ForwardHealth
Recovery Audit Contractor Auditor
Benefit Plan Administration
interChange Functionality

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1 Access Benefit Plan Administration interChange Functionality

The interChange (iC) Functionality section of the Partner area of the ForwardHealth Portal allows authorized users to access member, provider, claims, prior authorization (PA), and Benefit Plan Administration (BPA) information. This user guide details how to use BPA interChange functionality.

To use BPA interChange functionality on the Portal, complete the following steps:


![ForwardHealth Portal Page](image-url)
2. **Click Login.** The ForwardHealth Portal Login box will be displayed.

![ForwardHealth Portal Login](image)

**Figure 2** ForwardHealth Portal Login

*Note: The login box can also be accessed by clicking the Partners icon on the home page of the Portal.*

3. Enter the account username.

4. Enter the account password.

5. **Click Go!** The secure Partner page will be displayed.

![Secure Partner Page](image)

**Figure 3** Secure Partner Page
6. Click **iC Functionality** on the main menu at the top of the page. The iC Functionality page will be displayed.

![iC Functionality Page](image.png)

*Figure 4*  iC Functionality Page
2 BPA

2.1 Diagnosis Search

1. On the iC Functionality page, click Diagnosis Search. The Reference Diagnosis Search panel will be displayed.

![Reference Diagnosis Search Panel](image)

Figure 5 Reference Diagnosis Search Panel

2. Complete at least one of the following:
   - Enter either a full or partial diagnosis code in the Diagnosis field. Do not use periods.
   - Enter either a full or partial code description in the Description field.
     - Check the Sounds-like box to perform a phonetic search on the entered description. If the box is unchecked, an exact letter search will be performed.
     - Under ICD Version, select either ICD-10 (*International Classification of Diseases, 10th Revision*) or ICD-9 (*International Classification of Diseases, Ninth Revision*) to limit search results to the specified ICD revision. The field defaults to ICD-BOTH, which includes codes from both revisions.
     - Under Type, select whether to search for a short or long description. The Lay option is not used by interChange.
     - Under Match criteria, select whether to search for a description that begins with the entered letters or contains the entered letters somewhere in the description.
3. Click **Search**. If only one record is found, the Diagnosis Information panel will be displayed. If multiple results are found, the results will be displayed in the Search Results panel.

![Search Results Panel](image)

**Figure 6** Search Results Panel

4. Click the applicable record. The Diagnosis Information page will be displayed.

![Diagnosis Information Page](image)

**Figure 7** Diagnosis Information Page

The Diagnosis Information page consists of the following sections:

- **@neTouch sidebar.** The @neTouch sidebar contains a “Quick Search” section and a “Recent Searches” section.
  - The “Quick Search” section allows users to search for a new diagnosis record by entering a diagnosis code in the Diagnosis field and clicking **search**. Users can click **clear** to delete information from the diagnosis code fields, **adv search** to be directed to the Reference Diagnosis Search panel, or **prev** to return to the Diagnosis Search panel.
  - The “Recent Searches” section displays the last five diagnoses for which users searched. Users can click a diagnosis code to populate information in the Diagnosis Information panel. Both search sections can be minimized by clicking the arrow on the right.
• Navigation toolbar. The navigation toolbar contains the Open Tab menu, the Help menu, and the Stacked/Tabbed View function. The other functions are unavailable.
  o The *Open Tab* menu provides access to panels that contain more detailed diagnosis information.
  o The *Help* menu provides access to information regarding the Diagnosis Information panel (Page Specific Help) or the panels available under the Open Tab menu (Tab Specific Help). A panel from the Open Tab menu must be selected for the Tab Specific Help option to be available.
  o The *Stacked/Tabbed View* function allows users to choose whether to display the panels available under the Open Tab menu in a stacked or tabbed view. In the stacked view, all panels that have been selected from the Open Tab menu will display together beneath the Diagnosis Information panel. In the tabbed view, the panels will display on different tabs located across the top of the panel, and users can switch between the panels by clicking the tabs. The shortcut for switching between the stacked and tabbed views is Alt+o. The screen captures in this user guide display the tabbed view option.

• The Diagnosis Information panel displays basic diagnosis code information.

### 2.1.1 Diagnosis Information Panel

![Diagram of Diagnosis Information Panel]

**Figure 8** Diagnosis Information Panel

The Diagnosis Information panel may include the following information:

• The *Diagnosis* field displays a specific diagnosis code that identifies a condition requiring medical attention.

• The *ICD Version* field displays the code set to which the diagnosis code belongs.

• The *Description* field displays a short explanation of the diagnosis code.

• The *Long Description* field displays a detailed explanation of the diagnosis code.

• The *Lay Description* field is not used by interChange.
2.1.2 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu will display the Diagnosis menu option.

![Open Tab Menu](image)

**Figure 9** Open Tab Menu

**Diagnosis Menu**

Hover over Diagnosis on the Open Tab menu to display menu options for panels containing more detailed diagnosis information.

![Diagnosis Menu](image)

**Figure 10** Diagnosis Menu

Panels listed under menus operate under the following principles:

- Clicking a panel name will open the selected panel.
- Checking the box next to the panel name causes the panel to display automatically each time that menu is accessed, even in subsequent Portal sessions.
- Panel names that are highlighted indicate the panel is currently open.
- Panel names that are italicized indicate the panel is inaccessible to the user.
Base Information Panel
The Base Information panel displays header level information about the diagnosis.

1. Select **Base Information** from the Diagnosis Menu. The Base Information panel will be displayed.

![Base Information Panel](image)

Figure 11 Base Information Panel

Benefit Plan Coverage Rules Panel
The Benefit Plan Coverage Rules panel displays member plan information that is applicable to the selected service.

1. Select **Benefit Plan Coverage Rules** from the Diagnosis menu. The Benefit Plan Coverage Rules panel will be displayed.

![Benefit Plan Coverage Rules Panel](image)

Figure 12 Benefit Plan Coverage Rules Panel

The Benefit Plan Coverage Rules panel may include the following information:

- The **Member Plan** column identifies the member plan.
- The **Description** column displays a description of the member plan.
- The **Plan Type** column displays whether the plan is an assignment plan or a benefit plan.
- The **Claim Type Edits** column indicates whether a claim type edit is applicable.
• The \textit{Financial Payer} column displays the unique organization under which claims transactions are processed, such as Medicaid/BadgerCare, Wisconsin Chronic Disease Program, or the Wisconsin Well Woman Program (WWWP).

• The \textit{Effective Date} column displays the first date of service (DOS) the member plan is in effect.

• The \textit{End Date} column displays the last DOS the member plan is in effect.

2. Click the applicable member plan.

A section will be displayed at the bottom of the panel and will show the designation for the coverage rules for the selected member plan. The section will indicate if there is Open Coverage (No Restrictions) or Restrictions.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{benefit-plan-coverage-rules.png}
\caption{Selected Benefit Plan With Restrictions}
\end{figure}

\textit{Note}: Coverage rules are used to pay or adjudicate claims. A service on a claim is covered by the rule if it meets all defined conditions within the rule. Although a code may not have restrictions in coverage, other rule configurations during claim processing could prevent the service from being reimbursed.

\textbf{Contract Billing Rules Panel}

The Contract Billing Rules panel displays provider contracts applicable to the benefit or service.


\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{contract-billing-rules.png}
\caption{Contract Billing Rules Panel}
\end{figure}
The Contract Billing Rules panel may include the following information:

- **The Provider Contract** column displays the provider contract designation that represents the classification of services a provider can bill. A provider may have multiple contracts.
- **The Effective Date** column displays the first date the contract is in effect.
- **The End Date** column displays the last date the contract is in effect. The claim from date of service (FDOS) and to date of service (TDOS) date span is used when comparing these dates.
- **The Inactive Date** column displays the last date the contract is active for use in claims processing.

2. Click the applicable provider contract.

A section will be displayed at the bottom of the panel and will show the designation for the coverage rules for the selected provider contract. The section will indicate if there is Open Coverage (No Restrictions) or Restrictions.

![Contract Billing Rules Panel](image)

**Figure 15** Selected Contract With Open Coverage

*Note:* Coverage rules are used to pay or adjudicate claims. A service on a claim is covered by the rule if it meets all defined conditions within the rule. Although a code may not have restrictions in coverage, other rule configurations during claim processing could prevent the service from being reimbursed.

**Group Panel**

The Group panel displays all groups to which a specific diagnosis has been associated.

1. Select **Group** from the Diagnosis menu. The Group panel will be displayed.

![Group Panel](image)

**Figure 16** Group Panel
The Group panel may include the following information:

- The Group Type column displays a system-assigned key for the diagnosis group, which represents a collection of diagnoses.
- The Diagnosis Range From column is the lower limit of the diagnosis code range associated to the applicable group.
- The Diagnosis Range To column is the upper limit of the diagnosis code range associated to the applicable group.
- The Effective Date column is the first DOS the diagnosis code is in effect within the group.
- The End Date column is the last DOS that the diagnosis code is in effect within the group.

**Note Panel**

All of the Note panels available through the BPA iC Functionality section of the Portal have the same functionality. As a result, this user guide will only list one example. Refer to the Note Panel located under the Modifier menu of this user guide for details.

**Other Insurance Coverage Rules Panel**

All of the Other Insurance (OI) Coverage Rule panels available through the BPA iC Functionality section of the Portal have the same functionality. As a result, this user guide will only list one example. Refer to the Other Insurance Coverage Rules Panel under the Procedure Menu in this user guide for details.

**Restriction Panel**

The Restriction panel displays diagnosis code restriction information.

1. Select Restriction from the Diagnosis Menu. The Restriction panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

![Restriction Panel](image)

**Figure 17** Restriction Panel

The Restriction panel may include the following information:

- The Financial Payer field indicates the program or organization under which the claim transactions were processed.
• The **Effective Date** indicates the first date the restriction was effective.

• The **End Date** indicates the last date the restriction was effective.

• The **Nonspecific** field indicates whether or not the diagnosis requires further specification. A **Yes** indicates that the diagnosis code is not specific enough and may not be used for claims processing. A **No** indicates that the diagnosis code is specific and should be used for claims processing.

• The **Primary** field indicates whether or not the diagnosis can be billed as the primary diagnosis on a claim.

• The **Manifestation** field indicates whether a diagnosis code describes the manifestation of an underlying disease, rather than the disease itself, in which case it would not be a principal diagnosis. Manifestation diagnosis codes may not be billed alone; they must be reported with the code for the underlying disease.

• The **External Cause** field indicates whether the diagnosis code describes the circumstances causing an injury, not the nature of the injury, in which case it would not be a principal diagnosis. External cause is also known as External Cause of Morbidity or E-Code.

• The **Age** field indicates the age range that is associated with this restriction.

• The **Gender** field indicates the gender (if applicable) that is associated with this restriction.

• The **MDC** (major diagnostic category) field indicates the MDC number for the Prospective Payment System (PPS).

• The **Questionable Admission** field indicates whether the diagnosis code is insufficient justification for admission to an acute care hospital.

• The **First Listed** field indicates whether the diagnosis code is used per the ICD-10-CM Official Guidelines for Coding and Reporting.

• The **UPDWS** (unacceptable principal diagnosis without secondary) field indicates whether the code can be used as a principal diagnosis code only if accompanied by another diagnosis representing the condition being treated.

• The **Comorbidity** field indicates whether the diagnosis code is a secondary diagnosis code that is a complication or comorbidity.

• The **Own CC** (complication or comorbidity) field indicates that members are considered to have a complication or comorbidity when this code is used as the principal diagnosis.

• The **MCC** (major complication or comorbidity) field indicates whether the code is a secondary diagnosis code that is a major complication or comorbidity.

• The **Own MCC** field indicates that members are considered to have a major complication or comorbidity when this code is used as a principal diagnosis.
• The HAC (hospital-acquired condition) field indicates whether a code is a possible hospital-acquired condition.

2.2 Modifier Search

1. On the iC Functionality page, click **Modifier Search**. The Reference Modifier Search panel will be displayed.

![Reference Modifier Search Panel](image)

**Figure 18** Reference Modifier Search Panel

2. Enter either a full or partial modifier in the Modifier field or a full or partial modifier description in the Description field.

3. Use the Type and Match criteria radio buttons to narrow the search by description. For more information, refer to **step 2** under Diagnosis Search.

4. Click **search**. If only one record is found, the Modifier Information panel will be displayed. If multiple results are found, the results will be displayed in the Search Results panel.

![Search Results Panel](image)

**Figure 19** Search Results Panel
5. Click the applicable record. The Modifier Information page will be displayed.

![Modifier Information Page](image)

The Modifier Information page consists of the following sections:

- Navigation toolbar. The navigation toolbar contains the Open Tab menu, the Help menu, and the Stacked/Tabbed View function. The other functions are unavailable.
  - The **Open Tab** menu provides access to panels that contain more detailed modifier information.
  - The **Help** menu provides access to information regarding the Modifier Information panel (Page Specific Help) or the panels available under the Open Tab menu (Tab Specific Help). A panel from the Open Tab menu must be selected for the Tab Specific Help option to be available.
  - The **Stacked/Tabbed View** function allows users to choose whether to display the panels available under the Open Tab menu in a stacked or tabbed view. In the stacked view, all panels that have been selected from the Open Tab menu will display together beneath the Modifier Information panel. In the tabbed view, the panels will display on different tabs located across the top of the panel, and users can switch between the panels by clicking the tabs. The shortcut for switching between the stacked and tabbed views is Alt+o. The screen captures in this user guide display the tabbed view option.

- The Modifier Information panel displays basic information about the modifier.

*Note:* The “Quick Search” section allows users to search for new modifier information using a modifier code. Users can click **adv search** to be directed to the Reference Modifier Search panel or **prev** to return to the previous search results.
2.2.1 Modifier Information Panel

The Modifier Information panel may include the following information:

- The *Category* field indicates whether the modifier is a Healthcare Common Procedure Coding System (HCPCS) or ambulance modifier.
- The *Type* field indicates how the modifier is used.
- The *Description* field displays a short explanation of the modifier.
- The *Long Description* field displays a detailed explanation of the modifier.
- The *Effective Date* and *End Date* fields display the first and last DOS the modifier is valid for claims processing.
- The *CMS Add Date* field displays when the modifier was added by Centers for Medicare and Medicaid Services (CMS). This field does not apply to ambulance modifiers.
- The *CMS Termination Date* field displays the date that CMS will no longer use the modifier.

2.2.2 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu will display the Modifier menu option.
Modifier Menu

Hover over Modifier on the Open Tab menu to display menu options for panels containing more detailed modifier information.

![Modifier Menu](image)

If a user checks the box next to a panel name, that panel will automatically display each time the Modifier Information panel is accessed.

Base Information Panel

The Base Information panel displays the same information as the “Modifier Information” section.

1. Select **Base Information** from the Modifier menu. The Base Information panel will be displayed.

![Base Information Panel](image)

Group Panel

The Group panel displays any groups with which the modifier has been associated.

1. Select **Group** from the Modifier menu. The Group panel will be displayed.

![Group Panel](image)

The Group panel may include the following information:

- The **Group Type** column displays a system-assigned code that represents a collection of modifiers.
- The *Description* column displays a short explanation of the modifier group type.

- The *Modifier Range From* and *Modifier Range To* fields display the lower and upper limits of the modifier code range associated with the applicable group type.

- The *Effective Date* and *End Date* fields display the first and last DOS the modifier is in effect with the modifier group type.

**Note Panel**
The Note panel displays additional or alternative descriptions specific to a modifier.

1. Select **Note** from the Modifier menu. The Note panel will be displayed.

2. Click the appropriate row to populate information in the fields on the panel.

**Figure 26** Note Panel

The Note panel may include the following information:

- The *Sequence Number* field displays a system-assigned number that uniquely identifies the note.

- The *Clerk ID* field identifies the ID of the user who entered the note in interChange.

- The *Date* field displays the date that the note was entered in interChange.

- The *Time* field displays the system time when the note was entered in interChange.

- The *Note* field displays an additional or alternative description for the modifier.
2.3 Procedure Search

1. On the iC Functionality page, click **Procedure Search**. The Reference Procedure Search panel will be displayed.

![Reference Procedure Search Panel](image)

2. Complete at least one of the following:

   - Enter either a full or partial procedure code in the Procedure field. Do not use periods.
   - Under Search Type, select whether to search for a HCPCS code or an ICD code.
   - Enter either a full or partial code description in the Description field.
     - Check the **Sounds-Like** box to perform a phonetic search on the entered description. If the box is unchecked, an exact letter search will be performed.
     - Under Type, select whether to search for a short or long description. The Lay option is not used by interChange.
     - Under Match criteria, select whether to search for a description that begins with the entered letters or contains the entered letters somewhere in the description.

3. Click **search**. If only one record is found, the Procedure Information panel will be displayed. If multiple results are found, the results will be displayed in the Search Results panel.

![Search Results Panel](image)
4. Click the applicable record. The Procedure Information page will be displayed.

![Procedure Information Page]

Figure 29 Procedure Information Page

The Procedure Information panel consists of the following sections:

- **Navigation toolbar.** The navigation toolbar contains the Open Tab menu, the Help menu, and the Stacked/Tabbed View function. The other functions are unavailable.
  - The *Open Tab* menu provides access to panels that contain more detailed procedure information.
  - The *Help* menu provides access to information regarding the Procedure Information panel (Page Specific Help) or the panels available under the Open Tab menu (Tab Specific Help). A panel from the Open Tab menu must be selected for the Tab Specific Help option to be available.
  - The *Stacked/Tabbed View* function allows users to choose whether to display the panels available under the Open Tab menu in a stacked or tabbed view. In the stacked view, all panels that have been selected from the Open Tab menu will display together beneath the Procedure Information panel. In the tabbed view, the panels will display on different tabs located across the top of the panel, and users can switch between the panels by clicking the tabs. The shortcut for switching between the stacked and tabbed views is Alt+o. The screen captures in this user guide display the tabbed view option.

- The Procedure Information panel displays basic procedure code information.

