Introduction

PPTN, or Professional Provider Telecommunication Network, is a service offered by Noridian Administrative Services to Medicare B providers who submit claims electronically.

PPTN allows the provider quick and easy access to information such as:

- Medicare Beneficiary Eligibility
- Claim Status Information
- Summary of Claims Volume
- Summary of Payments
- Pricing Information
- Diagnosis and Procedure Code Lookups

The providers in the PPTN network have the capability to dial directly into the MCS to receive information on their claims that are being or have been processed.

On this high level screen, providers can select either a lookup with the appropriate selection criteria or the claim screen.

```
                    NORIDIAN NORTHWEST - PROD        DEC. 11, 2008
             PROFESSIONAL PROVIDER TELECOMMUNICATION NETWORK - PPTN
                                                      PRODUCTION
 ACTION __
       H4 - CLAIM STATUS INQUIRY (REQUIRED FIELDS)
             HIC _____ ___
                                        NPI
             SERVICE DATE RANGE (MMDDCCYY) FROM _____ TO _____
         OPTIONAL SECONDARY SELECTION:    PROCEDURE CODE _____
                                                 ICN _____

 SELECTION _____ (OTHER LOOK-UP ACTIONS REQUIRED FIELD)


 ACTION BY PROVIDER         ACTION BY CODE
 ------------------         --------------
 AP - ACCOUNTS REC          AD/ED - ADS/EOMB LOOKUP    DC - DIAGNOSIS LOOKUP
 PE - PROVIDER ELIG         AI - ACCOUNTS REC INQ      DR - DRUG FEE SCHEDULE
 PI - PRICING INQUIRY       AM - AMBULANCE FEE SCHEDULE EI - CWF BENE ELIG LOOKU
 PS - PROVIDER SUMMARY      BS - BANK CHECK STATUS     F1 - ASC FEE SCHEDULE
                            CD - CAP FEE SCHEDULE      HS - HPSA/SCARCITY LOOKU
                            CF - CLINICAL LAB FEE      MI - OTHER-INSURER LOOKU
                            DB - MPFSDB                PC - PROCEDURE LOOKUP
                            ZP - ZIP CODE LOOKUP
```

Valid Screen Movement

1. To perform an inquiry, key an action code along with the required selection criteria and press the *Enter* key.

Valid actions and selections

H4	Claim Status Inquiry Request	HIC; Provider Number and Service Date Range (MMDDCCYY)
		Optional Secondary Selection:
		Procedure Code or ICN
AP	Accounts Receivable	Provider Number
PE	Provider Eligibility	Provider Number
PI	Pricing Inquiry	Provider Number
		NOTE: For RRB only, the PI screen will not allow the carrier number to be keyed
PS	Provider Summary	Provider Number
AD	ADS Lookup	Valid ADS Code
ED	Eomb Lookup	Valid EOMB Code
AI	Accounts Receivable Inquiry	Accounts Receivable Number
AM	Ambulance Fee Schedule	Year, Zip Code and HCPCS Code
BS	Bank Check Status	Check Number
CD	CAP Fee Schedule	Effective Date (CCYYMMDD), HCPCS and State
CF	Clinical Lab Fee Schedule	Effective Date, Zip Code,and HCPCS/Modifier
DB	MPFSDB	File Year; Locality Code and HCPCS/Modifier Code (s)
		NOTE: For RRB only, the DB screen will allow the carrier number to be keyed.
DC	Diagnosis Lookup	ICD9 (CM) Diagnosis Code
DR	Drug Fee Schedule	Inquiry Code, Effective Date, and HCPCS/Modifier
EI	CWF Eligibility Lookup	Submitter ID; HIC; Last Name; and First Initial
F1	ASC Fee Schedule	Effective Date, HCPCS/Mod, and CBSA
MI	Other Insurer Lookup	Insurer Type Code and Insurer ID
HS	HPSA /Scarcity Lookup	5-digit Zip code
PC	Procedure Lookup	HCPCS
ZP	Zip Code Lookup	5-digit or 9-digit zip code

Screen Documentation Overview

The page numbers used in the scr een documentations each start with the pneumonic of the screen.

On most of the inquiry screens, t he entire first row of fields as well as the first field in the second row are used internally, and will rarely if ever display any data. This would include the following: RSN, LO, NHIC, NME, SEQ, SPL, CCN, E a nd TYPE. Th ese fields are not included in the screen documentations.

On each of the inquiry screens, the ACT/SEL fiel d may be found in the second row. This field is where you key the pneumonic for the next screen y ou wish to use, or the 'ME' pneumo nic to return to the main PPTN Menu.

Another field common to the PPTN inquiry screens is the MSG field at the bottom of the screen. Information messages are display ed by t he system in this field. These mes sages include descriptions of errors that have occurred, status of the information you are trying to retrieve, or descriptions of missing information the system needs to return the data you are requesting.

A screen print begins the documentation of each of the inquiry screens in PPTN.

The screen print will be followed by an explanation of the purpose of the screen.

The documentation will then list each field plus a brief description will be documented.

Each inquiry screen c ontains at least one KEY field where data **must** be entered bef ore the MCS system can return or display data.

You may notice some lines will display on your screen in different colors. The colors are used to help make the screen more readable and do not have any specific meaning.

Glossary Of Terms & Abbreviations

CCN:
Correspondence Control Number

TACS:
The Automated Correspondence Systems – the system used to send informational letters.

ADS:
Automated Development System – the system that automatically sends development letters to obtain missing, incomplete or incorrect claims data needed to complete the processing of the claim.

ICN:
Internal Control Number – the unique identification number of each claim processed in MCS. The 13 digits in the ICN reveal the following information:

> Digits 1-2 identify the state and claims receipt type (paper, EMC, etx.) for the claim – usually referred to as the Region.

> Digits 3-7 identify the Julian Date the claim was received in our office.

> Digits 8-13 identify the batch and sequence numbers assigned to the claim.

HI, HIC, HICN:
Beneficiary's Health Insurance Claim Number

MCS:
Multiple Carrier System – This is the system used by Noridian to process Medicare Part B claims. The system is owned and maintained by EDS in Plano, Texas.

EDS:
Electronic Data Systems

EGHP:
Employer Group Health Plan

PPTN:
Professional Provider Terminal Network

MSG:
Message

MSP:
Medicare Secondary Payer

UPIN:
Unique Provider Identification Number

AD – ADS Message Lookup

The Automatic Development System (ADS) Lookup enables the look up of the on-line narrative description of a particular ADS message.

The key to this screen is a three digit numeric code used in MCS to identify ADS questions. ADS questions are used to obtain any missing and/or additional information needed to complete the processing of a claim.

EXAMPLE: To view the description for ADS question # 325, key 325 in the KEY field and press <enter>.

The descriptions displayed on this screen are a brief summary of the information the ADS question is requesting. They do not contain the actual verbiage of the question as it would appear in the development letter. The ADS lookup is used by our staff in processing claims and was initially set up as a cross-reference tool during our conversion to MCS. As a result, some of the ADS descriptions still contain only a cross-reference to the letter codes used in our previous processing system.

The ADS code(s) used for any given claim may be found on the H4 screen.

PLEASE NOTE: many of the descriptions contained on this file are actually crosswalks that are used internally by our claims processors. The descriptions for these codes may not be very helpful. Please feel free to call our provider services if you need assistance.

```
                      NORIDIAN NORTHWEST - PROD        DEC. 11, 2008
               PROFESSIONAL PROVIDER TELECOMMUNICATION NETWORK - PPTN
                                                        PRODUCTION
ACTION __
       H4 - CLAIM STATUS INQUIRY (REQUIRED FIELDS)
              HIC _____ ___
                                        NPI
              SERVICE DATE RANGE (MMDDCCYY) FROM _____ TO _____
           OPTIONAL SECONDARY SELECTION:    PROCEDURE CODE _____
                                              ICN _____

  SELECTION _____ (OTHER LOOK-UP ACTIONS REQUIRED FIELD)

  ACTION BY PROVIDER        ACTION BY CODE
  ------------------        --------------
  AP - ACCOUNTS REC         AD/ED - ADS/EOMB LOOKUP      DC - DIAGNOSIS LOOKUP
  PE - PROVIDER ELIG        AI - ACCOUNTS REC INQ        DR - DRUG FEE SCHEDULE
  PI - PRICING INQUIRY      AM - AMBULANCE FEE SCHEDULE EI - CWF BENE ELIG LOOKU
  PS - PROVIDER SUMMARY     BS - BANK CHECK STATUS       F1 - ASC FEE SCHEDULE
                            CD - CAP FEE SCHEDULE         HS - HPSA/SCARCITY LOOKU
                            CF - CLINICAL LAB FEE         MI - OTHER-INSURER LOOKU
                            DB - MPFSDB                   PC - PROCEDURE LOOKUP
                            ZP - ZIP CODE LOOKUP
```

Screen Details

```
RSN 1.. L 2.. NHIC 3........... NME 4.... SEQ 5. SPL 6 CCN 7............ E 8...
TYPE 9  . ACT/SEL 10.............                                    11.


                              ADS CODE LOOKUP
 KEY 12.              LANGUAGE PREFERENCE 13

 CODE DESCRIPTION
 14. 15...........................................................................
     ...........................................................................
 ... ...........................................................................
     ...........................................................................
 ... ...........................................................................
     ...........................................................................
 ... ...........................................................................
     ...........................................................................
 ... ...........................................................................
     ...........................................................................
 ... ...........................................................................
     ...........................................................................
 ... ...........................................................................
     ...........................................................................
     ...........................................................................
 ... ...........................................................................
     ...........................................................................
 ... ...........................................................................
     ...........................................................................
 ... ...........................................................................
     ...........................................................................
 ... ...........................................................................
     ...........................................................................
 ... ...........................................................................
     ...........................................................................
 ... ...........................................................................
     ...........................................................................
 MSG 16...........................................................................
```

Note: The half screen display will begin at the 'KEY' field.

Field Description

Field No.	Field Name	Business Name/Description
1	RSN	Reason code. Displays the correspondence reason code for transactions related to a CCN (correspondence). Not used for inquiry transactions.

Field No.	Field Name	Business Name/Description
2	L	Location code. Displays the location code for transactions related to a CCN (correspondence). It must be completed for update transactions. Not used for inquiry transactions.
3	NHIC	Next HIC. Used for consecutive transactions.
4	NME	Next name. Used for consecutive transactions.
5	SEQ	Next sequence. Used for entry of the next control number for transactions related to a CCN (correspondence). Not used for inquiry transactions.
6	SPL	Split indicator. Indicates if there is a split of the original CCN (for correspondence-related transactions). Enter 1 to create a split CCN. Not used in inquiry transactions.
7	CCN	Current Correspondence Control Number for transactions related to a CCN.
8	E	Examiner, derived at log-on.
9	TYPE	Transaction type and sub-type. Not used for inquiry transaction. Transaction type is carried from the originating transaction. The sub-type may be: B General correspondence C Cash transaction F Re-opening requests P Priority correspondence R Review request S SSA request
10	ACT/SEL	The action code and selection parm allow for the entry of an additional transaction from the AD screen.
11	unlabelled	Active batch mode indicator, derived at logon. **Valid values:** DEP Production DET Test
12	KEY	Enter the required ADS code. *Note*: This field may be system-filled from the preceding transaction.

Field No.	Field Name	Business Name/Description
13	LANGUAGE PREFERENCE	If Spanish text is being requested for ADS letters, an 'S' should be keyed in the Language Preference field. Once Enter key is pressed, the letter will appear on the AD screen if maintained by the Carrier. Each time the message number in the Key field is changed and Spanish text is desired, an 'S' will need to be rekeyed in the Language Preference field
14	CODE	ADS Message Code.
15	DESCRIPTION	Narrative description of the listed ADS message code.
16	MSG	Message that informs the carrier that the selected code is invalid, or informs the carrier of the number of records read by the system.

AI – Accounts Receivable

This screen provides detailed information regarding any balance due to Medicare from the provider. The A/R NUM from the AP screen is needed to select on this screen.

```
                    NORIDIAN NORTHWEST - PROD        DEC. 11, 2008
              PROFESSIONAL PROVIDER TELECOMMUNICATION NETWORK - PPTN
                                                       PRODUCTION
 ACTION __
       H4 - CLAIM STATUS INQUIRY (REQUIRED FIELDS)
              HIC _____ ___
                                    NPI
              SERVICE DATE RANGE (MMDDCCYY) FROM _____ TO _____
         OPTIONAL SECONDARY SELECTION:    PROCEDURE CODE _____
                                                    ICN _____

 SELECTION _____ (OTHER LOOK-UP ACTIONS REQUIRED FIELD)

 ACTION BY PROVIDER          ACTION BY CODE
 ------------------          --------------
 AP - ACCOUNTS REC      AD/ED - ADS/EOMB LOOKUP    DC - DIAGNOSIS LOOKUP
 PE - PROVIDER ELIG     AI - ACCOUNTS REC INQ      DR - DRUG FEE SCHEDULE
 PI - PRICING INQUIRY   AM - AMBULANCE FEE SCHEDULE EI - CWF BENE ELIG LOOKU
 PS - PROVIDER SUMMARY  BS - BANK CHECK STATUS      F1 - ASC FEE SCHEDULE
                        CD - CAP FEE SCHEDULE       HS - HPSA/SCARCITY LOOKU
                        CF - CLINICAL LAB FEE       MI - OTHER-INSURER LOOKU
                        DB - MPFSDB                 PC - PROCEDURE LOOKUP
                        ZP - ZIP CODE LOOKUP
```

Screen Details

```
 RSN 1.. L 2.. NHIC 3........... NME 4.... SEQ 5. SPL 6 CCN 7............  E 8...
 TYPE 9. . ACT/SEL 10... ..........                            PAGE 11.. 12.

                   ACCOUNTS RECEIVABLE DETAIL SCREEN
     TOT AMOUNT 13....... PCT 14.... OFFSET 15 INT RATE 16.... MCCN 17...........
     AR NUMBER 18.........   PAYEE NUM 19.......... TIN 20.........
     NAME 21...................
     ICN 22...........   PRIN ORIG AMT 23....... BAL AMT 24....... MAGR 25
     INTEREST INT ACCR 26....... INT REC 27....... INT BAL 28....... INTEREST 29
     TYPE 30   RSN 31.   STATUS 32.   SETUP DATE 33....   2LTR 34....    PRTY 35
     CFOI 36.   CEFF 37....   REFF 38....   2LTR IND 39  END DATE 40....
     IRL DATE 41   I-PMTAMT 42.......  I-EFF DATE 43....     DTL P/F INDS
```

```
ACTIVITY DATE    AMOUNT     TXN   REMARKS              1234567890123
   44....      45.......    46    47..................  48...........
   ......      .........    ..    ....................  ............
   ......      .........    ..    ....................  ............
   ......      .........    ..    ....................  ............
   ......      .........    ..    ....................  ............
   ......      .........    ..    ....................  ............
   ......      .........    ..    ....................  ............
   ......      .........    ..    ....................  ............
   ......      .........    ..    ....................  ............
   ......      .........    ..    ....................  ............
   ......      .........    ..    ....................  ............
   ......      .........    ..    ....................  ............
   ......      .........    ..    ....................  ............
   ......      .........    ..    ....................  ............
   ......      .........    ..    ....................  ............
   ......      .........    ..    ....................  ............
   ......      .........    ..    ....................  ............
   ......      .........    ..    ....................  ............
   ......      .........    ..    ....................  ............
   ......      .........    ..    ....................  ............
   ......      .........    ..    ....................  ............
   ......      .........    ..    ....................  ............
MSG 49.....................................................................
```

Field Description

Field No.	Field Name	Business Name/Description
1	RSN	Reason code. Displays the correspondence reason code for transactions related to a CCN (correspondence). It must be completed for update transactions; not used for inquiry only.
2	L	Location code. Displays the location code for transactions related to a CCN (correspondence). It must be completed for update transactions; not used for inquiry only.
3	NHIC	Next HIC. Used for consecutive transactions.
4	NME	Next name. Used for consecutive transactions.
5	SEQ	Next sequence. Used for entry of the next control number for transactions related to a CCN (correspondence). Not used for inquiry only.
6	SPL	Split indicator. Indicates if there is a split of the original CCN (for correspondence-related transactions). Enter 1 to create a split CCN. Not used in inquiry transactions.
7	CCN	Current Correspondence Control Number for transactions related to a CCN.
8	E	Examiner derived from logon.

Field No.	Field Name	Business Name/Description
9	TYPE	Transaction type and sub-type. Not used for inquiry transaction. Transaction type is carried from the batch header transaction. Sub-type may be: B Beneficiary P Provider Default type = AR
10	ACT/SEL	Action code and selection parameter. Allows for the entry of an additional transaction from the AI screen.
11	PAGE	Page number
12	unlabelled	Active batch mode indicator. Derived from logon. **Valid values:** DEP Production DET Test DCP Data Correction Production DCT Data Correction Test
13	TOT AMOUNT	Total interest and principal pending on the accounts receivable.
14	PCT	Percent of payment to be withheld when the provider/beneficiary is placed on offset. 100.00 is the usual percentage.
15	OFFSET	Offset indicator. **Valid values:** Y Yes offset N No offset
16	INT RATE	Interest rate percentage Format: 99.999
17	MCCN	Cross-reference Correspondence Control Number
18	AR NUMBER	Accounts receivable number
19	PAYEE NUM	Payee number
20	TIN	Tax Identification Number
21	NAME	Payee name
22	ICN	Internal control number of the claim associated with the overpayment.
23	PRIN ORIG AMT	Original principal amount of the AR
24	BAL AMOUNT	Total principal amount pending on the AR HDR-BALANCE minus HDR-INT-BALANCE = ARBAL

Field No.	Field Name	Business Name/Description
25	MAGR	Manual aggregation flag. Account receivables set up with the same Mother CCN on the same day for the same physician/supplier or HIC can be aggregated to reach the $10.00 tolerance.
26	INTEREST INT ACCR	Interest accrued on the AR
27	INT REC	Interest amount paid to the AR balance
28	INT BAL	Remaining balance of interest due on the AR
29	INTEREST	Interest indicator specifies whether interest is being applied to the AR. **Valid values:** Y Yes N No Note: Because interest is now accrued in HIGLAS, the process of interest accruals must cease in the MCS system. To accomplish this, conversion job CONVCASH is run during a carriers transition to HIGLAS to set the INTEREST indicator to N to cease interest accruals in the MCS system.
30	TYPE	Current accounts receivable set-up type
31	RSN	Three-digit reason code
32	STATUS	Status of recovery
33	SETUP DATE	Date the AR was initiated Format: MMDDYY
34	2LTR	Date a second request letter was sent Format: MMDDYY
35	PRTY	This field auto-generates a 2 if a value is not typed. **Valid values:** 1 = Priority 1 AR offsets before a Priority 2 2 = Priority 2 AR
36	CFOI	CFO classification code
37	CEFF	Date the CFO classification was effective.
38	REFF	Date the CFO classification code was reclassified.
39	2LTR IND	Second letter indicator field specifies whether or not a follow-up letter should be sent. **Valid values:** Y Yes N No System default = Y
40	END DATE	Date of the final installment payment

Field No.	Field Name	Business Name/Description
41	IRL DATE	IRL date Format: MMDDYY
42	I-PAYAMT	Installment payment amount
43	I-EFF-DATE	Installment agreement effective date Format: MMDDYY
44	ACTIVITY DATE	Date of detail transaction Format: MMDDYY
45	AMOUNT	Amount of the detail transaction
46	TXN	Transaction type
47	REMARKS	Indicates comments are made on the AR
48	DTL P/F INDS	Claim detail indicators to specify which details are affected by the disposition of cash to the AR. Multiple Fs can appear per transaction, but only one P.
49	MSG	Program displayed error messages.

AM – Ambulance Fee Schedule

The Ambulance Fee Schedule screen is an inquiry-only screen which displays information from two CMS supplied files: the Ambulance Fee Schedule and the Zip Code File. Effective for dates of service on or after 1/1/2001, these two files are used to appropriately price ambulance procedure codes based upon the locality of the zip code where the ambulance pick-up occurred. The Ambulance Fee Schedule screen will display the appropriate urban, rural and super rural fee schedule amounts based upon the effective date, Zip code, and HCPCS entered. The Rural Indicator field on the screen indicates whether the zip code entered is urban (rural indicator field is blank), rural (rural indicator 'R') or super rural (rural indicator 'B'). The screen also has the capability to return pricing effective date data and provides the ability to page forward and back through the pricing effective dates.

```
                      NORIDIAN NORTHWEST - PROD         DEC. 11, 2008
                PROFESSIONAL PROVIDER TELECOMMUNICATION NETWORK - PPTN
                                                          PRODUCTION
 ACTION __
       H4 - CLAIM STATUS INQUIRY (REQUIRED FIELDS)
             HIC _____ ___
                                        NPI
             SERVICE DATE RANGE (MMDDCCYY) FROM _____ TO _____
          OPTIONAL SECONDARY SELECTION:    PROCEDURE CODE _____
                                           ICN _____

 SELECTION _____ (OTHER LOOK-UP ACTIONS REQUIRED FIELD)


 ACTION BY PROVIDER         ACTION BY CODE
 ------------------         --------------
 AP - ACCOUNTS REC          AD/ED - ADS/EOMB LOOKUP    DC - DIAGNOSIS LOOKUP
 PE - PROVIDER ELIG         AI - ACCOUNTS REC INQ      DR - DRUG FEE SCHEDULE
 PI - PRICING INQUIRY       AM - AMBULANCE FEE SCHEDULE EI - CWF BENE ELIG LOOKU
 PS - PROVIDER SUMMARY      BS - BANK CHECK STATUS     F1 - ASC FEE SCHEDULE
                            CD - CAP FEE SCHEDULE      HS - HPSA/SCARCITY LOOKU
                            CF - CLINICAL LAB FEE      MI - OTHER-INSURER LOOKU
                            DB - MPFSDB                PC - PROCEDURE LOOKUP
                            ZP - ZIP CODE LOOKUP
```

Valid Screen Movements

- Press PF3 to return to previous screen

- Press PF10 to return to the main menu screen

- Press PF5 to return to previous pricing effective date

- Press PF6 to advance to next pricing effective date

Screen Messages

When a particular look-up request is made, the following on-line messages may be displayed, depending on the condition.

