a time period restriction. Time period on which a limit is based, i.e. annual, days, month, etc. A =ANNUAL D =DAYS L =LIFETIME</p>
18	BEGIN DATE Benefit Exception Limits Begin Date (DE5935)		<p>The beginning effective date of Benefit Exception Limits. System-displayed.</p> <p>The beginning effective date of Benefit Exception Limits. System-displayed.</p>
19	END DATE Benefit Exception Limits End Date (DE5936)		<p>The end effective date of Benefit Exception Limits.</p> <p>The end effective date of Benefit Exception Limits. UPDATE (R/U) Choose the field, then add/edit the end effective date.</p>
20	CLAIM ERROR ESC CODE Claim Error ESC Code (DE5506)	Edits: ESC must be valid code	N/A

NAVIGATION	Benefit Exceptions (POS-S-037)	
		Branch To (B)

Function (B) or (M)	Action	or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	N/A
PF1/BENEFIT MENU/RETURNS	Returns user to the Virginia Drug Application Benefit Main Menu screen.	AM-S-004 (R)
PF12/SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	AM-S-004 (R)
PF3 or UPDT/END	Allows the user to update the current record displayed on the Virginia Drug Application Benefit Exception (Co-pays) screen.	AM-S-004 ()
PF3/BENEFIT SELECTION BUTTON	Returns to the Benefit Exception Selection	N/A
PF5/SCROLL UP (Limits)	Scrolls Limit data back	N/A
PF6/SCROLL DOWN (Limits)	Scrolls Limit data forward	N/A
PF7/SCROLL UP (Drug)	Scroll drug exception data back	N/A
PF8/SCROLL DOWN (Drug)	Scroll drug data forward	N/A

Error Messages

Error	Description	Resolution
6021	BENEFIT DATA AND BENEFIT FEES IS ADDED	Information message. No response needed.
6022	BENEFIT DATA BEGIN DATE MUST BE GREATER THAN OR EQUAL TO 01/01/1980	Check and re-enter a benefit data begin date. If necessary, see the field definitions for data/formatting requirements.
6023	BENEFIT DATA END DATE MUST BE GREATER THAN BEGIN DATE	Check and re-enter a benefit data end date. If necessary, see the field definitions for data/formatting requirements.
6024	BENEFIT DATA IS ADDED	Information message. No response needed.
6025	BENEFIT DATA IS UPDATED	Information message. No response needed.
6026	BENEFIT DATA RECORD NOT FOUND	Information message. No response needed.
6032	BENEFIT FEE BEGIN DATE MUST BE GREATER THAN OR EQUAL TO 01/01/1980	Check and re-enter a benefit fee begin date. If necessary, see the field definitions for data/formatting requirements.
6033	BENEFIT FEE END DATE MUST BE	Check and re-enter a benefit fee end date. If neces-

	GREATER THAN BEGIN DATE	sary, see the field definitions for data/formatting requirements.
6035	BENEFIT FEES IS ADDED	Information message. No response needed.
6036	BENEFIT FEES IS UPDATED	Information message. No response needed.
6040	BENEFIT MASTER MAIN MENU NOT FOUND	Contact ACS operations for assistance.
6135	END OF BENEFIT FEES TABLE	Information message. No response needed.
6155	ENTER DATA IN ALL THE FIELDS	Information message. Follow instructions in the error message.
6214	ERROR IN CLOSING BENEFIT DATA CURSOR	Process the transaction again. Contact ACS Operations for assistance, if necessary.
6220	ERROR IN GETTING CURRENT TIMESTAMP	If necessary, contact ACS operations for assistance.
6221	ERROR IN INQUIRY OF BENEFIT DATA	Process the transaction again. Contact ACS Operations for assistance, if necessary.
6222	ERROR IN INQUIRY OF BENEFIT FEES	Process the transaction again. Contact ACS Operations for assistance, if necessary.
6223	ERROR IN INSERTING BENEFIT FEES	Process the transaction again. Contact ACS Operations for assistance, if necessary.
6224	ERROR IN INSERTING DATA	Contact ACS Operations for assistance.
6225	ERROR IN PROCESSING BEGIN DATE	Process the transaction again. Contact ACS Operations for assistance, if necessary.
6226	ERROR IN PROCESSING BENEFIT DATA	Process the transaction again. Contact ACS Operations for assistance, if necessary.
6227	ERROR IN PROCESSING BENEFIT FEES	Process the transaction again. Contact ACS Operations for assistance, if necessary.
6237	ERROR IN RETRIEVING BENEFIT DATA	Process the transaction again. Contact ACS Operations for assistance, if necessary.
6236	ERROR IN RETRIEVING BENEFIT DATA SEQUENCE NUMBER	Process the transaction again. Contact ACS Operations for assistance, if necessary.
6239	ERROR IN RETRIEVING SEQ NUMBER OF BENEFIT FEES	Process the transaction again. Contact ACS Operations for assistance, if necessary.
6240	ERROR IN RETRIEVING SEQ NUMBER OF BNFT DOSAGE	Retry the transaction to get a sequence number for benefit dosage. If necessary, contact ACS operations for assistance.
6241	ERROR IN RETRIEVING SEQ NUMBER OF BNFT DRUG	Try the transaction again. If necessary, contact ACS operations for assistance.
2218	ESC NUMBER IS INVALID	Enter a valid ESC number. See the Online Edit/ Audit Manual. See the field definitions for valid formatting/data for this field.
6311	INQUIRY DATE SHOULD BE GREATER THAN OR EQUAL TO 01/01/1980	Check and re-enter an inquiry date. If necessary, see the field definitions for data/formatting requirements.