*Note:* The “Quick Search” section allows users to search for new procedure information using either a HCPCS code or an ICD code. Users can click `adv search` to be directed to the Reference Procedure Search panel or `prev` to return to the previous search results.
2.3.1 Procedure Information Panel

The Procedure Information panel may include the following information:

- The **Description** field displays a short explanation of the procedure code.
- The **Long Description** field displays a detailed explanation of the procedure code.
- The **Lay Description** field is not used by interChange.
- The **EOMB** field displays an alternative description for the procedure code that may be used for the member’s Explanation of Medical Benefits.
- The **Medicare Coverage** fields display a code and description that indicate the status of the procedure code’s Medicare coverage. The status is provided by CMS through quarterly or annual HCPCS code updates.
- The **CMS TOS** displays the procedure’s type of service (TOS). The TOS is provided by CMS through quarterly or annual HCPCS code updates.
- The **CMS Add Date** field displays the date that the HCPCS code was added to the HCPCS code set.
- The **CMS Termination Date** field displays the last date that providers may use the procedure code.

2.3.2 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu will display the Procedure menu option.
Procedure Menu

Hover over Procedure on the Open Tab menu to display menu options for panels containing more detailed procedure information.

If a user checks the box next to a panel name, that panel will automatically display each time the Procedure Information panel is accessed.

Restriction Menu

Hover over Restriction under the Procedure menu to display menu options for panels containing more detailed restriction information.

Area of the Oral Cavity Panel

1. Select Area of the Oral Cavity from the Restriction menu. The Area of the Oral Cavity panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.
The Area of the Oral Cavity panel may include the following information:

- The **Oral Cavity Area** field displays a code that identifies the area of the oral cavity that is restricted to the procedure code.

- The **Effective Date** and **End Date** fields display the first and last DOS that the restriction for the oral cavity area is in effect for claims processing.

**Restriction Base Information Panel**

The Restriction Base Information panel displays restriction information associated with the procedure code.

1. Select **Restriction Base Information** from the Restriction menu. The Restriction Base Information panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

![Restriction Base Information Panel](image)

**Figure 35** Restriction Base Information Panel

The Restriction Base Information panel may include the following information:

- The **CLIA Exempt** field indicates whether or not the procedure is exempt from Clinical Laboratory Improvement Amendments certification editing.

- The **Lifetime** field indicates whether or not the procedure can occur only once during a member’s life.

- The **Pregnancy** field indicates whether or not the procedure is related to a pregnancy.

- The **Follow up Days** field displays the number of days before an evaluation and management procedure can be paid since it was included as part of the original surgery that was performed.

- The **Effective Date** and **End Date** fields display the first and last DOS the restriction is in effect for claims processing.

**Tooth Panel**

The Tooth panel displays valid tooth numbers for a procedure and the first and last DOS that the tooth restriction is in effect for claims processing.
1. Select **Tooth** from the Restriction menu. The Tooth panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

![Tooth Panel](image)

**Tooth Panel**

The Tooth panel displays any audits related to a procedure code. The Associated Audits panel may include the following information:

1. Select **Associated Audits** from the Procedure menu. The Associated Audits panel will be displayed.

![Associated Audits Panel](image)

**Associated Audits Panel**

The Associated Audits panel displays any audits related to a procedure code. The Associated Audits panel may include the following information:

- The **Audit Number** column displays a number that identifies the audit.
- The **Audit Type** column displays the kind of audit used (e.g., **AL** indicates Limit Audit, **AF** indicates Form Audit).
- The **Description** column displays an explanation of the audit.
- The **PA Indicator** indicates whether or not the audit rule should be bypassed if the claim was paid with a PA request. If a **Y** is displayed and the claim used PA, the claim will not match the rule and will not be used in the audit.
• The Effective Date and End Date columns display the first and last dates that the audit rule is in effect.

• The Current/History column indicates if the code is found on a current or history audit rule or both.

**Associated WWWP Report Forms Panel**

The Associated WWWP Report Forms panel displays any WWWP reporting forms related to a procedure code.

1. Select **Associated WWWP Report Forms** from the Procedure menu. The Associated WWWP Report Forms panel will be displayed.

<table>
<thead>
<tr>
<th>Report Form ID</th>
<th>Report Name</th>
<th>Section Name</th>
<th>Modifier</th>
<th>Effective Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>4729</td>
<td>Cervical DMR</td>
<td>Colposcopy With Biopsy</td>
<td></td>
<td>01/01/2008</td>
<td>01/31/2009</td>
</tr>
<tr>
<td>4729</td>
<td>Cervical DMR</td>
<td>LEEP</td>
<td></td>
<td>01/01/2008</td>
<td>12/31/2299</td>
</tr>
</tbody>
</table>

**Figure 38** Associated WWWP Report Forms Panel

The Associated WWWP Report Forms panel may include the following information:

• The Report Form ID column displays a number that identifies a specific WWWP reporting form.

• The Report Name column displays a shortened title of the reporting form.

• The Section Name column displays the part of the reporting form applicable to the procedure.

• The Modifier column displays a modifier code that is allowable with the procedure code.

• The Effective Date and End Date columns display the first and last dates that the reporting form is associated with the procedure code.

**Base Information Panel**

The Base Information panel contains the same information as the “Procedure Information” section.
1. Select **Base Information** from the Procedure menu. The Base Information panel will be displayed.

![Base Information Panel](image)

**Benefit Plan Coverage Rules Panel**

The Benefit Plan Coverage Rules panel displays the coverage conditions or restrictions under which ForwardHealth will cover the benefit. For example, a provider may only be able to bill certain claim types.

1. Select **Benefit Plan Coverage Rules** from the Procedure menu. The Benefit Plan Coverage Rules panel will be displayed.

![Benefit Plan Coverage Rules Panel](image)

The Benefit Plan Coverage Rules panel may include the following information:

- The **Member Plan** column displays a code that uniquely identifies the plan.
- The **Description** column displays a shortened title of the plan.
- The **Plan Type** column indicates whether the plan is an assignment plan or a benefit plan.
- The **Claim Type Edits** column indicates whether any claim type edits are associated with the plan.
• The Effective Date and End Date columns display the first and last dates of service the plan is in effect.

2. Click the applicable benefit plan. A “Restriction Choices” section(s) will be displayed.

![Restriction Choices Sections](image)

The “Restriction Choices” section displays billing rules for the selected procedure code and benefit plan.

**Contract Billing Rules Panel**

The Contract Billing Rules panel displays billable rules for a provider within a contract (a classification of services a provider can bill).

1. Select **Contract Billing Rules** from the Procedure menu. The Contract Billing Rules panel will be displayed.

![Contract Billing Rules Panel](image)
2. Click the applicable provider contract. A “Restriction Choices” section(s) will be displayed.

![Restriction Choices Sections](image)

The “Restriction Choices” section displays billing rules for the selected procedure code and provider contract.

**Group Panel**

1. Select **Group** from the Procedure menu. The Group panel will be displayed.

![Group Panel](image)

The Group panel may include the following information:

- The **Group Type** column displays a system-assigned code that represents a collection of procedure codes.
- The **Description** column displays a short explanation of the group type code.
- The **Procedure Range From** column displays the upper limit of the procedure code range associated with the group.
- The **Procedure Range To** column displays the lower limit of the procedure code range associated with the group.
The **Effective Date** and **End Date** columns display the first and last DOS the procedure code is in effect within the group.

**Max Fee Panel**

The Max Fee panel displays maximum fee amounts and relative value units (RVUs) for a procedure code or procedure code and modifier combination.

1. Select **Max Fee** from the Procedure menu. The Max Fee panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

![Max Fee Panel](image)

**Figure 45** Max Fee Panel

The Max Fee panel may include the following information:

- The **Modifier** fields display the modifier code used to further define or explain the procedure or service.
- The **Rate Type** field indicates the type of max fee rate.
- The **Rate** field displays the max fee rate amount for the procedure or service.
- The **Relative Value** field displays any applicable RVUs.
- The **Effective Date** and **End Date** fields display the first and last DOS the max fee information is in effect for claims processing.
- The **Active Date** and **Inactive Date** fields display the first and last dates that the segment can be used regardless of the DOS on the claim.

**NDC Panel**

The NDC panel displays any National Drug Codes (NDC) associated with the selected procedure code.
1. Select **NDC** from the Procedure menu. The NDC panel will be displayed.

![NDC Panel](Figure 46)

**Note Panel**

The Note panel displays additional or alternative descriptions specific to a procedure code.

1. Select **Note** from the Procedure menu. The Note panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

![Note Panel](Figure 47)

The Note panel may include the following information:

- The **Sequence Number** field displays a system-assigned number that uniquely identifies the note.
- The **Clerk ID** field identifies the ID of the user who entered the note in interChange.
- The **Date** field displays the date that the note was entered in interChange.
- The **Time** field displays the system time when the note was entered in interChange.
- The **Note** field displays the comment about the procedure code.
Other Insurance Coverage Rules Panel

1. Select Other Insurance Coverage Rules from the Procedure menu. The Other Insurance Coverage Rules panel will be displayed.

<table>
<thead>
<tr>
<th>Other Insurance Coverage Rules Panel</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OIC Plan</strong></td>
</tr>
<tr>
<td>DMEP</td>
</tr>
<tr>
<td>DMER</td>
</tr>
<tr>
<td>HM</td>
</tr>
<tr>
<td>MCDST</td>
</tr>
<tr>
<td>MEDB</td>
</tr>
<tr>
<td>MPLUS</td>
</tr>
<tr>
<td>PHYS</td>
</tr>
<tr>
<td>SHH</td>
</tr>
<tr>
<td>SOUTH</td>
</tr>
<tr>
<td>SPPHS</td>
</tr>
</tbody>
</table>

Figure 48 Other Insurance Coverage Rules Panel

2. Click the applicable OI plan. A “Restriction Choices” section will be displayed.

<table>
<thead>
<tr>
<th>Restriction Choices Section</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rule</strong></td>
</tr>
<tr>
<td>803E</td>
</tr>
<tr>
<td>90215</td>
</tr>
<tr>
<td>10306223</td>
</tr>
<tr>
<td>10306222</td>
</tr>
</tbody>
</table>

Figure 49 Restriction Choices Section

The “Restriction Choices” section displays billing rules for the selected benefit type and OI plan.

PPACA Rates Panel

The PPACA Rates panel is used to maintain Patient Protection and Affordable Care Act (PPACA) and physician assistant rates for a procedure code or procedure code and modifier combination.
1. Select **PPACA Rates** from the Procedure menu. The PPACA Rates panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

![PPACA Rates Panel](image)

**Figure 50** PPACA Rates Panel

The PPACA Rates panel may include the following information:

- The **Modifier** fields identify the first through fourth modifiers used to further define or explain the selected procedure or service.

- The **Rate Type** field displays the code for the type of PPACA rate. A rate type identifies a particular type of rate utilized in calculating the allowable amount for an applicable service. A description of each of the Rate Type codes can be found on the Rate Type panel in the Related Data section of the BPA iC Functionality page.

- The **PPACA Rate** field displays the PPACA rate amount for the selected procedure or service.

- The **Physician Assistant Rate** field displays the physician assistant rate amount for the selected procedure or service.

- The **Effective Date** and **End Date** fields display the first and last DOS the PPACA rate information is in effect for claims processing.

- The **Active Date** field displays the first date the segment can be used regardless of the DOS on the claim.

- The **Inactive Date** field displays the last date the segment can be used regardless of DOS on the claim.
Reimbursement Rules Panel

1. Select **Reimbursement Rules** from the Procedure menu. The Reimbursement Rules panel will be displayed.

![Reimbursement Rules Panel](image)

**Figure 51** Reimbursement Rules Panel

The “Reimbursement Rules” section displays reimbursement rules for the applicable procedure code.

### 2.4 DRG Search

1. On the iC Functionality page, click **DRG Search**. The Reference DRG Search panel will be displayed.

![DRG Search Panel](image)

**Figure 52** DRG Search Panel

2. Complete at least one of the following:
   - Enter either a full or partial diagnosis-related group (DRG) code in the DRG field.
   - Enter either a full or partial DRG code description in the Description field.
o Check the Sounds-like box to perform a phonetic search on the entered description. If the box is unchecked, an exact letter search will be performed.

o Under DRG Type, select DRG-Both to search for both Medicare Severity Diagnosis Related Group (MS-DRG) and All Patient Refined Diagnosis Related Group (APR DRG) types, or select MS or APR to narrow the search.

o Under Match criteria, select whether to search for a description that begins with the entered letters or contains the entered letters somewhere in the description.

3. Click search. If only one record is found, the DRG Information panel will be displayed. If multiple results are found, the results will be displayed in the Search Results panel.

![Search Results Panel](image)

Figure 53 Search Results Panel

4. Click the applicable record. The DRG Information page will be displayed.

![DRG Information Page](image)

Figure 54 DRG Information Page

The DRG Information page consists of the following sections:

- Navigation toolbar. The navigation toolbar contains the Open Tab menu, the Help menu, and the Stacked/Tabbed View function. The other functions are unavailable.

  o The Open Tab menu provides access to panels that contain more detailed Diagnosis Related Group (DRG) information.
The Help menu provides access to information regarding the DRG Information panel (Page Specific Help) or the panels available under the Open Tab menu (Tab Specific Help). A panel from the Open Tab menu must be selected for the Tab Specific Help option to be available.

The Stacked/Tabbed View function allows users to choose whether to display the panels available under the Open Tab menu in a stacked or tabbed view. In the stacked view, all panels that have been selected from the Open Tab menu will display together beneath the DRG Information panel. In the tabbed view, the panels will display on different tabs located across the top of the panel, and users can switch between the panels by clicking the tabs. The shortcut for switching between the stacked and tabbed views is Alt+o. The screen captures in this user guide display the tabbed view option.

- The DRG Information panel displays basic information about the DRG code.

Note: The “Quick Search” section allows users to search for new DRG information using a full or partial DRG code. Users can click adv search to be directed to the Reference DRG Search panel or prev to return to the previous search results.

2.4.1 DRG Information Panel

![DRG Information Panel](image)

The DRG Information panel may include the following information:

- The **DRG** field displays the DRG code.
- The **DRG Type** field displays the type of DRG code, whether APR or MS.
- The **Version** field identifies the DRG grouper version from which the DRG code comes.
- The **Effective Date and End Date** fields display the first and last DOS the DRG code is in effect.
- The **Description** field displays an explanation of the DRG code.
2.4.2 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu will display the DRG menu option.

![Open Tab Menu](image)

**Figure 56** Open Tab Menu

**DRG Menu**

Hover over DRG on the Open Tab menu to display menu options for panels containing more detailed DRG information.

![DRG Menu](image)

**Figure 57** DRG Menu

If a user checks the box next to a panel name, that panel will automatically display each time the Member Information panel is accessed.

**Base Information Panel**

The Base Information panel contains the DRG code and DRG type.

1. Select **Base Information** from the DRG menu. The Base Information panel will be displayed.

![Base Information Panel](image)

**Figure 58** Base Information Panel

**DRG Description**

The DRG Description panel displays information for the DRG code selected.
1. Select **DRG Description** from the DRG Menu. The DRG Description panel will be displayed.

![DRG Description Panel](image)

**Figure 59** DRG Description Panel

The DRG Description panel may include the following information:

- The **DRG Version** identifies the DRG grouper version from which the DRG code comes.
- The **Effective Date** and **End Date** fields display the first and last DOS the DRG code is in effect.
- The **Description** field displays an explanation of the DRG code.

**Group Panel**

The Group panel displays a collection of DRG codes with which a specific DRG code has been associated.

1. Select **Group** from the DRG menu. The Group panel will be displayed.

![Group Panel](image)

**Figure 60** Group Panel

The Group panel may include the following information:

- The **Group Type** field displays a system-assigned code that identifies a collection of DRG codes.
- The **Description** field displays an explanation of the DRG group.
- The **DRG Range From** field displays the lowest DRG code associated with the DRG group.
- The **DRG Range To** field displays the highest DRG code associated with the DRG group.
- The **Effective Date** and **End Date** fields display the first and last DOS the DRG code is in effect with the DRG group.
**MDC List Panel**

The MDC List panel identifies a Major Diagnostic Category (MDC) code and description associated with the DRG code.

1. Select **MDC List** from the DRG menu. The MDC List panel will be displayed.

2. Click the applicable record to populate information in the MDC field.

![MDC List Panel](image)

**Note Panel**

The Note panel displays additional or alternative descriptions specific to a DRG code. *Note:* This panel is not currently being used by ForwardHealth.

**Other Insurance Coverage Rules Panel**

The Other Insurance Coverage Rules panel displays the cost avoidance plans required to support the cost avoidance process. *Note:* ForwardHealth does not cost avoid on DRG codes.
Reimbursement Rules Panel

The Reimbursement Rules panel displays the reimbursement rules for the applicable DRG code.

1. Select **Reimbursement Rules** from the DRG menu. The Reimbursement Rules panel will be displayed.

![Reimbursement Rules Panel](image)

Weights Panel

The Weights panel displays DRG weight information, including severity of illness, rate type, weight, age adjustment factor, service line adjustment factor, and mean length of stay thresholds.

1. Select **Weights** from the DRG menu. The Weights panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

![Weights Panel](image)

**Figure 63** Weights Panel

The Weights panel may include the following information:

- The **Severity of Illness** field displays the APR DRG severity of illness subclass, rated from minor (1) to extreme (4).

- The **Rate Type** field identifies the type of DRG rate, whether MS-DRG or APR DRG.

- The **Weight** field displays the assigned DRG weight that reflects the relative resources required to treat the diagnosis.

- The **Age Adjustment Factor** field displays the APR DRG-related percentage used in the calculation of the DRG Base Amount. The usage is based on the age of the member.

- The **Service Line Adjustment Factor** field displays the APR DRG service line-specific percentage used in the calculation of the DRG Base Amount.

- The **Mean Length of Stay** field displays the mean length of the stay as returned by the DRG data file.

- The **Effective Date** and **End Date** fields display the first and last dates the rate information is in effect for the DRG code.

- The **Active Date** and **Inactive Date** fields display the first and last dates that the segment can be used regardless of DOS on the claim.
2.5 EAPG Search

1. On the iC Functionality page, click **EAPG Search**. The Reference EAPG Search panel will be displayed.

![Reference EAPG Search Panel](image)

Figure 64 Reference EAPG Search Panel

2. Complete at least one of the following:
   - Enter either a full or partial Enhanced Ambulatory Patient Groups (EAPG) code in the EAPG field.
   - Enter either a full or partial EAPG code description in the Description field.
     - Check the **Sounds-like** box to perform a phonetic search on the entered description. If the box is unchecked, an exact letter search will be performed.
     - Under Match criteria, select whether to search for a description that begins with the entered letters or contains the entered letters somewhere in the description.

