

Vendor PBS – Web2 – Claim Replacements

Login into Web 2 – Vendor PBS Claims Replacement

Select Admin Tools to add Claim Replacements App to get access to the application.

Select Available Applications to navigate to the screen to add Claim Replacement Application to your login.

Admin Tools - Homepage - Internet Explorer

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Division of Developmental Disabilities

User Name | Account: Vendor Name | close

Homepage

Applications (7) Available Applications

OLCR Tracking Application
OLCR Vendor Certification Tracking System
Current Status: Online
Roles Users(1)

PROGRAM MONITORING APPLICATION
Program Monitoring Application.
Current Status: Online
Roles Users(0)

Program Staffing
Program Staffing
Current Status: Online
Roles Users(0)

QUALIFIED VENDOR CONTRACT
Qualified Vendor Contract
Current Status: Online
Roles Users(1)

SERVICE AUTHORIZATIONS
This application is an internet version of the Service Authorization system and will be used by vendors.
Current Status: Online
Roles Users(2)

Requests (0)

There are currently no requests in your queue.

105%

Click [Add to Account](#) to add the Claims Replacements Application.

Admin Tools - Available Applications - Internet Explorer

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Available Applications To Add To Your Account

Below are a list of applications that are available for your account to sign up and use. After selecting the application, it will be added to your account and you will then be automatically re-directed to the "Application Users" page. There you will need to assign roles to the users whom you wish to use the application. Users will only be able to access the application if they have been assigned at least one role.

Available Applications:

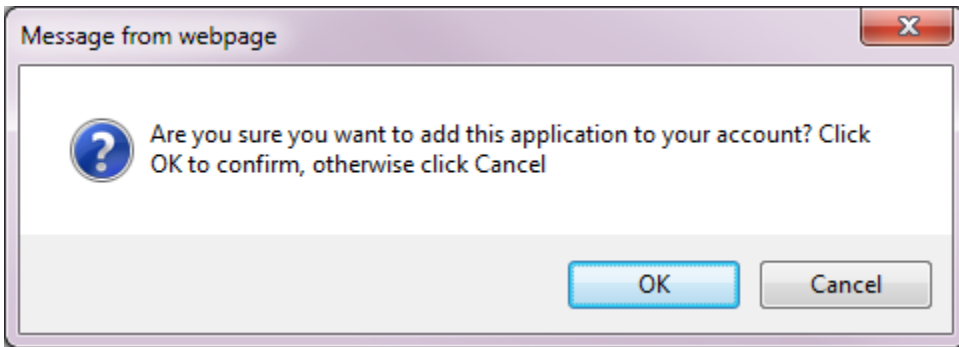
Claim Replacements [Add To Account](#)
Vendor interface to submit claim replacements.