6323	INVALID BNFT DATA END DATE	Enter a valid benefit data end date. If necessary, see the field definitions for valid data/formatting.
6328	INVALID INQUIRY DATE	Enter a valid inquiry date. If necessary, see the field definitions for valid data/formatting.
6329	INVALID RUNOUT DATE	Enter a valid runout date. If necessary, see the field definitions for valid data/formatting.
6333	INVALID BENEFIT DATA BEGIN DATE	Enter a valid benefit data begin date. If necessary, see the field definitions for valid data/formatting.
6334	INVALID BENEFIT DATA END DATE	Enter a valid benefit data end date. If necessary, see the field definitions for valid data/formatting.
6343	INVALID BENEFIT FEE	Enter a benefit fee amount. If necessary, see the field definitions for valid data/formatting.
6340	INVALID BENEFIT FEE BEGIN DATE	Enter a valid benefit fee begin date. If necessary, see the field definitions for valid data/formatting.
6341	INVALID BENEFIT FEE END DATE	Enter a valid benefit fee end date. If necessary, see the field definitions for valid data/formatting.
6342	INVALID BENEFIT FEE TYPE	Enter a valid benefit fee type. If necessary, see the field definitions for valid data/formatting.
6370	INVALID EXCEED LIMIT	Enter a valid exceed limit. If necessary, see the field definitions for valid data/formatting.
6371	INVALID FILE LIMIT; SHOULD BE NUMERIC	Enter a numeric file limit. If necessary, see the field definitions for valid data/formatting.
6379	INVALID INQUIRY DATE	Enter a inquiry date. If necessary, see the field definitions for valid data/formatting.
6383	INVALID KEY CHOSEN	Enter a different diagnosis code. If necessary, see the field definitions for valid data/formatting.
6400	INVALID MAX ALLOWED	Enter a valid maximum allowed amount. If necessary, see the field definitions for valid data/formatting.

Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select BENEFIT MASTER from the Selection drop-menu.
4. Choose Enter.
5. You see the Benefit Main Menu (POS-S-012).
6. Choose Benefit Exceptions from the Selection drop-menu.
7. You see the Benefit Exception Selection screen (POS-S-036).
8. Choose (highlight) a record.

9. Choose the Process button.

10. You see the Benefit Exceptions screen (POS-S-037).

Screens POS-S-039 Provider Profile Screen

General Information

This screen display Provider information.

SOURCE/ORIGINATOR	Help Desk Operator
USAGE	Inquiry
PROGRAM	VPT510B1
MAPSET	VP500B1/VP500M1
TRAN ID	NV76

SAMPLE	Provider Profile Screen (POS-S-039)
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Screen ID: POS-S-039
 Trans ID: NV76
 Program ID: VPT510B1

**VIRGINIA MEDICAID
 PROVIDER PROFILE**

Date: 1
 Time: 0

NPI: [REDACTED] Legacy: [REDACTED]
 Name: [REDACTED]
 Type: 060 Update Date: 01/31/2007
 Specialty: FIPS: 775
 Service Center: DEA Number:
 EMC: N POS: Y

Provider License

Number: [REDACTED]
 Begin Date: 04/01/1989
 End Date: 04/30/2010

Provider Eligibility

Begin Date	End Date	Program Code
07/01/1998	07/31/2010	08
04/01/1989	07/31/2010	01
MM/DD/CCYY	MM/DD/CCYY	