3. Click **search**. If only one record is found, the EAPG Information panel will be displayed. If multiple results are found, the results will be displayed in the Search Results panel.

![Search Results Panel](image)

Figure 65 Search Results Panel

4. Click the applicable record. The EAPG Information page will be displayed.

![EAPG Information Page](image)

Figure 66 EAPG Information Page

The EAPG Information page consists of the following sections:
• Navigation toolbar. The navigation toolbar contains the Open Tab menu, the Help menu, and the Stacked/Tabbed View function. The other functions are unavailable.
  o The *Open Tab* menu provides access to panels that contain more detailed EAPG information.
  o The *Help* menu provides access to information regarding the EAPG Information panel (Page Specific Help) or the panels available under the Open Tab menu (Tab Specific Help). A panel from the Open Tab menu must be selected for the Tab Specific Help option to be available.
  o The *Stacked/Tabbed View* function allows users to choose whether to display the panels available under the Open Tab menu in a stacked or tabbed view. In the stacked view, all panels that have been selected from the Open Tab menu will display together beneath the EAPG Information panel. In the tabbed view, the panels will display on different tabs located across the top of the panel, and users can switch between the panels by clicking the tabs. The shortcut for switching between the stacked and tabbed views is Alt+o. The screen captures in this user guide display the tabbed view option.

• The EAPG Information panel displays basic information about the EAPG code.

  *Note:* The “Quick Search” section allows users to search for new EAPG information using a full or partial EAPG code. Users can also click *prev* to return to the previous search results.

### 2.5.1 EAPG Information Panel

![EAPG Information Panel](image)

*Figure 67* EAPG Information Panel

The EAPG Information panel may include the following information:

• The *EAPG* field displays the EAPG code.

• The *Description* field displays an explanation of the EAPG code.

• The *Effective Date* and *End Date* fields display the first and last DOS the EAPG code is valid for use in claims processing. The claim FDOS/TDOS date span is used when comparing the effective and end dates.
2.5.2 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu will display the EAPG menu option.

![Open Tab Menu](image)

**Figure 68** Open Tab Menu

EAPG Menu

Hover over EAPG on the Open Tab menu to display menu options for panels containing more detailed EAPG information.

![EAPG Menu](image)

**Figure 69** EAPG Menu

If a user checks the box next to a panel name, that panel will automatically display each time the EAPG Information panel is accessed.

**Base Information Panel**

The Base Information panel contains the same information as the EAPG Information panel.

1. Select **Base Information** from the EAPG menu. The Base Information panel will be displayed.

![Base Information Panel](image)

**Figure 70** Base Information Panel
Category Panel
The Category panel displays any or all categories for the selected EAPG.

1. Select Category from the EAPG menu. The Category panel will be displayed.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Effective Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Hematologic, lymphatic, and endocrine procedures</td>
<td>04/01/2013</td>
<td>12/31/2299</td>
</tr>
</tbody>
</table>

Figure 71 Category Panel

The Category panel may include the following information:

- The Category column displays a code identifying a grouping of EAPG codes within the same EAPG type.
- The Description column displays a description of the EAPG category.
- The Effective Date and End Date fields display the first and last dates the EAPG category is in effect.

Diagnosis Panel
The Diagnosis panel displays all diagnosis codes for the selected EAPG.

1. Select Diagnosis from the EAPG menu. The Diagnosis panel will be displayed.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>ICD Version</th>
<th>Description</th>
<th>Gender</th>
<th>Minimum Age</th>
<th>Maximum Age</th>
<th>Effective Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>42741</td>
<td>ICD-9</td>
<td>VENTRICULAR FIBRILLATION</td>
<td>Unknown</td>
<td>999</td>
<td>999</td>
<td>04/01/2013</td>
<td>12/31/2014</td>
</tr>
<tr>
<td>42742</td>
<td>ICD-9</td>
<td>VENTRICULAR FLUTTER</td>
<td>Unknown</td>
<td>999</td>
<td>999</td>
<td>04/01/2013</td>
<td>12/31/2014</td>
</tr>
<tr>
<td>4275</td>
<td>ICD-9</td>
<td>CARDIAC ARREST</td>
<td>Unknown</td>
<td>999</td>
<td>999</td>
<td>04/01/2013</td>
<td>12/31/2014</td>
</tr>
<tr>
<td>78556</td>
<td>ICD-9</td>
<td>SHOCK UNSPECIFIED</td>
<td>Unknown</td>
<td>999</td>
<td>999</td>
<td>04/01/2013</td>
<td>12/31/2014</td>
</tr>
<tr>
<td>78551</td>
<td>ICD-9</td>
<td>CARDIACogenic SHOCK</td>
<td>Unknown</td>
<td>999</td>
<td>999</td>
<td>04/01/2013</td>
<td>12/31/2014</td>
</tr>
<tr>
<td>7981</td>
<td>ICD-9</td>
<td>INSTANTANEOUS DEATH</td>
<td>Unknown</td>
<td>999</td>
<td>999</td>
<td>04/01/2013</td>
<td>12/31/2014</td>
</tr>
<tr>
<td>7982</td>
<td>ICD-9</td>
<td>DEATH &lt;24 HR FROM SYMPTOM</td>
<td>Unknown</td>
<td>999</td>
<td>999</td>
<td>04/01/2013</td>
<td>12/31/2014</td>
</tr>
<tr>
<td>1062</td>
<td>ICD-10</td>
<td>CARDIAC ARREST DUE TO UNDERLYING CARDIAC CONDITION</td>
<td>Unknown</td>
<td>999</td>
<td>999</td>
<td>01/01/2010</td>
<td>12/31/2299</td>
</tr>
<tr>
<td>1068</td>
<td>ICD-10</td>
<td>CARDIAC ARREST DUE TO OTHER UNDERLYING CONDITION</td>
<td>Unknown</td>
<td>999</td>
<td>999</td>
<td>01/01/2015</td>
<td>12/31/2299</td>
</tr>
</tbody>
</table>

Figure 72 Diagnosis Panel

The Diagnosis panel may include the following information:

- The Diagnosis column displays the code for a condition requiring medical attention.
- The ICD Version column displays the code set to which the diagnosis code belongs.
- The Description column displays a description of the diagnosis code.
- The Effective Date and End Date columns display the first and last DOS this diagnosis code groups to this EAPG.
**Procedure Panel**
The Procedure panel displays all procedure codes for the selected EAPG.

1. Select **Procedure** from the EAPG menu. The Procedure panel will be displayed.

![Procedure Panel](image)

The Procedure panel may include the following information:

- The **Procedure Code** column displays the code used to identify a medical, dental, or durable medical equipment procedure.
- The **Description** column displays a description of the procedure code.
- The **Effective Date** and **End Date** columns display the first and last DOS this procedure code groups to this EAPG.

**Type Panel**
The Type panel displays EAPG types for the selected EAPG.

1. Select **Type** from the EAPG menu. The Type panel will be displayed.

![Type Panel](image)

The Type panel may include the following information:

- The **Type** field displays the code used to identify a particular group of similar EAPG codes.
- The **Description** field displays a description of the type code.
- The **Effective Date** and **End Date** fields display the first and last dates the EAPG type code is in effect.

**Weight Panel**
The Weight panel displays weights specific to the selected EAPG.

1. Select **Weight** from the EAPG menu. The Weight panel will be displayed.
2. Click the applicable row to populate the fields.

![Weight Panel](image)

**Figure 75** Weight Panel

The Weight panel may include the following information:

- The **Rate Type** field displays the code used to identify the rate type to use in determining provider reimbursement.
- The **Weight** field displays the weight used for this EAPG in payment calculation.
- The **Effective Date** and **End Date** fields display the first and last dates the EAPG weight is in effect.

### 2.6 Drug Search

1. On the iC Functionality page, click **Drug Search**. The Reference Drug Search panel will be displayed.

![Reference Drug Search Panel](image)

**Figure 76** Reference Drug Search Panel

2. Complete at least one of the following:

   - Enter the NDC in the NDC field.
   - Enter a Generic Code Number (GCN) in the GCN Seq Number field.
   - Enter either a full or partial description in the Description field.
     - Check the **Sounds-Like** box to perform a phonetic search on the entered description. If the box is unchecked, an exact letter search will be performed.
     - Under Type, select whether to search for a label, brand, or generic name.
The **Label Name** is a combination of the drug name appearing on the package label, the strength description, and the dosage form description for a specified product.

The **Brand Name** is the name that appears on the package label provided by the manufacturer.

The **Generic Name** is a combination of active ingredient names, route of administration, dosage form, and strength.

- Under Match criteria, select whether to search for a description that begins with the entered letters or contains the entered letters somewhere in the description.

3. Click **search**. If only one record is found, the Drug Information panel will be displayed. If multiple results are found, the results will be displayed in the Search Results panel.
4. Click the applicable record. The Drug Information page will be displayed.

![Drug Information Page](image)

The Drug Information page consists of the following sections:

- Navigation toolbar. The navigation toolbar contains the Open Tab menu, the Help menu, and the Stacked/Tabbed View function. The other functions are unavailable.
The Open Tab menu provides access to panels that contain more detailed drug information.

The Help menu provides access to information regarding the Drug Information panel (Page Specific Help) or the panels available under the Open Tab menu (Tab Specific Help). A panel from the Open Tab menu must be selected for the Tab Specific Help option to be available.

The Stacked/Tabbed View function allows users to choose whether to display the panels available under the Open Tab menu in a stacked or tabbed view. In the stacked view, all panels that have been selected from the Open Tab menu will display together beneath the Drug Information panel. In the tabbed view, the panels will display on different tabs located across the top of the panel, and users can switch between the panels by clicking the tabs. The shortcut for switching between the stacked and tabbed views is Alt+o. The screen captures in this user guide display the tabbed view option.

The Drug Information panel displays basic information about the drug selected.

Note: The “Quick Search” section allows users to search for a new NDC. Users can click adv search to be directed to the Reference Drug Search panel or prev to return to the previous search results.

### 2.6.1 Drug Information Panel

#### NDC Section

![Figure 79 NDC Section](image)

The “NDC” section may include the following information:
The NDC field displays the NDC, a unique code assigned to a drug product by the FDA and the manufacturer or distributor. It identifies the manufacturer/distributor, drug, dosage form, strength, and package size. The NDC is represented as an 11-digit code in 5-4-2 format: a five-digit labeler code, a four-digit product code, and a two-digit package code. First DataBank (FDB) refers to all external identifiers as NDCs.

The NDC Format field displays the type of external identifying code displayed in the NDC field and the way in which this code has been converted into the 11-digit 5-4-2 format.

- The Health Related Item (HRI) is a unique 10-digit numeric code assigned to various health-related drug products by the FDA and the manufacturer or distributor.
- The Universal Product Code (UPC) is also a unique 10-digit numeric code. It is assigned by the Uniform Code Council and the manufacturer or distributor.
- Since the HRI and UPC both have 10 digits, FDB adds a zero to the beginning of the code to convert it to an 11-digit number.
- The Product Information Number (PIN) is an 11-digit code assigned by the manufacturer or distributor.

The Previous NDC field contains an NDC if the current NDC is a replacement NDC.

The Replaced by NDC field contains an NDC if the current NDC has been changed or replaced by the labeler. An NDC must be obsolete in order for a replacement to be assigned, and the brand name, formulation, and package size must be the same for the old and new NDC.

The NDDF Add field displays the date the drug was added to the National Drug Data File (NDDF) master file. The NDDF is the commercial database of drug information that is used by FDB to update the drug file used in BPA.

The Last AWP Update field contains the date the average wholesale price (AWP) was last changed in the NDDF master file.

The Obsolete Date field displays the best estimate of the date the drug is no longer available per the manufacturer's notification that the drug is no longer available in the marketplace.

The Update Indicator field indicates whether or not a batch update to the NDC should be allowed.

The Status field identifies the status of a drug within interChange. This information is used to review additions and updates to a drug before it is activated for use by interChange.

The Source field indicates whether a product’s generic formulation is only available from a single distributor or from multiple distributors.

The Class displays whether the drug is an over-the-counter drug or one that is part of the federal legend.

The GPI field displays the General Price Indicator, which distinguishes a product as either generically priced or priced as a brand.
- The **GNI** field displays the Generic Name Indicator, which specifies whether a product is a brand named product, a generically named product, or an alternative product, using the product name as the criteria.

- The **Category** field indicates if a drug product belongs to a category that is commonly treated as an exception in third-party plans.

- The **DEA** field displays the degree of potential abuse and federal control of a drug by the Drug Enforcement Administration (DEA).

**Generic Drug Section**

![Generic Drug Section](image)

The “Generic Drug” section may include the following information:

- The **Generic Name** field displays the names of the active ingredient, route of administration, dosage form, and strength.

- The **HICL Seq No** field displays the Hierarchical Ingredient Code List (HICL), which is a permanent numeric identifier that identifies a unique combination of active ingredients.

- The **Ingredient List** field is referenced by the HICL sequence number and is sequenced according to the clinical level of importance.

- The **HIC4** fields display the Hierarchical Ingredient Code (HIC) of the primary ingredient and the text description of the HIC4 code.

**Therapeutic Class Section**

![Therapeutic Class Section](image)

The “Therapeutic Class” section may include the following information:
- The *Generic* field contains the Generic Therapeutic Class (GTC) code and its description.
- The *Standard* field contains the Standard Therapeutic Class code and its description.
- The *Specific* field contains the Hierarchical Specific Therapeutic Class code that identifies the specific therapeutic class in which the active ingredient is classified.
- The *AHFS* field displays the American Hospital Formulary Service (AHFS) classification code that identifies the pharmacological use of the drug.
- The *Therapeutic Equivalency* field displays information if there is a therapeutic equivalency for the NDC.

*Note:* The Health Care Financing Administration FDA Therapeutic Equivalency code is provided from CMS’s quarterly and is a two-character code of the therapeutic equivalence of a product within other pharmaceutically equivalent drug products.

**Manufacturer Section**

The “Manufacturer” section may include the following information:

- The *Labeler ID* field contains the code that represents the product labeler (a manufacturer, distributor, or repackager). The first character is alphabetic and represents a division within a company. The last five characters are numeric and represent the parent company. The Labeler ID code used in this field is not the same as the five-digit labeler code that is assigned to a company by the FDA and that comprises the first five digits of an NDC.
- The *Manufacturer/Distributor* field displays the name of the product labeler.
Package Section

The “Package” section may include the following information:

- The **Drug Form** field indicates the type of billing unit to be used for a product. Valid values include the following:
  - *EA* — tablets, kits, etc.
  - *ML* — liquids.
  - *GM* — solids.
- The **Shelf Pack** field indicates the number of bundled salable units in the shipping container.
- The **Shipper Quantity** field indicates one bottle at a package size of 100 tablets, with a minimum order of a single package.
- The **Case Size** field defaults to one if the minimum package does not have to be ordered by the case.
- *Note:* First DataBank obtains the package description from the product package insert and then abbreviates the description within 10 characters.
- The **Unit Dose** field indicates whether or not the product is labeled as unit dose by the manufacturer.
- The **Unit of Use** field identifies whether or not the product is supplied with appropriate labeling and (usually) child resistant closures and thus is appropriate to dispense as a unit.
- The **Repackaged** field indicates whether or not a product is repackaged, and in turn, identifies the labeler as a repackager. First DataBank assigns the indicator *REPACK* to all
products distributed by companies that repackage products, usually into dispensable quantities.

**Drug Selection Fields**

```
Drug Selection
Maintenance Drug 1 - Yes
Top Volume Ranking 0
```

![Figure 84 Drug Selection Section](image)

The “Drug Selection” section may include the following information:

- The **Maintenance Drug** field indicates whether or not a drug is a maintenance drug.
- The **Top Volume Ranking** field indicates if the drug is included in the list of the most frequently dispensed 200 drug products.

**CMS Section**

```
CMS
Unit
CMS Package Size 0.000
Approval Date
Market Entry Date
CMS Termination Date
Clot Factor N - No
Pediatric N - No
```

![Figure 85 CMS Section](image)

The “CMS” section may include the following information:

- The **Unit** field indicates the unit of measure as supplied on the Health Care Financing Administration's quarterly tape.
- The **CMS Package Size** field indicates the number of units per package, as supplied on the CMS’s quarterly update.
- The **Termination Date** field displays the shelf-life expiration date of the last batch of product produced, as supplied on the CMS’s quarterly update.
Orange Book Evaluation Section

The Orange Book is the common name of the FDA publication titled “Approved Drug Products with Therapeutic Equivalence Evaluations.” It lists patents protecting the active ingredient, formulation, and method of use of a drug product, if applicable.

The \textit{OBC3} field identifies the Orange Book Code, 3-Byte Version (OBC3), equivalency ratings assigned to approve prescription products according to the “Approved Drug Products with Therapeutic Equivalence Evaluations.”

2.6.2 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu will display the Drug menu option.

Drug Menu

Hover over Drug on the Open Tab menu to display menu options for panels containing more detailed drug information.
Associated Audits Panel

Audit processing on iC Functionality panels claims against data in the system, such as beneficiary and provider information, procedures, diagnosis, and drug data. Using this information, claims are adjudicated to a paid or denied status according to state policy.

The drug-associated audit panels display a list of audits, or comparisons, for the specific drug. In claims processing, audits are run against the tables associated with these panels and the claim pays, suspends, or denies based on the audit results.

1. Select Associated Audits from the Drug menu.

Depending on the entered criteria, either one or both of the following panels may be displayed:

- Associated Audits — GCN Sequence Number. This panel displays all table-driven audits associated with a specific GCN Sequence Number (currently identified by the FDB as the Generic Sequence Number).

![Associated Audits — GCN Sequence Number Panel](image)

Figure 89 Associated Audits — GCN Sequence Number Panel

- Associated Audits — NDC. This panel displays all table-driven audits associated with a specific NDC.

![Associated Audits — NDC Panel](image)

Figure 90 Associated Audits — NDC Panel

Each of the Associated Audits panels has the same fields, but each panel is related to a different associated table. For example, the records displayed in the GCN Sequence Number panel represent a list of all table-driven audits associated with a specific GCN Sequence Number.