Condition	Message
EFF DT missing	Please enter AN EFF DT – CCYYMMDD Format
File Effective Date, Zip code, and Procedure missing	Please enter file EFF DT/ZIPCODE/Procedure
Zip Code missing	Please enter a Zip Code - 5-digit numeric.
Procedure missing	Please enter a procedure code.
Record not found	Ambulance Fee Schedule Record Not on File.
Record found	Ambulance Fee Schedule item displayed.
Bad PF key	Can only Hit "Enter", "PF3", "PF5", "PF6", "PF10", "PA2", "Clear".
Initial screen	Please enter selection criteria.
Invalid action	Selection action is not valid.
PA2 is pressed	Logon logoff.
Clear is pressed	Ambulance Fee Schedule inquiry complete.
PF5 is pressed and oldest effective date is displayed	No More Effective Dates Available
PF6 is pressed and most current effective date is displayed	The Most Current Effective Date Is Displayed

Screen Details

```
RSN 1.. L 2..  NHIC 3........... NME 4....SEQ 5.SPL 6 CCN 7............ E 8...
TYPE 9. . ACT/SEL 10..............

                        AMBULANCE FEE SCHEDULE                DATE: 11/../..

EFF DT: 12......    ZIP CODE:   13...    HCPCS:   14...



LOCALITY:    15


CARRIER NUMBER:    16...


URBAN MILEAGE/BASE RATE:   17.......


RURAL MILEAGE/BASE RATE:    18.......


```

```
   BASE RVU:                    19......


   NON FACILITY PE GPCI:          20...


   CONVERSION FACTOR:            21....


   RURAL INDICATOR:              22



   PF5-PREVIOUS EFFECTIVE DATE
   PF6-NEXT EFFECTIVE DATE




   MSG 23..........................................................................
```

Field Description

Field No.	Field Name	Business Name/Description
1	RSN	Reason code. Displays the correspondence reason code for transactions related to a CCN (correspondence). Not used for inquiry transactions.
2	L	Location code. Displays the location code for transactions related to a CCN (correspondence). It must be completed for update transactions. Not used for inquiry transactions.
3	NHIC	Next HIC. Used for consecutive transactions.
4	NME	Next name. Used for consecutive transactions.
5	SEQ	Next sequence. Used for entry of the next control number for transactions related to a CCN (correspondence). Not used for inquiry transactions.
6	SPL	Split indicator. Indicates if there is a split of the original CCN (for correspondence-related transactions). Enter 1 to create a split CCN. Not used in inquiry transactions.
7	CC	Current Correspondence Control Number for transactions related to a CCN.
8	E	Examiner derived at log-on.

Field No.	Field Name	Business Name/Description
9	TYPE	Transaction type and sub-type. Not used for inquiry transaction.
		Transaction type is carried from the originating transaction, the sub-type may be:
		B General correspondence
		C Cash transaction
		F Re-opening requests
		P Priority correspondence
		R Review request
		S SSA request
10	ACT/SEL	The action code and selection parm will allow for the entry of an additional transaction from the AM screen.
11	DATE	Current date. Format: MM/DD/YY
12	EFF DT	Profile pricing effective date requested for inquiry
		Format: CCYYMMDD
13	ZIP CODE	Zip code requested for inquiry. May be derived from access transaction (site of pick-up)
14	HCPCS	Procedure code requested for inquiry. May be derived from access transaction
15	LOCALITY	Translated locality based upon the internal zip code file.
16	CARRIER NUMBER	Carrier number from the zip code file
17	URBAN MILEAGE/ BASE RATE	Urban payment rate or mileage rate (determined by HCPCS) from Ambulance Fee Schedule.
18	RURAL MILEAGE/ BASE RATE	Rural payment rate or mileage rate (determined by HCPCS) from Ambulance Fee Schedule.
19	BASE RVU	Relative value unit from Ambulance Fee Schedule.
20	NON FACILITY PE GPCI	Geographic adjustment factor from Ambulance Fee Schedule.
21	CONVERSION FACTOR	Conversion factor from Ambulance Fee Schedule.
22	RURAL INDICATOR	Rural indicator from Zip Code file:
		Valid values:
		B Super Rural Zip Code (default value)
		R Rural Zip Code
		Blank Urban Zip Code
23	MSG	System generated informational and/or error messages.

AP – Accounts Receivable Inquiry

This screen provides summary information regarding any balance due to Medicare from the provider. It is used to find the associated A/R NUM values, which are needed for inquiry on the AI screen.

```
                          NORIDIAN NORTHWEST - PROD        DEC. 11, 2008
                   PROFESSIONAL PROVIDER TELECOMMUNICATION NETWORK - PPTN
                                                                PRODUCTION
ACTION __
      H4 - CLAIM STATUS INQUIRY (REQUIRED FIELDS)
            HIC _____ ___
                                     NPI
            SERVICE DATE RANGE (MMDDCCYY) FROM _____ TO _____
         OPTIONAL SECONDARY SELECTION:    PROCEDURE CODE _____
                                                 ICN _____

SELECTION _____ (OTHER LOOK-UP ACTIONS REQUIRED FIELD)

ACTION BY PROVIDER       ACTION BY CODE
------------------       --------------
AP - ACCOUNTS REC        AD/ED - ADS/EOMB LOOKUP    DC - DIAGNOSIS LOOKUP
PE - PROVIDER ELIG       AI - ACCOUNTS REC INQ      DR - DRUG FEE SCHEDULE
PI - PRICING INQUIRY     AM - AMBULANCE FEE SCHEDULE EI - CWF BENE ELIG LOOKU
PS - PROVIDER SUMMARY    BS - BANK CHECK STATUS     F1 - ASC FEE SCHEDULE
                         CD - CAP FEE SCHEDULE      HS - HPSA/SCARCITY LOOKU
                         CF - CLINICAL LAB FEE      MI - OTHER-INSURER LOOKU
                         DB - MPFSDB                PC - PROCEDURE LOOKUP
                         ZP - ZIP CODE LOOKUP
```

Screen Details

```
RSN 1.. LO 2.. NHIC 3........... NME 4.... SEQ 5. SPL 6 CCN 7............ E 8...
TYPE 9. ACT/SEL 10 ...............                      PAGE 11.. 12.

                      ACCOUNTS RECEIVABLE INQUIRY BY PAYEE

PROVIDER 13........ HIC 14.........    INSURER 15... TIN 16.........
NAME 17.................. NPI.18....
```

```
 'AI' INQ  A/R NUM        SETUP DATE   ORIG AMOUNT   BAL AMOUNT    TYPE    PRTY
    19     20...........  21....       22.......     23.......     24      25
     .     .............  .......      .........     .........     ..      .
     .     .............  .......      .........     .........     ..      .
     .     .............  .......      .........     .........     ..      .
     .     .............  .......      .........     .........     ..      .
     .     .............  ......       .........     .........     ..      .
     .     .............  ......       .........     .........     ..      .
     .     .............  ......       .........     .........     ..      .
     .     .............  ......       .........     .........     ..      .
     .     .............  ......       .........     .........     ..      .
     .     .............  ......       .........     .........     ..      .
     .     .............  ......       .........     .........     ..      .
     .     .............  ......       .........     .........     ..      .
     .     .............  ......       .........     .........     ..      .
     .     .............  ......       .........     .........     ..      .
     .     .............  ......       .........     .........     ..      .
     .     .............  ......       .........     .........     ..      .
     .     .............  ......       .........     .........     ..      .
     .     .............  ......       .........     .........     ..      .
     .     .............  ......       .........     .........     ..      .
     .     .............  ......       .........     .........     ..      .
     .     .............  ......       .........     .........     ..      .
     .     .............  ......       .........     .........     ..      .
     .     .............  ......       .........     .........     ..      .
     .     .............  .......      .........     .........     ..      .
     .     .............  .......      .........     .........     ..      .
     .

 MSG 26..............................................................................
```

Field Description

Field No.	Field Name	Business Name/Description
1	RNS	Reason code. Displays the correspondence reason code for transactions related to a CCN (correspondence).
2	LO	Location code. Displays the location code for transactions related to a CCN (correspondence). It must be completed for update transactions. Not used for inquiry transactions.
3	NHIC	Next HIC. Used for consecutive transactions.
4	NME	Next name. Used for consecutive transactions.
5	SEQ	Next sequence. Used for entry of the next control number for transactions related to a CCN (correspondence). Not used for inquiry transactions.

Field No.	Field Name	Business Name/Description
6	SPL	Split indicator. Indicates if there is a split of the original CCN (for correspondence-related transactions). Enter 1 to create a split CCN. Not used in inquiry transactions.
7	CCN	Current Correspondence Control Number for transactions related to a CCN.
8	E	Examiner derived from log-on
9	TYPE	Transaction Type and Sub-Type. Not used for inquiry transaction. Default type = AP Transaction type is carried from the batch header transaction, The sub-type may be: B General correspondence R Review request P Priority correspondence F Re-opening requests S SSA request C Cash transaction
10	ACT/SEL	The action code and selection parm will allow for the entry of an additional transaction from the AP screen. This information is prefilled from the batch header.
11	PAGE	Screen page number
12	unlabelled	Active batch mode indicator, derived from log-on: **Valid values:** DEP Data entry production Production DET Data entry test Test DCP Data correction production DCT Data correction test
13	PROVIDER	Provider Number This field should be spaces if an entry appears in either field 14 or 15. (HIC or INSURER)
14	HIC	Beneficiary Health Insurance Claim Number This field should be spaces if an entry appears in either field 13 or 15 (PROVIDER or INSURER).
15	INSURER	Insurer Number This field should be spaces if an entry appears in either field 13 or 14 (PROVIDER or HIC).
16	TIN	Tax Identification Number
17	NAME	Name of the provider, beneficiary or insurer

Field No.	Field Name	Business Name/Description
18	NPI	National Provider identifier If a single NPI is matched to the keyed PIN the NPI will display. If multiple NPIs are associated with the keyed provider number the value MULTI-NPIS will be plugged into this field and not a NPI.
19	'AI' INQ	By placing an X in this field next to an AR, the system moves to the AI screen for AR selected
20	A/R NUM	Accounts receivable number. Format is as follows: RR Region for ARs (account specific) YY Current year JJJ Julian Date HHMMMSS Hour, minute and second
21	SETUP DATE	Accounts receivable set-up date in the system Format: YYMMDD
22	ORIG AMOUNT	Original principal amount of the AR
23	BAL AMOUNT	Total amount pending on the accounts receivable
24	TYPE	Current accounts receivable type
25	PRTY	Accounts receivable offset priority indicator: **Valid Values:** 1 Priority 1 AR offsets before a priority 2 2 Priority 2 AR
26	MSG	This field is used to display screen error messages

BS – Bank Check Status

This screen provides bank check status information. The check number from the H4 screen is needed and needs to be entered in the MICR NUMBER field in the BS screen.

```
                      NORIDIAN NORTHWEST - PROD          DEC. 11, 2008
                PROFESSIONAL PROVIDER TELECOMMUNICATION NETWORK - PPTN
                                                         PRODUCTION
 ACTION __
       H4 - CLAIM STATUS INQUIRY (REQUIRED FIELDS)
             HIC _____ ___
                                  NPI
             SERVICE DATE RANGE (MMDDCCYY) FROM _____ TO _____
          OPTIONAL SECONDARY SELECTION:    PROCEDURE CODE _____
                                           ICN _____

 SELECTION _____ (OTHER LOOK-UP ACTIONS REQUIRED FIELD)

 ACTION BY PROVIDER        ACTION BY CODE
 ------------------        --------------
 AP - ACCOUNTS REC      AD/ED - ADS/EOMB LOOKUP    DC - DIAGNOSIS LOOKUP
 PE - PROVIDER ELIG     AI - ACCOUNTS REC INQ      DR - DRUG FEE SCHEDULE
 PI - PRICING INQUIRY   AM - AMBULANCE FEE SCHEDULE EI - CWF BENE ELIG LOOKU
 PS - PROVIDER SUMMARY  BS - BANK CHECK STATUS     F1 - ASC FEE SCHEDULE
                        CD - CAP FEE SCHEDULE       HS - HPSA/SCARCITY LOOKU
                        CF - CLINICAL LAB FEE       MI - OTHER-INSURER LOOKU
                        DB - MPFSDB                 PC - PROCEDURE LOOKUP
                        ZP - ZIP CODE LOOKUP
```

Screen Details

```
  RSN 1.. L 2..  NHIC 3........... NME 4.... SEQ 5. SPL 6 CCN 7............ E 8...
  TYPE 9 . ACT/SEL 10.............                        PAGE 11...    12.
                        BANK CHECK STATUS


               INTERNAL CK NUMBER  13......       .........
               MICR NUMBER         14......
```

```
                  HIGLAS CK NUMBER    15 ...............
                  DATE OF ISSUE       16....
                  AMOUNT              17........
'HI'
INQ                                                          REISSUE
(X)        ICN          DISP AMT    DTXN    ACT DATE      CHECK NUM
 18     19...........   20.......   21      22....       23.......
 .      ............    .........   ..      ......       .........
 .      ............    .........   ..      ......       .........
 .      ............    .........   ..      ......       .........
 .      ............    .........   ..      ......       .........
 .      ............    .........   ..      ......       .........
 .      ............    .........   ..      ......       .........
 .      ............    .........   ..      ......       .........
 .      ............    .........   ..      ......       .........
 .      ............    .........   ..      ......       .........
 .      ............    .........   ..      ......       .........
 .      ............    .........   ..      ......       .........
 .      ............    .........   ..      ......       .........
 .      ............    .........   ..      ......       .........
 .      ............    .........   ..      ......       .........
 .      ............    .........   ..      ......       .........

                  STATUS       24   .............................
                  AS OF     25....

                  PAID TO      26.........

                  TOTAL NUMBER OF CLAIMS PAID ON THIS CHECK  27....
MSG 28.....................................................................
MSG 29 ....................................................................
```

Field Description

Field No.	Field Name	Business Name/Description
1	RSN	Reason code. Displays the correspondence reason code for transactions related to a CCN (correspondence). It must be completed for update transactions. Not used for inquiry only.
2	L	Location code. Displays the location code for transactions related to a CCN (correspondence). It must be completed for update transactions. Not used for inquiry only.
3	NHIC	Next HIC. Used for consecutive transactions.
4	NME	Next name. Used for consecutive transactions.

Field No.	Field Name	Business Name/Description
5	SEQ	Next sequence. Used for entry of the next control number for transactions related to a CCN (correspondence). Not used for inquiry only.
6	SPL	Split indicator. Indicates if there is a split of the original CCN (for correspondence-related transactions). Enter 1 to create a split CCN. Not used in inquiry transactions.
7	CCN	Current Correspondence Control Number for transactions related to a CCN.
8	E	Examiner derived from logon.
9	TYPE	Transaction Type and Sub-Type. Not used for inquiry transaction. Default type value: BS
10	ACT/SEL	The action code and selection parm allow for the entry of an additional transaction from the BS screen.
11	PAGE	Page number
12	unlabelled	Derived from logon. **Valid values:** DEP – Data Entry/Production DCP – Data Correction/ Production DET – Data Entry/Test DCT – Data Correction/Test
13	INTERNAL CHECK NUMBER	Internal check number
14	MICR NUMBER	External check number
15	HIGLAS CK NUMBER	HIGLAS check number If not HIGLAS, this field is spaces.
16	DATE OF ISSUE	Date of issue
17	AMOUNT	Amount
18	'HI' INQ	Key and 'X' to access the ICN
19	ICN	Claim number or, if zero filled, the amount of offset or suppressed payment from a FCA.
20	DISP AMT	Amount dispositioned. If ICN is zero filled this will be the total amount of all offsets and suppressed amounts.
21	DTXN	Claim disposition code
22	ACT DATE	Disposition application date Format: MMDDYY

Field No.	Field Name	Business Name/Description
23	REISSUE CHECK NUM	Reissue check number
24	STATUS	2-character check status code and related text description If code does not match table, a message will be displayed and asterisks will appear in the message field. Note: Messages are contained in H99YBKST—STATUS-DESC-TABLE, in table entry BANK-ST-DESC.
25	AS OF	Status change date
26	PAID TO	HICN or provider number of person paid
27	TOTAL NUMBER OF CLAIMS PAID ON THIS CHECK	Number of claims paid on the check
28	MSG	System-generated message
29	MSG	Second message line added to display HIGLAS error message when MCS check is on file, but HIGLAS check number is not found on file . This message displayed only for HIGLAS carriers.

CD – Competitive Drug Fee Schedule

The Competitive Drug screen is an inquiry-only screen which displays information related to the CAP fee schedule.   Beginning with drugs administered on or after July 1, 2006, physicians are given a choice between buying and billing these drugs under the average sales price (ASP) system, or obtaining these drugs from vendors selected in a competitive bidding process. The Competitive Acquisition Program (CAP) is for Medicare Part B drugs and biologicals not paid on a cost or prospective payment system basis. The Competitive Drug screen will display the Quarter field that will display the Effective Date, HCPCS procedure code, State, a short description and the Fee Amount.

NOTE: This screen is not viewable at this time.

```
                       NORIDIAN NORTHWEST - PROD        DEC. 11, 2008
                PROFESSIONAL PROVIDER TELECOMMUNICATION NETWORK - PPTN
                                                        PRODUCTION
 ACTION __
       H4 - CLAIM STATUS INQUIRY (REQUIRED FIELDS)
              HIC _____ ___
                                      NPI
              SERVICE DATE RANGE (MMDDCCYY) FROM _____ TO _____
           OPTIONAL SECONDARY SELECTION:   PROCEDURE CODE _____
                                                ICN _____


 SELECTION _____ (OTHER LOOK-UP ACTIONS REQUIRED FIELD)


 ACTION BY PROVIDER        ACTION BY CODE
 ------------------        --------------
 AP - ACCOUNTS REC     AD/ED - ADS/EOMB LOOKUP     DC - DIAGNOSIS LOOKUP
 PE - PROVIDER ELIG    AI - ACCOUNTS REC INQ       DR - DRUG FEE SCHEDULE
 PI - PRICING INQUIRY  AM - AMBULANCE FEE SCHEDULE EI - CWF BENE ELIG LOOKU
 PS - PROVIDER SUMMARY BS - BANK CHECK STATUS      F1 - ASC FEE SCHEDULE
                       CD - CAP FEE SCHEDULE       HS - HPSA/SCARCITY LOOKU
                       CF - CLINICAL LAB FEE       MI - OTHER-INSURER LOOKU
                       DB - MPFSDB                 PC - PROCEDURE LOOKUP
                       ZP - ZIP CODE LOOKUP
```

Screen Details

```
 RSN 1.. L 2.. NHIC 3........... NME 4.... SEQ 5. SPL 6 CCN 7............ E 8...
 TYPE 9. . ACT/SEL 10.. ...............

                      COMPETITIVE DRUG FEE SCHEDULE              DATE: 11/../..



 QUARTER: 12......   HCPCS: 13...    STATE: 14



 DESCRIPTION: 15..........................

 FEE AMOUNT: 16.........
```

```
PF5-PREVIOUS PRICING PERIOD
PF6-NEXT PRICING PERIOD


MSG 17.................................................................
```

Field Descriptions

Field No.	Field Name	Business Name/Description
1	RSN	Reason code, displays the correspondence reason code for transactions related to a CCN (correspondence). Not used for inquiry transactions.
2	L	Location code, displays the location code for transactions related to a CCN (correspondence). It must be completed for update transactions. Not used for inquiry transactions.
3	NHIC	Next HIC, used for consecutive transactions.
4	NME	Next name, used for consecutive transactions.
5	SEQ	Next sequence, used for entry of the next control number for transactions related to a CCN (correspondence). Not used for inquiry transactions.

Field No.	Field Name	Business Name/Description
6	SPL	Split indicator. Indicates if there is a split of the original CCN (for correspondence-related transactions). Enter 1 to create a split CCN. Not used in inquiry transactions.
7	CCN	Current Correspondence Control Number for transactions related to a CCN.
8	E	Examiner, derived from log-on.
9	unlabelled	Transaction type is carried from the originating transaction, the sub-type may be: B General correspondence C Cash transaction F Re-opening requests P Priority correspondence R Review request S SSA request
10	unlabelled	The action code and selection parm allow for the entry of an additional transaction from the BCC screen.
11	DATE	Current date
12	QUARTER	Effective date Format: CCYYMMDD
13	HCPCS	HCPCS procedure code
14	STATE	State code of practice address
15	DESCRIPTION	Short description of HCPCS procedure code
16	FEE AMOUNT	Fee to pay for drug Format: $$$,$$$.¢¢
17	MSG	System-generated error and informational messages.