Provider Restriction

PGM	Type	Action	Begin Date	End Date
			MM/DD/CCYY	MM/DD/CCYY
			MM/DD/CCYY	MM/DD/CCYY

Servicing Provider Address

Additional Name: [REDACTED]
 Address: [REDACTED]
 City: [REDACTED] State: [REDACTED] Zip: [REDACTED]
 Phone: [REDACTED]

Last Remittance

Number: [REDACTED]
 Date: 05/30/2008
 Amount: \$0.00

PROVIDER DETAILS FOUND

[Enter](#) [Prov Menu](#) [Name X-Ref](#) [Sub Menu](#) [Main Menu](#)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1.1	Legacy Provider Identification Number (DE4002)	Edits: Messages:	Legacy Provider ID N/A
1.2	NPI National Provider Identifier (DE4700)	Edits: Messages: Either a Provider Identification Number or National Provider Identifier (NPI) can be entered.	This is the CMS assigned National Provider Identifier that represents an individual entity. An NPI may be assigned for multiple Provider IDs that exist in VaMMIS today. N/A

3	Name Provider Name (DE4085)	Edits: Messages:	The name of the provider. N/A
4	Type Provider Type (DE4006)	Edits: Messages:	A 3-digit code that designates the classification of a provider under the state plan (e.g., Dentist, Pharmacy). N/A
5	Last Update Provider Last Update Date (DE4019)	Edits: Messages:	This is the last date the record was updated by a file maintenance transaction. N/A
6	Specialty Provider Specialty Code (DE4007)	Edits: Messages:	The provider's certified medical specialty (ies). N/A
7	Locality Provider Locality Code (DE4089)	Edits: Messages:	The county in which a provider is located. N/A
8	Service Center Provider Service Center (DE4082)	Edits: Messages:	A code assigned to each billing service or data center which submits claims to the Fiscal Agent. See On-line HELP for valid billing service center or data center codes. N/A
9	DEA Number Provider Alternate ID Value (DE4044)	Edits: Messages:	This is the Medicare Number, FEIN, SSN, TDO, ID, SLH ID, UPIN, or DEA Number. N/A
10	EMC Provider Electronic Capability Type (DE4546)	Edits: 'E' in C_ECOMM_ CVAL on PS_ PROV_ECOMM_ TYPE Messages:	This code tells the provider's capacity for EMC billing. The type of provider electronic capability
11	POS Provider Electronic Capability Type (DE4546)	Edits: 'P' in C_ECOMM_ CVAL on PS_ PROV_ECOMM_ TYPE Messages:	Indicates the provider's capacity for POS billing/connectivity. See the On-line HELP system for valid codes. N/A
12	Provider License Number		The number assigned by the Virginia licensing agency. This authorizes a provider to

	Provider License Number (DE4064)		practice within Virginia. N/A
13	Provider License Effective Date Provider License Begin Date (DE4066)	Edits: Messages:	The effective date of a provider's license. N/A
14	Provider License Expiration Date Provider License End Date (DE4067)	Edits: Messages:	The expiration date of a provider's license. N/A
15	Provider Eligibility Begin Date Provider Program Code Begin Date (DE4205)	Edits: Messages:	The beginning date of provider eligibility in a given program. N/A
16	Provider Eligibility End Date Provider Program Code End Date (DE4206)		The ending date of provider eligibility in a given program. N/A
17	Provider Eligibility Program Code Provider Program Code (DE4208)	Edits: Messages:	The program(s) in which a provider participates. See the On-line HELP system for an explanation of program codes. N/A
18	Provider Restriction PGM Provider Program Code (DE4208)	Edits: Messages:	The program(s) in which a provider participates. The program(s) in which a provider participates.
19	Provider Restriction Type Provider Restriction Type (DE4024)		The type of restriction placed on the provider. See the on-line HELP for valid restriction types. N/A
20	Provider Restriction Action Provider Restriction Action Type (DE4288)	Edits: Messages:	The action taken on the claim for the restriction. See the on-line HELP system for valid field codes. N/A
21	Provider Restriction Begin Date		The beginning date of provider restriction. N/A