The Associated Audits panels may include the following information:

- The Audit Number column identifies a code that uniquely identifies an audit.
- The Audit Type column identifies the audit; for example, Limit Audit (AL) and Form Audit (AF).
- The Description column describes the audit.
- The PA Indicator column indicates whether or not having a PA on file overrides the audit.
- The **Effective Date** and **End Date** columns display the first and last dates the audit was effective in interChange.

**AWP Rate Panel**

The AWP Rate panel displays the drug’s AWP according to the American Druggist Blue Book, which is a list of drug pricing data that is used to update drug records with current prices and product information. The AWP represents the most common wholesaler price to the retailer (pharmacist) or hospital and is based on actual surveys of drug wholesalers.

1. Select **AWP Rate** from the Drug menu. The AWP Rate panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

![AWP Rate Panel](image)

**Figure 91** AWP Rate Panel

The AWP Rate panel may include the following information:

- The **Effective Date** field indicates the first DOS that the associated AWP price is in effect.
- The **End Date** field indicates the last DOS that the associated AWP price is in effect.
- The **Active Date** field indicates the first date the segment can be used regardless of the DOS on the claim.
- The **Inactive Date** field indicates the last date the segment can be used regardless of the DOS on the claim.

**Base Information Panel**

The Base Information panel is used by ForwardHealth to maintain the base drug (NDC) data found on the Drug Information panel and contains all of the same fields as the Drug Information panel. The data, containing comprehensive descriptive, pricing, and clinical information on drugs, is supplied by FDB.
1. Select **Base Information** from the Drug menu. The Base Information panel will be displayed.

![Base Information Panel](image)

In addition to the fields found on the Drug Information panel, an “Ingredients” section is displayed. This section displays each of the active ingredients contained in the drug. Each active ingredient in the list is sequenced according to its clinical importance relative to other ingredients. The relative importance of an active ingredient is based on its clinical and therapeutic use.
**Benefit Plan Coverage Rules Panel**

All of the Benefit Plan Coverage Rules panels available through the BPA iC Functionality section of the Portal have the same functionality. As a result, this user guide will only list one example. Refer to the [Benefit Plan Coverage Rules Panel](#) under the Diagnosis Menu of this user guide for details.

**CMS Covered Outpatient Drug Status Panel**

The CMS Covered Outpatient Drug Status panel displays effectiveness indicators for covered outpatient drugs (COD) from the Medicaid Drug Rebate Quarterly file. CMS file processing impacts drug rebate and pharmacy claim processes.

1. Select **CMS Covered Outpatient Drug Status** from the Drug menu. The CMS Covered Outpatient Drug Status panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

![CMS Covered Outpatient Drug Status Panels](image)

**Figure 93** CMS Covered Outpatient Drug Status Panels

The CMS Covered Outpatient Drug Status panel may include the following information:

- The **Type** field indicates the kind of Drug Efficacy Study Implementation (DESI) information being displayed.

- The **Status** field indicates whether the DESI segment is active or inactive.
  - Only active segments are used for claims processing.
  - Inactive segments are maintained for historical purposes.

- The **FDA/OTC No** field indicates the FDA Application/OTC Monograph Number from the Medicaid Drug Rebate Quarterly File.

- The **Effective Date** and **End Date** fields show when the DESI status began and ended (or will end).

- The **DESI/COD Code** field contains a two-digit code supplied by CMS that describes the drug’s status.

- The **Source** field indicates where the other information in the record originates. Values include **CQ** (CMS Quarterly) and **WI** (Wisconsin).
• The *Active Date* and *Inactive Date* fields indicate the first and last dates the COD status became active for claim processing.

**CMS Termination Date Panel**

The CMS Termination Date panel displays date ranges for which an NDC is considered terminated by CMS. Terminated drugs are not being actively manufactured or distributed because either the shelf life of the last lot sold has expired or the drug was withdrawn from the market.

1. Select **CMS Termination Date** from the Drug menu. The CMS Termination Date panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

![CMS Termination Date Panel](image)

**Figure 94 CMS Termination Date Panel**

The fields on this panel may include the following information:

- The *Source* field indicates where the termination date information originated. Values for this field include *CQ* (CMS Quarterly Update) and *WI* (Wisconsin).

- The *Effective Date* and *End Date* fields indicate the first and last dates on which when the drug was considered terminated.

- The *Active Date* and *Inactive Date* fields indicate the first and last dates the termination became active for claim processing.

**Contract Billing Rules Panel**

All of the Contract Billing Rules panels available through the BPA iC Functionality section of the Portal have the same functionality. As a result, this user guide will only list one example. Refer to the **Contract Billing Rules Panel** under the Diagnosis Menu of this user guide for details.

**Federal MAC Rate Panel**

The Federal MAC Rate panel is used to maintain a generic drug’s federal Maximum Allowable Cost (MAC) along with its effective dates and status.

The Federal MAC rate is sometimes referred to as the Federal Upper Limit. The CMS uses this rate to control generic drug costs by establishing maximum prices at which Medicaid reimburses for certain generic drugs.

1. Select **Federal MAC Rate** from the Drug menu. The Federal MAC Rate panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

![Federal MAC Rate Panel]

The fields on this panel may include the following information:

- The *Effective Date* and *End Date* fields display the first and last DOS the federal MAC rate is in effect.
- The *Active Date* field indicates the first date the federal MAC rate can be used regardless of DOS on the claim.
- The *Inactive Date* field indicates the last date the federal MAC rate can be used regardless of DOS on the claim.

**Generic Drug Panel**

The Generic Drug panel displays additional generic drug information for the selected NDC.

1. Select **Generic Drug** from the Drug menu. The Generic Drug panel will be displayed.

![Generic Drug Panel]

Some of the fields on the Generic Drug panel contain data that is also found on the [Drug Information Panel](#) located in section 2.6.1 of this user guide.

The unique fields on the Generic Drug panel may include the following:

- The *Gender Specific* field indicates if the drug is intended for a specific gender.
- The *Route* field contains information regarding the normal site or method by which a drug is administered (Route of Admin) to the body, such as oral, injection, or topical.
- The *Strength* field displays the potency of the drug expressed in a metric quantity, such as 75 mg.
Groups Panel

1. Select Groups from the Drug menu. The Groups panels will be displayed.

<table>
<thead>
<tr>
<th>Group Type</th>
<th>Description</th>
<th>GCN Sequence Number</th>
<th>Effective Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1080</td>
<td>Exempt From Part D</td>
<td>3766</td>
<td>01/01/1900</td>
<td>12/31/2012</td>
</tr>
<tr>
<td>2000</td>
<td>Drug Rebate Exempt $1010</td>
<td>3765</td>
<td>01/01/1900</td>
<td>12/31/2299</td>
</tr>
</tbody>
</table>

Figure 97 Drug Group Panel

Although the four Group panels will be displayed together, not all of the panels will be populated with information at the same time.

- The Group — NDC panel displays a list of all NDC groups to which a specific drug has been associated. The Group — NDC panel may include the following information:
  - The Group column displays a unique system-assigned key that represents a collection of drug codes (NDC group).
  - The Description column displays a text description (name) of the NDC group.
  - The Effective Date and End Date columns display the first and last DOS the drug is effective within the NDC group.
  - The NDC From column displays the lower limit of the NDC code range associated to the current group.
  - The NDC To column displays the upper limit of the NDC code range associated to the current group.

- The Group — GCN Sequence Number panel displays a list of all GCN Sequence Number groups to which a specific drug has been associated. The Group — GCN Sequence Number panel may include the following information:
  - The Group Type column displays a unique system-assigned key for the GCN Sequence Number group type that represents a collection of GCN Sequence Numbers.
  - The Description column displays a text description (name) of the GCN Sequence Number group type.
  - The GCN Sequence Number column displays a clinical formulation ID that represents a unique combination of ingredient(s), strength, dosage form, and route of administration for a generic drug formulation. This number aggregates drug products that share like ingredient sets, route of administration, dosage form, and strength of drug but are marketed by multiple manufacturers.
  - The Effective Date and End Date fields display the first and last DOS the GCN Sequence Number is effective within the group type.

- The Group — Therapeutic panel displays a list of all Specific Therapeutic Class Groups to which a specific drug has been associated. The Group — Therapeutic panel may include the following information:
The Therapeutic Class Range From column displays the lower limit of the Therapeutic Class code range associated to the group.

The Therapeutic Class Range To column displays the upper limit of the Therapeutic Class code range associated to the group.

The Effective Date and End Date columns display the first and last DOS the Therapeutic Class is effective within the group.

- The Group — HIC4 panel displays a list of all HIC4 groups with which an NDC is associated. This includes all NDC, GCN, and Therapeutic Class groups. The Group — HIC4 panel may include the following information:
  - The HIC4 Type column displays a system-assigned key for a unique HIC4 type that represents a collection of HIC4s.
  - The Description column describes the HIC4.
  - The HIC4 Code column displays the HIC.
  - The Effective Date and End Date columns display the first and last DOS on which the HIC4 code is valid for the HIC4 group.

**HCPCS Procedure Panel**

The HCPCS Procedure panel displays HCPCS procedure codes associated with the selected NDC.

1. Select HCPCS Procedure from the Drug menu. The HCPCS Procedure panel will be displayed.

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
<th>GCN SEQ Number</th>
<th>Effective Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>J7120</td>
<td>RINGERS LACTATE INFUSION</td>
<td>1187</td>
<td>07/01/2011</td>
<td>12/31/2299</td>
</tr>
</tbody>
</table>

*Figure 98* HCPCS Procedure Panel

**Ingredient List History Panel**

The Ingredient List History panel indicates the ingredients (commonly referred to as the HICL or HIC List) referenced by the drug's HICL Sequence Number. The list excludes the most current ingredient list which may be viewed in the “Ingredients” section of the Drug Base Information panel.

1. Select Ingredient List History from the Drug menu. The Ingredient List History panel will be displayed.

   Select a row above to view details.

   ---Ingredients---

   *** No rows found ***

*Figure 99* Ingredient List History Panel
The Ingredient List History panel may include the following information:

- The **Ingredient List** column indicates the drug’s HICL Sequence Number. Each active ingredient in the list is sequenced according to its clinical importance relative to other ingredients. The relative importance of an active ingredient is based on its clinical and therapeutic use.

- The **Effective Date** column indicates the date the ingredients contained in the Ingredient List were added to the drug.

- The **End Date** column indicates the last date the ingredients contained in Ingredient List were a part of the drug.

2. Select an item from the Ingredient List History to populate the “Ingredients” section with additional ingredient information.

<table>
<thead>
<tr>
<th>Ingredient List History</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ingredient List</td>
<td>Effective Date</td>
</tr>
<tr>
<td>33C HICB:SEQ</td>
<td>03/10/2008</td>
</tr>
</tbody>
</table>

--- Ingredients ---

<table>
<thead>
<tr>
<th>Sequence Number</th>
<th>HIC</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>83C</td>
<td>GUAIFENESTIN</td>
</tr>
<tr>
<td>2</td>
<td>H5CAHB</td>
<td>DEXTROMETHORPHAN HBR</td>
</tr>
<tr>
<td>3</td>
<td>J5EQ</td>
<td>PSEUDEPHEDRINE</td>
</tr>
</tbody>
</table>

The “Ingredients” section may include the following information:

- The **Sequence Number** column lists the relative order of the ingredient within the ingredient list.

- The **HIC** column indicates the HIC, which represents the active ingredient and salt esters of a particular drug product (identified by NDC). It also identifies the therapeutic class, pharmacological class, and organ system to which the drug is targeted.

- The **Description** column describes the ingredient.

**Innovator Panel**

The Innovator panel displays a drug’s NDC Innovator status information denoting drug manufacturers who first patented the drug. ForwardHealth determines whether or not a drug is an "innovator" based upon several criteria, including co-licensing and Orange Book information.

1. Select **Innovator** from the Drug menu. The Innovator panel will be displayed.

<table>
<thead>
<tr>
<th>Innovator</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Innovator Indicator</td>
<td>Effective Date</td>
</tr>
<tr>
<td>Y - Innovator</td>
<td>01/01/1900</td>
</tr>
</tbody>
</table>

Figure 100 Ingredients Section

Figure 101 Innovator Panel
The Innovator panel may include the following information:

- The **Innovator Indicator** column indicates whether the NDC drug or drug product is an “innovator” for the specified DOS.
- The **Effective Date** and **End Date** columns display the first and last DOS the innovator status is in effect for the NDC.

**Labeler Rebate Status Panel**

The Labeler Rebate Status panel displays the dates the drug labeler participated in the drug rebate program. The dates are obtained from the quarterly CMS labeler contact file or from periodic CMS releases.

The drug rebate program is a result of federal regulations that provide for drug manufacturers to give financial rebates to Medicaid based upon the volume of the manufacturer’s products dispensed by Medicaid.

1. Select **Labeler Rebate Status** from the Drug menu. The Labeler Rebate Status panel will be displayed.

<table>
<thead>
<tr>
<th>Labeler Code</th>
<th>Name</th>
<th>Rebate Program</th>
<th>Effective Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>00048</td>
<td>ABCDE PHARMACEUTICAL COMPANY</td>
<td>CM - SeniorCare</td>
<td>09/01/2002</td>
<td>09/30/2006</td>
</tr>
<tr>
<td>00048</td>
<td>ABCDE PHARMACEUTICAL COMPANY</td>
<td>CS - SeniorCare Suppl.</td>
<td>01/01/2005</td>
<td>03/31/2006</td>
</tr>
<tr>
<td>00048</td>
<td>ABCDE PHARMACEUTICAL COMPANY</td>
<td>OO - Medicaid</td>
<td>01/01/1991</td>
<td>09/30/2006</td>
</tr>
<tr>
<td>00048</td>
<td>ABCDE PHARMACEUTICAL COMPANY</td>
<td>OS - Medicaid Suppl.</td>
<td>01/01/2005</td>
<td>03/31/2006</td>
</tr>
<tr>
<td>00048</td>
<td>ABCDE PHARMACEUTICAL COMPANY</td>
<td>SS - SeniorCare Medicaid</td>
<td>01/01/2005</td>
<td>03/31/2006</td>
</tr>
</tbody>
</table>

**Figure 102** Labeler Rebate Status Panel

The Labeler Rebate Status panel may include the following information:

- The **Labeler Code** column contains the FDB code used to uniquely identify the distributor.
- The **Name** column displays the drug labeler participating in the program.
- The **Rebate Program** column displays the drug rebate program or invoice type and its description.
- The **Effective Date** and **End Date** columns indicate the first and last dates the rebate status is in effect.

**Note Panel**

All of the Note panels available through the BPA iC Functionality section of the Portal have the same functionality. As a result, this user guide will only list one example. Refer to the **Note Panel** under the Modifier Menu of this user guide for details.

**Other Insurance Coverage Rules Panel**

All of the Other Insurance Coverage Rule panels available through the BPA iC Functionality section of the Portal have the same functionality. As a result, this user guide will only list one
example. Refer to the Other Insurance Coverage Rules Panel under the Procedure Menu of this user guide for details.

**Other Rates Panel**

The Other Rates panel displays additional drug price types such as the following:

- Direct Unit Price and Direct Package Price
- Wholesale Acquisition Cost (WAC) Unit Price and WAC Package Price
- Alternative Benchmark Price (ABP) Unit Price and ABP Package Price

In addition to AWP and Federal MAC prices, FDB supplies additional drug price types that may be used for pricing or for reference purposes.

1. Select Other Rates from the Drug menu. The Other Rates panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

![Figure 103 Other Rates Panel](image)

The Other Rates panel may include the following information:

- The **Price Type** column indicates the FDB price type of the relevant pricing segment.

- The **Price** column displays the price amount for the relevant price type (e.g., direct unit price, package price).

- The **Effective Date** and **End Date** columns display the first and last DOS the rate segment is in effect.

- The **Active Date** column is the first date the segment can be used regardless of DOS on the claim.

- The **Inactive Date** column is the last date the segment can be used regardless of DOS on the claim.
PDL History Panel
The PDL History panel displays the NDC’s Preferred Drug List (PDL) history. An NDC may not be on the PDL (no rows) or may be added and removed over a span of time. Each row represents the time frame and status of an NDC on the PDL. Removal from the PDL is represented by a terminated PDL segment with no additional consecutive effective segments. There may also be an effective date gap if an NDC was added, removed, and then later re-added to the PDL.

1. Select **PDL History** from the Drug menu. The PDL History panel will be displayed.

<table>
<thead>
<tr>
<th>PDL Indicator</th>
<th>Effective Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=Non-Preferred</td>
<td>12/01/2014</td>
<td>12/31/2299</td>
</tr>
</tbody>
</table>

   **Figure 104** PDL History Panel

   The PDL History panel may include the following information:

   - The **PDL Indicator** column displays the PDL status of the NDC, which indicates whether the drug or drug product is preferred or non-preferred.
   - The **Effective Date** and **End Date** columns display the first and last dates the PDL status is in effect for the NDC.

Pharmacy Price Calculator Panel
The Pharmacy Price Calculator panel displays the system price for pharmacy details, which assists in the manual pricing of pharmacy claims. There is no information available on this panel.

1. Select **Pharmacy Price Calculator** from the Drug menu. The Pharmacy Price Calculator panel will be displayed.

   **Figure 105** Pharmacy Price Calculator

Pricing Panels
1. Select **Pricing** from the Drug menu. The following panels will be displayed:

   - **AWP Rate**
Each of these panels can also be accessed independently by clicking the appropriate navigation item (link) from the Drug menu. As a result, these panels are described independently in this section of the user guide.

Reimbursement Rules Panel
All of the Reimbursement Rules panels available through the BPA iC Functionality section of the Portal have the same functionality. As a result, this user guide will only list one example. Refer to the Reimbursement Rules Panel under the DRG Menu of this user guide for details.

Restrictions Maintenance Panel
The Restrictions Maintenance panel displays NDC code restriction information at the base code level.

1. Select Restrictions Maintenance from the Drug menu. The Restrictions Maintenance panel will be displayed.

2. Click the appropriate row to populate information in the fields on the panel.

The Restrictions Maintenance panel may include the following information:

- The Gender field indicates if the drug is restricted to either males or females or can be taken by both.
- The Refill field displays the number of refills available for the listed drug.
- The Day Supply Override field indicates if the 34-day supply edit in claims processing can be overridden.
- The LTC Coverage field indicates whether the drug is covered if the member lives in a long term care facility.
• The **Maintenance** field indicates whether the drug is required for maintaining health and if provisions have been made to provide the drug in quantities greater than the standard 30-day or monthly supply.