DB – Medicare Fee Schedule

This screen provides information from the Medicare Fee Schedule Data Base. This screen is accessible using PPTN by keying DB in the Action field.

```
                    NORIDIAN NORTHWEST - PROD        DEC. 11, 2008
              PROFESSIONAL PROVIDER TELECOMMUNICATION NETWORK - PPTN
                                                        PRODUCTION
ACTION __
      H4 - CLAIM STATUS INQUIRY (REQUIRED FIELDS)
              HIC _____ ___
                                        NPI
              SERVICE DATE RANGE (MMDDCCYY) FROM _____ TO _____
          OPTIONAL SECONDARY SELECTION:    PROCEDURE CODE _____
                                                ICN _____

SELECTION _____ (OTHER LOOK-UP ACTIONS REQUIRED FIELD)

ACTION BY PROVIDER          ACTION BY CODE
-----------------           --------------
AP - ACCOUNTS REC       AD/ED - ADS/EOMB LOOKUP    DC - DIAGNOSIS LOOKUP
PE - PROVIDER ELIG      AI - ACCOUNTS REC INQ      DR - DRUG FEE SCHEDULE
PI - PRICING INQUIRY    AM - AMBULANCE FEE SCHEDULE EI - CWF BENE ELIG LOOKU
PS - PROVIDER SUMMARY   BS - BANK CHECK STATUS     F1 - ASC FEE SCHEDULE
                        CD - CAP FEE SCHEDULE      HS - HPSA/SCARCITY LOOKU
                        CF - CLINICAL LAB FEE      MI - OTHER-INSURER LOOKU
                        DB - MPFSDB                PC - PROCEDURE LOOKUP
                        ZP - ZIP CODE LOOKUP
```

Screen Details

```
RSN 1.. L 2.. NHIC 3........... NME 4.... SEQ 5. SPL 6 CCN 7           E 8
TYPE 9 . ACT/SEL 10.............

                 MEDICARE PHYSICIAN FEE SCHEDULE DATA BASE    DATE:11 MM/DD/YY

ACTION: 12  EFF DATE: 13......  LOC: 14  PROC/MOD: 15.....   CARRIER NO 16...

ZIP:17... DESC: 18...............................................

INDICATORS:    FEES:                              RVUS         GPCIS

STATUS 19      N FAC LOAD 20........   WORK 21........          22....

CY TRANS 23    FAC LOAD 24..........   PRACTICE 25........      26....

SOS 27         N FAC FEE 28..........  MALPRACTICE 29........  30....

PC/TC 31       FAC FEE  32..........

                                       CONVERSION FACTOR 33.......
MULT 34        AHPB 35..........
                                       UPDATE FACTOR 36.....
```

```
BILAT 37       FAC SET 38..........

ASST 39        NON-FAC SET 40........

TEAMSURG 41    FAC IMG 42.......          GLOBAL DAYS 43

COSURG 44.     NON-FAC IMG 45.......      PREOP  % 46.....

BILL MED 47                               INTRAOP % 48.....

IMG IND 49                               POSTOP  % 50.....

PHYS SUP DIAG PROC 51                     REL PROC 52... ..... ..... ..... .....

DIAG FAM IND 53                           P4P IND 54

                                          BASE ENDOSCOPY 55...
PF5-PREVIOUS EFFECTIVE DATE
PF6-NEXT EFFECTIVE DATE                   UNITS PMT RULE 56

MSG 57.......................................................
```

Field Description

Field No.	Field Name	Business Name/Description
1	RSN	Reason code. Displays the correspondence reason code for transactions related to a CCN (correspondence). Not used for inquiry transactions.
2	L	Location code. Displays the location code for transactions related to a CCN (correspondence). It must be completed for update transactions. Not used for inquiry transactions.
3	NHIC	Next HIC. Used for consecutive transactions.
4	NME	Next name. Used for consecutive transactions.
5	SEQ	Next sequence. Used for entry of the next control number for transactions related to a CCN (correspondence). Not used for inquiry transactions.
6	SPL	Split indicator. Indicates if there is a split of the original CCN (for correspondence-related transactions). Enter 1 to create a split CCN. Not used in inquiry transactions.
7	CCN	Current Correspondence Control Number for transactions related to a CCN.
8	E	Examiner derived at log-on.

Field No.	Field Name	Business Name/Description
9	TYPE	Transaction Type and Sub-Type. Not used for inquiry transaction. Transaction type is carried from the originating transaction. The sub-type may be: B General correspondence C Cash transaction F Re-opening requests P Priority correspondence R Review request S SSA request
10	ACT/SEL	The action code and selection parm will allow for the entry of an additional transaction from the DB screen.
11	Unlabeled	Current date
12	ACTION	Action code. Currently, the only available action is I for inquiry.
13	EFF DATE	Pricing effective date requested for inquiry. Format = CCYYMMDD Note: If the effective date keyed is not a valid MPFSDB effective date, the first effective date on the MPFSDB file that is less than the date keyed will be displayed. The effective date used will be system plugged in the effective date field.
14	LOC	The provider physician fee locality requested for inquiry for services on and after January 1, 1997. Otherwise, the provider reasonable charge locality is used.
15	PROC/MOD	Procedure and modifier requested for inquiry.
16	CARRIER NO	The carrier number is displayed for all contractors, however for purchase service and MPFSDB if the carrier number is the local carrier it will display spaces. For the RRB carrier, the Part B carrier number must be entered for the inquire transaction.
17	ZIP	Zip code field – enter the zip code where the service was rendered or purchased.
18	DESC	Description of the procedure code.
19	STATUS	Status code of the procedure.
20	N FAC LOAD	Load/non-facility transitioned fee amount used for pricing.
21	WORK	Work component of the overall relative value unit.
22	Unlabeled	Work geographic adjustment factor used in computing the fee schedule amount.

Field No.	Field Name	Business Name/Description
23	CY TRANS	Transition indicator for the file year. Corresponds to field 36 from the MFSDB file. **Valid values:** 4 Pricing amount is derived through a transition blend of the base and new resource based practice expense RVU. 5 Pricing amount is derived through resource based RVUs only. 9 Concept does not apply.
24	FAC LOAD	Load/facility transitioned fee amount used for pricing codes subject to site of service pricing differentials.
25	PRACTICE	Practice component of the overall relative value unit.
26	Unlabeled	Work geographic adjustment factor used in computing the fee schedule amount.
27	SOS	Site of service indicator.
28	N FAC FEE	Fee schedule amount for the non-facility setting; this amount equals the N FAC Load Fee.
29	MALPRACTICE	Malpractice component of the overall relative value unit.
30	Unlabeled	Malpractice adjustment factor used in computing the fee schedule amount.
31	PC/TC	Indicator to identify professional, technical, and global codes.
32	FAC FEE	Fee schedule amount for the facility setting; this amount equals the FAC Load fee.
33	CONVERSION FACTOR	The multiplier that transforms relative values into full fee amounts. The MPFSDB file for 1996 and after contains four digits after the decimal point, otherwise three digits after the decimal are used.
34	MULT	Multiple surgery indicator.
35	AHPB	Average historical payment basis used to develop the full fee amount.
36	UPDATE FACTOR	The update factor applied to the prior year amount for transition.
37	BILAT	Bilateral surgery indicator.
38	FAC SET	Facility setting practice expense relative value.
39	ASST	Provides indicator for services where assistant at surgery is never paid for per MCM.

Field No.	Field Name	Business Name/Description
40	NON-FAC SET	Non-facility setting practice expense.
41	TEAM SURG	Team surgery indicator.
42	FAC IMG	Facility imaging payment cap.
43	GLOBAL DAYS	The time frames that apply to payment for each surgical procedure in relation to evaluation and management services.
44	COSURG	Co-surgery indicator.
45	NON-FAC IMG	Non-facility imaging payment cap.
46	PROEP %	The percentage for the preoperative portion of the global package.
47	BILL MED	Billable medical supplies indicator.
48	INTRAOP %	The percentage for the intra-operative portion of the global package including postoperative care in the hospital.
49	IMG IND	Imaging indicator from field 31CC on the MPFSDB.
50	POSTOP %	The percentage for the postoperative portion of the global package that is provided in the office after discharge from the hospital.
51	PHYS SUP DIAG PROC	Physician supervision of diagnostic procedures
52	REL PROC	The procedure codes related to the subject HCPCS code used in transforming AHPBs to full fee and transition fee amounts. Up to 8 procedures may be displayed.
53	DIAG FAM IND	Diagnostic family indicator from field 33E on the MPFSDB. Note: this field will not be populated unless the MULT field contains a value of '4'.
54	P4P IND	Performance payment indicator from field 33F on the MPFSDB.
55	BASE ENDOSCOPY	Base code for an endoscopy from field 31a on MPFSDB for 1995
56	UNITS PMT RULE	Reserved for future use.
57	MSG	Screen message line.

Screen Messages

When a particular look-up request is made, the following on-line messages may be displayed, depending on the condition.

Condition	Message
Carrier Number missing	Please enter a carrier number (RRB only)
Eff Date missing	Eff Date Missing
Invalid Effective Date	Invalid Eff Date format.
Procedure missing	Please enter a procedure code.
Locality missing	Please enter a locality - two-digit value.
Whole key missing	Please enter file year/loc/procedure/modifier. (for non-RRB) Please Enter File Year/Loc/Proc/Mod/Carrier (for RRB)
Record not found	MFSDB record not on file.
Record found	Medicare Fee Schedule item displayed.
Bad PF key	You can only press **Enter**, **PF3**, **PA2**, **Clear**, **PF10**.
Initial screen	Please enter selection criteria.
Invalid action	Selection action is not valid.
PA2 is pressed	Logon logoff.
If a zip code is keyed and is not numeric or is less than 5 bytes	Invalid zip format
The entered zip code is not found on either the HxxTZIP table or the NZIP file.	Zip code not on NZIP file
Clear is pressed	Medicare Fee Schedule inquiry complete.

ZP - Zip Code Lookup Screen

The Zip Code Lookup screen is an inquiry screen that displays information from two CMS-supplied files: the 5-digit (NZIP) Zip Code File and the 9-digit (ZIP9) Zip Code File.

Effective January 1, 2009, MCS reads the claim date of service to determine the zip code file year applied to the claim. CMS issued an NZIP and ZIP9 file for year 2008 to be used for all dates of service prior to 2009; if the year entered in the YEAR field is prior to 2008, the field will default to 2008, and 2008 zip code data will display. MCS will maintain and access up to three years of zip code file data for pricing. Older zip code file years will be informational only and not used for claims processing. If the claim year of service is more than three years prior to the current year, MCS will default to the earliest maintained zip code file to access the locality for pricing.

> To access the screen, perform one of the following access methods:

- From the Main Menu screen, type *ZP* in the Task Name field. Data keyed into the Key Data field will be transferred to the YEAR, ZIP CODE, and PLUS FOUR zip code fields of the *ZP* Screen.

- From the Inquiry/Update (Low Level) Menu Screen, type *ZP* in the Action field. Data keyed into the Selection field will be transferred to the YEAR, ZIP CODE, and PLUS FOUR zip code fields of the *ZP* Screen.

- From other inquiry/update screens, type *ZP* in the Action field. Data keyed into the Selection field will be transferred to the YEAR, ZIP CODE, and PLUS FOUR zip code fields of the *ZP* Screen.
  (Note: The Selection field on the Claims Entry screen is not long enough to allow the full year, Zip Code, and Plus Four data to be entered.)

- From the PPTN Menu (ME) Screen, type *ZP* in the Action field.

```
                    NORIDIAN NORTHWEST - PROD          DEC. 11, 2008
              PROFESSIONAL PROVIDER TELECOMMUNICATION NETWORK - PPTN
                                                         PRODUCTION
ACTION __
      H4 - CLAIM STATUS INQUIRY (REQUIRED FIELDS)
             HIC _____ ___
                                     NPI
             SERVICE DATE RANGE (MMDDCCYY) FROM _____ TO _____
         OPTIONAL SECONDARY SELECTION:    PROCEDURE CODE _____
                                          ICN _____

SELECTION _____ (OTHER LOOK-UP ACTIONS REQUIRED FIELD)

ACTION BY PROVIDER        ACTION BY CODE
------------------        --------------
AP - ACCOUNTS REC         AD/ED - ADS/EOMB LOOKUP      DC - DIAGNOSIS LOOKUP
PE - PROVIDER ELIG        AI - ACCOUNTS REC INQ        DR - DRUG FEE SCHEDULE
PI - PRICING INQUIRY      AM - AMBULANCE FEE SCHEDULE  EI - CWF BENE ELIG LOOKU
PS - PROVIDER SUMMARY     BS - BANK CHECK STATUS       F1 - ASC FEE SCHEDULE
                          CD - CAP FEE SCHEDULE        HS - HPSA/SCARCITY LOOKU
                          CF - CLINICAL LAB FEE        MI - OTHER-INSURER LOOKU
                          DB - MPFSDB                  PC - PROCEDURE LOOKUP
                          ZP - ZIP CODE LOOKUP
```

Screen Details

```
 RSN 1.. L 2.. NHIC 3........... NME 4.... SEQ 5. SPL 6 CCN 7............  E 8...
 TYPE 9. . ACT/SEL 10... ..........                          DATE: 11/../....
                                                             PF3=RETURN
                                                             PF7=PREVIOUS
                                                             PF8=NEXT

                              ZIP CODE LOOKUP
     YEAR: 12..    ZIP CODE: 13...   PLUS FOUR: 14      CONT: 15...

                          NZIP FILE INFORMATION
         CONT   ST    LOC  RURAL   RURAL   BENE      PLUS-FOUR  ST LOC
                            IND     IND2    LOC       FLAG
          16... 17    18     19      20      21        22         23


                          ZIP9 FILE INFORMATION
         CONT  ST PLUS-FOUR LOC  RURAL PLUS-FOUR  ST LOC  SOURCE
                                  IND    FLAG
         24... 25   26..    27    28     29        30      31
         ..... ..   ....    ..    .      .         ..      .
         ..... ..   ....    ..    .      .         ..      .
         ..... ..   ....    ..    .      .         ..      .
         ..... ..   ....    ..    .      .         ..      .
         ..... ..   ....    ..    .      .         ..      .
         ..... ..   ....    ..    .      .         ..      .
         ..... ..   ....    ..    .      .         ..      .
         ..... ..   ....    ..    .      .         ..      .
         ..... ..   ....    ..    .      .         ..      .
         ..... ..   ....    ..    .      .         ..      .
```

```
MSG 32.................................................................
```

Field Descriptions

Field No.	Field Name	Business Name/Description
1	RSN	Not applicable for this screen. Reason code. Displays the correspondence reason code for transactions related to a CCN (correspondence). It must be completed for update transactions; not used for inquiry only.
2	L	Not applicable for this screen. Location code. Displays the location code for transactions related to a CCN (correspondence). It must be completed for update transactions; not used for inquiry only.
3	NHIC	Not applicable for this screen. Next HIC. Used for consecutive transactions.
4	NME	Not applicable for this screen. Next name. Used for consecutive transactions.
5	SEQ	Not applicable for this screen. Next sequence. Used for entry of the next control number for transactions related to a CCN (correspondence). Not used for inquiry only.
6	SPL	Not applicable for this screen. Split indicator. Indicates if there is a split of the original CCN (for correspondence-related transactions). Enter 1 to create a split CCN. Not used in inquiry transactions.
7	CCN	Not applicable for this screen. Current Correspondence Control Number for transactions related to a CCN.
8	E	Examiner derived from logon.
9	TYPE	Not applicable for this screen. Transaction type and sub-type. Not used for inquiry transaction.

Field No.	Field Name	Business Name/Description
10	ACT/SEL	Action code and selection parameter. Allows for the entry of an additional transaction from the HS screen.
		Valid values: Standard MCS mnemonics
11	DATE	Current date
		Format: MON. DD, CCYY
12	YEAR	User-entered Effective Year (CCYY) for the zip code, required
13	ZIP CODE	User-entered Zip Code, required.
14	PLUS FOUR	User-entered Plus Four Zip Code, optional
		Note: If the Plus Four Flag = 1, and no Plus Four is entered, all of the available Plus Fours for the base Zip Code will display in the ZIP9 File Information section of the screen.
15	CONT	User-entered Contractor/Carrier ID, optional.
16	CONT	Carrier/Contractor; system generated based on zip code used in zip code field.
17	ST	System generated based on zip code used in zip code field.
18	LOC	Zip Code CMS locality.
19	RURAL IND	Zip Code Rural Indicator:
		B – Super-Rural
		R – Rural
		Blank – Urban
20	RURAL IND2	Zip Code Rural Indicator 2:
		B – Super-Rural
		R – Rural
		Blank – Urban
21	BENE LOC	Bene Zip Code Indicator for Competitive Bidding Laboratory Demonstration Project:
		Z1 – Competitive Bidding Area 1
		Z2 – Competitive Bidding Area 2
		Z9 – Not Competitive Bidding Area
22	PLUS-FOUR FLAG	Zip Code Indicator for Plus Four Requirement:
		0 – Plus Four Not Required
		1 – Plus Four Required

Field No.	Field Name	Business Name/Description
23	ST LOC	Clinical Laboratory Referred Service Locality.
24	CONT	System generated based on zip code used in zip code field.
25	ST	System generated based on zip code used in zip code field.
26	PLUS-FOUR	4-Digit Zip Code Extension.
27	LOC	Zip Code CMS Locality for pricing.
28	RURAL IND	Zip Code Rural value: R – Rural B – Super-Rural Blank – Urban
29	PLUS-FOUR FLAG	Indicator for Plus Four Zip Code requirement: 0 – Plus Four is not required 1 – Plus Four is required
30	ST LOC	CMS or MCS locality; dependent on Source Code.
31	SOURCE	Source Code value: C – CMS Locality M – MCS Locality
32	MSG	System generated condition or error message.

DC – Diagnosis Lookup

This screen provides a brief description for ICD-9-CM diagnosis codes.

CAUTION is urged in using this lookup. As always when coding a claim for insurance submission, use the ICD-9-CM guides for the most appropriate diagnosis code.

```
                         NORIDIAN NORTHWEST - PROD         DEC. 11, 2008
                  PROFESSIONAL PROVIDER TELECOMMUNICATION NETWORK - PPTN
                                                            PRODUCTION
 ACTION __
       H4 - CLAIM STATUS INQUIRY (REQUIRED FIELDS)
              HIC _____ ___
                                      NPI
              SERVICE DATE RANGE (MMDDCCYY) FROM _____ TO _____
          OPTIONAL SECONDARY SELECTION:    PROCEDURE CODE _____
                                           ICN _____

 SELECTION _____ (OTHER LOOK-UP ACTIONS REQUIRED FIELD)

 ACTION BY PROVIDER        ACTION BY CODE
 ------------------        --------------
 AP - ACCOUNTS REC       AD/ED - ADS/EOMB LOOKUP     DC - DIAGNOSIS LOOKUP
 PE - PROVIDER ELIG      AI - ACCOUNTS REC INQ       DR - DRUG FEE SCHEDULE
 PI - PRICING INQUIRY    AM - AMBULANCE FEE SCHEDULE EI - CWF BENE ELIG LOOKU
 PS - PROVIDER SUMMARY   BS - BANK CHECK STATUS      F1 - ASC FEE SCHEDULE
                         CD - CAP FEE SCHEDULE       HS - HPSA/SCARCITY LOOKU
                         CF - CLINICAL LAB FEE       MI - OTHER-INSURER LOOKU
                         DB - MPFSDB                 PC - PROCEDURE LOOKUP
                         ZP - ZIP CODE LOOKUP
```

Screen Details

```
 RSN 1.. L 2.. NHIC 3........... NME 4.... SEQ 5. SPL 6 CCN 7...........   E 8...
 TYPE 9. . ACT/SEL 10...............                                       11
                  DIAGNOSIS CODE LOOKUP
 KEY 12...          ENTER SELECTION 13
 SEQ DIAG     EFF DT    END DT                    DESCRIPTION ..
  14 15...    16......  17......   18..............................................
  .. .....    ........  ........   ..............................................
  .. .....    ........  ........   ..............................................
  .. .....    ........  ........   ..............................................
  .. .....    ........  ........   ..............................................
  .. .....    ........  ........   ..............................................
  .. .....    ........  ........   ..............................................
  .. .....    ........  ........   ..............................................
  .. .....    ........  ........   ..............................................
  .. .....    ........  ........   ..............................................
  .. .....    ........  ........   ..............................................
  .. .....    ........  ........   ..............................................
  .. .....    ........  ........   ..............................................
  .. .....    ........  ........   ..............................................
```

```
MSG 19.....................................................................
```

Field Description

Field No.	Field Name	Business Name/Description
1	RSN	Not used. Reason code. Displays the correspondence reason code for transactions related to a CCN (correspondence). Not used for inquiry transactions
2	L	Not used. Location code. Displays the location code for transactions related to a CCN (correspondence). It must be completed for update transactions. Not used for inquiry transactions
3	NHIC	Not used. Next HIC. Used for consecutive transactions.
4	NME	Not used. Next name. Used for consecutive transactions.
5	SEQ	Not used. Next sequence. Used for entry of the next control number for transactions related to a CCN (correspondence. Not used for inquiry transactions
6	SPL	Not used. Split indicator. Indicates if there is a split of the original CCN (for correspondence-related transactions). Enter 1 to create a split CCN. Not used in inquiry transactions.
7	CC	Current Correspondence Control Number for transactions related to a CCN.
8	E	Examiner derived at log-on
9	TYPE	Transaction Type and Sub-Type. Not used for inquiry transaction. Transaction type is carried from the originating transaction, the sub-type may be: B General correspondence R Review request P Priority correspondence F Re-opening requests S SSA request C Cash transaction

Field No.	Field Name	Business Name/Description
10	ACT/SEL	The action code and selection parm allow for the entry of an additional transaction from the DC screen.
11	unlabelled	Active batch mode indicator. **Valid values:** DEP Production DET Test
12	KEY	Enter the input diagnosis code or portion of the code. A minimum of three values must be entered.
13	ENTER SELECTION	This field allows for the entry of a numeric value, indicating the diagnosis code selection to be used for the major transaction. Selected diagnosis code defaults to the claim from which DC request was made Note: Any information keyed on the claim will not be changed.
14	SEQ	Sequential number that indicates the number of records being selected.
15	DIAG	Diagnosis code
16	EFF DT	Diagnosis code effective date for processing diagnosis by date of service. Format: MMDDCCYY
17	END DT	Diagnosis code end date for processing diagnosis by date of service. If no termination date is on the record, this field will be spaces. Format: MMDDCCYY
18	DESCRIPTION	Description of the diagnosis code.
19	MSG	Message that informs that the selected code is invalid, or the number of records read by the system.