	Provider Restriction Begin Date (DE4020)		
22	Provider Restriction End Date Provider Restriction End Date (DE4021)		The ending date of a provider restriction. N/A
23	Additional Name Provider Attention Name (DE4096)	Edits: Messages:	This name goes in the attention line in the provider's address. N/A
24	Address Provider Address Line (DE4097)	Edits: Messages:	The provider's address. N/A
25	City Provider Address City Name (DE4130)	Edits: Messages:	The city in the provider's address. N/A
26	State Provider Address State (DE4098)	Edits: Messages:	The state in the provider's address. N/A
27	Zip Provider Address ZIP Code (DE4099)	Edits: Messages:	The ZIP code in the provider's address. N/A
28	Phone Provider Phone Number (DE4090)	Edits: Messages:	This is the provider's phone number. N/A
29	Last Remittance Number Remittance Advice Number (DE9580)	Edits: Messages:	A sequential number that identifies the RA currently being produced for a provider. The number is incremented by one each time a new RA is generated. The first 5 positions are Julian date format (YYDDD). N/A
30	Last Remittance Date Remittance Payment Date (DE9578)	Edits: Messages:	Date of the remittance cycle. N/A
31	Last Remittance Amount Remittance Check Amount (DE9577)	Edits: Messages:	This is the total payment amount for all direct and indirect services rendered by the provider for the current remittance cycle. N/A

NAVIGATION	Provider Profile Screen (POS-S-039)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits users from the Virginia Drug Application Help Desk System.	RF-S-010 ()
ENTER	Displays new Profile Information	N/A
PF1/PROV MENU	Branches to the Provider Profile Inquiry Menu Screen	POS-S-040 ()
PF12 /SUB MENU	Returns user to the Help Desk Menu Screen	POS-S-000 (R)
PF5/ NAME X-REF	Branches user to the Provider Name Cross-Reference Screen	POS-S-041 (B)

Error Messages

Error	Description	Resolution
6112	DB2 ERROR GETTING TIMESTAMP	Try to process the transaction again. If necessary, contact ACS operations for assistance.
6137	END OF BROWSE FOR PROVIDER	Information message.
6138	END OF BROWSE FOR SUBSCRIBER	Information message.
6139	END OF PAGE	Information message. No action needed.
6759	ERROR OCCURRED AT RECEIVE TRANS CANCELLED.	Information message.
6250	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
6760	ERROR OCCURRED AT SEND TRANS CANCELLED.	Information message.
6251	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
6806	INVALID DATE ENTERED TRY AGAIN.	Check field for valid data and re-enter.
6377	INVALID FUNCTION KEY PRESSED	The function selected cannot complete the task.
6411	INVALID POS DATE ENTERED	Enter a valid POS date. See the field definitions for valid data/formatting.
6421	INVALID RX NUMBER SUPPLIED TRY ANOTHER NUMBER.	Enter a valid RX number. See the field definitions for valid data/formatting.
6824	INVALID SELECTION FOR PA	Check field for valid data and re-enter.
6547	MAXIMUM LENGTH OF PROVIDER ID IS 10	Enter a 10 digit NPI provider number.
6841	NO CHANGES / SELECTION MADE	Information message.

	SCREEN NOT REFRESHED	
6844	NO LINE SELECTED	Information message.
6489	NO MORE RECORDS	Information message. No response needed.
6561	NPI PROVIDER MUST BE NUMERIC (10)	Enter a 10 digit NPI provider number.
6549	PLEASE ENTER PROVIDER ID	Information message. No action needed.
6562	PLEASE ENTER THE 10 DIGIT NPI	Enter a 10 digit NPI provider number.
6872	PLEASE ENTER THE PROVIDER NAME FOR NAME XREF	Enter valid data requested and re-process.
6879	PRESS ENTER TO VIEW ADDITIONAL RECORDS	Information message.
6883	PROVIDER DETAILS FOUND	Information message.
6884	PROVIDER DETAILS NOT FOUND	Information message.
6885	PROVIDER ID NOT FOUND PLEASE TRY A DIFFERENT PROVIDER NO	Information message.
6895	REVERSAL SUCCESSFUL	Information message.
6915	TOP OF THE PAGE	Information message.

Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select PROVIDER from the drop-menu.
4. Choose Enter.
5. You see the Provider Profile Inquiry Menu screen (POS-S-040).
6. Select the Legacy Profile radio button.
7. Enter a nine-digit Provider ID number (Legacy) or a ten-digit NPI in the field.
8. Choose Enter.
9. You see the Provider Profile Inquiry Screen (POS-S-039).

Screens POS-S-040 Provider Menu

General Information

This screen provides a menu to access Provider Profiles directly or by the Provider Name cross-reference screen.