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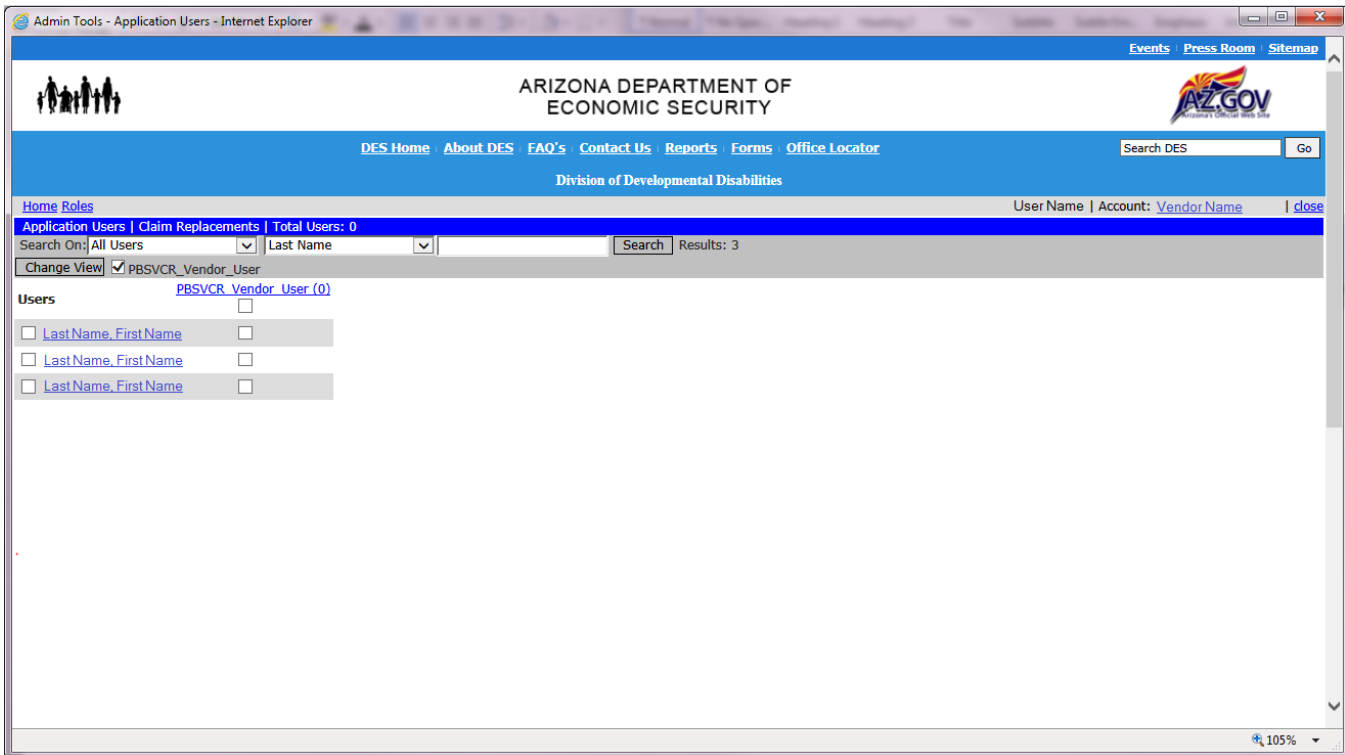
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105%

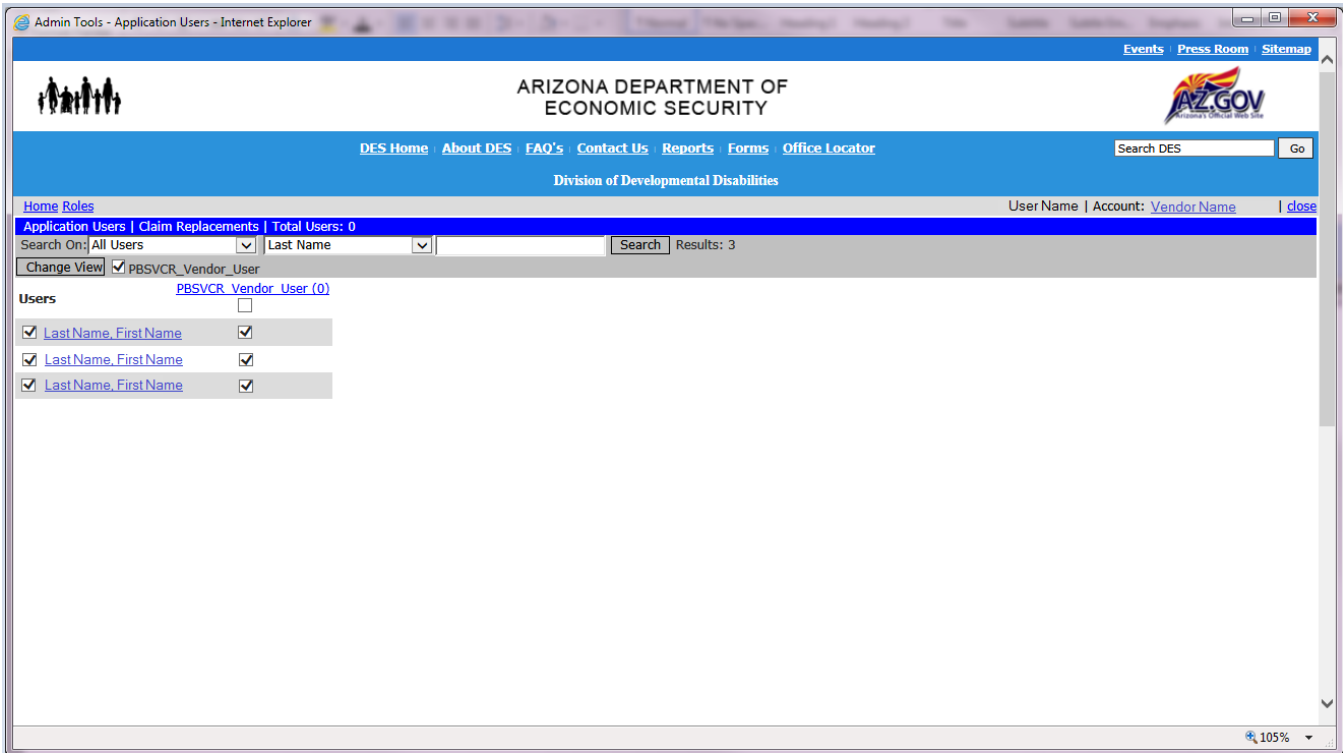
Message to confirm addition, click OK to continue, Cancel to go back.