• The **Dispensing Fee** field identifies drugs that should pay a percentage of the normally calculated dispensing fee.

• The **Effective Date** and **End Date** fields show the first and last DOS the drug limitations are in effect for claims processing.

### State MAC Rate Panel

Under federal guidelines, states may establish their own MAC to use for reimbursement to pharmacies. Under the MAC formula, ForwardHealth establishes a single price for each generic drug regardless of the manufacturer. Under this program, ForwardHealth pays pharmacies the lower of the state MAC or the federal MAC.

If the selected drug is covered under the state MAC rate, the State MAC Rate panel displays a list of state-defined package unit rates for the specific generic drug.

1. Select **State MAC Rate** from the Drug menu. The State MAC Rate panel will be displayed.

![State MAC Rate Panel](image)

**Figure 107** State MAC Rate Panel

The State MAC Rate panel may include the following information:

• The **Package Size** column displays the metric quantity normally displayed on the label used to derive a unit price.

• The **Unit Price** column displays the unit price of the drug package as determined by ForwardHealth.

• The **Effective Date** and **End Date** columns display the first and last DOS the state MAC rate is in effect.

• The **Active Date** column indicates the first date the segment can be used regardless of the DOS on the claim.

• The **Inactive Date** column indicates the last date the segment can be used regardless of the DOS on the claim.
- The **Pricing Methodology** column displays an abbreviation for each pricing methodology (e.g., Expanded MAC Rate [EACH] and SMAC Rate).

**WAC Rate Panel**

The WAC Rate panel displays a drug’s or product's Wholesale Acquisition Cost (WAC) pricing. Wholesale Acquisition Cost, as published by FDB, represents the manufacturer’s published catalog or list price for a drug product to wholesalers as reported to FDB by the manufacturer. Wholesale Acquisition Cost does not represent actual transaction prices and does not include prompt pay or other discounts, rebates, or reductions in price.

1. Select **WAC Rate** from the Drug menu. The WAC Rate panel will be displayed.

2. Click the appropriate row to populate information in the fields on the panel.

![Figure 108 WAC Rate Panel](image)

The WAC Rate panel may include the following information:

- The **WAC Unit Price** field displays the WAC pricing published by FDB.
- The **Effective Date and End Date** fields display the first and last DOS the segment is in effect.
- The **Active Date** field indicates the first date the segment can be used regardless of the DOS on the claim.
- The **Inactive Date** field indicates the last date the segment can be used regardless of the DOS on the claim.
2.7 Related Data

The Related Data section of BPA contains links to code maintenance panels for the BPA subsystem. These are codes and other data that interChange uses when adjudicating claims and PA requests. Most panels consist of a data list displaying the codes, descriptions of the codes, and in some cases, effective and end dates for which the codes are in effect.

Since these codes are meant to be used by the system, there is generally not a search function associated with the panel. Users wanting to search for an individual code will usually have to scroll through the panel using the navigation bar beneath the data list. To aid in scrolling, the individual columns can be sorted numerically or alphabetically by clicking the column heading (once for ascending order and a second time for descending order).

On the iC Functionality page, click Related Data. The Open Tab menu will be displayed.

2.7.1 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu will display the change management, codes, other, report distribution, and cross reference menu options.

![Open Tab Menu](image-url)
Change Management Menu

Hover over Change Management on the Open Tab menu to display menu options for panels containing authorization information.

![Change Management Menu](image)

**Authorization Code Panel**

The Authorization Code displays key authorization codes for BPA configuration updates.


2. Click the applicable row to populate information in the fields on the panel.

![Authorization Code Panel](image)

The Authorization Code panel may include the following information:

- The **Authorization Code** field displays the unique ID representing the authorization for update. This code is internal to the applicable maintenance organization.
• The Authorization Type field displays the type/category of authorization for configuration change (e.g., DIR, BATCH, DLOG, EMAIL, SOP, CO, WVR).

• The Description field displays a description of the directive or authorization for update.

• The State ID field, if applicable, displays the state identification code that identifies the authorization (e.g., the state policy or project ID for a directive).

• The Receipt Date field indicates the date the authorization was received.

Authorization Type Panel

The Authorization Type panel displays the various types of authorizations that may apply to configuration or data updates.

1. Select Authorization Type from the Change Management menu. The Authorization Type panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

![Authorization Type Panel]

Figure 112  Authorization Type Panel

The Authorization Type panel may include the following information:

• The Authorization Type field displays a code that identifies the type or category of authorization for a configuration change.

• The Description field provides a short explanation of the authorization type code.
Code Menus

Hover over Codes (the menus are broken up alphabetically) on the Open Tab menu to display menu options for code set panels used in benefit administration.

Figure 113 Codes A-C Menu

Each of the Code panels display the various code sets used in benefit administration. The panels generally consist of all the codes in the set plus a description of each code. The following is a list of all the Code panels along with a description of the type of codes in each set.

<table>
<thead>
<tr>
<th>Code Panels</th>
<th>Description</th>
<th>Search Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident Type</td>
<td>The Accident Type panel is used to maintain the Health Insurance Portability and Accountability Act of 1996 (HIPAA)-Related Causes codes pertaining to accident or employment-related conditions.</td>
<td>No</td>
</tr>
<tr>
<td>Admit Source</td>
<td>The Admit Source panel is used to maintain the National Uniform Billing Committee (NUBC) Source of Admission codes.</td>
<td>No</td>
</tr>
<tr>
<td>Admit Type</td>
<td>The Admit Type panel is used to maintain the NUBC Type of Admission codes. Admit Type indicates the priority of the admission/visit.</td>
<td>No</td>
</tr>
<tr>
<td>AHFS Therapeutic Class</td>
<td>The AHFS Therapeutic Class panel is used to maintain the AHFS Therapeutic Class code set, which is the pharmacologic therapeutic category of the drug product.</td>
<td>No</td>
</tr>
<tr>
<td>Amb Origin-Dest Modifier</td>
<td>The Amb Origin/Dest Modifier panel is used to maintain the Ambulance Origin and Destination Modifier code set.</td>
<td>No</td>
</tr>
<tr>
<td>Ambulatory Payment Classification</td>
<td>The Ambulatory Payment Classification panel is used to maintain the codes utilized for the Outpatient Prospective Payment System. The codes are assigned by the Ambulatory Payment Classification (APC) grouper.</td>
<td>No</td>
</tr>
<tr>
<td>APR DRG Error Type</td>
<td>The APR DRG Error Type panel contains APR DRG error types and associated descriptions related to edits, return code, and errors returned from APR DRG.</td>
<td>No</td>
</tr>
<tr>
<td>Panel Name</td>
<td>Description</td>
<td>Search Available</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>APR DRG Flags</td>
<td>The APR DRG software returns certain flags to provide information related to the processing of the data that was used in determining the resulting DRG. This panel lists APR DRG related flag values, types, and descriptions.</td>
<td>No</td>
</tr>
<tr>
<td>Area of the Oral Cavity</td>
<td>The Area of the Oral Cavity panel is used to maintain the Area of the Oral Cavity code set.</td>
<td>No</td>
</tr>
<tr>
<td>Attachment</td>
<td>The Attachment panel is used to maintain the various types of claim attachments. These attachment types are used, for example, as input parameters to billing rules.</td>
<td>No</td>
</tr>
<tr>
<td>Benefit Type</td>
<td>The Benefit Type panel is used to maintain valid benefit type codes. Benefit Types are used within Benefit Plan Administration to identify the coding scheme for a service (e.g., NDC or HCPCS).</td>
<td>No</td>
</tr>
<tr>
<td>Claim Location</td>
<td>The Claim Location panel is used to maintain valid interChange claim location codes. Location codes are used to manage claims inventory.</td>
<td>No</td>
</tr>
<tr>
<td>Claim Status</td>
<td>The Claim Status panel is used to maintain valid interChange Claim Status codes. Claim status codes are used to identify a claim’s current processing status, such as suspended or denied.</td>
<td>No</td>
</tr>
<tr>
<td>Claim Type</td>
<td>The Claim Type panel is used to maintain interChange claim types. Claim types are used to categorize claims, typically by claim form, transaction type, or service type. Claim type is a key component to various processes within interChange, including editing and auditing.</td>
<td>No</td>
</tr>
<tr>
<td>CMS Covered Outpatient Drug Status</td>
<td>The CMS Termination Date panel displays date ranges for which an NDC is considered terminated by CMS. Terminated drugs are not being actively manufactured or distributed because either the shelf life of the last lot sold has expired or the drug was withdrawn from the market.</td>
<td>No</td>
</tr>
<tr>
<td>CMS FDA Therapeutic Equivalency</td>
<td>The CMS FDA Therapeutic Equivalency panel is used to maintain the CMS FDA Therapeutic Equivalency Codes, which represent equivalency ratings from the FDA’s Approved Drug Products with Therapeutic Equivalence Evaluations — Orange Book.</td>
<td>No</td>
</tr>
<tr>
<td>CMS Type of Service</td>
<td>The CMS Type of Service panel is used to support maintenance of valid Medicare TOS values as supplied by CMS in the HCPCS Annual/Quarterly updates.</td>
<td>No</td>
</tr>
<tr>
<td>Condition</td>
<td>The Condition panel is used to maintain the NUBC Condition codes. Condition codes are used to identify conditions relating to an institutional claim that may affect payer processing.</td>
<td>No</td>
</tr>
<tr>
<td>Panel Name</td>
<td>Description</td>
<td>Search Available</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>County</td>
<td>The County panel is used to maintain state-specific county information.</td>
<td>No</td>
</tr>
<tr>
<td>DEA</td>
<td>The DEA panel is used to maintain DEA codes and descriptions. Drug Enforcement Administration codes denote the degree of potential abuse and federal control of a drug. This code is subject to change by federal regulation.</td>
<td>No</td>
</tr>
<tr>
<td>DESI</td>
<td>The DESI panel is used to maintain CMS DESI codes. Drug Product Efficacy Study and Implementation codes are used to mark a particular drug as declared less than effective by the FDA's DESI program.</td>
<td>No</td>
</tr>
<tr>
<td>Dosage Form</td>
<td>The Dosage Form panel is used to maintain Dosage Form codes as supplied by FDB. Dosage form describes the physical presentation of a drug, such as tablet, capsule, or liquid. It may also incorporate the delivery and release mechanism of the drug. The FDA does not specify as many unique dosage forms as FDB; FDB supports all dosage forms identified by the FDA and observes similar naming conventions when possible. First DataBank also supplies additional dosage forms.</td>
<td>No</td>
</tr>
<tr>
<td>Drug Category Code</td>
<td>The Drug Category Code panel is used to maintain Drug Category Codes as supplied by FDB. Drug Category Codes are used to indicate that a drug product belongs to a category that is commonly treated as an exception in third party plans (e.g., insulin).</td>
<td>No</td>
</tr>
<tr>
<td>Drug Route</td>
<td>The Drug Route panel is used to maintain the Route of Administration code set as supplied by FDB. Route of Administration represents the normal site or method by which a drug is administered in the body, such as oral, injection, or topical.</td>
<td>No</td>
</tr>
<tr>
<td>Drug Therapeutic Class</td>
<td>The Drug Therapeutic Class panel is used to maintain Hierarchical Specific Therapeutic Class codes as supplied by FDB. Hierarchical Specific Therapeutic Class codes are used to identify a specific therapeutic class in which an active ingredient (for a drug) is classified.</td>
<td>No</td>
</tr>
<tr>
<td>EAPG Category</td>
<td>The EAPG Category panel is used to maintain the EAPG Category codes, such as Anesthesia, Dental Procedures, or Radiologic Procedures.</td>
<td>Yes</td>
</tr>
<tr>
<td>EAPG Error Code</td>
<td>The EAPG Error Code panel is used to maintain the EAPG Error codes, such as Invalid Procedure Code, Invalid Diagnosis Code, or Invalid Age.</td>
<td>No</td>
</tr>
<tr>
<td>Panel Name</td>
<td>Description</td>
<td>Search Available</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>EAPG Type</td>
<td>The EAPG Type panel is used to maintain the EAPG type codes, such as Dental Procedure or Radiological Procedure.</td>
<td>No</td>
</tr>
<tr>
<td>EAPG Unassign Flag</td>
<td>The EAPG Unassign Flag panel is used to maintain the EAPG Unassign Flag codes that indicate why a detail did not get assigned an EAPG.</td>
<td>No</td>
</tr>
<tr>
<td>EAPG Visit Type</td>
<td>The EAPG Visit Type panel is used to maintain the EAPG Visit Type codes that indicate the type of visit such as Significant Procedure, Medical Visit, or Per Diem.</td>
<td>No</td>
</tr>
<tr>
<td>Edit Parm Type</td>
<td>The Edit Parameter Type panel is used to maintain the ForwardHealth edit parameters that can be used in custom variable editing.</td>
<td>No</td>
</tr>
<tr>
<td>EOB Type</td>
<td>The EOB Types panel is used to maintain the list of Explanation of Benefits (EOB) types available for adjustments. The “adjustment” EOBs are used in conjunction with the error code EOBs to explain on the provider’s Remittance Advice (RA) why the claim hit a particular edit/audit during the adjustment process.</td>
<td>No</td>
</tr>
<tr>
<td>Gender</td>
<td>The Gender panel is used to maintain valid gender values. These values may be used, for example, to source interChange user interface drop-down data lists where gender selection is required.</td>
<td>No</td>
</tr>
<tr>
<td>Generic Therapeutic Class</td>
<td>The Generic Therapeutic Class panel is used to maintain the GTC code set as supplied by FDB. Generic Therapeutic Class codes are used to classify drugs according to the most general therapeutic groupings.</td>
<td>No</td>
</tr>
<tr>
<td>Geographical Region</td>
<td>The Geographical Region panel is used to maintain the Geographical Region codes for the current state implementation.</td>
<td>No</td>
</tr>
<tr>
<td>Health Care Entity Identifier</td>
<td>The Health Care Entity Identifier panel is used to maintain the Health Care Entity Identifier codes used in the 277 Health Care Claim Status Response (277) transaction.</td>
<td>No</td>
</tr>
<tr>
<td>HIPAA Adjustment Reason</td>
<td>The HIPAA Adjustment Reason panel is used to maintain the Claim Adjustment Reason code set. Two HIPAA standard code sets — the reason and remark code sets — are used to report payment adjustments in RA transactions (i.e., the 835 Health Care Claim Payment/Advice [835]).</td>
<td>No</td>
</tr>
<tr>
<td>HIPAA Claim Category Status</td>
<td>The HIPAA Claim Category Status panel is used to maintain the Health Care Claim Status Category codes used in the 277 transaction. It indicates the general category of the status.</td>
<td>No</td>
</tr>
<tr>
<td>Panel Name</td>
<td>Description</td>
<td>Search Available</td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>HIPAA Claim Status</td>
<td>The HIPAA Claim Status panel is used to maintain the Claim Status codes used in the 277 transaction. It displays information about the status of a claim.</td>
<td>No</td>
</tr>
<tr>
<td>HIPAA Remark</td>
<td>The HIPAA Remark panel is used to maintain the Remark code set. Two HIPAA standard code sets — the reason and remark code sets — are used to report payment adjustments in RA transactions (835).</td>
<td>No</td>
</tr>
<tr>
<td>HAC Category</td>
<td>The Hospital-Acquired Condition (HAC) panel is an editable panel containing a HAC category value and description display, and a HAC value and description input.</td>
<td>No</td>
</tr>
<tr>
<td>Locality</td>
<td>The Locality panel is used to maintain Provider Locality codes. Locality codes are used to indicate whether a provider is located in an urban, rural, metropolitan, or out-of-state area.</td>
<td>No</td>
</tr>
<tr>
<td>Marital Status</td>
<td>The Marital Status panel is used to maintain valid marital status values. These values may be used, for example, to source interChange user interface drop-down data lists where a marital status selection is required.</td>
<td>No</td>
</tr>
<tr>
<td>MDC</td>
<td>The MDC panel is used to maintain the MDC code set.</td>
<td>No</td>
</tr>
<tr>
<td>Medicare Coverage</td>
<td>The Medicare Coverage panel is used to support maintenance of valid Medicare HCPCS Coverage Code values as supplied by CMS in the HCPCS Annual/Quarterly updates.</td>
<td>No</td>
</tr>
<tr>
<td>Medicare Disclaimer</td>
<td>The Medicare Disclaimer panel is used to maintain the Medicare Disclaimer code set. Medicare Disclaimer codes are proprietary values used to identify Medicare payment on a claim.</td>
<td>No</td>
</tr>
<tr>
<td>Medicare EOB</td>
<td>The Medicare EOB panel is used to maintain the EOB codes available for adjustments. The adjustment EOBs are used in conjunction with the error code EOBs to explain on the provider’s RA why the claim hit a particular edit/audit during the adjustment process.</td>
<td>No</td>
</tr>
<tr>
<td>Modifier Type</td>
<td>The Modifier Type panel is used for the maintenance of Modifier Type codes.</td>
<td>No</td>
</tr>
<tr>
<td>NCPDP DAW</td>
<td>The NCPDP DAW panel supports maintenance of the National Council for Prescription Drug Programs (NCPDP) Dispense as Written (DAW)/Product Selection code set. These codes indicate whether or not the prescriber’s instructions regarding generic substitution were followed.</td>
<td>No</td>
</tr>
</tbody>
</table>
## Code Panels