ED – MSN Message Lookup

The Explanation of Medicare Benefits (EOMB) Lookup screen enables the look up of on-line narrative description of a particular EOMB message. A sequential display of message codes and their corresponding descriptions are displayed, beginning with the message code entered.

```
                      NORIDIAN NORTHWEST - PROD         DEC. 11, 2008
                 PROFESSIONAL PROVIDER TELECOMMUNICATION NETWORK - PPTN
                                                       PRODUCTION
 ACTION __
        H4 - CLAIM STATUS INQUIRY (REQUIRED FIELDS)
              HIC _____ ___
                                      NPI
              SERVICE DATE RANGE (MMDDCCYY) FROM _____ TO _____
          OPTIONAL SECONDARY SELECTION:    PROCEDURE CODE _____
                                           ICN _____

 SELECTION _____ (OTHER LOOK-UP ACTIONS REQUIRED FIELD)

 ACTION BY PROVIDER       ACTION BY CODE
 ------------------       --------------
 AP - ACCOUNTS REC        AD/ED - ADS/EOMB LOOKUP    DC - DIAGNOSIS LOOKUP
 PE - PROVIDER ELIG       AI - ACCOUNTS REC INQ      DR - DRUG FEE SCHEDULE
 PI - PRICING INQUIRY     AM - AMBULANCE FEE SCHEDULE EI - CWF BENE ELIG LOOKU
 PS - PROVIDER SUMMARY    BS - BANK CHECK STATUS     F1 - ASC FEE SCHEDULE
                          CD - CAP FEE SCHEDULE      HS - HPSA/SCARCITY LOOKU
                          CF - CLINICAL LAB FEE      MI - OTHER-INSURER LOOKU
                          DB - MPFSDB                PC - PROCEDURE LOOKUP
                          ZP - ZIP CODE LOOKUP
```

Screen Details

```
  RSN 1.. L 2.. NHIC 3........... NME 4.... SEQ 5. SPL 6 CCN 7............  E 8...
  TYPE 9  . ACT/SEL 10.............                                    11.


                          EOMB CODE LOOKUP

  KEY 12.


  CODE DESCRIPTION
  13. 14...............................................................................
```

```
         ...........................................................................
   ...   ...........................................................................
         ...........................................................................
   ...   ...........................................................................
         ...........................................................................
   ...   ...........................................................................
         ...........................................................................
   ...   ...........................................................................
         ...........................................................................
   ...   ...........................................................................
         ...........................................................................
         ...........................................................................
         ...........................................................................
   ...   ...........................................................................
         ...........................................................................
   ...   ...........................................................................
         ...........................................................................
   ...   ...........................................................................
         ...........................................................................
   ...   ...........................................................................
         ...........................................................................
   ...   ...........................................................................
         ...........................................................................
   ...   ...........................................................................
         ...........................................................................
 MSG 15..........................................................................
```

Note: The half screen display will begin at the 'KEY' field.

Field Description

Field No.	Field Name	Business Name/Description
1	RSN	Reason code. Displays the correspondence reason code for transactions related to a CCN (correspondence). Not used for inquiry transactions.
2	L	Location code. Displays the location code for transactions related to a CCN (correspondence). It must be completed for update transactions. Not used for inquiry transactions.
3	NHIC	Next HIC. Used for consecutive transactions.
4	NME	Next name. Used for consecutive transactions.
5	SEQ	Next sequence. Used for entry of the next control number for transactions related to a CCN (correspondence). Not used for inquiry transactions.

Field No.	Field Name	Business Name/Description
6	SPL	Split indicator. Indicates if there is a split of the original CCN (for correspondence-related transactions). Enter 1 to create a split CCN. Not used in inquiry transactions.
7	CCN	Current Correspondence Control Number for transactions related to a CCN.
8	E	Examiner, derived at logon.
9	TYPE	Transaction Type and Sub-Type. Not used for inquiry transaction. Transaction type is carried from the originating transaction. The sub-type may be: B General correspondence C Cash transaction F Re-opening requests P Priority correspondence R Review request S SSA request
10	ACT/SEL	The action code and selection parm allow for the entry of an additional transaction from the ED screen.
11	unlabelled	Active batch mode indicator, derived at log-on. **Valid values:** DEP Production DET Test
12	KEY	Enter the required EOMB code. Note: This field may be system filled from the preceding transaction.
13	CODE	EOMB Message Code
14	DESCRIPTION	Narrative description of the listed ADS/EOMB.
15	MSG	Message that informs the carrier the selected code is invalid, or informs the carrier of the number of records read by the system.

.

DR – Drug Fee Schedule Screen

The Drug Fee Schedule Screen is an inquiry-only screen which displays
Information from the CMS supplied ASP and ASC Fee Schedule files. Effective for
dates of service on or after 1/1/2005, the Average Sales Price (ASP) file is used
to appropriately price drug and biological procedures.   Effective for dates of service
1/1/2008 the Ambulatory Surgical Center Drug Fee Schedule (ASC Drug) file is used to
price drugs and biological procedures payable to ASC's.

```
                        NORIDIAN NORTHWEST - PROD        DEC. 11, 2008
                 PROFESSIONAL PROVIDER TELECOMMUNICATION NETWORK - PPTN
                                                             PRODUCTION
ACTION __
       H4 - CLAIM STATUS INQUIRY (REQUIRED FIELDS)
              HIC _____ ___
                                         NPI
              SERVICE DATE RANGE (MMDDCCYY) FROM _____ TO _____
           OPTIONAL SECONDARY SELECTION:    PROCEDURE CODE _____
                                                  ICN _____

SELECTION _____ (OTHER LOOK-UP ACTIONS REQUIRED FIELD)

ACTION BY PROVIDER         ACTION BY CODE
------------------         --------------
AP - ACCOUNTS REC     AD/ED - ADS/EOMB LOOKUP     DC - DIAGNOSIS LOOKUP
PE - PROVIDER ELIG    AI - ACCOUNTS REC INQ       DR - DRUG FEE SCHEDULE
PI - PRICING INQUIRY  AM - AMBULANCE FEE SCHEDULE EI - CWF BENE ELIG LOOKU
PS - PROVIDER SUMMARY BS - BANK CHECK STATUS      F1 - ASC FEE SCHEDULE
                      CD - CAP FEE SCHEDULE       HS - HPSA/SCARCITY LOOKU
                      CF - CLINICAL LAB FEE       MI - OTHER-INSURER LOOKU
                      DB - MPFSDB                 PC - PROCEDURE LOOKUP
                      ZP - ZIP CODE LOOKUP
```

Screen Details

```
RSN 1.. L 2.. NHIC 3.......... NME 4.... SEQ 5. SPL 6 CCN 7............  E 8...
TYPE 9. . ACT/SEL 10... ..........

                          DRUG FEE SCHEDULE                DATE: 11......


INQUIRY CODE: 12  EFF DATE: 13......   HCPCS: 14...   MODIFIER: 15..

DESCRIPTION: 16...........................

ASP FEE SCHEDULE


ASP AMOUNT: 17.........
```

```
ESRD AMOUNT: 18.........

VACCINE AMOUNT: 19.........

DME INFUSION AMOUNT: 20.........

BLOOD AMOUNT: 21.........

CONTRACTOR AMOUNT: 22.........

ASC DRUG FEE SCHEDULE

DRUG PRICE: 23.....    ASC DRUG STATUS INDICATOR: 24




PF5-PREVIOUS EFFECTIVE DATE
PF6-NEXT EFFECTIVE DATE


MSG 25..............................................................
```

Field Description

Field No.	Field Name	Business Name/Description
1	RSN	Reason code. Displays the correspondence reason code for transactions related to a CCN (correspondence). It must be completed for update transactions; not used for inquiry only.
2	L	Location code. Displays the location code for transactions related to a CCN (correspondence). It must be completed for update transactions; not used for inquiry only.
3	NHIC	Next HIC. Used for consecutive transactions.
4	NME	Next name. Used for consecutive transactions.
5	SEQ	Next sequence. Used for entry of the next control number for transactions related to a CCN (correspondence). Not used for inquiry only.
6	SPL	Split indicator. Indicates if there is a split of the original CCN (for correspondence-related transactions). Enter 1 to create a split CCN. Not used in inquiry transactions.

Field No.	Field Name	Business Name/Description
7	CCN	Current Correspondence Control Number for transactions related to a CCN.
8	E	Examiner derived from logon.
9	TYPE	Transaction type and sub-type. Not used for inquiry transaction.
10	ACT/SEL	Action code and selection parameter. Allows for the entry of an additional transaction from the DR screen.
11	DATE	Current system date
12	INQUIRY CODE	Inquiry code **Valid Values:** S - Accesses ASP Fee Schedule F - Accesses ASC Drug Fee Schedule
13	EFF DATE	Pricing effective date requested for inquiry. Format: CCYYMMDD Note: If the effective date keyed is not a valid effective date on the ASP or ASC Fee Schedule, the first effective date on the ASP or ASC Fee Schedule file that is less than the date keyed will be displayed. The effective date used will be system generated in the effective date field.
14	HCPCS	Procedure code
15	MODIFIER	Modifier
16	DESCRIPTION	Short description
17	ASP AMOUNT	ASP amount supplied by CMS Format: $$$,$$$.¢¢¢
18	ERSD AMOUNT	ESRD amount supplied by CMS Format: $$$,$$$.¢¢¢
19	VACCINE AMOUNT	Vaccine amount supplied by CMS Format: $$$,$$$.¢¢¢
20	DME INFUSION AMOUNT	DME Infusion amount supplied by CMS Format: $$$,$$$.¢¢¢
21	BLOOD AMOUNT	Blood amount supplied by CMS Format: $$$,$$$.¢¢¢
22	CONTRACTOR AMOUNT	Contractor amount determined by the contractor Format: $$$,$$$.¢¢¢

Field No.	Field Name	Business Name/Description
23	DRUG PRICE	Drug price determined by the ASC Drug Fee Schedule. Format $$$$$. ¢¢
24	ASC DRUG STATUS INDICATOR	ASC drug status indicator **Valid Values:** A - Drug Fee Provided C - Carrier Priced
25	MSG	System generated messages and error codes

F1 – Ambulatory Surgical Center (ASC) Fee Schedule Inquiry Screen

The Ambulatory Surgical Center (ASC) Fee Schedule Inquiry screen is an inquiry-only screen which displays information from the CMS supplied file. Effective for dates of service on or after 1/1/2008, the ASCFS is used to appropriately price surgical and ancillary procedure codes billed by ASC providers. The ASC Fee Schedule Screen will display the appropriate fee schedule amounts based upon the effective date, HCPCS and modifier entered. The screen also has the capability to return pricing effective date data and provides the ability to page forward and back through the pricing effective dates.

```
                         NORIDIAN NORTHWEST - PROD        DEC. 11, 2008
                PROFESSIONAL PROVIDER TELECOMMUNICATION NETWORK - PPTN
                                                         PRODUCTION
 ACTION __
       H4 - CLAIM STATUS INQUIRY (REQUIRED FIELDS)
              HIC _____ ___
                                        NPI
              SERVICE DATE RANGE (MMDDCCYY) FROM _____ TO _____
         OPTIONAL SECONDARY SELECTION:    PROCEDURE CODE _____
                                             ICN _____

 SELECTION _____ (OTHER LOOK-UP ACTIONS REQUIRED FIELD)

 ACTION BY PROVIDER        ACTION BY CODE
 -----------------         --------------
 AP - ACCOUNTS REC         AD/ED - ADS/EOMB LOOKUP    DC - DIAGNOSIS LOOKUP
 PE - PROVIDER ELIG        AI - ACCOUNTS REC INQ      DR - DRUG FEE SCHEDULE
 PI - PRICING INQUIRY      AM - AMBULANCE FEE SCHEDULE EI - CWF BENE ELIG LOOKU
 PS - PROVIDER SUMMARY     BS - BANK CHECK STATUS     F1 - ASC FEE SCHEDULE
                           CD - CAP FEE SCHEDULE      HS - HPSA/SCARCITY LOOKU
                           CF - CLINICAL LAB FEE      MI - OTHER-INSURER LOOKU
                           DB - MPFSDB                PC - PROCEDURE LOOKUP
                           ZP - ZIP CODE LOOKUP
```

Screen Details

```
 RSN 1.. L 2.. NHIC 3........... NME 4.... SEQ 5. SPL 6 CCN 7............ E 8...
 TYPE 9 . .   ACT/SEL 10 ...............


 AMBULATORY SURGICAL CENTER FEE SCHEDULE INQUIRY  DATE: ../../..  11


 EFFECTIVE DATE:12...... HCPCS: 13... MOD: 14   CBSA: 15...


 ASC GROUP: 16...    WAGE INDEX: 17...


 PROCEDURE INDICATOR: 18
```

```
COINSURANCE 25% INDICATOR: 19


MULTI-PROCEDURE DISCOUNT INDICATOR: 20


FB MOD REDUCED PRICE: 21.....


PRICE: 22.....


FC MOD PRICE: 23.....


GROUP PRICE: 24.....


FB/FC MODIFIER: Y 25

PF5 - PREVIOUS EFFECTIVE DATE
PF6 - NEXT EFFECTIVE DATE
PF7 - PREVIOUS CBSA
PF8 - NEXT CBSA

MSG 26.................................................................
```

Field Description

Field No.	Field Name	Business Name/Description
1	RSN	Reason code. Displays the correspondence reason code for transactions related to a CCN (correspondence). It must be completed for update transactions; not used for inquiry only.
2	L	Location code. Displays the location code for transactions related to a CCN (correspondence). It must be completed for update transactions; not used for inquiry only.
3	NHIC	Next HIC. Used for consecutive transactions.
4	NME	Next name. Used for consecutive transactions.
5	SEQ	Next sequence. Used for entry of the next control number for transactions related to a CCN (correspondence). Not used for inquiry only.

Field No.	Field Name	Business Name/Description
6	SPL	Split indicator. Indicates if there is a split of the original CCN (for correspondence-related transactions). Enter 1 to create a split CCN. Not used in inquiry transactions.
7	CCN	Current Correspondence Control Number for transactions related to a CCN.
8	E	Examiner derived from logon.
9	TYPE	Transaction type and sub-type. Not used for inquiry transaction.
10	ACT/SEL	Action code and selection parameter. Allows for the entry of an additional transaction from the DR screen.
11	DATE	Current system date
12	EFFECTIVE DATE	Pricing effective date requested for inquiry. Format: CCYYMMDD Note: If the effective date keyed is not a valid effective date on the ASC Fee Schedule, the first effective date on the ASC Fee Schedule file that is less than the date keyed will be displayed. The effective date used will be system generated in the effective date field.
13	HCPCS	Procedure code
14	MOD	Modifier
15	CBSA	The provider CBSA (Core Based Statistical Area). Note: If a CBSA value less than 5-digits is entered, the system will automatically shift the number so that it is right-justified and space-filled per the CMS ASCFS file. If the CBSA is not entered, the screen will default to the first CBSA value on file for the HCPCS and nearest effective date (or or prior to the effective date).
16	ASC GROUP	ASC group supplied by CMS.
17	WAGE INDEX	Wage Index supplied by CMS. Format: N.NNNN
18	PROCECURE INDICATOR	Procedure Indicator supplied by CMS. **Valid Values:** A - Ancillary Service with Payment Rate C - Ancillary Service Carrier Priced S - Surgical Procedure

Field No.	Field Name	Business Name/Description
19	COINSURANCE 25% INDICATOR	Coinsurance 25% Indicator supplied by CMS. **Valid Values:** Y – Yes N - No
20	MULTI-PROCEDURE DISCOUNT INDICATOR	Multiple Procedure Discount Indicator supplied by CMS. Valid Values: 0 - Procedure for which multiple procedure adjustment does not apply 1 - Procedure for which multiple payment adjustments can apply 9 - Concept of multiple procedure adjustment does not apply.
21	FB MOD REDUCED PRICE	Price for ASC services billed with modifier FB. Format: $$,$$$.¢¢
22	PRICE	Price for ASC services without modifier FB or FC. Format: $$,$$$.¢¢
23	FC MOD PRICE	Price for ASC services billed with modifier FC. Format: $$,$$$.¢¢
24	GROUP PRICE	Group Price as supplied by CMS. Format: $$,$$$.¢¢
25	FB/FC MODIFIER	FB/FC Modifier Indicator as supplied by CMS. **Valid Values:** Y – Yes N - No.
26	MSG	System generated messages and error codes

H4 – Claims Status Inquiry

This screen allows those providers to perform PPTN Claim Status inquiries.

The key to this screen is Action H4 from the PPTN Low-Level Menu screen, using selection criteria - Provider Number, HICN and Service Dates with optional secondary selection of either ICN or Procedure Code.

<u>PLEASE NOTE</u>: Data must be keyed on the PPTN Main Menu before the Provider Claims Status Response Screen can be viewed. The required fields are: HIC, Legacy Provider Number or NPI and the "From" Service Date.

```
                      NORIDIAN NORTHWEST – PROD        DEC. 11, 2008
                PROFESSIONAL PROVIDER TELECOMMUNICATION NETWORK – PPTN
                                                          PRODUCTION
ACTION __
        H4 - CLAIM STATUS INQUIRY (REQUIRED FIELDS)
              HIC _____ ___
                                        NPI
              SERVICE DATE RANGE (MMDDCCYY) FROM _____ TO _____
          OPTIONAL SECONDARY SELECTION:    PROCEDURE CODE _____
                                            ICN _____

SELECTION _____ (OTHER LOOK-UP ACTIONS REQUIRED FIELD)

ACTION BY PROVIDER        ACTION BY CODE
------------------        --------------
AP - ACCOUNTS REC         AD/ED - ADS/EOMB LOOKUP     DC - DIAGNOSIS LOOKUP
PE - PROVIDER ELIG        AI - ACCOUNTS REC INQ       DR - DRUG FEE SCHEDULE
PI - PRICING INQUIRY      AM - AMBULANCE FEE SCHEDULE EI - CWF BENE ELIG LOOKU
PS - PROVIDER SUMMARY     BS - BANK CHECK STATUS      F1 - ASC FEE SCHEDULE
                          CD - CAP FEE SCHEDULE       HS - HPSA/SCARCITY LOOKU
                          CF - CLINICAL LAB FEE       MI - OTHER-INSURER LOOKU
                          DB - MPFSDB                 PC - PROCEDURE LOOKUP
                          ZP - ZIP CODE LOOKUP
```

Provider Claim Status Response Screen

Screen Details

```
1 CID        2 ......................................   E
3...  CLK 4.........
             PROVIDER CLAIM STATUS RESPONSE        DATE
5....... PAGE 6...

ENTER=FWD PF1=BWD F2=TOP
LEGACY PROV NUM 7...................... NPI 8......... PNAME
9...........................
HIC 10..........NM 11.................... DOB 12...... SEX 13
```

```
                                    TRN
14............................
SELECTION CRITERIA: FDOS 15...... TDOS 16...... PROC 17... ICN
18...........


     ICN     CC1 STC1 CC2 STC2   BAMT   PDATE    PAMT
CHECK      CDATE  PAYM
  FDOS     TDOS    PROC  MDM2M3M4 A/S   BAMT    PAMT   CCD STC
LICN
19         20. 21.. 22. 23.. 24...... 25...... 26......
27....... 28......   29.
30...... 31...... 32... 33...... 34.. 35...... 36...... 37.38..
39..............














MSG
40.......................................................
...................
```

Field Description

Field No.	Field Name	Business Name/Description
1	CID	Plan carrier number. Derived from HxxTOPLN
2	Unlabeled	Plan name Derived from HxxTOPLN
3	E	PPTN examiner number. Derived at logon. Derived from HxxOC001
4	CLK	PPTN examiner name. Derived from HxxOC001
5	Date	Current date. Format: MMDDCCYY

Field No.	Field Name	Business Name/Description
6	PAGE	Page number
7	LEGACY PROV NUM	Billing provider number. Derived from access transaction (PPTN Selection).
8	NPI	Billing provider NPI. Derived from access transaction (PPTN Selection).
9	PNAME	Provider name
10	HIC	HIC Number. Derived from access transaction (PPTN Selection).
11	NM	Beneficiary's name
12	DOB	Beneficiary's date of birth Format: MMDDCCYY
13	Sex	Beneficiary's sex
14	TRN	Trace number or transaction date and time. PPTN Selection if entered or Default to Date/Time.
15	FDOS	Selected service from-date. Derived from access transaction (PPTN Selection).
16	TDOS	Selected to-date. Derived from access transaction (PPTN Selection).
17	PROC	Selected procedure code. Derived from access transaction (PPTN Selection if entered).
18	ICN	Selected ICN. Derived from access transaction (PPTN Selection if entered).
19	ICN	Claim ICN number (matched claim)
20	CC1	Claim Category Code 1 – See Table 1
21	STC1	Claim Level Status Code 1 – See Table 1
22	CC2	Claim Category Code 2 – See Table 1
23	STC2	Claim Level Status Code 2 – See Table 1
24	BAMT	Total claim billed amount
25	PDATE	Paid date. Note: May be asterisks (*) for patient paid or pending claims
26	PAMT	Total claim paid amount. Format: $$$$$.¢¢ Note: May be 0 for patient paid or pending claims
27	CHECK	Check or EFT trace number. Matched claim – external check number Note: May be 0 for patient paid or pending claims

Field No.	Field Name	Business Name/Description
28	CDATE	Check issue or EFT date. Format: MMDDCCYY Note: May be asterisks (*) for patient paid or pending claims
29	PAYM	Payment method. **Valid values:** ACH EFT Payment CHK Paper check NON No Payment
30	FDOS	Service from date. (matched claim) Format: MMDDCCYY
31	TDOS	Service to date. (matched claim) Format: MMDDCCYY
32	PROC	Procedure code (matched claim)
33	MDM2M3M4	Modifiers 1-4 (matched claim)
34	A/S	Units of service (matched claim)
35	BAMT	Line item billed amount. (matched claim) Format: $$$$$.¢¢
36	PAMT	Line item paid amount. (matched claim) Format: $$$$$.¢¢ Note: May be 0 for patient paid or pending claims
37	CCD	Line level category code – See Table 1
38	STC	Line level status code – See Table 1
39	LICN	Line item control number. Matched claim, or from the Store and Forward Repository (SFR). Note: for 837 claims, if the LICN is not on the SFR file, spaces are displayed.
40	MSG	System-generated informational and/or error messages.