SOURCE/ORIGINATOR	Help Desk Operator
USAGE	Inquiry
PROGRAM	VPT500B1
MAPSET	VP500M0
TRAN ID	NV75

SAMPLE	Provider Menu (POS-S-040)
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Test Environment | Home | Contact Us | Help | Search |

Virginia Medicaid

MMIS Help | Print | Logout

Screen ID: POS-S-040
Trans ID: NV75
Program ID: VPT500B1

**VIRGINIA MEDICAID
PROVIDER MENU**

Date: 03/04/2010
Time: 18:11

Selection: Legacy Profile Provider Name Xref NPI Profile

Enter Provider ID or Provider Name:

PLEASE SELECT OPTION AND ENTER PROVIDER NO OR PROVIDER NAME

Enter Sub Menu Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Selection Screen Functional Selection (DE5854)	Edits: Must be (1 or 2 or 3) Messages: 1 = Legacy 2 = Name 3 = NPI	Select either Provider Profile or Provider Name Xref. N/A
2	PROVIDER National Provider Identifier (DE4700)	Edits: User enters Provider Number, NPI, or Provider Name Messages: Either a Provider Identification Number or National Provider Identification (NPI) can be entered with corresponding options (1 or 3). Option 2 enter Provider Name	This is the CMS assigned National Provider Identifier that represents an individual entity. An NPI may be assigned for multiple Provider IDs that exist in VAMMIS today. Either a Provider Identification Number or National Provider Identification (NPI) can be entered with corresponding options (1 or 3). Option 2 enter Provider Name. N/A

NAVIGATION	Provider Menu (POS-S-040)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System.	N/A
ENTER	Branches to the following screens based on function selection: If Provider Profile is selected, branches to the VA Drug Application Provider Profile Screen POS-S-039 If Provider Name Xref is selected, branches to the VA Drug Application Provider Name Xref Screen	POS-S-039 (B)

	POS-S-041 Selection 2 - Branches to the VA Drug Application Provider Profile Name Cross-Reference Screen POS-S-041	
PF12/SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen	POS-S-000 (R)

Error Messages

Error	Description	Resolution
6574	ENTRY INVALID - CORRECT OR < MENU	Press Provider Menu(PF1) or Enter a 10 digit NPI provider number.
6575	ENTRY INVALID < MENU	Press Provider Menu or PF1
6251	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
6357	INVALID DATE ENTERED	Enter a valid date. See the field definitions for valid data/formatting.
6383	INVALID KEY CHOSEN	Enter a different diagnosis code. If necessary, see the field definitions for valid data/formatting.
6830	INVALID VERSION	Check field for valid data and re-enter.
6834	MAXIMUM LENGTH OF PROVIDER ID IS 9	Information message.
6854	OPTION CANNOT BE EMPTY	Information message.
6866	PLEASE ENTER SSN OR PROVIDER TRY AGAIN.	Enter valid data requested and re-process.
6554	PLEASE ENTER SSN OR PROVIDER AND TRY AGAIN	Enter the data requested. See the field definitions for valid data/formatting, if necessary.
6872	PLEASE ENTER THE PROVIDER NAME FOR NAME XREF	Enter valid data requested and re-process.
6873	PLEASE ENTER THE PROVIDER-ID	Enter valid data requested and re-process.
6904	SELECT OPTION AND ENTER PROVIDER ID	Information message.

Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.

2. You see the PRN Main Menu (POS-S-000).
3. Select PROVIDER from the drop-menu.
4. Choose Enter.
5. You see the Provider Profile Inquiry Menu screen (POS-S-040).

Screens POS-S-041 Provider Selection Screen

General Information

This screen provides a Provider Name Cross-reference for access to the Provider Profiles.

SOURCE/ORIGINATOR	Help Desk Operator
USAGE	Inquiry
PROGRAM	VPT520B1
MAPSET	VP500B1VP500M2
TRAN ID	NV77

SAMPLE	Provider Selection Screen (POS-S-041)
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The screenshot shows a web browser window titled "VA DMAS Prototype Portal - Windows Internet Explorer". The address bar shows a localhost URL. The page content includes a "Virginia Medicaid" logo and a navigation bar with "MMIS" and "Help | Print | Logoff".