<table>
<thead>
<tr>
<th>Panel Name</th>
<th>Description</th>
<th>Search Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCPDP Other Coverage</td>
<td>The NCPDP Other Coverage panel is used to support maintenance of NCPDP Other Coverage Code set. These codes indicate whether or not the patient has other insurance coverage.</td>
<td>No</td>
</tr>
<tr>
<td>NCPDP PA Type</td>
<td>The NCPDP PA Type panel is used to maintain the NCPDP PA Type code set. These codes describe the PA number submitted on a pharmacy claim.</td>
<td>No</td>
</tr>
<tr>
<td>NCPDP Patient Location</td>
<td>The NCPDP Patient Location panel is used to maintain the NCPDP Patient Location code set. These codes identify the location of the patient when receiving pharmacy services.</td>
<td>No</td>
</tr>
<tr>
<td>NCPDP Professional Service</td>
<td>The NCPDP Professional Service panel is used to maintain the NCPDP Professional Service code set. These codes identify pharmacist intervention when a conflict code has been identified or service has been rendered. The user may enter all or part of the professional service code.</td>
<td>No</td>
</tr>
<tr>
<td>NCPDP Reason for Service</td>
<td>The NCPDP Reason for Service panel is used to maintain the NCPDP Reason for Service code set. These codes identify the type of utilization conflict detected or the reason for the pharmacist’s professional service.</td>
<td>No</td>
</tr>
<tr>
<td>NCPDP Reimbursement Determination</td>
<td>The NCPDP Reimbursement Determination panel is used to maintain NCPDP Reimbursement Determination codes assigned to pharmacy and compound claim codes. These codes indicate the basis for the determination of the reimbursement amount.</td>
<td>Yes</td>
</tr>
<tr>
<td>NCPDP Reject Code</td>
<td>The NCPDP reject code panel is used to maintain NCPDP reject codes assigned to pharmacy and compound claim error codes which indicate the reason a claim was rejected.</td>
<td>Yes</td>
</tr>
<tr>
<td>NCPDP Result of Service</td>
<td>The NCPDP Result of Service panel is used to maintain the NCPDP Result of Service code set that indicates the type of unit dose dispensed.</td>
<td>No</td>
</tr>
<tr>
<td>NCPCP UD/SP PKG Indicator</td>
<td>The NCPDP Unit Dose panel is used to support maintenance of the NCPDP Unit Dose Indicator code set.</td>
<td>No</td>
</tr>
<tr>
<td>Occurrence</td>
<td>The Occurrence panel is used to maintain the NUBC Occurrence and Occurrence Span Codes. These codes are used on institutional claims to define a significant event relating to a claim that may affect payer processing/payment, such as an auto accident date.</td>
<td>No</td>
</tr>
<tr>
<td>Orange Book Code</td>
<td>The Orange Book Code panel is used to maintain the OBC set.</td>
<td>No</td>
</tr>
</tbody>
</table>
## Code Panels

<table>
<thead>
<tr>
<th>Panel Name</th>
<th>Description</th>
<th>Search Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Insurance Disclaimer</td>
<td>The Other Insurance Disclaimer panel is used to maintain the Other Insurance Disclaimer code set. Other Insurance Disclaimer codes are proprietary values used to identify other insurance payment on a claim.</td>
<td>No</td>
</tr>
<tr>
<td>Patient Status</td>
<td>The Patient Status panel is used to maintain the NUBC Patient Status codes. These codes are used to indicate the patient status as of the ending service date on an institutional claim/bill.</td>
<td>No</td>
</tr>
<tr>
<td>Place of Service</td>
<td>The Place of Service panel is used to maintain the national place of service code set.</td>
<td>No</td>
</tr>
<tr>
<td>Pricing Indicator</td>
<td>The Pricing Indicator panel is used to maintain valid interChange pricing indicators. A pricing indicator represents a service or product payment/pricing methodology such as “Pay as Billed.”</td>
<td>No</td>
</tr>
<tr>
<td>Race</td>
<td>The Race panel is used to maintain race codes and descriptions.</td>
<td>No</td>
</tr>
<tr>
<td>Rate Type</td>
<td>The Rate Type panel is used to maintain valid interChange rate type codes.</td>
<td>No</td>
</tr>
<tr>
<td>Region</td>
<td>The Region panel is used to maintain valid interChange claim region codes. Claim regions typically are used to indicate the media or means in which a claim entered the system (e.g., paper or electronic).</td>
<td>No</td>
</tr>
<tr>
<td>Severity of Illness</td>
<td>The Severity of Illness panel is an editable panel containing the following information related to the severity of illness (SOI): SOI code and description display, and SOI code and description input.</td>
<td>No</td>
</tr>
<tr>
<td>SPC</td>
<td>The SPC panel is used to maintain the Standard Program Category (SPC) code set.</td>
<td>No</td>
</tr>
<tr>
<td>SPC Unit Type</td>
<td>The SPC Unit Type panel is used to maintain SPC Unit Types.</td>
<td>No</td>
</tr>
<tr>
<td>Standard Therapeutic Class</td>
<td>The Standard Therapeutic Class code classifies drugs according to the most common intended use. This therapeutic classification is intended to service those users who need a definitive but not comprehensive therapeutic classification system.</td>
<td>No</td>
</tr>
<tr>
<td>State</td>
<td>The State panel is used to maintain the standard U.S. Postal Service abbreviations for states and outlying areas of the U.S.</td>
<td>No</td>
</tr>
<tr>
<td>State HIC4</td>
<td>The State HIC4 panel is used to maintain state-defined HIC4 values and descriptions.</td>
<td>No</td>
</tr>
<tr>
<td>Tooth Number</td>
<td>The Tooth Number panel is used to maintain the Tooth Number code set.</td>
<td>No</td>
</tr>
<tr>
<td>Tooth Surface</td>
<td>The Tooth Surface panel is used to maintain the Tooth Surface code set.</td>
<td>No</td>
</tr>
<tr>
<td>Panel Name</td>
<td>Description</td>
<td>Search Available</td>
</tr>
<tr>
<td>------------</td>
<td>-------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Type of Bill</td>
<td>The Type of Bill panel is used to maintain NUBC Type of Bill (TOB). Type of Bill is composed of Facility Type (first character), Bill Classification (second character), and Frequency (third character).</td>
<td>No</td>
</tr>
<tr>
<td>Value</td>
<td>The Value panel is used to maintain the NUBC Value codes. Value codes are used to relate amounts or values to identify data elements necessary to process an institutional claim, such as accident hour.</td>
<td>No</td>
</tr>
</tbody>
</table>

Other Menu

Hover over Other on the Open Tab menu to display menu options for panels with other benefit administration data.

![Other Menu](image)

**Figure 114** Other Menu

**Benefit Adjustment Factor Panel**

The Benefit Adjustment Factor panel indicates valid types of Benefit Adjustment Factors (BAF) that provide the ability to alter a service or product rate by a fixed dollar amount, a percentage, and/or a series of percentages to increase or decrease the allowed amount.

This type of adjustment works in conjunction with a pricing methodology and allows the flexibility to alter a rate utilizing different criteria without having to create new rates.
The “Benefit Adjustment Factor Rate” section displays in the lower section of the panel and indicates adjustment factor components, such as amounts and percentages.

1. Select **Benefit Adjustment Factor** from the Other menu. The Benefit Adjustment Factor panel will be displayed.

2. Complete one of the following:
   - Enter either a full or partial BAF in the BAF field.
   - Enter either a full or partial BAF description in the Description field.

3. Click **search**. The results of the search will be displayed in the Search Results panel.

4. Click the applicable BAF to populate information in the fields in the “Benefit Adjustment Factor Type” section. A row will also be added to the “Benefit Adjustment Factor Rate” section; click the row to populate information in that section.

![Benefit Adjustment Factor Panel](image)

**Figure 115** Benefit Adjustment Factor Panel

The “Benefit Adjustment Factor Type” section may include the following information:

- The *BAF* field uniquely identifies the Benefit Adjustment Factor.
- The *Description* field describes the purpose or use of the BAF.

The “Benefit Adjustment Factor Rate” section may include the following information:
• The *Rate* field displays the dollar amount to adjust an allowed amount using the pricing methodology that applies to the claim or detail.

• The *Percent* field displays the percentage to adjust an allowed amount using the pricing methodologies that applies to the claim or detail.

• The *Calculate Code* field indicates how the BAF is applied to a claim and/or whether there is special BAF coding. Only BAFs with a calculate code of A or B display as available BAF values in the reimbursement rules. The valid calculate codes are the following:
  - **A** — After — BAF applied after the allowed amount is set to the lesser of the billed or allowed
  - **B** — Before — BAF applied before the allowed amount is set to the lesser of the billed or allowed
  - **C** — ASC Pay — billed after cost share, professional claims
  - **D** — ASC Pay — billed after cost share, professional crossover claims
  - **E** — Facility reduction pricing process — E3348
  - **S** — BAF with special coding

**Benefit Plan Group Type Panel**

The Benefit Plan Group Type panel displays groupings of benefit plans. Each group type represents a collection of benefit plans used to identify and categorize entities such as benefit plans with similar characteristics. For example, if the user selects Lockin, that will display benefit plans that are Lock-in plans.

1. Select **Benefit Plan Group Type** from the Other menu. The Benefit Plan Group Type panel will be displayed.
2. Click the applicable Benefit Plan Group Type to populate information in the fields on the panel. A row(s) will also be added to the “Benefit Plan Group” section; click the applicable row to populate information in that section.

![Benefit Plan Group Type Panel](image)

**Figure 116** Benefit Plan Group Type Panel

The Benefit Plan Group Type panel may include the following information:

- The *Benefit Plan Group Type* field displays the unique system-assigned key for the Benefit Plan Group Type.
- The *Description* field contains an abbreviated benefit plan description.
- The *Long Description* field displays a description of where and/or how the Benefit Plan Group Type is used.

The “Benefit Plan Group” section in the lower section of the panel lists the benefit plans in the selected group and the dates the benefit plans are in the group.

**Copay Limit Group Panel**

The Copay Limit Group panel displays copayment limit groups and associated rates.

1. Select *Copay Limit Group* from the Other menu. The Copay Limit Group panel will be displayed.
2. Click the applicable row to populate information in the “Copay Limit Group” section of the panel. A row may also be added to the “Copay Limit Group Rates” section; click to populate information in that section.

![Copay Limit Group Panel](image)

The fields in the “Copay Limit Group” section will populate with information regarding the group designation and a description of the group.

The “Copay Limit Group Rates” section may include the following information:

- The **Time Period** field indicates the time for which the respective rate information applies.
- The **RVS Units** field displays the maximum Relative Value Scale units per selected time period for claims in the limit group before the copayment is exempt on additional claims.
- The **Allowed Amount** field indicates the maximum allowed amount per selected time period for claims in the group before the copayment is exempt on additional claims.
- The **Copay Amount** field indicates the maximum copayment amount per selected time period for claims in the limit group before the copayment is exempt on additional claims.
- The **Effective Date** and **End Date** fields display the first and last dates the rate segment is in effect.
• The Active Date field displays the first date the segment can be used regardless of the DOS on the claim.

• The Inactive Date field is the last date the rate segment can be used regardless of the DOS on the claim.

**Copay Method Panel**

The Copay Method panel indicates the method and rates for determining copayment.

1. Select **Copay Method** from the Other menu. The Copay Method panel will be displayed.

2. Click the applicable row to populate information in the “Copay Method” section of the panel. A row may also be added to the “Copay Method Rates” section; click to populate information in that section.

![Copay Method Panel](image)

**Figure 118 Copay Method Panel**

The “Copay Method” section may include the following information:

• The **Copay Method** field is a code that identifies a method for determining copayment.

• The **Description** field displays an explanation of the copayment method.

• The **Max Fee Method** field indicates whether or not the method uses a maximum allowable fee range as part of its criteria to determine the copayment amount.
The **Generic/Brand Method** field indicates whether the method uses a generic or brand name indicator as part of its criteria to determine the copayment amount.

The “Copay Method Rates” section displays the applicable rate information for a copayment method. The “Copay Method Rates” section may include the following information:

- The **Max Fee From** field indicates the lower limit of the maximum allowable fee range for those copayment methods that use maximum allowable fee rates as part of the copayment calculation.
- The **Copay Amount** field may indicate the actual copayment amount applied to the claim detail or an amount used in conjunction with another field (such as quantity allowed) to derive the final copayment amount applied to the claim detail.
- The **Effective Date** and **End Date** fields display the first and last dates the copayment method segment is in effect.
- The DOS on the claim must fall into the effective/end date range for the copayment method to be applicable to the service.
- The **Active Date** field indicates the first date the copayment method can first be used regardless of DOS on the claim.
- The **Inactive Date** field indicates the last date the copayment method can be used regardless of DOS on the claim.

**Cost Share Hierarchy Panel**

The Cost Share Hierarchy panel displays cost share hierarchy information, which drives the order in which different cost shares are applied to a claim.

1. Select **Cost Share Hierarchy** from the Other menu. The Cost Share Hierarchy panel will be displayed.
2. Click the appropriate row to populate information in the fields on the panel.

![Cost Share Hierarchy Panel](image)

**Figure 119** Cost Share Hierarchy Panel

The Cost Share Hierarchy panel may include the following information:

- The *Claim Type* field displays the type of the claim based on claim form or electronic transaction. The following are claim types used in interChange:
  - **A** — Inpatient Crossover Claims
  - **B** — Professional Crossover Claims
  - **C** — Outpatient Crossover Claims
  - **D** — Dental Claims
  - **H** — Home Health Claims
  - **I** — Institutional Inpatient Claims
  - **L** — Long Term Care Claims
  - **M** — Professional Claims
  - **O** — Outpatient Claims
  - **P** — Pharmacy Claims
  - **Q** — Compound Claims
- The **Hierarchy 1 through 5** fields indicate the cost share types to be applied to the claim during processing in order beginning with Hierarchy 1. The following are valid values for these fields:
  - **SPEND** — Spenddown
  - **DDUCT** — Deductible
  - **COINS** — Coinsurance
  - **PLIAB** — Patient Liability
  - **COPAY** — Copayment

- The **Effective Date** and **End Date** fields display the first and last DOS for which the Cost Share Hierarchy is in effect.

- The **Inactive Date** field indicates the last date the hierarchy segment can be used regardless of DOS on the claim.

**Diagnosis Group Type Panel**

All of the group type panels available through the Related Data panel have similar functionality. As a result, this user guide will only list examples for the Benefit Plan Group Type panel and Copay Limit Group panel. The functionality of subsequent group type panels is described in the **Group Type Panels** table, located under the Other Menu of this user guide.

**Dispensing Fee Panel**

The Dispensing Fee panel displays the fee that a provider receives for dispensing a prescription drug when the provider has the given specialty and is certified under the given contract.

1. Select **Dispensing Fee** from the Other menu. The Dispensing Fee panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

![Dispensing Fee Panel](image)

**Figure 120** Dispensing Fee Panel

The Dispensing Fee panel may include the following information:

- The **Drug Type** field indicates whether the dispensing fee is specific to brand or generic drugs.
- The **Ingredients Range From** field displays the lower limit of the number of ingredients in the range.
- The **Ingredients Range To** field displays the upper limit of the number of ingredients in the range.
- The **Amount** field displays the amount a provider receives for dispensing a prescription drug.
- The **Effective Date** and **End Date** fields display the first and last dates the dispensing fee is in effect.

**DRG Group Type Panel**

All of the group type panels available through the Related Data panel have similar functionality. As a result, this user guide will only list examples for the Benefit Plan Group Type panel and Copay Limit Group panel. The functionality of subsequent group type panels is described in the **Group Type Panels** table, located under the Other Menu of this user guide.

**Drug Innovator Panel**

The Drug Innovator panel displays a drug’s innovator status information denoting the drug manufacturers who first patented the drug. ForwardHealth determines whether or not a drug is an "innovator" based upon several criteria, including co-licensing and Orange Book information.
Additionally, ForwardHealth maintains a list of Labeler Codes and GCN Sequence Numbers (GSNs) for drug manufacturers who first patented the drug.

1. Select **Drug Innovator** from the Other menu. The Drug Innovator panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

![Drug Innovator Panel](image)

**Figure 121** Drug Innovator Panel

The Drug Innovator panel may include the following information:

- The **Labeler Code** field indicates a code that identifies the manufacturer or distributor who first patented the drug.

- The **GCN Seq Number** field indicates the active ingredient(s), route of administration, drug strength, and dosage form of the innovator drug.

- The **Generic Name** field displays the combination of active ingredient names, route of administration, dosage form, and strength of the drug for the selected GSN.

- The **Effective Date** and **End Date** fields display the first and last dates the Innovator Labeler/GSN segment is in effect.

**EAC Percent Panel**

The EAC Percent panel displays the Estimated Acquisition Cost (EAC) percentage to be used in determining an EAC amount by drug class. The EAC percent is used to price pharmacy claims. The EAC amount is the best estimate of the price generally paid by pharmacies for a drug. This figure is meant to represent a calculation across all pharmacies of Actual Acquisition Cost.
1. Select **EAC Percent** from the Other menu. The EAC Percent panel will be displayed.

2. Click the appropriate row to populate information in the fields on the panel.

![EAC Percent Panel](image)

**Figure 122** EAC Percent Panel

The EAC Percent panel may include the following information:

- The **Drug Class** field specifies whether the drug class is federal or over-the-counter.
- The **EAC Percent** field displays the EAC percentage value for the applicable drug class that is applied to the AWP to determine the EAC price amount.
- The **Effective Date** and **End Date** fields display the first and last DOS the EAC percentage is in effect.
- The **Active Date** field indicates the first date the segment can be used regardless of the DOS on the claim.
- The **Inactive Date** field is the last date the segment can be used regardless of the DOS on the claim.

**EAPG Group Type Panel**

All of the group type panels available through the Related Data panel have similar functionality. As a result, this user guide will only list examples for the Benefit Plan Group Type panel and Copay Limit Group panel. The functionality of subsequent group type panels is described in the **Group Type Panels table**, located under the Other Menu of this user guide.

**Enhanced DRG Panel**

This panel features a crosswalk from Medicare DRG codes to more state-specific DRG codes.

1. Select Enhanced DRG from the Other menu. The Enhanced DRG panel will be displayed.
2. Click the appropriate row to populate information in the fields on the panel.

![Enhanced DRG Panel](image)

**Figure 123 Enhanced DRG Panel**

The Enhanced DRG panel may include the following information:

- The *Enhanced DRG* field displays the enhanced DRG that correlates to the DRG code listed.

- The *Type of Enhancement* field displays the code that identifies the type of DRG code that needs to be replaced.

- The *Minimum Days* field identifies the minimum number of days covered for the member for the crosswalk to apply.

- The *Admit Source* field displays the code identifying the source of admission.

- The *ICD Group 1* field displays the unique procedure type that represents a collection of ICD procedures.

- The *Minimum Age* field identifies the minimum age criteria for the DRG enhancement process.