STATUS CODES

CC	Description	STC	Description	When Used
A0	Acknowledgement/Forwarded - The claim/encounter has been forwarded to another entity.	116	Claim submitted to incorrect payer.	Transferred to another carrier
A3	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.	122	Missing/invalid data prevents payer from processing claim.	Unprocessable
A4	Acknowledgement/Not Found-The claim/encounter cannot be found in the adjudication system.	35	Claim/ encounter not found.	No match on pending or payment history
P1	Pending/In Process-The claim or encounter is in the adjudication system.	56	Awaiting eligibility determination.	Pending is a Common Working File status
P1	Pending/In Process-The claim or encounter is in the adjudication system.	20	Accepted for processing	Any pending status other than Common Working File, medical review/utilization or development
P2	Pending/In Review-The claim/encounter is suspended pending review.	46	Internal review/audit.	Pending for medical review/utilization
P3	Pending/ Requested Information-The claim or encounter is waiting for information that has already been requested.	123	Additional information requested from entity. OR Non-electronic request for information.	Pending for development
CC	Description	STC	Description	When Used
F0	Finalized-The claim/encounter has completed the adjudication cycle and no more action will be taken.	3	Claim has been adjudicated and is awaiting payment cycle.	Finalized but check hasn't been issued
F3F	Finalized/Forwarded-The claim/encounter processing has been completed. Any applicable payment has been made and the claim/encounter has been forwarded to a subsequent entity as identified on the original claim	16	Claim/encounter has been forwarded to entity.	Finalized, check issued and involved Coordination of Benefits to another insurer

CC	Description			
	or in this payer's records.			
F3 N	Finalized/Not Forwarded-The claim/encounter processing has been completed. Any applicable payment has been made. The claim/encounter has NOT been forwarded to any subsequent entity identified on the original claim.	1	For more detailed information, see remittance advice.	Finalized, check issued with no Coordination of Benefits to another insurer
F3	Finalized/ Revised – Adjudication information has been changed	101	Claim was processed as adjustment to previous claim.	Claim is an adjustment or reopening (not an original claim ICN region). This will be reported as a second claim status in addition to F3F and F3N.

In addition to claim level status value, one line-level status will be returned on finalized claims (i.e. those with a claim level status of F3N and F3F). Line level status will not be provided for pending, transfer or unprocessable claims.

CC	Description	STC	Description	When Used
F1	Finalized/ Payment-The claim/line has been paid.	65 (*)	Claim/line has been paid.	Line level allowed charge is > 0 and there is no application of deductible
F1	Finalized/ Payment-The claim/line has been paid.	98 (*)	Charges applied to deductible.	Deductible > $0
F2	Finalized/ Denial-The claim/line has been denied.	107 (*)	Processed according to contract provisions.	Line level allowed charge = $0

MI – Other Insurer Lookup

This screen provides a lookup of other insurer information, including Medigap Insurer Numbers for use in submitting Medigap Claims. The screen allows inquiry on any combination of the insurer name (full or partial), address, city, state or zip code.

```
                    NORIDIAN NORTHWEST - PROD        DEC. 11, 2008
               PROFESSIONAL PROVIDER TELECOMMUNICATION NETWORK - PPTN
                                                        PRODUCTION
 ACTION __
        H4 - CLAIM STATUS INQUIRY (REQUIRED FIELDS)
               HIC _____ ___
                                        NPI
               SERVICE DATE RANGE (MMDDCCYY) FROM _____ TO _____
            OPTIONAL SECONDARY SELECTION:    PROCEDURE CODE _____
                                             ICN _____

 SELECTION _____ (OTHER LOOK-UP ACTIONS REQUIRED FIELD)

 ACTION BY PROVIDER       ACTION BY CODE
 ------------------       --------------
 AP - ACCOUNTS REC        AD/ED - ADS/EOMB LOOKUP    DC - DIAGNOSIS LOOKUP
 PE - PROVIDER ELIG       AI - ACCOUNTS REC INQ      DR - DRUG FEE SCHEDULE
 PI - PRICING INQUIRY     AM - AMBULANCE FEE SCHEDULE EI - CWF BENE ELIG LOOKUP
 PS - PROVIDER SUMMARY    BS - BANK CHECK STATUS     F1 - ASC FEE SCHEDULE
                          CD - CAP FEE SCHEDULE      HS - HPSA/SCARCITY LOOKUP
                          CF - CLINICAL LAB FEE      MI - OTHER-INSURER LOOKUP
                          DB - MPFSDB                PC - PROCEDURE LOOKUP
                          ZP - ZIP CODE LOOKUP
```

Screen Details

```
 RSN 1.. L 2.. NHIC 3........... NME 4.... SEQ 5. SPL 6 CCN 7............  E 8...
 TYPE 9. . ACT/SEL 10... ..........                                    11.


                         OTHER INSURERS LOOKUP     ENTER=FWD  PF1=BKWD
                         ENTER SELECTION 12              PF2=TOP
 SEQ T  NUMBER     NAME              ADDRESS           CITY     ST  ZIP
     13 14... 15.................... 16.................. 17........... 18 19...
  20 21 22... 23.................... 24.................. 25............ 26  27...
  02 . ..... .................... .................. ............ ..  .....
  03 . ..... .................... .................. ............ ..  .....
  04 . ..... .................... .................. ............ ..  .....
  05 . ..... .................... .................. ............ ..  .....
  06 . ..... .................... .................. ............ ..  .....
  07 . ..... .................... .................. ............ ..  .....
  08 . ..... .................... .................. ............ ..  .....
  09 . ..... .................... .................. ............ ..  .....
  10 . ..... .................... .................. ............ ..  .....
  11 . ..... .................... .................. ............ ..  .....
  12 . ..... .................... .................. ............ ..  .....
  13 . ..... .................... .................. ............ ..  .....
  14 . ..... .................... .................. ............ ..  .....
```

```
15 .    .....  ..................  ........................  ...............  ..   .....
16 .    .....  ..................  ........................  ...............  ..   .....
17 .    .....  ..................  ........................  ...............  ..   .....
18 .    .....  ..................  ........................  ...............  ..   .....
19 .    .....  ..................  ........................  ...............  ..   .....
20 .    .....  ..................  ........................  ...............  ..   .....
21 .    .....  ..................  ........................  ...............  ..   .....
22 .    .....  ..................  ........................  ...............  ..   .....
23 .    .....  ..................  ........................  ...............  ..   .....
24 .    .....  ..................  ........................  ...............  ..   .....
25 .    .....  ..................  ........................  ...............  ..   .....
26 .    .....  ..................  ........................  ...............  ..   .....
27 .    .....  ..................  ........................  ...............  ..   .....
28 .    .....  ..................  ........................  ...............  ..   .....
29 .    .....  ..................  ........................  ...............  ..   .....
30 .    .....  ..................  ........................  ...............  ..   .....
31 .    .....  ..................  ........................  ...............  ..   .....
32 .    .....  ..................  ........................  ...............  ..   .....
33 .    .....  ..................  ........................  ...............  ..   .....
34 .    .....  ..................  ........................  ...............  ..   .....
35 .    .....  ..................  ........................  ...............  ..   .....

  MSG 28................................................................
```

Field Description

Field No.	Field Name	Business Name/Description
1	RSN	Reason code. Displays the correspondence reason code for transactions related to a CCN (correspondence). Not used for inquiry transactions
2	L	Location code. Displays the location code for transactions related to a CCN (correspondence). It must be completed for update transactions. Not used for inquiry transactions
3	NHIC	Next HIC. Used for consecutive transactions.
4	NME	Next name. Used for consecutive transactions.
5	SEQ	Next sequence. Used for entry of the next control number for transactions related to a CCN (correspondence). Not used for inquiry transactions
6	SPL	Split indicator. Indicates if there is a split of the original CCN (for correspondence-related transactions). Enter 1 to create a split CCN. Not used in inquiry transactions.

Field No.	Field Name	Business Name/Description
7	CCN	Current Correspondence Control Number for transactions related to a CCN.
8	E	Examiner. Derived at log-on.
9	TYPE	Transaction Type and Sub-Type. Not used for inquiry transaction.
10	ACT/SEL	The action code and selection parameter will allow for the entry of an additional transaction from the MI screen.
11	Unlabeled	Active batch mode indicator: **Valid values:** DEP Production DET Test
12	ENTER SELECTION	This is used to generate the selection indicated. If user is accessing this screen, a $-lookup in the Medigap Number field on the Claim screen, the selection chosen will be automatically generated on the Claim screen once the Enter or PF3 key is pressed.
13	T	Insurer type selection criteria.
14	NUMBER	Insurer number or mnemonic selection criteria.
15	NAME	Insurer name selection criteria.
16	ADDRESS	Address of the other insurance company selection criteria.
17	CITY	City of the other insurance company selection criteria.
18	ST	State code of the other insurance company selection criteria.
19	ZIP	Zip code of the other insurance company selection criteria.
20	SEQ	Displayed numeric sequential value.
21	T	Insurer type. The first field in the column is unprotected for display selection criteria. From a $-lookup on the claim screen, the screen plugs a '1'. Otherwise, the type must be keyed. **Valid values:** 1 MEDIGAP insurer 2 MSP/EGHP insurer 3 HMO 4 Complementary insurer 5 Title XIX

PC – Procedure Lookup

```
                      NORIDIAN NORTHWEST - PROD        DEC. 11, 2008
              PROFESSIONAL PROVIDER TELECOMMUNICATION NETWORK - PPTN
                                                          PRODUCTION
 ACTION __
       H4 - CLAIM STATUS INQUIRY (REQUIRED FIELDS)
             HIC _____ ___
                                    NPI
             SERVICE DATE RANGE (MMDDCCYY) FROM _____ TO _____
         OPTIONAL SECONDARY SELECTION:    PROCEDURE CODE _____
                                                 ICN _____

 SELECTION _____ (OTHER LOOK-UP ACTIONS REQUIRED FIELD)

 ACTION BY PROVIDER      ACTION BY CODE
 ------------------      --------------
 AP - ACCOUNTS REC      AD/ED - ADS/EOMB LOOKUP     DC - DIAGNOSIS LOOKUP
 PE - PROVIDER ELIG     AI - ACCOUNTS REC INQ       DR - DRUG FEE SCHEDULE
 PI - PRICING INQUIRY   AM - AMBULANCE FEE SCHEDULE EI - CWF BENE ELIG LOOKU
 PS - PROVIDER SUMMARY  BS - BANK CHECK STATUS      F1 - ASC FEE SCHEDULE
                        CD - CAP FEE SCHEDULE       HS - HPSA/SCARCITY LOOKU
                        CF - CLINICAL LAB FEE       MI - OTHER-INSURER LOOKU
                        DB - MPFSDB                 PC - PROCEDURE LOOKUP
                        ZP - ZIP CODE LOOKUP
```

Screen Details

```
RSN 1.. L 2.. NHIC 3........... NME 4.... SEQ 5. SPL 6 CCN 7............. E 8...
TYPE 9. . ACT/SEL 10 ..............                                11
```

```
                          PROCEDURE CODE LOOKUP
KEY 12... 13 TOS 14            ENTER SELECTION 15

SEQ PROC  MD T DESCRIPTION
 16 17... 18 19.20.................................................................
 .. ..... .. . ..................................................................
 .. ..... .. . ..................................................................
 .. ..... .. . ..................................................................
 .. ..... .. . ..................................................................
 .. ..... .. . ..................................................................
 .. ..... .. . ..................................................................
 .. ..... .. . ..................................................................
 .. ..... .. . ..................................................................
 .. ..... .. . ..................................................................
 .. ..... .. . ..................................................................
 .. ..... .. . ..................................................................
 .. ..... .. . ..................................................................
 .. ..... .. . ..................................................................
 .. ..... .. . ..................................................................
 .. ..... .. . ..................................................................
 .. ..... .. . ..................................................................
 .. ..... .. . ..................................................................
 .. ..... .. . ..................................................................
 .. ..... .. . ..................................................................
 .. ..... .. . ..................................................................
 .. ..... .. . ..................................................................
 .. ..... .. . ..................................................................
 .. ..... .. . ..................................................................
 .. ..... .. . ..................................................................

MSG 21...........................................................................
```

Note: The half screen display will begin at the 'KEY' field.

Field Description

Field No.	Field Name	Business Name/Description
1	RSN	Reason code. Displays the correspondence reason code for transactions related to a CCN (correspondence). Not used for inquiry transactions.
2	L	Location code. Displays the location code for transactions related to a CCN (correspondence). It must be completed for update transactions. Not used for inquiry transactions.
3	NHIC	Next HIC. Used for consecutive transactions.
4	NME	Next name. Used for consecutive transactions.
5	SEQ	Next sequence. Used for entry of the next control number for transactions related to a CCN (correspondence. Not used for inquiry transactions.

Field No.	Field Name	Business Name/Description
6	SPL	Split indicator. Indicates if there is a split of the original CCN (for correspondence-related transactions). Enter 1 to create a split CCN. Not used in inquiry transactions.
7	CCN	Current Correspondence Control Number for transactions related to a CCN.
8	E	Examiner. Derived at logon.
9	TYPE	Transaction type and sub-type. Not used for inquiry transaction. Transaction type is carried from the originating transaction. The sub-type may be: B General correspondence R Review request P Priority correspondence F Re-opening requests S SSA request C Cash transaction
10	ACT/SEL	The action code and selection parm allow for the entry of an additional transaction from the PC screen.
11	unlabelled	Active batch mode indicator, derived at log-on: **Valid values:** DEP Production DET Test
12	KEY	Enter from three to five bytes of the required procedure code. Note: this field may be system-filled from the preceding transaction.
13	unlabelled	To further refine the search, a two-byte modifier value may be entered.
14	TOS	To further refine the search, a one-byte type-of-service value may be entered.
15	ENTER SELECTION	This field allows for the entry of a numeric value, indicating the procedure code selection for use with the major transaction. *Note*: Using the half-screen display is the only approach that will allow for updating of the detail portion of the claim screen.
16	SEQ	Sequence number of the displayed procedure codes.
17	PROC	Numerically listed procedure code.
18	MD	Valid modifier of the procedure code.

Field No.	Field Name	Business Name/Description
19	T	Valid type of service of the procedure code.
20	DESCRIPTION	One line narrative description of the listed procedure code.
21	MSG	Message that informs the carrier the selected code is invalid, or to inform the carrier of the number of records read by the system.

PE – Provider Eligibility

This screen displays eligibility data for a specific provider. The information comes from the Provider Master File. The Provider Eligibility screen is comprised of several pages, all having their own mnemonic, PE, 2P, 3P and 4P. Each screen can be accessed individually or by pressing PF keys.

Valid Screen Movements

- F2   to advance to Page 2, the 2P screen
- F3   to return to the PPTN Main Menu

```
                        NORIDIAN NORTHWEST - PROD        DEC. 11, 2008
                 PROFESSIONAL PROVIDER TELECOMMUNICATION NETWORK - PPTN
                                                            PRODUCTION
 ACTION __
        H4 - CLAIM STATUS INQUIRY (REQUIRED FIELDS)
               HIC _____ ___
                                       NPI
              SERVICE DATE RANGE (MMDDCCYY) FROM _____ TO _____
           OPTIONAL SECONDARY SELECTION:    PROCEDURE CODE _____
                                                      ICN _____

 SELECTION _____ (OTHER LOOK-UP ACTIONS REQUIRED FIELD)

 ACTION BY PROVIDER        ACTION BY CODE
 ------------------        -------------
 AP - ACCOUNTS REC       AD/ED - ADS/EOMB LOOKUP    DC - DIAGNOSIS LOOKUP
 PE - PROVIDER ELIG      AI - ACCOUNTS REC INQ      DR - DRUG FEE SCHEDULE
 PI - PRICING INQUIRY    AM - AMBULANCE FEE SCHEDULE EI - CWF BENE ELIG LOOKU
 PS - PROVIDER SUMMARY   BS - BANK CHECK STATUS     F1 - ASC FEE SCHEDULE
                         CD - CAP FEE SCHEDULE      HS - HPSA/SCARCITY LOOKU
                         CF - CLINICAL LAB FEE      MI - OTHER-INSURER LOOKU
                         DB - MPFSDB                PC - PROCEDURE LOOKUP
                         ZP - ZIP CODE LOOKUP
```

```
RSN 1.. L 2.. NHIC 3........... NME 4.... SEQ 5. SPL 6 CCN 7............ E 8..
  TYPE 9..   ACT/SEL 10...............                11 MON. DD, YYYY
                                                         F2=PAGE 2
                     PROVIDER ELIGIBILITY - PAGE 1 (PE)
PROVIDER # 12.............. NPI:13........ 14      LAST UPDATE: 15.....  16..

REC TYPE   OPT      EFF-DT      END-DT      ADD-DT     CARRIER  BSI
17         18       19......    20......    21......    22.      23..

PRACTICE ADDRESS (SHORT)
NAME: 24.......... ......... . .....                 NAME TYPE 25
OTHER ADDR: 26...................                    ADDR USE-ABCDEFGH
STREET ADDR: 27.......................                        28......
CITY/ST/ZIP: 29............... .. ..... .....    PHONE: 30......
```

```
PAY-TO ADDRESS (SHORT)
NAME: 31.......... ......... . .....                          NAME TYPE 32
OTHER ADDR: 33...................                             ADDR USE-ABCDEFGH
STREET ADDR: 34.......................                              35......
CITY/ST/ZIP: 36............... .. ..... ...      PHONE: 37........

GROUP PRACTICE ADDRESS  PIN.38........ NPI 39........     GROUP OPT 40
NAME: 41.......... ......... . .....                          NAME TYPE 42
OTHER ADDR: 43..................                             ADDR USE-ABCDEFGH
STREET ADDR: 44......................                              45......
CITY/ST/ZIP: 46.............. .. ..... ...       PHONE: 47........

 TYPE 48       SPEC 49        EFF-DT 50......
 PF-LOC 51.    RC-LOC 52.     AC-LOC 53.     CNTY 54.         COMMENT 55  LANG 56

 SSN 57.......             EFF-DT 58......    EIN 59....... EFF-DT 60......
 BIRTH DT 61......        DEATH DT 62......         ASCA RSLT 63
 EDI WAIVER 64......    EDI REQ'D 65......           ASCA 66
 UPIN 67........           MAMM 68........          CLIA 69.............
 NEW PIN # 70........... GRP XREF 71............        CXREF 72............

EFT INFORMATION
BANK CODE 73  BANK STATUS 74   BANK # 75.......   BANK ACCT # 76...............

MSG 77.........................................................................
```

Provider Eligibility Screen (PE) Field Descriptions

Field No.	Field Name	Business Name/Description
10	ACT/SEL	Action and selection field. This field is used to leave the 'PE' screen by another valid command.
11	unlabeled	System generates the current date.
12	PROVIDER #	Provider number for inquiry. May be derived from access transaction.
13	NPI	National Provider Identifier. If there are multiple NPIs associated with a keyed PIN, then the value **MULTI-NPIS** will be plugged in this field.
14	Unlabelled	National Provider Identifier Source. **Valid values:** P NPI obtained from PECOS X NPI obtained from the crosswalk contractor
15	LAST UPDATE	The date the record was last updated from the V1/V2/V3/V4 screen or uploaded from PECOS. For Railroad only, the date the provider record was last uploaded from PES.