Screen ID: POS-S-041
 Trans ID: NV77
 Program ID: VPT520B1

**VIRGINIA MEDICAID
 PROVIDER SELECTION SCREEN**

Date: 03/15/2010
 Time: 10:08
 Page: 001 of 039

Provider Name:

Select	Provider Name Provider ID	NPI	Type	Pgm Code	Rsn Code	Provider Address
<input type="radio"/>	WAL-MART PHARMACY #10-1292 008507058	1972520179	060			2400 N FRANKLIN ST CHRISTIANSBUR VA 240731088
<input type="radio"/>	WAL-MART PHARMACY #10-1292 010239966	1972520179	062			2400 N FRANKLIN ST CHRISTIANSBUR VA 240731088
<input type="radio"/>	WAL-MART PHARMACY #10-1558 010106389	1407873664	060			84-K S VAN BUREN RD EDEN NC 272880000
<input type="radio"/>	WAL-MART PHARMACY #10-1682 008562211	1861419061	060			2448 CHESAPEAKE SQUARE RING R CHESAPEAKE VA 233212173
<input type="radio"/>	WAL-MART PHARMACY #10-1682 010240310	1861419061	062			2448 CHESAPEAKE SQ RING RD CHESAPEAKE VA 233212173
<input type="radio"/>	WAL-MART PHARMACY #10-1852 008572232	1457378556	060			14000 WORTH AVE WOODBIDGE VA 221924121

Scroll Up | Scroll Down

TOP OF THE PAGE

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1.1	PROVIDER NAME (Selection) Screen Functional Selection (DE5854)	Edits: Messages: Screen can be in PROVIDER NAME selection mode or NPI selection mode. Only inquiry of the same mode is allowed.	Provider Name (or first part of name). N/A
1.2	NPI (Selection) Screen Functional Selection (DE5854)	Edits: Messages: Screen can be in PROVIDER NAME selection mode or NPI selection mode. Only inquiry of the same mode is allowed.	National Provider Identifier that represents an individual entity. N/A
3	Provider Name Provider Name (DE4085)	Edits: Messages:	Provider Name N/A
4	Provider Nbr Provider Identification Number (DE4002)	Edits: Messages:	Legacy Provider Number N/A
5	NPI National Provider Identifier (DE4700)	Edits: Messages:	This is the CMS assigned National Provider Identifier that represents an individual entity. An NPI may be assigned for multiple Provider IDs that exist in VAMMIS today. N/A
6	Type Provider Type (DE4006)	Edits: Messages:	A code that designates the classification of a provider under the State plan (e.g., Dentist, Pharmacy). As of 03/31/99 the following Provider Types were end dated: 069 - HMO Options -Immunization 089 - HMO Options N/A

7	Pg Provider Program Code (DE4208)	Edits: Messages:	The program(s) in which a provider participates. N/A
8	Reason Provider Reason Code (DE4012)	Edits: Messages:	The reason code for the provider. System- displayed. See the on-line HELP system for valid values for this field. N/A
9	Provider Address Provider Address Line (DE4097)	Edits: Messages:	Provider Address. System-displayed. N/A

NAVIGATION	Provider Selection Screen (POS-S-041)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits user from the Virginia Drug Application Help Desk System	RF-S-010 (R)
ENTER	Branches user to the Provider Profile Inquiry Screen if selection is made, else will refresh screen.	N/A
PF1/RETURN	Branches the user to the Provider Menu Screen	POS-S-040 (B)
PF12/SUB MENU	Returns user to the Virginia Drug Application Help Desk Main Menu screen.	POS-S-000 (R)
PF7/SCROLL UP	Scrolls to the previous page of Provider Names	N/A
PF8/SCROLL DOWN	Scrolls to the next page of Provider Names	N/A
PROV MENU	Branches to the Provider Menu Screen.	POS-S-040 (B)

Error Messages

Error	Description	Resolution
6137	END OF BROWSE FOR PROVIDER	Information message.
6138	END OF BROWSE FOR SUBSCRIBER	Information message.
6139	END OF PAGE	Information message. No action needed.
6250	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
6251	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Contact ACS Operations for assistance.