- The *Effective Date* and *End Date* identify the date the crosswalk process will be performed for the diagnosis code and the date the crosswalk process should be terminated, respectively.

- The *Patient Status* field indicates the status of the member as of the ending service date of the period covered on the claim.

- The *Maximum Days* field identifies the maximum number of days covered for the member in order for the crosswalk to apply.
• The Diagnosis Group field identifies the unique diagnosis type that represents a collection of diagnosis codes.

• The ICD Group 2 field displays the unique procedure type that represents a collection of ICD procedures.

• The Maximum Age field identifies the maximum age criteria for the DRG enhancement process.

EOB Panel
1. Select EOB from the Other menu. The EOB panel will be displayed.

2. Complete one of the following:
   • Enter either a full or partial EOB code in the EOB field.
   • Enter either a full or partial code description in the Description field.

3. Click search. The results of the search will be displayed in the “Search Results” section.

4. Click the applicable EOB to populate information in the fields on the panel.

![Figure 124 EOB Panel](image)

The EOB panel may include the following information:

• The EOB field displays the code that represents a policy for claim adjudication.
• The Type field displays the type of processing that should be performed. This is used for processing of adjustments based on the EOB code assigned as the adjustment reason.

• The Description field displays the description of the EOB code that will be printed on the RA.

• The Effective Date field indicates the first DOS the EOB code is in effect.

• The HIPAA Claim Status Code field displays a HIPAA Health Care Claim Status code that is used to communicate information about the status of a claim on the 277 transaction (i.e., whether the claim has been received, is pending, or is paid).

• The HIPAA Entity ID identifies a health care entity if additional detail applicable to claim status is needed to clarify the status.

The “Related ESCs” section will display any Error Stats Codes related to the EOB code.

**GCN Sequence Number Group Type Panel**

All of the group type panels available through the Related Data panel have similar functionality. As a result, this user guide will only list examples for the Benefit Plan Group Type panel and Copay Limit Group panel. The functionality of subsequent group type panels is described in the Group Type Panels table, located under the Other Menu of this user guide.

**GCN Sequence Number State MAC Panel**

The GCN Sequence Number State MAC panel displays the state-defined MAC rates at the GCN Sequence Number level. Under federal guidelines, states may establish their own MAC to use for reimbursement to pharmacies. Under the MAC formula, states establish a single price for each generic drug regardless of the manufacturer.

1. Select GCN Sequence Number State MAC from the Other menu. The GCN Sequence Number State MAC panel will be displayed.

2. Enter a partial or full GSN in the GCN Sequence Number field.

3. Click search. A list of GSNs matching the entered search criteria will be displayed in the “Search Results” section.
4. Click the applicable row. Information will populate the fields at the bottom of the panel.

![GCN Sequence Number State MAC Panel](image)

The GCN Sequence Number State MAC panel may include the following information:

- The **GCN Sequence Number** field displays a unique combination of ingredient(s), strength, dosage form, and route of administration for a generic drug formulation. It aggregates drug products that share like ingredient sets, route of administration, dosage form, and strength of drug but are marketed by multiple manufacturers.

- The **Generic Name** field displays the combination of active ingredient names, route of administration, dosage form, and strength of the drug for the selected GSN.

- The **Package Size** field displays the metric quantity used to derive a unit price, which is the usual labeled quantity that the pharmacist dispenses, such as 100 tablets, 1000 capsules, 20 ml vial.

- The **Unit Price** field displays the drug package unit priced as determined by the state.

- The **Pricing Methodology** field displays an abbreviation for each pricing methodology. Values include EMAC and SMAC.

- The **Effective Date** and **End Date** fields display the first and last DOS the State MAC Rate is in effect.

- The **Active Date** field indicates the first date the segment can be used regardless of DOS on the claim.
- The Inactive Date field indicates the last date the segment can be used regardless of DOS on the claim.

**Geographical Group Type Panel**

All of the group type panels available through the Related Data panel have similar functionality. As a result, this user guide will only list examples for the Benefit Plan Group Type panel and Copay Limit Group panel. The functionality of subsequent group type panels is described in the [Group Type Panels table](#), under the Other Menu of this user guide.

**Group Type Panel**

All of the group type panels available through the Related Data panel have similar functionality. As a result, this user guide will only list examples for the Benefit Plan Group Type panel and Copay Limit Group panel. The functionality of subsequent group type panels is described in the [Group Type Panels table](#), under the Other Menu of this user guide.

**GSN Age Restriction Panel**

1. Select **GSN Age Restriction** from the Other menu. The GSN Age Restriction panel will be displayed.

2. Enter a GSN in the GCN Sequence Number field.

3. Click **search**. The results will be displayed in the “Search Results” section.

4. Click the applicable row. The age restriction information for the selected number will populate the fields at the bottom of the panel.

![Figure 126 GSN Age Restriction Panel](image)

The minimum and maximum age restrictions for the selected GSN will be displayed along with the effective and end dates for the restriction.

**HCPCS Procedure Group Type**

All of the group type panels available through the Related Data panel have similar functionality. As a result, this user guide will only list examples for the Benefit Plan Group Type panel and
Copay Limit Group panel. The functionality of subsequent group type panels is described in the Group Type Panels table, located under the Other Menu of this user guide.

**HIPAA Adjustment Reason Group Type Panel**

All of the group type panels available through the Related Data panel have similar functionality. As a result, this user guide will only list examples for the Benefit Plan Group Type panel and Copay Limit Group panel. The functionality of subsequent group type panels is described in the Group Type Panels table, located under the Other Menu of this user guide.

**HIC4 Group Type Panel**

All of the group type panels available through the Related Data panel have similar functionality. As a result, this user guide will only list examples for the Benefit Plan Group Type panel and Copay Limit Group panel. The functionality of subsequent group type panels is described in the Group Type Panels table, located under the Other Menu of this user guide.

**ICD Procedure Group Type Panel**

All of the group type panels available through the Related Data panel have similar functionality. As a result, this user guide will only list examples for the Benefit Plan Group Type panel and Copay Limit Group panel. The functionality of subsequent group type panels is described in the Group Type Panels table, located under the Other Menu of this user guide.

**Modifier Group Type Panel**

All of the group type panels available through the Related Data panel have similar functionality. As a result, this user guide will only list examples for the Benefit Plan Group Type panel and Copay Limit Group panel. The functionality of subsequent group type panels is described in the Group Type Panels table, located under the Other Menu of this user guide.

**MUE Durable Medical Equipment Panel**

The Medically Unlikely Edits (MUE) panels available through the Related Data panel have the same functionality. As a result, this user guide will only list an example for the MUE Durable Medical Equipment panel.

1. Select **MUE Durable Medical Equipment** from the Other menu. The MUE Durable Medical Equipment panel will be displayed.

2. Enter a procedure code in the Procedure field.
3. Click search. The results will be displayed in the “Search Results” section.

![Search Results](image)

**Figure 127** MUE Durable Medical Equipment Panel

The MUE Durable Medical Equipment panel may include the following information:

- The **MUE Value** field corresponds to the HCPCS/Current Procedural Terminology code on the MUE DME data (or to the MUE OPHOS data for the MUE Outpatient Hospital Services panel and to the MUE practitioner data for the MUE Practitioner panel).

- The **Publication** field indicates whether an MUE value is published on the CMS Medicare MUE Web site.

- The **CLEID** field indicates the first two numbers of the Correspondence Language Example Identification (CLEID) number.

- The **Effective Date** field displays the code's in effect date.

- The **End Date** field displays the code's deletion date, if applicable.

- The **Override Indicator** field indicates whether or not the code pair was entered manually to override the CMS data.

- The **Last Update Date** field indicates when the row was created or last modified due to an alteration in the MUE OPHOS database.

**MUE Outpatient Hospital Services Panel**

The Medically Unlikely Edits (MUE) panels available through the Related Data panel have the same functionality. As a result, this user guide will only list an example for the MUE Durable Medical Equipment panel of this user guide.

**MUE Practitioner Panel**

The MUE panels available through the Related Data panel have the same functionality. As a result, this user guide will only list an example for the MUE Durable Medical Equipment panel of this user guide.
NCCI Outpatient Hospital Services Panel

1. Select **NCCI Outpatient Hospital Services** from the Other menu. The NCCI Outpatient Hospital Services panel will be displayed.

2. Enter either a full or partial procedure code in the applicable field.

3. Click **search**. If multiple records are found, they will be displayed in the “Search Results” section.

4. Click the applicable record to populate information in the fields on the panel.

---

**Figure 128** NCCI Outpatient Hospital Services Panel

The NCCI Outpatient Hospital Services panel may include the following information:

- The **Greater Procedure** field displays a greater service/greater procedure code.
- The **Lesser Procedure** field code displays a lesser service/lesser procedure code.
- The **CLEID** field indicates the first two numbers of the CLEID number.
- The **Code Type** field identifies if the edit is Column1/Column2 Correct Coding edit C or Mutually Exclusive edit E.
- The **Modifier Indicator** field corresponds to Field 5 on the National Correct Coding Initiative (NCCI) database, containing the GB Modified Codes.
- The **Effective Date** field displays the code’s in effect date.
- The **End Date** field displays the code’s deletion date, if applicable.
- The **Override Indicator** field indicates whether or not the code pair was entered manually to override the CMS data.
- The **Last Update Date** field indicates when the row was created or last modified due to an alteration in the NCCI database.
**NCCI Practitioner Panel**

The NCCI panels available through the Related Data panel have the same functionality. As a result, this user guide will only list an example for the NCCI Outpatient Hospital Services panel of this user guide.

**NCPDP Level of Effort Panel**

1. Select NCPDP Level of Effort from the Other menu. The NCPDP Level of Effort panel will be displayed.

2. Click the applicable record to populate information in the fields on the panel. A row will be added to the “NCPDP Level of Effort Rate” section; click the row to populate information in the section.

![NCPDP Level of Effort Panel](image)

Figure 129  NCPDP Level of Effort Panel

The NCPDP Level of Effort panel may include the following information:

- The Level of Effort field displays a code that indicates the Level of Effort as determined by the complexity of decision making or resources utilized by a pharmacist to perform a professional service.

- The Description field indicates the name of the Level of Effort code according to NCPDP standard documentation.
The Definition field displays a definition of the Level of Effort code as specified by the state.

The “NCPDP Level of Effort Rate” section will display the Level of Effort rate associated with the selected code. The “NCPDP Level of Effort Rate” section may include the following information:

- The Rate Amount field displays the rate for the selected Level of Effort code.
- The Effective Date and End Date fields display the first and last DOS the Level of Effort rate is in effect.
- The Active Date field indicates the first date the segment can be used regardless of DOS on the claim.
- The Inactive Date field indicates the last date the segment can be used regardless of DOS on the claim.

NCPDP Response Group Type Panel
All of the group type panels available through the Related Data panel have similar functionality. As a result, this user guide will only list examples for the Benefit Plan Group Type panel and Copay Limit Group panel. The functionality of subsequent group type panels is described in the Group Type Panels table, located under the Other Menu of this user guide.

NDC Group Type Panel
All of the group type panels available through the Related Data panel have similar functionality. As a result, this user guide will only list examples for the Benefit Plan Group Type panel and Copay Limit Group panel. The functionality of subsequent group type panels is described in the Group Type Panels table, located under the Other Menu of this user guide.

Occurrence Group Type Panel
All of the group type panels available through the Related Data panel have similar functionality. As a result, this user guide will only list examples for the Benefit Plan Group Type panel and Copay Limit Group panel. The functionality of subsequent group type panels is described in the Group Type Panels table, located under the Other Menu of this user guide.

Paper Reduction Panel
The Paper Reduction panel displays the pharmacy claim reduction amount. This amount reduces reimbursement to providers by a specified amount if they submit claims on paper.
1. Select **Paper Reduction** from the Other menu. The Paper Reduction panel will be displayed.

![Paper Reduction Panel](image)

**Figure 130** Paper Reduction Panel

The Paper Reduction panel may include the following information:

- The *Effective Date* and *End Date* fields display the first and last DOS the paper reduction is in effect.

- The *Active Date* field indicates the date the paper reduction becomes active. Based upon date of process, only active segments will be used for the application of the reduction.

- The *Inactive Date* field indicates the date the paper reduction is no longer active. Based upon date of process, inactive segments will not be used for the application of the reduction.

- The *Reduction Amount* field indicates the amount of reduction to be applied up to the allowed amount for claims that meet the criteria.

**PDL Claim Response Panel**

The PDL Claim Response panel displays response messages used in real-time claim responses for PDL edit 3012. The response messages are defined by PDL class and GSN.

1. Select **PDL Claim Response** from the Other menu. The PDL Claim Response panel will be displayed.

2. Click the applicable record to populate information in the “Preferred Drug List Class” section. Rows will be added to the “Response Message” and “GCN Sequence Number Group”
sections; click the applicable records in these sections to populate information in the fields in each section.

The PDL Claim Response panel may include the following information:

- The **Preferred Drug List Class** field indicates a unique number identifying the PDL class. A PDL class groups drugs with similar distinguishing properties or drugs that often produce similar effects.

- The **Description** field displays a description of the PDL class.

- The **Effective Date** and **End Date** fields display the first and last dates the PDL class is in effect.

The “Response Message” section displays the text response used in the NCPDP telecommunication standard for providing preferred drug information for a specific PDL class. There may be multiple response messages associated with one PDL Class.
The “GCN Sequence Number Group” section displays the GSN groups associated with the PDL class.

**PDL Edit Exemption Panel**

The PDL Edit Exemption panel displays which BadgerCare Plus plans are exempt from PDL edit 3012 for that NDC and the dates for which the exemption is in effect.

1. Select **PDL Edit Exemption** from the Other menu. The PDL Edit Exemption panel will be displayed.

2. Enter an NDC in the NDC field.

3. Click **search**. The information for the selected NDC will be displayed in the Search Results panel.

![PDL Edit Exemption Panel](image)

**Figure 132** PDL Edit Exemption Panel
PDL Master Panel

The PDL Master panel indicates whether a drug is preferred or non-preferred.

1. Select PDL Master from the Other menu. The PDL Master panel will be displayed.

2. Complete at least one of the following:
   - Enter the NDC in the NDC field.
   - Enter a GCN in the GNC Sequence Number field.
   - Enter either a full or partial description in the Description field.
     - Check the Sounds-Like box to perform a phonetic search on the entered description. If the box is unchecked, an exact letter search will be performed.
     - Under Type, select whether to search for a label, brand, or generic name.
       - The Label Name is a combination of the drug name appearing on the package label, the strength description, and the dosage form description for a specified product.
       - The Brand Name is the name that appears on the package label provided by the manufacturer.
       - The Generic Name is a combination of active ingredient names, route of administration, dosage form, and strength.
     - Under Match criteria, select whether to search for a description that begins with the entered letters or contains the entered letters somewhere in the description.
3. Click **search**. If multiple results are found, the results will be displayed in the Search Results panel.

4. Click the applicable NDC to populate information in the fields at the bottom of the panel.

![PDL Master Panel with Populated Information](image)

**Figure 134** PDL Master Panel with Populated Information

The PDL Master panel may include the following information:

- The **NDC** field displays the NDC, a unique code assigned to a drug product by the FDA and the manufacturer or distributor. It identifies the manufacturer/distributor, drug, dosage form, strength, and package size. The NDC is represented in an 11-digit 5-4-2 format: a five-digit labeler code, a four-digit product code, and a two-digit package code.

- The **GCN Sequence Number** field displays a unique combination of ingredients, strength, dosage form, and route of administration for a generic drug formulation. It aggregates drug products that share like ingredient sets, route of administration, dosage form, and strength of drug but are marketed by multiple manufacturers.

- The **Specific Therapeutic Class** field displays a code that identifies the specific therapeutic class in which the active ingredient is classified. The description field provides an explanation of the code.

- The **PDL Indicator** field displays the status of the NDC on the PDL, which indicates whether the drug or drug product is preferred (Y) or non-preferred (N).

- The **Effective Date** and **End Date** fields display the first and last dates the PDL status segment is in effect.
**Pharmaceutical Care Panel**

The Pharmaceutical Care panel displays Pharmaceutical Care (PC) Codes. Pharmaceutical Care is an enhanced dispensing fee for services given to Wisconsin Medicaid fee-for-service members. This enhanced fee reimburses pharmacists for additional actions they take beyond the standard dispensing and counseling for a prescription drug.

1. Select **Pharmaceutical Care** from the Other menu. The Pharmaceutical Care panel will be displayed.

2. Click the applicable record to populate information in the fields on the panel. A row will be added to the “Pharmaceutical Care Rate” section; click the row to populate information in the section.

The Pharmaceutical Care panel may include the following information:

- The **PC Code** field displays a unique system-assigned key for the PC code. It is created by linking the Reason for Service, Professional Service, Result of Service, and Level of Effort codes, in that order.

- The **Reason for Service** field displays the NCPDP Reason for Service code associated with the PC code, and it identifies the type of utilization conflict detected or the reason for the pharmacist’s professional service.

- The **Professional Service** field displays the NCPDP Professional Service code associated with the PC code. The Professional Service code identifies pharmacist intervention when a conflict has been identified or service has been rendered.
• The Result of Service field displays the NCPDP Result of Service associated with the PC code, and it represents an action taken by a pharmacist in response to a conflict or the result of a pharmacist’s professional service.

• The Level of Effort field displays the NCPDP Level of Effort code associated with the PC code, and it indicates the level of effort as determined by the complexity of decision making or resources utilized by a pharmacist to perform a professional service.

The “Pharmaceutical Care Rate” section may include the following information:

• The Rate Amount field displays the PC code fee amount.

• The Effective Date and End Date fields display the first and last DOS the PC code segment is in effect.

Provider Contract Group Type Panel
All of the group type panels available through the Related Data panel have similar functionality. As a result, this user guide will only list examples for the Benefit Plan Group Type panel and Copay Limit Group panel. The functionality of subsequent group type panels is described in the Group Type Panels table, located under the Other Menu of this user guide.

ProvType/ProvSpecialty Group Type Panel
All of the group type panels available through the Related Data panel have similar functionality. As a result, this user guide will only list examples for the Benefit Plan Group Type panel and Copay Limit Group panel. The functionality of subsequent group type panels is described in the Group Type Panels table, located under the Other Menu of this user guide.