Field No.	Field Name	Business Name/Description
		If the provider record was deactivated, this date equals the current batch run cycle of the deactivation jobs.
16	unlabelled	ID of the clerk who last updated the record. If the provider record is deactivated, DEA will be reflected in this field. The clerk ID DEAC is coded but because this is a 3 byte field DEA is displayed.
17	REC TYPE	Record Type. **Valid values:** 0　　Individual or Group Member 1　　Group or Organization
18	OPT	Indicates the type of provider. **Valid values:** 　1　Billing provider only, option 1 group. 　2　Billing and performing provider, option 2 group. 　3　Individual provider. Providers who do not fall into options 1, 2, 4, 5, or 7. Examples of these are individuals in a private practice, independent labs, ASCS, and supplier 　4　Performing provider only, member of an Option 1 group. 　5　Physician identification numbers (PINs); provider number begins with P or L, member of an option 2 group or HBP. 　6　Third-party billers. 　7　Indicates an individual hospital department or member of an HBP. 　8　Employer. Individual that employs other individuals. 　9　Employees. Individual who is employed by an individual.
19	EFF-DT	This field indicates the eligibility effective date.
20	END-DT	Date of termination of eligibility for this provider.
21	ADD-DT	The date the provider was added.
22	CARRIER	Area carrier number
23	BSI	Business Segment Identifier.
PRACTICE ADDRESS (SHORT)		
24	PRACTICE ADDRESS (SHORT) NAME	Provider Practice name

Field No.	Field Name	Business Name/Description
25	NAME TYPE	Name type codes: **Valid values:** 1 First name, middle initial, last, credential 2 First initial, middle name, last, credential 3 23-byte organizational name 4 28-byte organizational name 5 First initial, middle initial, last name, credential
26	OTHER ADDR	Additional address line, such as hospital or clinic name, will be displayed.
27	STREET ADDR	The street address.
28	ADDR USE-ABCDEFGH	Address usage flags. These flags indicate the address type of the first address record. A value of "1" will be displayed under the alpha character which applies. A "blank" indicates the flag does not apply. **Valid values:** A Correspondence address B Billing or pay to address D Physical or practice address G TACS letter address
29	CITY/ST/ZIP	The city, state, and zip code +4.
30	PHONE	Provider's phone number.
PAY-TO ADDRESS (SHORT):		
31	NAME	Provider Pay-To Name
32	NAME TYPE	Name type codes: **Valid values:** 1 First name, middle initial, last, credential 2 First initial, middle name, last, credential 3 23-byte organizational name 4 28-byte organizational name 5 First initial, middle initial, last name, credential
33	OTHER ADDR	Additional address line, such as hospital or clinic name, will be displayed.
34	STREET ADDR	The street address.
35	ADDR USE-ABCDEFGH	Address usage flags. These flags indicate the address type for the second address. A value of "1" will be displayed under the alpha character which applies. A "blank" indicates the flag does not apply. **Valid values:** A Correspondence address

Field No.	Field Name	Business Name/Description
		B Billing or pay to address
		D Physical or practice address
		G TACS letter address
36	CITY/ST/ZIP	The city, state, and zip code +4.
37	PHONE	Provider's phone number.
GROUP PRACTICE ADDRESS:		
38	PIN	Group provider number
39	NPI	National Provider Identifier.
		If there are multiple NPIs associated with a keyed PIN, then the value **MULTI-NPIS** will be plugged in this field.
40	GROUP OPT	**Valid values:**
		1. Billing provider only, option 1 group.
		2. Billing and performing provider, option 2 group.
		3. Individual provider. Providers who do not fall into options 1, 2, 4, 5, or 7
		4. Performing provider only, member of an Option 1 group.
		5. Physician identification numbers (PINs); provider number begins with P or L, member of an option 2 group or HBP.
		6. Third-party billers.
		7. Indicates an individual hospital department or member of an HBP.
		8. Employer. Individual that employs other individuals.
		9. Employees. Individual who is employed by an individual.
41	NAME	If the provider is a member of a group, is the name of the group.
42	NAME TYPE	Name type codes.
		Valid values:
		First name, middle initial, last, credential
		2 First initial, middle name, last, credential
		3 23 byte organizational name
		4 28 byte organizational name
		5 First initial, middle initial, last name, credential
43	OTHER ADDR	Additional address line, such as hospital or clinic name, will be displayed.
44	STREET ADDR	The street address.

Field No.	Field Name	Business Name/Description
45	ADDR USE-ABCDEFGH	Address usage flags. These flags indicate the address type for the group address. A value of "1" will be displayed under the alpha character which applies. A "blank" indicates the flag does not apply. **Valid values:** A Correspondence address B Billing or pay to address D Physical or practice address G TACS letter address
46	CITY/ST/ZIP	The city, state, and zip code +4.
47	PHONE	Provider's phone number
48	TYPE	Provider type
49	SPEC	Provider specialty
50	EFF-DT	Specialty effective date
51	PF-LOC	Physician fee locality code
52	RC-LOC	Reasonable charge locality code
53	AC-LOC	Area carrier locality code, displayed for RRB contractor only.
54	CNTY	A county code is displayed indicating postal location according to the zip code.
55	COMMENT	Comment indicator. The displayed value pertains to the comment type of the most recent provider comment on the Comment File. Comment type codes are left to the carrier to define.
56	LANG	Language preference of the provider for TACS letters. **Valid values:** S Spanish E English
57	SSN	Current SSN of provider (if it is on file).
58	EFF-DT	Current SSN effective date (if one exists). Date format: MMDDYYYY
59	EIN	Current EIN of provider (if it is on file).
60	EFF-DT	Current EIN effective date (if one exists). Date format: MMDDYYYY
61	BIRTH DT	Provider's birth date Date format: MMDDYYYY
62	DEATH DT	Date of death.

Field No.	Field Name	Business Name/Description
		Date format: MMDDYYYY
63	ASCA RSLT	Displays the carrier's review decision of the most recent review for the provider. **Valid values:** NE – Provider is not eligible to submit paper claims SM – Small provider exception, no more than 10 claims/month or 120 claims per year WA – Provider meets ASCA exception/waiver conditions UC – Provider deemed eligible for unusual circumstance waiver Blank – review in process, OR provider never reviewed
64	EDI WAIVER	Indicates the date that it was determined the provider met criteria allowing submission of paper claims. Date format: MMDDYYYY
65	EDI REQ'D	ndicates the date that the provider is required to submit claims electronically. Date format: MMDDYYYY
66	ASCA	Indicates the start date of the most recent review for the provider Date format: MM/DD/CCYY
67	UPIN	UPIN identification number assigned by UPIN Registry.
68	MAMM	Screening mammography certification number.
69	CLIA	CLIA certification number.
70	NEW PIN #	New PIN number
71	GRP XREF	Group Cross reference PIN
72	CXREF	Cross-reference number
73	BANK CODE	Type of account code. **Valid values:** C Checking S Savings
74	BANK STATUS	This field indicates if the bank information has been verified, if any of the bank fields are present this field is required. **Valid values:** 0 Not Verified - Pay Check (pre- note not yet sent) 1 Not Verified – Pre Notice Sent (pre-note sent but not verified)

Field No.	Field Name	Business Name/Description
		2 Verified – Pay Via EFT (pre- note sent and verified) 3 Cancelled – Pay Check (provider cancelled EFT process)
75	BANK #	This field contains the bank routing number, which is 9 bytes long. If any of the bank fields are present, this field is required.
76	BANK ACCT #	This field contains the bank account number, which can be up to 17 bytes long. If any of the bank fields are present, this field is required.
77	MSG	System-generated error and/or informational messages.

PE – Provider Eligibility Page 2

```
RSN 1.. L 2.. NHIC 3........... NME 4.... SEQ 5. SPL 6 CCN 7...........E 8..
TYPE 9..   ACT/SEL 10...............                     11 MON. DD, YYYY
                                                            F2=PAGE 3
                    PROVIDER ELIGIBILITY - PAGE 2 (2P)

PROVIDER # 12............ NPI 13........ 14       LAST UPDATE: 15......   16.

  ACTION REASON                          ACTION REASON
17    CODES     EFF DATE    END DATE        CODES     EFF DATE    END DATE
01    18        19......    20......    02
03                                      04
05                                      06
07                                      08
09                                      10
11                                      12


REVIEWS:
      AR      EFF DATE     END DATE               START   END
      CODE   (MMDDYYYY)   (MMDDYYYY)   CODE   TOS  PROC    PROC
01    21      22......     23......    24     25   26...   27...
02
03
04
05
06
07
08


COMMENTS:
    ID  COMMENT
01  28  ......................................................
02  .   ......................................................
03  .   ......................................................
```

```
UPIN NAME 29.......................................

HIGLAS 30  HOSPITAL BASED 31   EXCL FROM DEAC 32       VIN  33..
PURGE DT 34......              LAST CLAIM DT 35......




MSG 36..........................................................................
```

This screen is a continuation of eligibility data for a specific provider. The information comes from the Provider Master File. The screen mnemonic is 2P.   Each provider eligibility screen can be accessed individually or by pressing PF keys.

Valid 2P Screen Movements

FUNCTION	DESCRIPTION
F2	Advance to page 3, the 3P screen.
F3	Return to the PPTN Main Menu

Provider Eligibility Page 2 Screen (2P) Field Descriptions

Field No.	Field Name	Business Name/Description
10	ACT/SEL	Action and selection field. This field is used to leave the 'PE' screen by another valid command.
11	unlabeled	System generates the current date.
12	PROVIDER #	Provider number for inquiry. May be derived from access transaction.
13	NPI	National Provider Identifier. If there are multiple NPIs associated with a keyed PIN, then the value **MULTI-NPIS** will be plugged in this field.
14	Unlabelled	National Provider Identifier Source. **Valid values:** P NPI obtained from PECOS X NPI obtained from the crosswalk contractor
15	LAST UPDATE	The date the record was last updated.
16	unlabelled	ID of the clerk who last updated the record.
17	unlabelled	System-generated sequential number as each

Field No.	Field Name	Business Name/Description
		record is read.
18	ACTION REASON CODES	System action codes to facilitate claims processing.
19	EFF DATE	Action Reason effective date from the Effective Date field.
20	END DATE	Action Reason end date from the End date field
REVIEWS:		
21	AR CODE	System actions codes to facilitate claims processing.
22	EFF DATE (MMDDYYYY)	Action effective date.
23	END DATE (MMDDYYYY)	Action end date.
24	CODE	Type of review code. **Valid Values:** Code Review type code: 1 Type of service 2 Procedure range 3 Procedure single value 4 TOS and procedure range 5 TOS and procedure single value 6 Diagnosis single value 7 Diagnosis range - entire claim
25	TOS	Type of service on review.
26	START PROC	The beginning procedure code on review.
27	END PROC	Contains the ending procedure code on review.
COMMENTS:		
28	ID COMMENT	If free format comments exist on the provider master file, the comment fields will contain the following information: ID Comment type indicator Comment Comment text
29	UPIN NAME	Displays the name associated with the UPIN number.
30	HIGLAS	Indicates if provider information is included in HIGLAS database. **Valid values:** Y Yes

Field No.	Field Name	Business Name/Description
		Blank No
31	HOSPITAL BASED	Displays the flag designating the provider as hospital based. **Valid values:** Y Yes N No blank
32	EXCL FROM DEAC	Displays the flag designated if the provider is excluded from the deactivation process. **Valid values:** Y Yes N No blank
33	VIN	This field is the Vendor Identification Number assigned to a drug vendor that was selected in a competitive bidding process.
34	PURGE DT	Displays the date this provider is available to be purged off the Provider Master file. If this field contains a date and the provider is a member of a group, then the member will not be displayed on the group's 3P screen.
35	LAST CLAIM DT	MCS updates this field in the deactivation process based on the most recently billed claim based on the ICN Julian date.
36	MSG	System-generated informational and/or error messages.

PE – Provider Eligibility Page 3

```
RSN 1.. L 2.. NHIC 3........... NME 4.... SEQ 5. SPL 6 CCN 7............ E 8..
TYPE 9..   ACT/SEL 10...............                11 MON. DD, YYYY
                                                        F1=TOP
                  PROVIDER ELIGIBILITY - PAGE 3 (3P)    F2=PAGE 4
                                                        F7=BWD
PROVIDER/KEY: 12........  NPI 13........ 14             F8=FWD
 LOOKUP TYPE: 15  (1 = MEMBERS   2 = OTHER)


 PROV-NUM      PAR   TYPE   SPEC  OPT      PROV-NUM      PAR   TYPE   SPEC  OPT
 16............ 17    18     19    20      16............ 17    18     19    20
```

```
MSG 21.....................................................................
```

This screen is a continuation of eligibility data for a specific provider, and contains provider PIN numbers associated to the key data selected, which is maintained on the Provider Master File. The screen mnemonic is 3P. Each provider eligibility screen can be accessed individually or by pressing PF keys.

Valid 4P Screen Movements

FUNCTION	DESCRIPTION
F1	Return to the top of the display/list.
F2	Advance to page 4, the 4P screen.
F3	Return to the PPTN Main Menu
F7	Page backward to the previous page display/list
F8	Page forward.

Provider Eligibility Page 3 Screen (3P) Field Descriptions

Field No.	Field Name	Business Name/Description
12	PROVIDER /KEY:	Enter the input value for inquiry Different values can be entered into this field: Individual provider number Group provider number EIN SSN UPIN
13	NPI	National Provider Identifier. If there are multiple NPIs associated with a keyed PIN, then the value **MULTI-NPIS** will be plugged in this field.

Field No.	Field Name	Business Name/Description
14	Unlabelled	National Provider Identifier Source. **Valid values:** P NPI obtained from PECOS X NPI obtained from the crosswalk contractor
15	LOOKUP TYPE	Enter 1 to display all members of the same group. Enter 2 to display all associated PINs
16	PROV-NUM	Cross-reference group number / provider number
17	PAR	Par status code. Depending on the record, the system generates one of the following values: Y Participating N Non-participating
18	TYPE	Provider type
19	SPEC	Cross-reference specialty code
20	OPT	See updates on PE Page 1.
21	MSG	System-generated informational and/or error messages.

PE – Provider Eligibility Page 4

BASE = 00 Screen

```
RSN 1.. L 2.. NHIC 3........... NME 4.... SEQ 5. SPL 6 CCN 7............ E 8..
TYPE 9..   ACT/SEL 10...............                    11  MON. DD, YYYY
                                                            F1=TOP
                    PROVIDER ELIGIBILITY - PAGE 4 (4P)      F2=PAGE 1
                              (PECOS)                       F3=RETURN
 PROVIDER: 12............      00-BASE   02-SPEC   04-PRACT  F8=FWD
 RECORD TYPE: 13              05-EMPL   06-MEM   07-GROUP
 NPI 14........ 15            09-UPIN   10-PAY TO

 CARRIER ID: 16...  CREATION DT: 17......  PACID: 18........
   ENROLLMENT ID: 19.............
   ORG LGL BUS NM: 20.....................................................
   ORG DBA NAME: 21.......................................................
   ORG TIN: 22.......  IND FIRST NAME: 23........................
   IND MIDDLE NM: 24.......................
   IND LAST NAME: 25...............................  IND NAME SUF: 26........
   IND NAME CRED: MD 27........ IND SSN: 28.......
   IND LGL BUS NM: 29.....................................................
   IND TIN: 30.......  SUPPLIER TYPE: 31  NON PHYS TYPE: 32
   UNDEF NP SPEC: 33......................................................
   NP SPEC EFF DT: 34......  NP SPEC END DT: 35......  CORR FORGN CD: 36
   CORR ADDR1: 37...................................................
   CORR ADDR2: 38..................................
   CORR CITY:  39........................... CORR STATE: 40
   CORR FORGN ST: 41........................... CORR ZIP CODE: 42.............
   CORR POSTAL CD: 43............. CORR COUNTRY: 44...........................
```

```
    CORR START DT: 45......  CORR PHONE: 46..................
    CORR FAX: 47..................
    CORR EMAIL: 48.................................................................
    CORR END DATE: 49......




MSG 50.......................................................................
```

Note – the 4P screen reflects the provider information extracted from the PECOS Enrollment Record. This information is used to build the provider eligibility screens (1P through 3P)

Valid 4P Screen Movements

FUNCTION	DESCRIPTION
F1	Return to the top of the display/list.
F2	Advance to page 1, the PE screen.
F3	Return to the PPTN Main Menu
F8	Page forward.

Provider Eligibility Page 4 Screen (4P) Field Descriptions (Base = 00)

Field No.	Field Name	Business Name/Description
12	PROVIDER	The provider number specified in the provider field from the menu screen is displayed.
13	RECORD TYPE	This field is used to identify the record type. Value 00 indicates Base record. Values are listed on screen image.
14	NPI	National Provider Identifier. If there are multiple NPIs associated with a keyed PIN, then the value **MULTI-NPIS** will be plugged in this field.
15	Unlabelled	National Provider Identifier Source. **Valid values:** P NPI obtained from PECOS X NPI obtained from the crosswalk contractor
16	CARRIER ID	The carrier number .

Field No.	Field Name	Business Name/Description
17	CREATION DT	Date the record was created.
18	PACID	The value assigned to the provider in PECOS.
19	ENROLLMENT ID	The value assigned to the provider in PECOS.
20	ORG LGL BUS NM	Provider's legal business name for an organization.
21	ORG DBA NAME	Provider's doing business as name for an organization.
22	ORG TIN	Provider's Tax Identification Number (TIN) for an organizational provider.
23	IND FIRST NAME	Provider's first name for an individual provider.
24	IND MIDDLE NM	Provider's middle name for an individual provider.
25	IND LAST NAME	Provider's last name for an individual provider
26	IND NAME SUF	Provider's name suffix for an individual provider
27	IND NAME CRED	Provider's credentials for an individual provider.
28	IND SSN	Provider's Social Security Number for an individual provider.
29	IND LGL BUS NM	Provider's legal business name for an individual provider.
30	IND TIN	Provider's tax identification number (TIN) for an individual provider.
31	SUPPLIER TYPE	Supplier's specialty.
32	NON PHYS TYPE	Non-physician specialty.
33	UNDEF NP SPEC	Supplier or non-physician specialty text.
34	NP SPEC EFF DT	Supplier or non-physician specialty effective date.
35	NP SPEC END DT	Supplier or non-physician specialty end date.
36	CORR FORGN CD	The correspondence foreign code. **Values** are 'D' Domestic or 'F' Foreign
37	CORR ADDR1	Correspondence address line 1.
38	CORR ADDR2	Correspondence address line 2.
39	CORR CITY	Correspondence city.
40	CORR STATE	Correspondence state.
41	CORR FORGN ST	Correspondence state for foreign address.
42	CORR ZIP CODE	Correspondence zip code.
43	CORR POSTAL CD	Correspondence postal code.
44	CORR COUNTRY	Correspondence country.
45	CORR START DT	Correspondence address start date.

Field No.	Field Name	Business Name/Description
46	CORR PHONE	Phone number of the correspondence address.
47	CORR FAX	Fax number of the correspondence address.
48	CORR EMAIL	Email address of the correspondence address.
49	CORR END DATE	Correspondence address end date.
50	MSG	Screen messages

SPEC = 02 Screen (Specialty)

```
RSN     L    NHIC              NME     SEQ   SPL   CCN            E QLYO
 TYPE       ACT/SEL                                       OCT. 18, 2005
                                                            F1=TOP
                     PROVIDER ELIGIBILITY - PAGE 4 (4P)      F2=PAGE 1
                              (PECOS)                        F3=RETURN
 PROVIDER: 12............        00-BASE   02-SPEC   04-PRACT  F8=FWD
 RECORD TYPE: 13                 05-EMPL   06-MEM   07-GROUP
 NPI 14........ 15               09-UPIN   10-PAY TO

 PHYS SPEC CODE: 16
   UNDEF SPEC TXT: 17.......................................................
   SPEC EFF DATE: 18......  SPEC END DATE: 19......  PRIM/SECOND SW: 20




MSG 21.................................................................
```

Provider Eligibility Page 4 Screen (4P) Field Descriptions (Specialty = 02)

Field No.	Field Name	Business Name/Description
12	PROVIDER	The provider number specified in the provider field from the menu screen is displayed.
13	RECORD TYPE	This field is used to identify the record type. Value 02 indicates Physician Specialty record. Values are listed on screen image.
14	NPI	National Provider Identifier. If there are multiple NPIs associated with a keyed PIN, then the value **MULTI-NPIS** will be plugged in this field.

Field No.	Field Name	Business Name/Description
15	Unlabelled	National Provider Identifier Source. **Valid values:** P NPI obtained from PECOS X NPI obtained from the crosswalk contractor
16	PHYS SPEC CODE	This field displays the physician's specialty code.
17	UNDEF SPEC TXT	This field displays the text associated with the physician specialty code.
18	SPEC EFF DATE	This field displays the physician's specialty code effective date.
19	SPEC END DATE	This field displays the physician's specialty code end date.
20	PRIM/SECOND SW	This field displays the physician's specialty code primary/secondary switch. **Valid values** are 'P' Primary or 'S' Secondary.
21	MSG	Any errors received on this screen are displayed in this field.

PRACT = 04 Screen (Practice Address)

```
RSN     L    NHIC            NME     SEQ    SPL    CCN              E QLY
TYPE      ACT/SEL                                        OCT. 18, 200
                                                           F1=TOP
                     PROVIDER ELIGIBILITY - PAGE 4 (4P)    F2=PAGE 1
                            (PECOS)                        F3=RETURN
PROVIDER: 12............        00-BASE   02-SPEC   04-PRACT   F8=FWD
RECORD TYPE: 13                 05-EMPL   06-MEM    07-GROUP
NPI 14........ 15               09-UPIN   10-PAY TO

NAME: 16............................... FOREIGN CODE: 17
  ADDRESS 1: 18....................................................
  ADDRESS 2: 19....................................................
  CITY: 20........................... STATE: 21
  FOREIGN STATE: 22.......................... ZIP: 23.............
  PHONE: 24..................
  EMAIL: 25...........................................................
  FAX: 26..................  POSTAL CODE: 27.............
  COUNTRY: 28...........................
  COUNTY: 29........................... START DATE: 30......
  END DATE: 31......  PIN: 32........  CLIA: 33.............
  FDA: 34.............  RRB IND: 35 RRB PIN: 36........
  CREATE DATE: 37................
```

```
MSG 38.........................................................................
```

Provider Eligibility Page 4 Screen (4P) Field Descriptions (Practice = 04)

Field No.	Field Name	Business Name/Description
12	PROVIDER	The provider number specified in the provider field from the menu screen is displayed.
13	RECORD TYPE	This field is used to identify the record type. Value 04 indicates Practice record. Values are listed on screen image.
14	NPI	National Provider Identifier. If there are multiple NPIs associated with a keyed PIN, then the value **MULTI-NPIS** will be plugged in this field.
15	Unlabelled	National Provider Identifier Source. **Valid values:** P NPI obtained from PECOS X NPI obtained from the crosswalk contractor
16	NAME	Name of practice.
17	FOREIGN CODE	Practice address foreign code. **Values** are 'D' Domestic or 'F' Foreign.
18	ADDRESS 1	Practice street address line 1.
19	ADDRESS 2	Practice street address line 2.
20	CITY	Practice address city.
21	STATE	Practice address state.
22	FOREIGN STATE	Practice address state for foreign address.
23	ZIP	Practice address zip code.
24	PHONE	Practice telephone number.
25	EMAIL	Practice email address.
26	FAX	Practice fax number.
27	POSTAL CODE	Practice address postal code.
28	COUNTRY	Practice address country.
29	COUNTY	Practice address county.
30	START DATE	Practice address start date.