6284	FILE NOT OPEN ERROR	Contact ACS Operations for assistance
6357	INVALID DATE ENTERED	Enter a valid date. See the field definitions for valid data/formatting.
6377	INVALID FUNCTION KEY PRESSED	The function selected cannot complete the task.
6411	INVALID POS DATE ENTERED	Enter a valid POS date. See the field definitions for valid data/formatting.
6818	INVALID POS DATE ENTERED TRY AGAIN.	Check field for valid data and re-enter.
6823	INVALID RX NUMBER SUPPLIED TRY AGAIN.	Check field for valid data and re-enter.
6421	INVALID RX NUMBER SUPPLIED TRY ANOTHER NUMBER.	Enter a valid RX number. See the field definitions for valid data/formatting.
6465	NO CHANGES MADE	Information message.
6866	PLEASE ENTER SSN OR PROVIDER TRY AGAIN.	Enter valid data requested and re-process.
6872	PLEASE ENTER THE PROVIDER NAME FOR NAME XREF	Enter valid data requested and re-process.
6878	PRESS ENTER TO RETURN	Information message.
6879	PRESS ENTER TO VIEW ADDITIONAL RECORDS	Information message.
6880	PRESS PF6 FOR MORE DETAILS	Information message.
6895	REVERSAL SUCCESSFUL	Information message.
6900	SCROLLING UNAVAILABLE AS NO SEARCH RESULTS FOUND	Information message.
6911	TO GET PROVIDER DETAILS PLACE CURSOR ON LINE AND PRESS ENTER	Information message.
6915	TOP OF THE PAGE	Information message.
6916	TOP OF THE PAGE NO MORE PAGES TO SCROLL UP	Information message.

Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select PROVIDER from the drop-menu.
4. Choose Enter.
5. You see the Provider Menu screen (POS-S-040).
6. Select the Legacy Profile, Provider Name Xref, or NPI Profile radio button.
7. Enter data based on field label

PROVIDER NAME: Enter Provider Name (part)

PROVIDER NBR: Enter an NPI

8. Choose Enter.

9. You see the Provider Selection Screen (POS-S-041).

Screens POS-S-042 Service Authorization Remarks Inquiry

General Information

This screen allows access to Service Authorization Remarks.

SOURCE/ORIGINATOR	Help Desk Operator
USAGE	Inquiry
PROGRAM	VPT607B1
MAPSET	VP607B1
TRAN ID	NV80

SAMPLE	Service Authorization Remarks Inquiry (POS-S-042)
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The screenshot displays the Virginia Medicaid MMIS interface. At the top left is the Virginia Medicaid logo. On the top right, there are links for "Test Environment", "Home", "Contact Us", "Help", and "Search". Below the logo, the text "MMIS" is visible. The main header area contains "Screen ID: POS-S-042", "Trans ID: NV80", and "Program ID: VPT607B1" on the left; "VIRGINIA MEDICAID REMARKS INQUIRY SCREEN" in the center; and "Date: 03/04/2010" and "Time: 14:20" on the right. A "Service Auth Code" field contains the value "752". Below this, the text "Verbiage: NO A/B RATED GENERIC AVAILABLE" is displayed. A red message "NO OPERATION PERFORMED" is shown at the bottom left. At the bottom of the screen, there are four buttons: "Enter", "Return", "Sub Menu", and "Main Menu".

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Client ID Drug Application Client Number (DE8776)		This is the four-digit Client Number for the drug application. System-displayed. N/A
2	Prior Auth Remarks Code PA Comment Code (DE2334)		This code indicates why a prior authorization was approved or denied. Client may enter a 3 digit code to represent any value he would like. This is related to Pharmacy claims only. Ex: VAC - Vacation supply SCH- School supply. See the other remarks used for consistent examples. Enter a code in this field to see the verbiage related to it. N/A
3	Prior Auth Remarks Description PA Comments Text (DE2619)		These are comments that a DMAS employee may note about a specific prior authorization. System-displayed. N/A

NAVIGATION	Service Authorization Remarks Inquiry (POS-S-042)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits the user from the Virginia Drug Application Help Desk System	N/A
ENTER	Displays screen information	N/A
PF1/RETURN	Branches to the Drug Application Service Authorization Menu	N/A
PF12/SUB MENU	Returns user to the Drug Application HELP DESK MAIN MENU	N/A

Error Messages

Error	Description	Resolution
6719	DATA SET ID ERROR	Information message.
6759	ERROR OCCURRED AT RECEIVE TRANS CANCELLED.	Information message.
6760	ERROR OCCURRED AT SEND TRANS CANCELLED.	Information message.
6780	FILE NOT OPEN ERROR	Information message.
6399	INVALID KEY PRESSED	Choose another button to complete the transaction. If necessary, see the on-line HELP menu for screen navigation specifics. If necessary, see the field definitions for valid data/formatting.
6817	INVALID PFKEY PRESSED	Check field for valid data and re-enter.
6847	NO OPERATION PERFORMED	Information message.
6867	PLEASE ENTER THE CODE	Enter valid data requested and re-process.
6891	REMARKS CODE SHOULD BE 3 CHARACTERS	Enter a 3-character remarks code.
6929	WRONG LENGTH RECORD	Information message.

Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select PRIOR AUTHORIZATION from the drop-menu.
4. Choose Enter.
5. You see the Prior Authorization Process screen (POS-S-001).
6. Select the Inquiry button in the Remarks box.
7. You see the Prior Auth Remarks Inquiry screen (POS-S-042).

Screens POS-S-043 Service Authorization Remarks Codes Add/Update

General Information

This screen allows additions and updates to Service Authorization Remarks Codes.

SOURCE/ORIGINATOR	Help Desk Operator
USAGE	Inquiry, Update, Add
PROGRAM	VPT608B1
MAPSET	VP608M1
TRAN ID	NV81

SAMPLE	Service Authorization Remarks Codes Add/Update (POS-S-043)
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The screenshot shows the Virginia Medicaid MMS interface. At the top left is the Virginia Medicaid logo. At the top right are navigation links: [Test Environment](#), [Home](#), [Contact Us](#), [Help](#), and [Search](#). Below the logo is a blue header bar with 'MMS' on the left and 'Help | Print | Logout' on the right. The main content area has a light blue background and contains the following text: 'Screen ID: POS-S-043', 'Trans ID: NV81', and 'Program ID: VPT608B1' on the left; 'VIRGINIA MEDICAID' and 'REMARKS-ADD/UPDATE SCREEN' in the center; and 'Date: 03/08/2010' and 'Time: 09:48' on the right. In the center of the main area, there is a 'Request:' label with radio buttons for 'Add' and 'Update'. Below this are labels for 'Service Auth Code:' followed by a text input field, and 'Verbiage:' followed by a larger text area. At the bottom of the screen are four buttons: 'Enter', 'Return', 'Sub Menu', and 'Main Menu'.

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Selection Screen Functional Selection (DE5854)	Messages: Select Add or Update	Screen Functional Selection. Screen Functional Selection.
2	Prior Auth Remarks Code PA Comment Code (DE2334)		PA Comment Code. This is a code that indicates why a prior authorization was approved or denied. Client may enter a 3 digit code to represent any value he would like. This is related to Pharmacy claims only. Example: VAC - Vacation supply SCH- School supply PA Comment Code. This is a code that indicates why a prior authorization was approved or denied. Client may enter a 3 digit code to represent any value he would like. This is related to Pharmacy claims only. Example: VAC - Vacation supply SCH- School supply
3	Prior Auth Remarks Description PA Comments Text (DE2619)		PA Comments Text. These are comments that a DMAS employee may note about a specific prior authorization. PA Comments Text. These are comments that a DMAS employee may note about a specific prior authorization.

NAVIGATION	Service Authorization Remarks Codes Add/Update (POS-S-043)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exits the user from the Virginia Drug Application Help Desk System	N/A
ENTER	Process the information on the screen to add/update a Drug Application Service Authorization Remark and description	N/A

PF1/RETURN	Branches the user to the Drug Application Service Authorization Menu	N/A
PF12/SUB MENU	Returns the user to the Drug Application Help Desk Main Menu	N/A

Error Messages

Error	Description	Resolution
6719	DATA SET ID ERROR	Information message.
6759	ERROR OCCURRED AT RECEIVE TRANS CANCELLED.	Information message.
6760	ERROR OCCURRED AT SEND TRANS CANCELLED.	Information message.
6780	FILE NOT OPEN ERROR	Information message.
6399	INVALID KEY PRESSED	Choose another button to complete the transaction. If necessary, see the on-line HELP menu for screen navigation specifics. If necessary, see the field definitions for valid data/formatting.
6817	INVALID PFKEY PRESSED	Check field for valid data and re-enter.
6847	NO OPERATION PERFORMED	Information message.
6867	PLEASE ENTER THE CODE	Enter valid data requested and re-process.
6891	REMARKS CODE SHOULD BE 3 CHARACTERS	Enter a 3-character remarks code.
6929	WRONG LENGTH RECORD	Information message.

Screen Access

From the VaMMIS Main Menu (RS-S-010):
1. Choose the Drugs button.
2. You see the PRN Main Menu (POS-S-000).
3. Select PRIOR AUTHORIZATION from the drop-menu.

4. Choose Enter.

5. You see the Prior Authorization Process screen (POS-S-001).

6. Select the Add/Update button in the Remarks box.

7. You see the Prior Auth Remarks Codes Add/Update screen (POS-S-043).