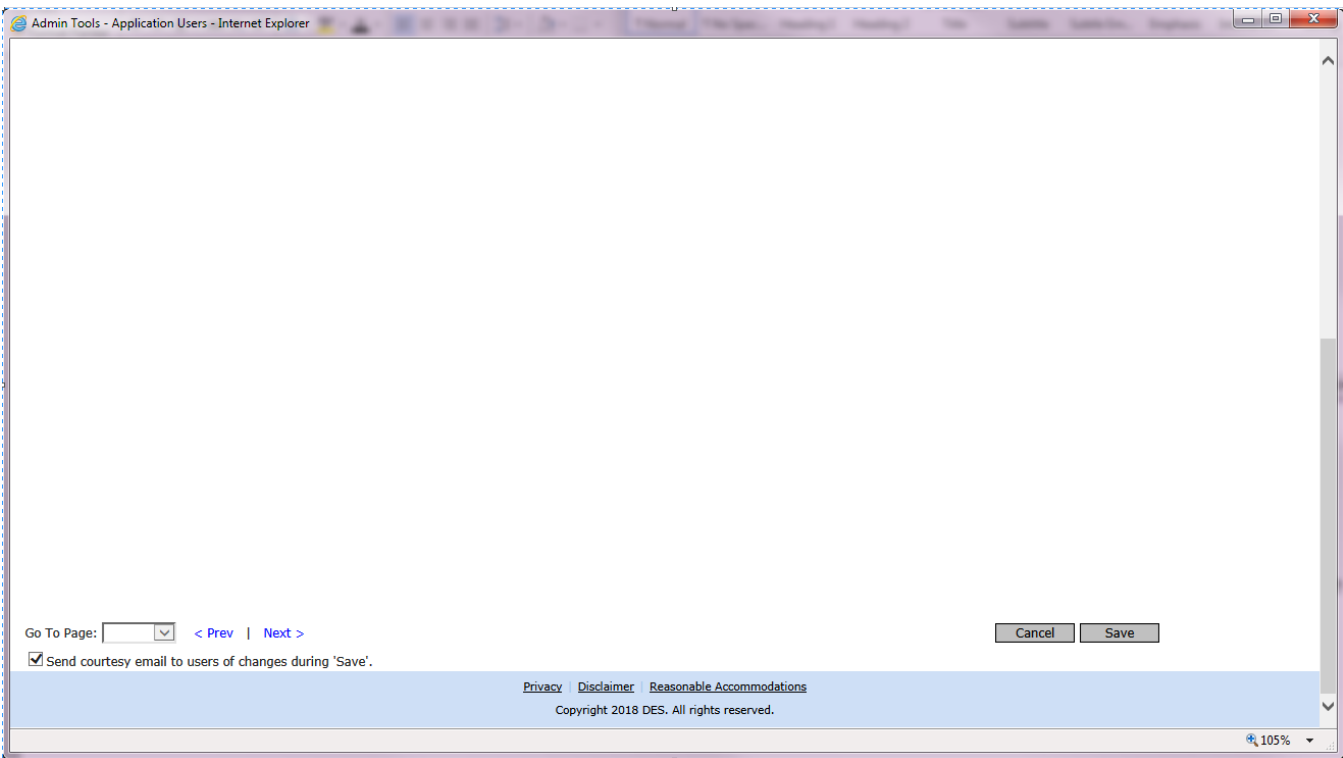
List of users appear with two check boxes. A User check box and a PBSVCR Vendor User check box.