Field No.	Field Name	Business Name/Description
31	END DATE	Practice address ends.
32	PIN	MCS PIN number for the local carrier.
33	CLIA	Practice CLIA number.
34	FDA	Practice FDA mammography number.
35	RRB IND	This field displays the RRB indicator: **Valid values:** Y Yes RRB N No RRB 9 RRB – Blank
36	RRB PIN	RRB PIN number.
37	CREATE DATE	Practice address creation date.
38	MSG	Any errors received on this screen are displayed in this field.

EMPL = 05 Screen (Employer)

```
RSN    L    NHIC            NME    SEQ    SPL    CCN            E QLY
TYPE       ACT/SEL                                   OCT. 18, 200
                                                       F1=TOP
                     PROVIDER ELIGIBILITY - PAGE 4 (4P)      F2=PAGE 1
                           (PECOS)                          F3=RETURN
PROVIDER: 12............        00-BASE   02-SPEC   04-PRACT  F8=FWD
RECORD TYPE: 13                05-EMPL   06-MEM    07-GROUP
NPI 14........ 15              09-UPIN   10-PAY TO

EMPL PACID: 16........  EMPL ENROLL ID: 17............  EMPL SSN: 18.......
  EMPL TIN: 19.......
  EMPL INDIV NM: 20......................................................
  EMPL LGL NAME: 21......................................................
  EMPL EFF DATE: 22......  EMPL END DATE: 23......


MSG 24.........................................................................
```

Provider Eligibility Page 4 Screen (4P) Field Descriptions (Employer = 05)

Field No.	Field Name	Business Name/Description
12	PROVIDER	The provider number specified in the provider field from the menu screen is displayed.

Field No.	Field Name	Business Name/Description
13	RECORD TYPE	This field is used to identify the record type. Value 05 indicates Employer record. Values are listed on screen image.
14	NPI	National Provider Identifier. If there are multiple NPIs associated with a keyed PIN, then the value **MULTI-NPIS** will be plugged in this field.
15	Unlabelled	National Provider Identifier Source. **Valid values:** P NPI obtained from PECOS X NPI obtained from the crosswalk contractor
16	EMPL PACID	Employer's PAC ID which is assigned by PECOS. This field is blank if provider is a conversion record and has not been updated in PECOS yet.
17	EMPL ENROLL ID	Employer's enrollment ID which is assigned by PECOS. This field is blank if provider is a conversion record and has not been updated in PECOS yet.
18	EMPL SSN	Employer's Social Security Number.
19	EMPL TIN	Employer's Tax Identification Number.
20	EMPL INDIV NM	Employer's individual name.
21	EMPL LGL NAME	Employer's legal business name.
22	EMPL EFF DATE	Employer's effective date.
23	EMPL END DATE	Employer's end date.
24	MSG	Any errors received on this screen are displayed in this field.

MEM = 06 Screen (Member)

```
RSN     L    NHIC             NME      SEQ    SPL    CCN             E QLYO
TYPE       ACT/SEL                                        OCT. 18, 2005
                                                              F1=TOP
                   PROVIDER ELIGIBILITY - PAGE 4 (4P)         F2=PAGE 1
                            (PECOS)                           F3=RETURN
PROVIDER: 12.............        00-BASE   02-SPEC   04-PRACT  F8=FWD
RECORD TYPE: 13                  05-EMPL   06-MEM    07-GROUP
NPI 14........ 15                09-UPIN   10-PAY TO

MEM SSN: 16.......
  MEM PRACT NAME: 17....................................................
  MEM PACID: 18........  MEM ENROLL ID: 19.............  MEM EFF DATE: 20......
```

```
   MEM END DATE: 21......

MEM SSN:
  MEM PRACT NAME:
  MEM PACID:             MEM ENROLL ID:              MEM EFF DATE:
  MEM END DATE:

MEM SSN:
  MEM PRACT NAME:
  MEM PACID:             MEM ENROLL ID:              MEM EFF DATE:
  MEM END DATE:

MEM SSN:
  MEM PRACT NAME:
  MEM PACID:             MEM ENROLL ID:              MEM EFF DATE:
  MEM END DATE:




MSG 22....................................................................
```

Provider Eligibility Page 4 Screen (4P) Field Descriptions (Member = 06)

Field No.	Field Name	Business Name/Description
12	PROVIDER	The provider number specified in the provider field from the menu screen is displayed.
13	RECORD TYPE	This field is used to identify the record type. Value 06 indicates Member record. Values are listed on screen image.
14	NPI	National Provider Identifier. If there are multiple NPIs associated with a keyed PIN, then the value **MULTI-NPIS** will be plugged in this field.
15	Unlabelled	National Provider Identifier Source. **Valid values:** P NPI obtained from PECOS X NPI obtained from the crosswalk contractor
16	MEM SSN	Member's Social Security Number. Note: if a converted record and the provider only contains EIN, '(EIN)' will be displayed on this line.
17	MEM PRACT NAME	Member's practice name.

Field No.	Field Name	Business Name/Description
18	MEM PACID	Member's PAC ID which is assigned by PECOS. This field is blank if provider is a conversion record and has not been updated in PECOS yet.
19	MEM ENROLL ID	Member's enrollment ID which is assigned by PECOS. This field is blank if provider is a conversion record and has not been updated in PECOS yet.
20	MEM EFF DATE	Member's effective date.
21	MEM END DATE	Member's end date.
22	MSG	Any errors received on this screen are displayed in this field.

GROUP = 07 Screen

```
RSN    L   NHIC              NME     SEQ   SPL   CCN              E QLYO
TYPE       ACT/SEL                                    OCT. 18, 2005
                                                         F1=TOP
                     PROVIDER ELIGIBILITY - PAGE 4 (4P)      F2=PAGE 1
                             (PECOS)                         F3=RETURN
PROVIDER: 12..........            00-BASE   02-SPEC   04-PRACT   F8=FWD
RECORD TYPE: 13                   05-EMPL   06-MEM    07-GROUP
NPI 14........ 15                 09-UPIN   10-PAY TO

GROUP TIN: 16.......
  GROUP LEGAL NM: 17.................................................
  GROUP PACID: 18........  GRP ENROLL ID: 19.............
  GROUP EFF DATE: 20......   GROUP END DATE: 21......

















MSG 22...............................................................
```

Provider Eligibility Page 4 Screen (4P) Field Descriptions (Group = 07)

Field No.	Field Name	Business Name/Description
12	PROVIDER	The provider number specified in the provider field from the menu screen is displayed.
13	RECORD TYPE	This field is used to identify the record type. Value 07 indicates Group record. Values are listed on screen image.
14	NPI	National Provider Identifier. If there are multiple NPIs associated with a keyed PIN, then the value **MULTI-NPIS** will be plugged in this field.
15	Unlabelled	National Provider Identifier Source. **Valid values:** P NPI obtained from PECOS X NPI obtained from the crosswalk contractor
16	GROUP TIN	Group's Tax Identification Number.
17	GROUP LEGAL NM	Group's legal business name.
18	GROUP PACID	Group's PAC ID which is assigned by PECOS. This field is blank if provider is a conversion record and has not been updated in PECOS yet.
19	GRP ENROLL ID	Group's enrollment ID which is assigned by PECOS. This field is blank if provider is a conversion record and has not been updated in PECOS yet.
20	GROUP EFF DATE	Group's effective date.
21	GROUP END DATE	Group's end date.
22	MSG	Any errors received on this screen are displayed in this field.

UPIN = 09 Screen

```
RSN     L    NHIC           NME     SEQ    SPL    CCN               E QLYO
TYPE       ACT/SEL                                   OCT. 18, 2005
                                                        F1=TOP
                   PROVIDER ELIGIBILITY - PAGE 4 (4P)      F2=PAGE 1
                          (PECOS)                         F3=RETURN
PROVIDER: 12..........         00-BASE   02-SPEC   04-PRACT   F8=FWD
RECORD TYPE: 13                05-EMPL   06-MEM    07-GROUP
NPI 14........ 15              09-UPIN   10-PAY TO

RECORD CODE: 16 PHYS STATUS: 17
  PAY TO NAME: 18.......................................
  PAY TO ADDR: 19.......................  PAY TO CITY: 20.............
  PAY TO STATE: 21 PAY TO ZIP: 22.......
  BUSINESS ADDR: 23.......................  BUSINESS CITY: 24.............
  BUSINESS STATE: 25  BUSINESS ZIP: 26        STATE LICENSED: 27
  STATE LIC NUM: 28          DATE OF BIRTH: 29       MED SCHOOL CD: 30
  YEAR GRADUATED: 31    DATE OF DEATH: 32      CREDENTIALS: 33
```

```
PRIMARY SPEC: 34  PRI BOARD CERT: 34 SECONDARY SPEC: 36  SEC BOARD CERT: 37
SANCTION CODE: 38 SANC EFF DATE: 39    SANC NUM YEARS: 40  RES INTERN CD: 41
GROUP PRAC IND: 42 PAR IND: 43 TAX ID: 44
PROVIDER NUM: 45             UPIN NUM: 46      CONTROL NUM: 47
CARRIER NUM: 48     ERROR CODES: 49              VALIDITY IND: 50
MPIER UPD FLAG: 51 SPEC PROC DATA: 52
FULL UPIN: 53




MSG 54.........................................................................
```

Provider Eligibility Page 4 Screen (4P) Field Descriptions (UPIN = 09)

Field No.	Field Name	Business Name/Description
12	PROVIDER	The provider number specified in the provider field from the menu screen is displayed.
13	RECORD TYPE	This field is used to identify the record type. Value 09 indicates UPIN record. Values are listed on screen image.
14	NPI	National Provider Identifier. If there are multiple NPIs associated with a keyed PIN, then the value **MULTI-NPIS** will be plugged in this field.
15	Unlabelled	National Provider Identifier Source. **Valid values:** P NPI obtained from PECOS X NPI obtained from the crosswalk contractor
16	RECORD CODE	The UPIN record code, as assigned by PECOS. **Valid values**: 1 Add 2 Add develop/return 3 Assigned UPIN 4 Registry usage 5 MPIER update 6 Update develop/return 7 Notification N Add previously submitted to claim system

Field No.	Field Name	Business Name/Description
17	PHYS STATUS	Physician status.
18	PAY TO NAME	Pay-to name associated with UPIN number.
19	PAY TO ADDR	Pay-to address associated with UPIN number.
20	PAY TO CITY	Pay-to city associated with UPIN number.
21	PAY TO STATE	Pay-to state associated with UPIN Number.
22	PAY TO ZIP	Pay-to zip code associated with UPIN number.
23	BUSINESS ADDR	Practice address associated with UPIN number.
24	BUSINESS CITY	Practice city associated with UPIN number.
25	BUSINESS STATE	Practice address state associated with UPIN number.
26	BUSINESS ZIP	Practice address zip code associated with UPIN number.
27	STATE LICENSED	State code the physician is licensed according to the UPIN registry.
28	STAT LIC NUM	State license number according to the UPIN registry.
29	DATE OF BIRTH	Physician's date of birth according to the UPIN registry.
30	MED SCHOOL CODE	Medical school code according to the UPIN registry.
31	YEAR GRADUATED	Year the physician graduated according to the UPIN registry.
32	DATE OF DEATH	Physicians date of death according to the UPIN registry.
33	CREDENTIALS	Physician's credentials according to the UPIN registry.
34	PRIMARY SPEC	Primary specialty according to the UPIN registry.
35	PRI BOARD CERT	Primary specialty board certification according to the UPIN registry.
36	SECONDARY SPEC	Secondary specialty according to the UPIN registry.
37	SEC BOARD CERT	Secondary specialty board certification according to the UPIN registry.
38	SANCTION CODE	Sanction code according to the UPIN registry.
39	SANC EFF DATE	Sanction code effective date according to the UPIN registry.
40	SANC NUM YEARS	Number of years provider sanction according to the UPIN registry.
41	RES INTERN CD	Resident Intern code according to the UPIN registry.

Field No.	Field Name	Business Name/Description
42	GROUP PRAC IND	Group practice indicator according to the UPIN registry.
43	PAR IND	Participating indicator according to the UPIN registry.
44	TAX ID	Tax Identification number according to the UPIN registry.
45	PROVIDER NUM	MCS assigned provider number according to the UPIN registry.
46	UPIN NUM	The UPIN assigned provider number.
47	CONTROL NUM	The UPIN control number.
48	CARRIER NUM	Carrier number according to the UPIN Registry.
49	ERROR CODES	Error codes assigned by UPIN registry, up to 5 error codes displayed.
50	VALIDITY IND	Physician validation according to the UPIN registry.
51	MPIER UPD FLAG	MPIER update flag according to the UPIN registry.
52	SPEC PROC DATA	Special process data according to the UPIN registry.
53	FULL UPIN	Full UPIN number assigned by UPIN registry.
54	MSG	Any errors received on this screen are displayed in this field.

PAY TO = 10 Screen

```
RSN      L   NHIC            NME      SEQ    SPL    CCN               E QLY
TYPE        ACT/SEL                                      OCT. 18, 200
                                                            F1=TOP
                    PROVIDER ELIGIBILITY - PAGE 4 (4P)      F2=PAGE 1
                              (PECOS)                       F3=RETURN
PROVIDER: 12..........          00-BASE   02-SPEC   04-PRACT   F8=FWD
RECORD TYPE: 13                 05-EMPL   06-MEM    07-GROUP
NPI 14........ 15               09-UPIN   10-PAY TO

FOREIGN CODE: 16
  ADDRESS 1: 17.....................................................
  ADDRESS 2: 18.....................................................
  CITY: 19...........................   STATE: 20
  FOREIGN STATE: 21........................... ZIP: 22.............
  POSTAL CD: 23.............  COUNTRY: 24...........................
  START DATE: 25......  END DATE: 26......  PIN: 27........  RRB IND: 28
  RRB PIN: 29........  CREATE DATE: 30..............
```

```
MSG 31.........................................................................
```

Provider Eligibility Page 4 Screen (4P) Field Descriptions (UPIN = 09)

Field No.	Field Name	Business Name/Description
12	PROVIDER	The provider number specified in the provider field from the menu screen is displayed.
13	RECORD TYPE	This field is used to identify the record type. Value 10 indicates Pay To record.
		Values are listed on screen image.
14	NPI	National Provider Identifier.
		If there are multiple NPIs associated with a keyed PIN, then the value **MULTI-NPIS** will be plugged in this field.
15	Unlabelled	National Provider Identifier Source.
		Valid values:
		P NPI obtained from PECOS
		X NPI obtained from the crosswalk contractor
16	FOREIGN CODE	Pay-to address foreign code.
		Values are 'D' Domestic or 'F' Foreign
17	ADDRESS 1	Pay-to street address line 1.
18	ADDRESS 2	Pay-to street address line 2.
19	CITY	Pay-to address city.
20	STATE	Pay-to address state.
21	FOREIGN STATE	Pay-to address state for foreign address.
22	ZIP	Pay-to address zip code.
23	POSTAL CD	Pay-to address postal code.
24	COUNTRY	Pay-to address country.
25	START DATE	Pay-to address start date.
26	END DATE	Pay-to address end date.
27	PIN	MCS PIN number for the local carrier.

Field No.	Field Name	Business Name/Description
28	RRB IND	RRB indicator. Valid values. **Valid values:** Y Yes RRB N NO RRB 9 RRB – Blank
29	RRB PIN	The RRB PIN number.
30	CREATE DATE	Pay-to address creation date.
31	MSG	Any errors received on this screen are displayed in this field.

PI – Provider Profiles Inquiry

This screen provides profile and pricing information for the provider, including fee schedule, limiting charge, customary charge and area prevailing amounts.

```
                    NORIDIAN NORTHWEST - PROD        DEC. 11, 2008
                PROFESSIONAL PROVIDER TELECOMMUNICATION NETWORK - PPTN
                                                       PRODUCTION
 ACTION __
       H4 - CLAIM STATUS INQUIRY (REQUIRED FIELDS)
             HIC _____ ___
                                    NPI
             SERVICE DATE RANGE (MMDDCCYY) FROM _____ TO _____
          OPTIONAL SECONDARY SELECTION:    PROCEDURE CODE _____
                                              ICN _____

 SELECTION _____ (OTHER LOOK-UP ACTIONS REQUIRED FIELD)

 ACTION BY PROVIDER        ACTION BY CODE
 ------------------        --------------
 AP - ACCOUNTS REC         AD/ED - ADS/EOMB LOOKUP    DC - DIAGNOSIS LOOKUP
 PE - PROVIDER ELIG        AI - ACCOUNTS REC INQ      DR - DRUG FEE SCHEDULE
 PI - PRICING INQUIRY      AM - AMBULANCE FEE SCHEDULE EI - CWF BENE ELIG LOOKU
 PS - PROVIDER SUMMARY     BS - BANK CHECK STATUS     F1 - ASC FEE SCHEDULE
                           CD - CAP FEE SCHEDULE      HS - HPSA/SCARCITY LOOKU
                           CF - CLINICAL LAB FEE      MI - OTHER-INSURER LOOKU
                           DB - MPFSDB                PC - PROCEDURE LOOKUP
                           ZP - ZIP CODE LOOKUP
```

Screen Details

```
 RSN 1.. L 2.. NHIC 3.......... NME 4.... SEQ 5. SPL 6 CCN 7............ E 8...
  TYPE 9 . ACT/SEL 10.............

                       PROVIDER PROFILES INQUIRY    11 .............

 DT MMDDY  PS T  PROC  MDMDMDMD Q/B  PROVIDER  SP LOC PAR  RPROV   SP  ZIP ST
   CARR      RC/FEE LIM-CHG LV1AMT   LV2AMT    LV3/FEE  I   ANESCF  RVU  PAC
 12 13... 14 15 16... 17...... 18.. 19........ 20 21  22   23....... 24  25... 26
    27....    28..... 29..... 30..... 31..... 32...... 33   34...   35... 36

 12 13... 14 15 16... 17...... 18.. 19........ 20 21  22   23....... 24  25... 26
    27....    28..... 29..... 30..... 31..... 32...... 33   34...   35... 36

 12 13... 14 15 16... 17...... 18.. 19........ 20 21  22   23....... 24  25... 26
    27....    28..... 29..... 30..... 31..... 32...... 33   34...   35... 36

 12 13... 14 15 16... 17...... 18.. 19........ 20 21  22   23....... 24  25... 26
    27....    28..... 29..... 30..... 31..... 32...... 33   34...   35... 36

 12 13... 14 15 16... 17...... 18.. 19........ 20 21  22   23....... 24  25... 26
    27....    28..... 29..... 30..... 31..... 32...... 33   34...   35... 36

 12 13... 14 15 16... 17...... 18.. 19........ 20 21  22   23....... 24  25... 26
```

```
   27....    28..... 29..... 30..... 31..... 32......  33   34...   35... 36



MSG 37...........................................................................
```

Field Description

Field No.	Field Name	Business Name/Description
1	RSN	Reason code. Displays the correspondence reason code for transactions related to a CCN (correspondence). Not used for inquiry transactions.
2	L	Location code. Displays the location code for transactions related to a CCN (correspondence). It must be completed for update transactions. Not used for inquiry transactions.
3	NHIC	Next HIC. Used for consecutive transactions.
4	NME	Next name. Used for consecutive transactions.
5	SEQ	Next sequence. Used for entry of the next control number for transactions related to a CCN (correspondence). Not used for inquiry transactions.
6	SPL	Split indicator. Indicates if there is a split of the original CCN (for correspondence-related transactions). Enter 1 to create a split CCN. Not used in inquiry transactions.
7	CCN	Current correspondence control number for transactions related to a CCN.
8	E	Examiner ID. Derived from log-on.
9	TYPE	Transaction type and sub-type. Not used for inquiry transaction. Transaction type is carried from the originating transaction. The sub-type may be: B General correspondence C Cash transaction F Re-opening requests P Priority correspondence R Review request S SSA request
10	ACT/SEL	The action code and selection parm will allow for the entry of an additional transaction from the PI screen.