Revenue Group Type Panel
All of the group type panels available through the Related Data panel have similar functionality. As a result, this user guide will only list examples for the Benefit Plan Group Type panel and Copay Limit Group panel. The functionality of subsequent group type panels is described in the Group Type Panels table, located under the Other Menu of this user guide.

Risk Factor Panel
The Risk Factor panel displays healthy birth outcome risk factors and groups associated with the risk factors.

1. Select Risk Factor from the Other menu. The Risk Factor panel will be displayed.
2. Click the applicable record to populate information in the fields in the “Risk Factor” section. A row will be added to the “Risk Factor Group Type” section; click the row to populate information in the section.

![Risk Factor Panel](image)

**Figure 136** Risk Factor Panel

The fields in the “Risk Factor” section include the risk factor ID, a description of the risk factor, and the dates the risk factor is in effect. The Group ID and Group Type fields in the “Risk Factor Group Type” section identify a system-assigned key representing a single or collection of codes that identify the group in the system.

**Rx Reduction Panel**

The Rx Reduction (Prescription Rate Reduction) panel displays pharmacy claim reduction amounts. Prescription rate (Rx) reduction is a component used in claims pricing to apply a fixed deduction per pharmacy claim as applicable.

1. Select **Rx Reduction** from the Other menu. The Rx Reduction panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

![Rx Reduction Panel](image)

**Figure 137 Rx Reduction Panel**

The Rx Reduction panel may include the following information:

- The **Recipient Plan** field indicates a group of covered services (benefits) that are granted to a member who is deemed eligible for the services the benefit plan represents. Each benefit plan (e.g., BadgerCare Plus or dental) maintains different reduction criteria.

- The **Minimum Amount** field indicates what the minimum allowed amount for a prescription’s ingredients must be before the reduction can occur. If the minimum allowed amount is not met, a prescription reduction will not occur.

- The **Reduction Amount** field displays the dollar amount to be deducted from a pharmacy claim.

- The **Effective Date** and **End Date** fields display the first and last DOS the prescription reduction is in effect.

- The **Active Date** field indicates the first date the prescription reduction is active. Based upon date of process, only active segments will be considered/used for pricing.

- The **Inactive Date** field is the last date the prescription reduction is active. Reduction will become inactive the next day. Based upon date of process, inactive segments will not be considered/used for pricing.

**Therapeutic Class Group Type Panel**

All of the group type panels available through the Related Data panel have similar functionality. As a result, this user guide will only list examples for the Benefit Plan Group Type panel and Copay Limit Group panel. The functionality of subsequent group type panels is described in the **Group Type Panels table**, located under the Other Menu of this user guide.
Type of Bill Group Type Panel

All of the group type panels available through the Related Data panel have similar functionality. As a result, this user guide will only list examples for the Benefit Plan Group Type panel and Copay Limit Group panel. The functionality of subsequent group type panels is described in the [Group Type Panels table](#), located under the Other Menu of this user guide.

WAC Percent Panel

The WAC Percent panel displays the WAC percentage by drug class. The WAC percent is a factor used to price pharmacy claims. The WAC amount is the best estimate of the price generally paid by pharmacies for a drug.

1. Select **WAC Percent** from the Other menu. The WAC Percent panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

![WAC Percent Panel](image)

**Figure 138** WAC Percent Panel

The WAC Percent panel may include the following information:

- The **Drug Class** field displays the drug class to which the WAC percentage applies.
- The **Rate Type** field displays a code used to identify the type of rate to use in determining provider reimbursement.
- The **WAC Percent** field displays the percentage value to be applied to the WAC of the applicable drug to determine the WAC price amount.
- The **Effective Date** and **End Date** fields are the first and last DOS the WAC percentage is in effect.
- The **Active Date** field indicates the first date the segment can be used regardless of the DOS on the claim.
- The **Inactive Date** field indicates the last date the segment can be used regardless of the DOS on the claim.
**WWWP Report Form Panel**

The WWWP Report Form panel displays information regarding the WWWP Breast and Cervical Cancer Screening Activity Report (ARF) form, Breast Cancer Diagnostic and Follow-Up Report (DRF), and Cervical Cancer DRF form.

1. Select **WWWP Report Form** from the Other menu. The WWWP Report Form panel will be displayed.

2. Click the applicable record to populate information in the fields on the panel. A row(s) will be added to the “Report Form Section”; click to populate information in the fields in the section.

---

**Figure 139** WWWP Report Form Panel

The WWWP Report Form panel may include the following information:

- The **Report Form ID** field displays the code that identifies the selected form.
- The **Name** field displays a shortened form name.
- The **Description** field displays a longer form name.

The “Report Form Section” indicates the various sections for each form that are subject to data entry validation editing. The Section ID field displays a system key representing a unique form section.
3. Click the applicable procedure code to populate information in the “Report Section Service” section.

![Report Section Service Section](image)

Figure 140 Report Section Service Section

The “Report Section Service” section cross-references the form and section with a procedure/modifier combination. This cross-referenced data is used to support validation editing of WWWP report form entry. The *Effective Date* and *End Date* fields display the first and last dates the cross-reference is in effect.

### Group Type Panels Table

<table>
<thead>
<tr>
<th>Panel Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis Group Type</td>
<td>The Diagnosis Group Type panel displays groupings of diagnosis codes. Groupings are used to identify/categorize services with like characteristics for varying purposes (e.g., confidential services).</td>
</tr>
<tr>
<td>DRG Group Type</td>
<td>The DRG Group Type panel displays groupings of DRGs. Groupings are used to identify/categorize services with like characteristics for varying purposes.</td>
</tr>
<tr>
<td>GCN Sequence Number Group Type</td>
<td>The GCN Sequence Number Group Type panel displays groupings of GSN (or Formulation IDs). Groupings are used to identify/categorize services with like characteristics for varying purposes (e.g., confidential services).</td>
</tr>
<tr>
<td>Geographical Group Type</td>
<td>The Geographical Group Type panel displays groupings of ZIP codes or counties. Groupings are used with the billing/coverage/reimbursement rules. For example, a service may be reimbursed differently based on geographical location.</td>
</tr>
<tr>
<td>Group Type</td>
<td>The Group Type panel displays interChange Group Type classes/categories and applicable table associations.</td>
</tr>
<tr>
<td>Panel Name</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>HCPCS Procedure Group Type</td>
<td>The HCPCS Procedure Group Type panel displays groupings of HCPCS procedure codes. Groupings are used to identify/categorize services with like characteristics for varying purposes (e.g., confidential services).</td>
</tr>
<tr>
<td>HIC4 Group Type</td>
<td>The Hierarchical Base Ingredient Code represents the active ingredient of a particular drug product as identified by the NDC. Groupings are used to identify/categorize services with like characteristics for varying purposes (e.g., confidential services).</td>
</tr>
<tr>
<td>HIPAA Adjustment Reason Code</td>
<td>The HIPAA Adjustment Reason Group panel displays groupings of HIPAA Adjustment Reason Codes. Groupings are used to identify/categorize services with like characteristics for varying purposes (e.g., confidential services).</td>
</tr>
<tr>
<td>ICD Procedure Group Type</td>
<td>The ICD Procedure Group Type panel displays groupings of ICD procedure codes. Groupings are used to identify/categorize services with like characteristics for varying purposes (e.g., confidential services).</td>
</tr>
<tr>
<td>Modifier Group Type</td>
<td>The Modifier Group Type panel displays groupings of modifiers. Groupings are used to identify/categorize services with like characteristics for varying purposes.</td>
</tr>
<tr>
<td>NCPDP Response Group Type</td>
<td>The NCPDP Response Group Type panel displays groupings of NCPDP Response Codes (also called Reject Codes). Groupings are used to identify/categorize services with like characteristics for varying purposes (e.g., confidential services).</td>
</tr>
<tr>
<td>NDC Group Type</td>
<td>The NDC Group Type panel displays groupings of NDC codes. Groupings are used to identify/categorize services with like characteristics for varying purposes (e.g., confidential services).</td>
</tr>
<tr>
<td>Occurrence Group Type</td>
<td>The Occurrence Group Type panel displays groupings of Occurrence codes. Groupings are used to identify/categorize services with like characteristics for varying purposes.</td>
</tr>
<tr>
<td>Provider Contract Group Type</td>
<td>The Provider Contract Group Type panel displays groupings of provider contracts.</td>
</tr>
<tr>
<td>Provider Type Provider Specialty</td>
<td>The ProvType/ProvSpecialty Group Type panel displays groupings of provider type and specialty combinations. Groupings are used to identify/categorize entities with like characteristics for varying purposes.</td>
</tr>
<tr>
<td>Revenue Group Type</td>
<td>The Revenue Group Type panel displays groupings of revenue codes. Groupings are used to identify/categorize services with like characteristics for varying purposes (e.g., confidential services).</td>
</tr>
</tbody>
</table>
Group Type Panels

<table>
<thead>
<tr>
<th>Panel Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Therapeutic Class Group Type</strong></td>
<td>The Therapeutic Class Group Type panel displays groupings of Hierarchical Specific Therapeutic Class codes. Groupings are used to identify/categorize services with like characteristics for varying purposes (e.g., confidential services).</td>
</tr>
<tr>
<td><strong>Type of Bill Group Type</strong></td>
<td>The Type of Bill Group Type panel displays groupings of TOB codes. Groupings are used to identify/categorize services with like characteristics for varying purposes (e.g., confidential services).</td>
</tr>
</tbody>
</table>

Report Distribution Menu

Hover over Rpt Dist on the Open Tab menu to display menu options for panels containing report distribution information.

![Figure 141 Rpt Dist Menu](image)

The Report Distribution (Rpt Dist) panels allow users to access the report routing distribution data maintained within BPA.

**Report Panel**

The Report panel displays the file name and descriptive name of a batch report.

1. Select **Report** from the Rpt Dist menu. The Report panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

**Figure 142 Report Panel**

**Report Control Panel**

The Report Control panel is used to maintain the batch report control file code table. The panel consists of a data list displaying the defined report files.

1. Select **Report Control** from the Rpt Dist menu. The Report Control panel will be displayed.

2. Click the applicable row to populate the file name in the field on the panel.

**Figure 143 Report Control Panel**
Report Destination Panel
The Report Destination panel is used to maintain the batch report destination code table. The panel consists of a data list displaying the defined report files.

1. Select Report Destination from the Rpt Dist menu. The Report Destination panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

![Figure 144 Report Destination Panel]

Report Payer Panel
Every file sent to the print center needs to specify the payer responsible for the postage. This allows the print center to create a postage billing report for the state. The Report Payer panel displays the applicable payer for each print file.

Users can search for a single report or multiple reports using the search panel. The Effective Date and End Date fields display the first and last days the payer should be included on the report.


2. Click the applicable row to populate information in the fields on the panel. Or, enter a report name using the search function:
   a. Click [Search].
   b. Enter either a file name or the report name in the appropriate field.
   c. Click search.
   d. Click the appropriate row in the “Search Results” section.
e. Click **search** to populate information in the fields on the panel.

![Figure 145 Report Payer Panel](image)

**Report Recipient Panel**

The Report Recipient panel is used to maintain the recipients of batch report files. The search panel can be used to search for recipients by name or department.

1. Select **Report Recipient** from the Rpt Dist menu. The Report Recipient panel will be displayed.

2. Click the appropriate row to populate information in the fields on the panel.

![Figure 146 Report Recipient Panel](image)

**Report Route Panel**

The Report Route panel is used to maintain the batch report distribution report route table. This table holds information on the routing of a report, its destination, control file, and environment.
It is also used to maintain the report distribution table. This table associates a report route with a report recipient.

1. Select **Report Route** from the Rpt Dist menu. The Report Route panel will be displayed.
2. Enter a full or partial report name in the Report Name field.
3. Click **search**. The reports matching the search criteria will be displayed in the Search Results panel.
4. Click the applicable report to populate information in the fields on the “Report Route” section. A row will be added to the “Report Distribution” section.

![Report Route Panel](image)

**Figure 147** Report Route Panel
Xref Menu

Hover over Xref on the Open Tab menu to display menu options for panels containing cross reference information.

![Xref Menu](image)

**Admit Source/Claim Type Panel**

1. Select **Admit Source/Claim Type** from the Xref menu. The Admit Source/Claim Type panel will be displayed.

2. Click the appropriate row to populate information in the fields on the panel.

![Admit Source/Claim Type Panel](image)

The Admit Source/Claim Type panel may include the following information:

- The **Admit Source** field displays the source of admission code and description.
- The **Claim Type** field displays the indicator or nomenclature of the claim processed in the system based on claim form or electronic transaction.
The Effective Date and End Date field displays the first and last DOS the Admit Source/Claim Type relationship is in effect.

The Inactive Date field displays the last date the Admit Source/Claim Type relationship is active.

**APR DRG Error XREF**

The APR DRG Error XREF panel shows how APR DRG-returned errors are mapped to interChange edits.

1. Select APR DRG Error XREF from the Xref menu. The APR DRG Error XREF panel will be displayed.

2. Click the appropriate row to populate information in the fields on the panel.

The APR DRG Error XREF panel may include the following information:

- The **DRG** field identifies the DRG.
- The **Error Type** field corresponds to the output field from the DRG system software.
- The **Error** field identifies the error code returned from the DRG system software.
- The **Description** field describes the DRG error.
- The **Effective Date and End Date** fields identify the first and last dates applicable information is effective for the DRG.
- The **iC Edit** field identifies the interChange edit set as a result of the DRG system error.
**Claim Status Xref Panel**
The Claim Status Xref panel displays a crosswalk of interChange claim status codes to HIPAA Claim Category Status codes for all external claim status inquiries.

1. Select **Claim Status Xref** from the Xref menu. The Claim Status Xref panel will be displayed.

2. Click the appropriate row to populate information in the fields on the panel.

![Claim Status Xref](image)

**CLIA Lab Code Panel**

1. Select **CLIA Lab Code** from the Xref menu. The CLIA Lab Code panel will be displayed.

2. Complete at least one of the following:
   
   - Enter either a full or partial procedure code in the Procedure Code field.
   - Enter either a full or partial procedure code description in the Description field.

   **Note:** The description entered in the Description field must be entered in all capital letters for the search to return results.

3. Click **search**. The results will be displayed in the middle of the panel.
4. Click the appropriate row to populate information in the fields on the panel.

![CLIA Lab Code Panel](image)

**EAPG Category Xref Panel**

The EAPG Category Xref panel cross-references an EAPG code and an associated category.

1. Select **EAPG Category Xref** from the Xref menu. The EAPG Category Xref panel will be displayed.

2. Enter an EAPG code in the EAPG Code field or an EAPG category in the EAPG Category field.

3. Click **search**.

   If an EAPG category is entered, all the codes with that category will be displayed in the Search Results panel. Click the appropriate row to populate information in the fields at the bottom of the panel.
If an EAPG code is entered, the information for the code will be displayed in the fields at the bottom of the panel.

![EAPG Category Xref Panel](Image)

**Figure 153** EAPG Category Xref Panel

**EAPG Diagnosis Panel**

The EAPG panels available through the Related Data panel have the same functionality. As a result, this user guide will only list an example for the EAPG Diagnosis panel.

1. Select **EAPG Diagnosis** from the Xref menu. The EAPG Diagnosis panel will be displayed.

2. Enter an EAPG code in the EAPG Code field or a diagnosis code in the Diagnosis Code field.

3. Click **search**.

If an EAPG Code is entered, all the diagnosis codes associated with that EAPG code will be displayed in the Search Results panel. Click the appropriate row to populate information in the fields at the bottom of the panel.
If a diagnosis code is entered, the information for the code will be displayed in the fields at the bottom of the panel.

**Figure 154** EAPG Diagnosis Panel

### EAPG Procedure Panel

The EAPG panels available through the Related Data panel have the same functionality. As a result, this user guide will only list an example for the EAPG Diagnosis panel.

### EAPG Type Xref Panel

The EAPG panels available through the Related Data panel have the same functionality. As a result, this user guide will only list an example for the EAPG Diagnosis panel.

### Medicare EOB/Medicaid EOB Panel

The Medicare EOB/Medicaid EOB panel displays the cross-reference between a Medicare EOB and the associated Medicaid EOB.

1. Select **Medicare EOB/Medicaid EOB** from the Xref menu. The Medicare EOB/Medicaid EOB panel will be displayed.

2. Enter a Medicare EOB in the Medicare EOB field or a Medicaid EOB in the Medicaid EOB field.
3. Click search. If only one result is found, the information will be displayed in the fields at the bottom of the panel. If multiple results are found, information will be displayed in the Search Results panel. Click the appropriate row to populate information in the fields at the bottom of the panel.

![Medicare EOB/Medicaid EOB Panel](image)

**Figure 155** Medicare EOB/Medicaid EOB Panel

**New Diagnosis/Old Diagnosis Panel**

The New Diagnosis/Old Diagnosis panel cross-references a new diagnosis code with an old diagnosis code for DRG processing (pending a new DRG grouper release). Due to fiscal reasons, there is more than a six month gap between the release of the annual ICD updates and the subsequent release/upgrade of the DRG grouper used by the state of Wisconsin.

The relationships defined via this panel allow the old diagnosis code to be sent to the DRG grouper in lieu of the new during the interim between the annual code set release and DRG grouper upgrade to prevent an incorrect or unsuccessful grouping.

1. Select **New Diagnosis/Old Diagnosis** from the Xref menu. The New Diagnosis/Old Diagnosis panel will be displayed.
2. Click the appropriate row to populate information in the fields on the panel.

![New Diagnosis/Old Diagnosis Panel](image1)

**Figure 156** New Diagnosis/Old Diagnosis Panel

**New ICD Procedure/Old ICD Procedure Panel**

The New ICD Procedure/Old ICD Procedure panel cross-references a new ICD procedure code with an old ICD procedure code for DRG processing (pending a new DRG grouper release).

The relationships defined via this panel allow the old ICD procedure code to be sent to the DRG grouper in lieu of the new during the interim between the annual code set release and DRG grouper upgrade to prevent an incorrect or unsuccessful grouping.

1. Select **New ICD Procedure/Old ICD Procedure** from the Xref menu. The New ICD Procedure/Old ICD Procedure panel will be displayed.

2. Click the appropriate row to populate information in the fields on the panel.

![New ICD Procedure/Old ICD Procedure Panel](image2)

**Figure 157** New ICD Procedure/Old ICD Procedure Panel