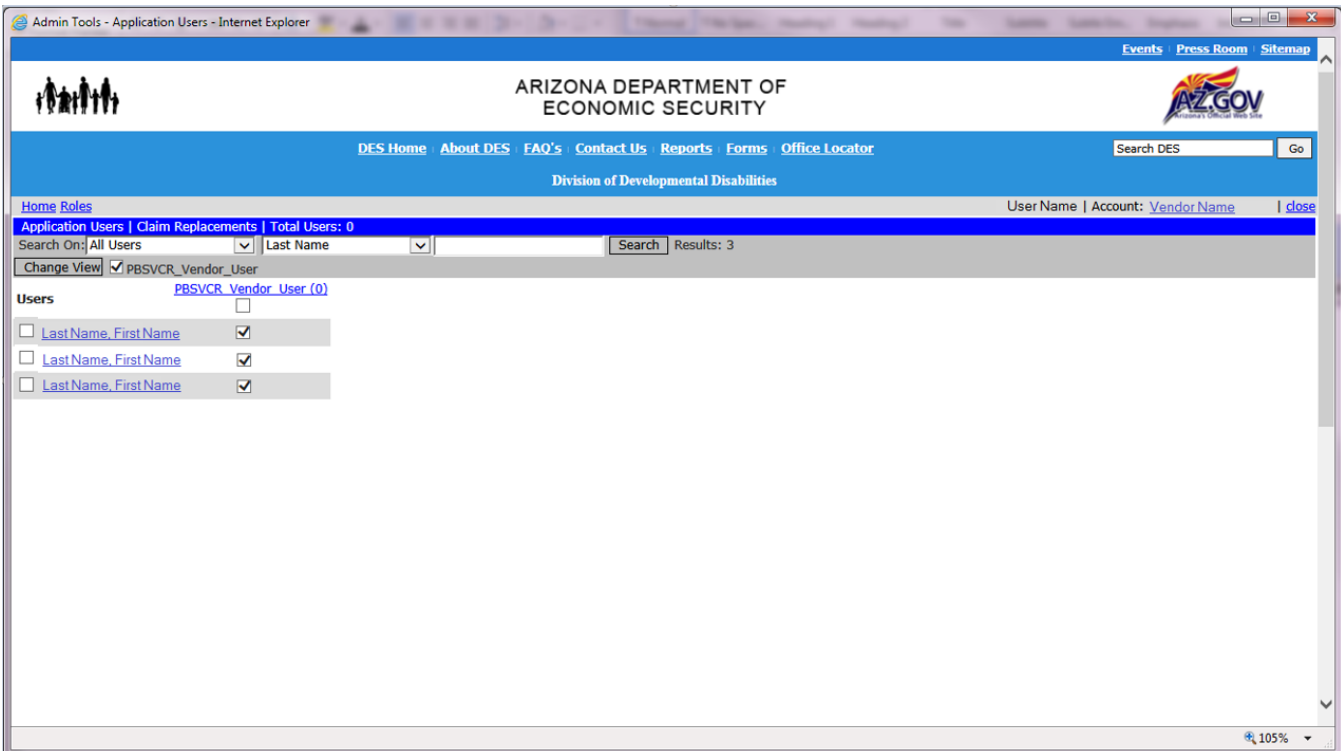
Click the Users Side Check Box and the PBSVCR Vendor User check box to add permissions to users to allow the use of the Claim Replacements Application.