Field No.	Field Name	Business Name/Description
11	(untagged)	Current date, Gregorian format
11a	SELECTION	For the half-screen only (a transaction originating from a CLAM screen) this field will allow for the entry of up to two detail numbers that correspond to the detail numbers displayed on the screen. When an entry appears in one or both of these fields, and the PF1 key is used, the system will move the calculated reasonable charge amount back to claim in to the manual price amount, setting the manual price indicator to 'A' as the value.
12	DT	Detail line number. This field will correspond to a selected line number from the claim, if the PI screen is accessed from the claim screen. Otherwise, this field will be system filled with sequential numeric values beginning with '01.'
13	MMDDY	Date of service. This field is manually entered from the full PI screen or moved from the claim data, if the PI half-screen is accessed in that manner.
14	PS	Place of service. This field is manually entered from the full PI screen or moved from the claim data, if the PI half-screen is accessed in that manner.
15	T	Type of service. This field is manually entered from the full PI screen or moved from the claim data, if the PI half-screen is accessed in that manner.
16	PROC	Procedure code. This field is manually entered from the full PI screen or moved from the claim data, if the PI half-screen is accessed in that manner.
17	MDMDMDMD	Up to four modifier values can be entered, or the field can be left blank. This field is manually entered from the full PI screen or moved from the claim data, if the PI half-screen is accessed in that manner.
18	Q/B	Number of services/units, (usually 0010). Format: 999v9. This field is manually entered from the full PI screen or moved from the claim data, if the PI half-screen is accessed in that manner.
19	PROVIDER	Pricing provider number. This field is manually entered from the full PI screen or moved from the claim data, if the PI

Field No.	Field Name	Business Name/Description
		half-screen is accessed in that manner.
		The performing provider is used if one is present, otherwise the billing provider will be used.
		If an option 5 provider (individual providers that are a member of a uniform charge structured billing group) is initially keyed into this field, the group provider number will be moved into the field by the system prior to the reasonable charge calculations.
20	SP	Pricing specialty of the pricing provider.
		The field is moved in by the system when a pricing provider is supplied; however, the pricing specialty may also be manually entered by the examiner on the full PI screen.
21	LOC	Pricing locality of the pricing provider. This value is depended on the type of pricing performed.
		The field is moved in by the system when a pricing provider is supplied; however, the pricing locality may also be manually entered by the examiner on the full PI screen.
		A value of '98' may be system generated in this field for the RR carrier if the procedure code indicates carrier-wide pricing.
		For ambulance services, this value will be based on the entered zip code and moved from the ambulance fee schedule.
		This field is moved from the claim data, if the PI half-screen is accessed in that manner.
22	PAR	Participation status of the pricing provider. The field is system generated based on the provider's participation status for the indicated service date, when a provider is keyed or moved from the claim screen.
		P Participating
		N Not participating
		However, the Par status may also be manually entered by the examiner on the full PI screen.
23	RPROV	Rendering provider number. If no provider is keyed into this field, it will be system plugged with the provider keyed into the pricing provider field (#19 PROVIDER) provided the provider is either option 3, 4, or 5 or record type 0.
		This field is moved from the claim data, if the PI half-screen is accessed in that manner.
		If an option 5 provider (individual providers that are a member of a uniform charge structured

Field No.	Field Name	Business Name/Description
		billing group) is initially keyed into field 19, this number will be moved to this field, the group provider number will be moved into the field 19 by the system.
24	SP	The provider specialty code for the rendering provider. If no rendering provider is keyed, the pricing provider specialty code will be moved into this field.
25	ZIP	Zip code where the service was performed or the point-of-pickup for ambulance services. This field is necessary in order to accurately price procedure codes from the ambulance fee schedule file. If a zip code is keyed into this field when it is not required for pricing, it will be ignored. This field is moved from the extended detail zip code field when a half-screen lookup based on a specific detail number is performed. The Beneficiary residence zip code from the NU Eligibility screen. This field is required when a procedure code with a PAC 9 or C , with a Pricing Flag of A, and a Provider Specialty of 69 is entered. The Beneficiary Locality associated with the zip code is used to determine if the beneficiary resides in a demonstration area.
26	ST	State where the service was performed. This field will be system plugged from the extended detail zip code field when a half-screen lookup based on a specific detail number is performed.
27	CARR	The carrier number is displayed for all contractors, however for purchase service and MPFSDB if the carrier number is the local carrier it will display spaces. Railroad is the only contractor required to enter a value in this field if a zip code is not entered. If a provider number is keyed and the carrier number is blank, the system will auto plug the carrier number. If a provider number and carrier number are both keyed the system will verify the carrier number against the provider file. If no match, the system will overlay with the correct carrier number and an edit will set. If neither provider number nor carrier number is keyed an edit will set.
28	RC/FEE	Reasonable charge or fee for the detail. Refer to the area 12 specifications for the methods used to determine the reasonable charge or

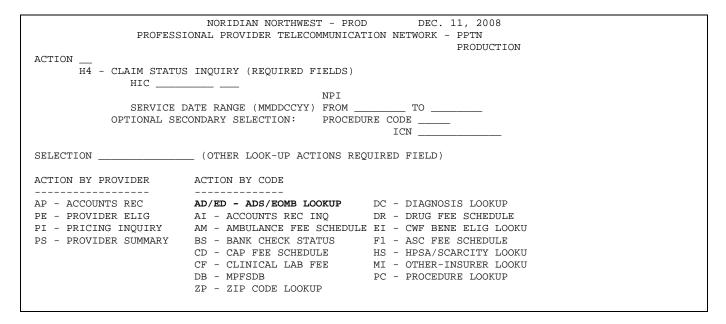| Field No.	Field Name	Business Name/Description
		fee. With few exceptions, the reasonable charge or fee displayed on this screen is equal to the reasonable charge or fee calculated in batch for claim pricing. If Competitive Lab Demonstration, this field will be calculated using the demonstration fee.
29	LIM-CHG	Limiting charge for the detail. The limiting charge is displayed for 1993 services and after. It is calculated by the system, equal to 115% of the reasonable charge, for physician services performed by a non-participating providers only.
30	LV1AMT	Level 1 profile amount. The amount displayed in this field is dependent on if the entered procedure is priced via reasonable charge, the service date, and if a customary value exists for the provider. Plus, if a customary value exists, it will be compared to the customary IIC and the lower displayed. For the RRB contractor, this field will display the area carrier's prevailing amount.
31	LV2AMT	Level 2, 75th percentile profile amount. The amount displayed in this field is dependent on if the entered procedure is priced via reasonable charge and the service date. Plus, it will be compared to the prevailing IIC and the lower displayed. The Level 2 amount will show the 75th whether the source is the locality/specialty or locality/specialty-wide prevailing.
		For the RRB contractor, this field will display the area carrier's prevailing amount.
		If the Level 2 amount is based on the 75th conversion factor times RVU, this field is left blank.
		Display the CAP fee amount in the LV2AMT column pricing indicator value C will indicate the source as CAP. Specialty code 95 and a State code are required to obtain a CAP fee amount (If a drug code is entered and the provider specialty is other than 95, the ASP fee will be returned). If the date of service is on or after 07/01/06 and the provider specialty equals 95, read the CAP fee schedule using the State code. If there is no CAP fee amount available for the date of service entered, return the fee amount for the prior period closest to the date of service entered.
		Display the Competitive Lab Demonstration Fee in the LV2AMT field when the pricing provider does NOT have a AR code of 79 (non-winning

Field No.	Field Name	Business Name/Description
		lab) with an effective date of service between 04/01/2007 and 03/31/2010, the zip code has a Z1 or Z2 in the Beneficiary Locality field on the NZIP file, and pricing is present for the procedure code under Carrier LABCB on the Clinical Lab Fee Schedule File.
32	LV3/FEE	Level 3 profile amount or fee schedule amount. PAC D procedures will display a fee amount with 3 decimal positions. For the RR carrier, this amount may reflect the area carrier's carrier-wide prevailing or ASC allowance.
33	I	Pricing level indicating the source of the reasonable charge source. This is derived by the system based on the pricing path taken. Pricing level indicating the source of the Reasonable charge as follows: **Valid values:** 1 Level 1, customary amount 2 Level 2, prevailing amount. For RRB only, AC Level 2, when PAC-A, ASC 3 Level 3, carrier-wide fee amount 4 MPFSDB fee for PAC-4, injection fee (Date of service 12/31/2004 and prior. 5 Level 2, specialty-wide fee, when procedure flag is 'A' and PAC-9, clinical lab fee. For RRB only, AC Level 2, carrier-wide fee when PAC-C, clinical lab fee. 6 MPFSDB or Ambulance Fee Schedule full fee 7 MPFSDB or Ambulance Fee Schedule transition fee 9 Level 2, specialty-wide fee. For RRB only, AC Level 2, carrier-wide fee when PAC-C, DME B Anesthesia fee D ASP fee for PAC D, injections fee (Date of service 1/1/2005 and after)
34	ANESCF	Conversion factor used for anesthesia fee calculations.
35	RVU	Relative value unit Note: For manually priced items, the value ICIC will be moved to this field.
36	PAC	Pricing action code that the system uses to

Field No.	Field Name	Business Name/Description
		process the detail. It is the same value carried on the Level 3 file with these exceptions.
		For dates of service prior to 1/1/98:
		The PAC is changed from 6 to 3 for services that the physician assistant or non-rural nurse practitioner service limitations are applied.
		The PAC is changed from 6 to 9 for services subject to the clinical psychologist or clinical social worker fee schedule.
37	MSG	System-generated informational and/or error message.

PS – Provider Summary

This screen summarizes the number of assigned claims for, and the payments made to, a specific provider number and its associated NPI. Including the following:

- Pending claims count and total billed amount
- Approved to pay claim count and paid amount
- Month-to-date claim count and paid amount
- Year-to-date claim count and paid amount.

```
                        NORIDIAN NORTHWEST - PROD         DEC. 11, 2008
                PROFESSIONAL PROVIDER TELECOMMUNICATION NETWORK - PPTN
                                                            PRODUCTION
ACTION __
        H4 - CLAIM STATUS INQUIRY (REQUIRED FIELDS)
                 HIC _____ ___
                                        NPI
                  SERVICE DATE RANGE (MMDDCCYY) FROM _____ TO _____
              OPTIONAL SECONDARY SELECTION:    PROCEDURE CODE _____
                                                      ICN _____

SELECTION _____ (OTHER LOOK-UP ACTIONS REQUIRED FIELD)

ACTION BY PROVIDER        ACTION BY CODE
------------------        --------------
AP - ACCOUNTS REC         AD/ED - ADS/EOMB LOOKUP    DC - DIAGNOSIS LOOKUP
PE - PROVIDER ELIG        AI - ACCOUNTS REC INQ      DR - DRUG FEE SCHEDULE
PI - PRICING INQUIRY      AM - AMBULANCE FEE SCHEDULE EI - CWF BENE ELIG LOOKU
PS - PROVIDER SUMMARY     BS - BANK CHECK STATUS     F1 - ASC FEE SCHEDULE
                          CD - CAP FEE SCHEDULE      HS - HPSA/SCARCITY LOOKU
                          CF - CLINICAL LAB FEE      MI - OTHER-INSURER LOOKU
                          DB - MPFSDB                PC - PROCEDURE LOOKUP
                          ZP - ZIP CODE LOOKUP
```

Screen Details

```
RSN 1.. L 2.. NHIC 3........... NME 4.... SEQ 5. SPL 6 CCN 7............  E 8...
TYPE 9  . ACT/SEL 10.............                                        11.
                        PROVIDER SUMMARY


PROV-NUMBER 12........  NPI 13........


NAME 14......................
ADDRESS 15..................
        ....................
        ........... .. ..... ....


WAIVER 16


            PENDING          A-T-P          M-T-D          Y-T-D
```

```
NUMBER      17.........    18.........    19.........    20...........

AMOUNT      21..........   22..........   23..........   24............


                      DAYS OLD 0-14              PREVIOUS YEAR END

NUMBER                    25.........

AMOUNT                    26.........
                                              27............

                       DAYS OLD 14+

NUMBER                    28.........

AMOUNT                    29.........



MSG 30.................................................................
```

Field Description

Field No.	Field Name	Business Name/Description
1	RSN	Reason code. Displays the correspondence reason code for transactions related to a CCN (correspondence). It must be completed for update transactions. Not used for inquiry only.
2	L	Location code. Displays the location code for transactions related to a CCN (correspondence). It must be completed for update transactions. Not used for inquiry only.
3	NHIC	Next HIC. Used for consecutive transactions.
4	NME	Next name. Used for consecutive transactions.
5	SEQ	Next sequence. Used for entry of the next control number for transactions related to a CCN (correspondence). Not used for inquiry only.
6	SPL	Split indicator. Indicates if there is a split of the original CCN (for correspondence-related transactions). Enter 1 to create a split CCN. Not used in inquiry transactions.
7	CCN	Current Correspondence Control Number. For transactions related to a CCN.
8	E	Examiner. Derived from log-on.

Field No.	Field Name	Business Name/Description
9	TYPE	Transaction type and sub-type. Not used for inquiry transaction. Transaction type is carried from the originating transaction. The sub-type may be: B General correspondence C Cash transaction F Re-opening requests P Priority correspondence R Review request S SSA request
10	ACT/SEL	The action code and selection parm allow for the entry of an additional transaction from the PS screen.
11	unlabelled	Active batch mode indicator. **Valid values:** DEP Production DET Test
12	PROV-NUMBER	Provider number - Type the number of the provider in question. May be derived from access transaction.
13	NPI	National Provider Identifier. If there are multiple NPIs associated with a keyed PIN, then the value **MULTI-NPIS** will be plugged in this field.
14	NAME	The system generates the name associated with the provider number.
15	ADDRESS	Provider address displays in this field.
16	WAIVER	Waiver of liability indicator: **Valid Value:** Y Provider number was found on the waiver file. N Provider number was not found on the waiver file
17	PENDING NUMBER	The total number of assigned claims pending display.
18	A-T-P NUMBER	Total number of claims in the 'Approved-to-pay' (A-T-P) status.
19	M-T-D NUMBER	Month-to-date number. The total number of transactions resulting in payment this month. Transactions are detailed below in the M-T-D Amount field.
20	Y-T-D NUMBER	Year-to-date number. The total number of transactions this year. Transactions are detailed below in the Y-T-D Amount field.

Field No.	Field Name	Business Name/Description
21	PENDING AMOUNT	The total dollar amount of the pending claims. Format: $,$$$,$$$.¢¢
22	A-T-P AMOUNT	The total dollar amount of claims in A-T-P status. This dollar amount represents the paid amount of the claims reported.. Format: $,$$$,$$$.¢¢
23	M-T-D AMOUNT	The total dollar amount paid this month, which includes previous beginning balance/M-T-D paid amount: + $ paid claims in previous cycle + $ paid adjustments in previous cycle + $ payouts from AY txn in previous cycle + $ payouts from MI txn in previous cycle + $ payouts from MP txn in previous cycle + $ payouts from PO txn in previous cycle + $ payouts from PA txn in previous cycle - $ voids (VO) in previous cycle - $ void and adjusts (VA) in previous cycle - $ stoppays (ST) in previous cycle - $ applied company checks (AC) in previous cycle - $ applied personal checks (AR) in previous cycle - $ personal refunds (PR) in previous cycle - $ money returned (MR) in previous cycle - $ close out transactions (CO) in previous cycle Note: If the M-T-D amount is negative, zero will display on the PS screen. Format: $,$$$,$$$.¢¢
24	Y-T-D AMOUNT	The total dollar amount paid this year, which includes previous beginning balance/Y-T-D paid amount: + $ paid claims in previous cycle + $ paid adjustments in previous cycle + $ payouts from AY txn in previous cycle + $ payouts from MI txn in previous cycle + $ payouts from MP txn in previous cycle + $ payouts from PO txn in previous cycle + $ payouts from PA txn in previous cycle - $ voids (VO) in previous cycle - $ void and adjusts (VA) in previous cycle - $ stoppays (ST) in previous cycle - $ applied company checks (AC) in previous cycle - $ applied personal checks (AR) in previous cycle - $ close out transactions (CO) in previous cycle - $ personal refunds (PR) in previous cycle - $ money returned (MR) in previous cycle Note: If Y-T-D amount is negative, zero will display on the PS screen. Format: $$$,$$$,$$$.¢¢
25	DAYS OLD 0-14 NUMBER	Category one - Number of claims that have aged between 0-14 days (age determined by Julian date).

Field No.	Field Name	Business Name/Description
26	DAYS OLD 0-14 AMOUNT	Dollar amount of claims paid that were less than 14 days old. Format: $,$$$,$$$.¢¢
27	PREVIOUS YEAR END	The total dollar amount paid at the end of the previous year.
28	DAYS OLD 14+ NUMBER	Category two - Number of claims that have aged over 14 days (age determined by Julian date).
28	DAYS OLD 14+ AMOUNT	Dollar amount of claims paid that were had aged beyond 14 days. Format: $,$$$,$$$.¢¢
30	MSG	System-generated informational and/or error messages.

HS – HPSA/Scarcity Lookup

The HPSA and Physician Scarcity Zip Code Lookup (HS) online screen displays the HPSA and Scarcity zip code file information that is obtained from CMS.

The function of the HS screen is to display the zip codes, applicable HPSA and Scarcity indicators, and effective years from the CMS HPSA and Physician Scarcity zip code files. The HPSA and Scarcity zip code indicators are one of the identifiers used in determining if a service is eligible for a HPSA/Physician Scarcity bonus payment. The indicators on the screen are:

The HPSA Zip Code indicators:

1 zip codes that fully fall into primary medical care HPSA areas
2 zip codes that fully fall into mental health HPSA areas
3 zip codes that have both an indicator of 1 and an indicator of 2; MCS created indicator for those zip codes that mean both

Physician Scarcity Zip Code indicators:

1 zip codes that fully fall into primary medical care Physician Scarcity areas
2 zip codes that fully fall into specialty care Physician Scarcity areas
3 zip codes that have both an indicator of 1 and an indicator of 2

The HS screen displays multiple lines for a single zip code with different effective years. The first line displays the current year. Each subsequent line displays the prior chronological year in descending order. No year prior to 2005 will be displayed.

The HS screen displays blanks for the HPSA/Scarcity indicators if a zip code has a lapse in eligibility from one year to the next. When a zip code is entered and data displays for two years, then skips a year, for the year skipped, the system will display blanks under the HPSA and scarcity indicators.

NOTE: Blanks for a HPSA zip code can have multiple meanings; if it is blank for a future year, it is because the data is not available yet. If it is blank for a current or previous year, it is because there was a lapse in eligibility for that specific zip code.

The first year that a zip code is eligible for HPSA or scarcity will be the starting point for data to display for that zip code. For example, if a zip code is not eligible for either HPSA or scarcity for 2005 or 2006, but becomes eligible for

HPSA in 2007, 2007 will be the first year to start display of data. The HS screen will not display 2005 or 2006 as a lapse in eligibility for this zip code.

```
                    NORIDIAN NORTHWEST – PROD        DEC. 11, 2008
               PROFESSIONAL PROVIDER TELECOMMUNICATION NETWORK – PPTN
                                                         PRODUCTION
 ACTION __
        H4 - CLAIM STATUS INQUIRY (REQUIRED FIELDS)
              HIC _____ ___
                                          NPI
              SERVICE DATE RANGE (MMDDCCYY) FROM _____ TO _____
          OPTIONAL SECONDARY SELECTION:    PROCEDURE CODE _____
                                                ICN _____

 SELECTION _____ (OTHER LOOK-UP ACTIONS REQUIRED FIELD)

 ACTION BY PROVIDER          ACTION BY CODE
 ------------------          --------------
 AP - ACCOUNTS REC      AD/ED - ADS/EOMB LOOKUP    DC - DIAGNOSIS LOOKUP
 PE - PROVIDER ELIG     AI - ACCOUNTS REC INQ      DR - DRUG FEE SCHEDULE
 PI - PRICING INQUIRY   AM - AMBULANCE FEE SCHEDULE EI - CWF BENE ELIG LOOKU
 PS - PROVIDER SUMMARY  BS - BANK CHECK STATUS     F1 - ASC FEE SCHEDULE
                        CD - CAP FEE SCHEDULE      HS - HPSA/SCARCITY LOOKU
                        CF - CLINICAL LAB FEE      MI - OTHER-INSURER LOOKU
                        DB - MPFSDB                PC - PROCEDURE LOOKUP
                        ZP - ZIP CODE LOOKUP
```

Screen Messages

When a particular look-up request is made, the following on-line messages may be displayed, depending on the condition.

Condition	Message
If enter is pressed and no ZIP code is in the ZIP CODE field.	PLEASE ENTER VALID 5 DIGIT ZIP CODE
When an invalid PF key is pressed.	INVALID PF KEY
If enter is pressed and the field is not numeric or less than 5 characters or 00000 is present in the ZIP CODE field.	INVALID ZIP CODE ENTERED
If the zip code entered is not found on the HPSA/Physician Scarcity zip code file for any year.	ZIP CODE NOT FOUND ON HPSA/PHYSICIAN SCARCITY ZIP CODE FILE

Screen Details

```
RSN 1.. L 2.. NHIC 3.......... NME 4.... SEQ 5. SPL 6 CCN 7...........  E 8...
TYPE 9. . ACT/SEL 10... ..........                    DATE: 11.. .., ....
                                                      PF3 RETURN
                                                      PF10 FOR MCS SUB-MENU

            HPSA AND PHYSICIAN SCARCITY ZIP CODE LOOKUP


    ZIP CODE: 12

            YEAR           HPSA IND        SCARCITY IND
            13..           14              15




 MSG 16..........................................................................
```

Field Description

Field No.	Field Name	Business Name/Description
1	RSN	Not applicable for this screen. Reason code. Displays the correspondence reason code for transactions related to a CCN (correspondence). It must be completed for update transactions; not used for inquiry only.
2	L	Not applicable for this screen. Location code. Displays the location code for transactions related to a CCN (correspondence). It must be completed for update transactions; not used for inquiry only.
3	NHIC	Not applicable for this screen. Next HIC. Used for consecutive transactions.
4	NME	Not applicable for this screen. Next name. Used for consecutive transactions.
5	SEQ	Not applicable for this screen. Next sequence. Used for entry of the next control number for transactions related to a CCN (correspondence). Not used for inquiry only.

Field No.	Field Name	Business Name/Description
6	SPL	Not applicable for this screen. Split indicator. Indicates if there is a split of the original CCN (for correspondence-related transactions). Enter 1 to create a split CCN. Not used in inquiry transactions.
7	CCN	Not applicable for this screen. Current Correspondence Control Number for transactions related to a CCN.
8	E	Examiner derived from logon.
9	TYPE	Not applicable for this screen. Transaction type and sub-type. Not used for inquiry transaction.
10	ACT/SEL	Action code and selection parameter. Allows for the entry of an additional transaction from the HS screen. Valid values: Standard MCS mnemonics
11	DATE	Current date Format: MON. DD, CCYY
12	ZIP CODE	Zip code entered on the screen
	YEAR	Effective year for the zip code entered Format: CCYY
14	HPSA IND	Indicator from MCS HPSA Zip code file
15	SCARCITY IND	Indicator from MCS Physician Scarcity Zip code file
16	MSG	System generated condition or error message