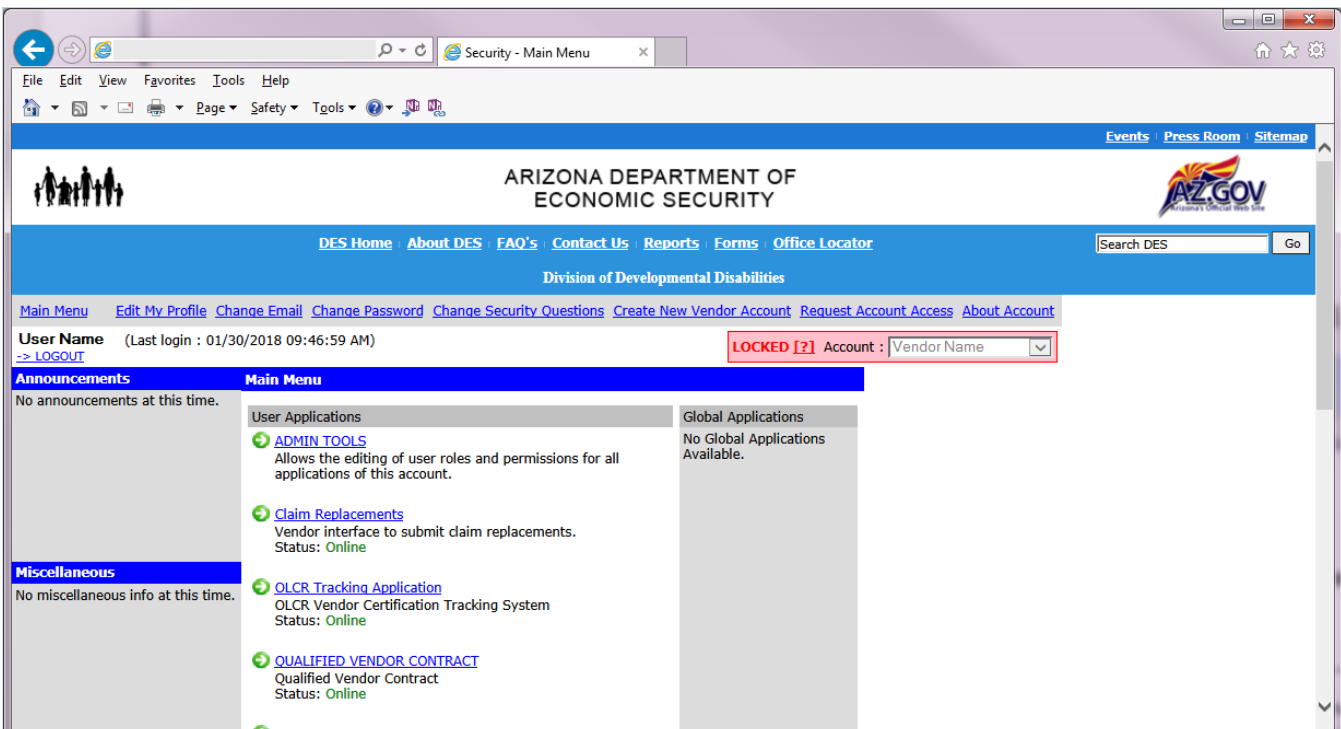
Scroll to the bottom of the screen to Save Changes or Cancel request.



Summary screen appears after changes have saved and click [Close](#) hyperlink



After you refresh your main page, the Claim Replacement Link appears. Click the link to navigate to the Claim Replacement Search Screen.



Enter search criteria

- Claim Line ID
OR
- Client ID (required)
And one of the following:
- Service Start Date
- Service End Date
- Service Code
- Amount Billed
- Modifier(s) (Only need 1 modifier even if claim has multiple modifiers)
- Status

Claim Line ID is required OR Client ID is required along with one additional search criteria.

Search Claims - Internet Explorer

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Division of Developmental Disabilities - Claims Replacements

Search Claims Vendor Name

Enter Claim Line ID or Client ID and at least one other search criterion.

Claim Line ID

Or

Service Start Date

Service End Date

Client ID

Service Code

Amount Billed

Modifiers

Status

Search Clear

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If nothing is entered into your search criteria and you click “Search”, you will get a message stating “Please enter Claim Line ID or Client ID and at least one other search criterion”.

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Search Claims Vendor Name

Enter Claim Line ID or Client ID and at least one other search criterion.

Claim Line ID

Or

Service Start Date

Service End Date

Client ID

Service Code

Amount Billed

Modifiers

Status

Search Clear

Please enter Claim Line ID or Client ID and at least one other search criterion.

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When search results return more than 1 result, the amount of results displays in the message under the search box and above the results grid. The grid is sorted by Service Code (A-Z), Service Date (Oldest to Newest), Status (A-Z).

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Search Claims Vendor Name

Enter Claim Line ID or Client ID and at least one other search criterion.

Claim Line ID

Or

Service Start Date

Service End Date

Client ID

Service Code

Amount Billed

Modifiers

Status

Search Clear

Number of claims returned: 304

1.)	Bill ID: 000000	Claim ID: 000000000	Claim Line ID: 000000000	Service Start Date: 05/31/17	Service End Date: 05/31/17	PAID
	LAST NAME, FIRST NAME					Amount Billed: \$44.68
	Service Code: DTS	Modifiers:				
	Replace					
2.)	Bill ID: 000000	Claim ID: 000000000	Claim Line ID: 000000000	Service Start Date: 06/05/17	Service End Date: 06/05/17	PAID
	LAST NAME, FIRST NAME					Amount Billed: \$44.68
	Service Code: DTS	Modifiers:				
	Replace					
3.)	Bill ID: 000000	Claim ID: 000000000	Claim Line ID: 000000000	Service Start Date: 06/07/17	Service End Date: 06/07/17	PAID
	LAST NAME, FIRST NAME					Amount Billed: \$41.89
	Service Code: DTS	Modifiers:				
	Replace					
4.)	Bill ID: 000000	Claim ID: 000000000	Claim Line ID: 000000000	Service Start Date: 06/09/17	Service End Date: 06/09/17	PAID

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When you enter an invalid Client ID, message appears that states "Client ID must be a 10 digit number"

The screenshot shows the Arizona Department of Economic Security (AZ GOV) search claims interface. The page title is "Search Claims - Internet Explorer". The header includes "ARIZONA DEPARTMENT OF ECONOMIC SECURITY" and "Division of Developmental Disabilities - Claims Replacements". The search criteria section includes fields for Claim Line ID, Service Start Date, Service End Date (01/30/2018), Client ID (sds), Amount Billed, Modifiers, Service Code, and Status. A red oval highlights the Client ID field and the error message below it: "Please enter Claim Line ID or Client ID and at least one other search criterion. Note: Client ID must be a 10 digit number." The Search and Clear buttons are visible on the right.

When

you enter an invalid Amount Billed, message appears that states "The field Amount Billed must be a number"

The screenshot shows the same Arizona Department of Economic Security search claims interface. The search criteria section includes fields for Claim Line ID, Service Start Date, Service End Date, Client ID (sds), Amount Billed, Modifiers, Service Code, and Status. A red oval highlights the Amount Billed field and the error message next to it: "The field Amount Billed must be a number." The Search and Clear buttons are visible on the right.

When you enter an invalid Claim Line ID, message appears that states "The Field Claim Line ID must be a number"

Search Claims - Internet Explorer

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Division of Developmental Disabilities - Claims Replacements

Search Claims Milemarkers Therapy

Enter Claim Line ID or Client ID and at least one other search criterion.

Claim Line ID ✕ The field Claim Line ID must be a number.

Or

Service Start Date

Service End Date

Client ID

Service Code

Amount Billed

Modifiers

Status

Search Clear

Please enter Claim Line ID or Client ID and at least one other search criterion. Note: Client ID must be a 10 digit number.

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Select a claim. The “UB Form” edit screen pops up with Vendor, Client, Details, TPL and Procedure Modifier Sections with Claim ID, Claim Line ID, and Bill ID in the upper right hand corner. Replace button and [Return to Search Claims results](#) hyperlink.

UB Form - Internet Explorer

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Search DES

Search Claim > UB Form

Vendor Name

Claim ID: 000000000 | Claim Line ID: 000000000 | Bill ID: 000000000

Vendor	TPL Code	TPL Amount	Reason Code
FEI: 999999999	1)		
Loc: AA	2)		
Ahcccs: 99999	3)		
NPI: 999999999	4)		
	5)		
	6)		
	7)		
	8)		
	9)		

Client ID	Procedure Modifiers
Last Name, First Name	1)
Id: 000000000	2)
Ahcccs: A00000000	3)
	4)
	5)
	6)

ProvSvc
Ahcccs: 000000
NPI: 000000000
Status: PAID
ServiceCode: STA
Start: 12/04/2017
End: 12/04/2017
PlaceOfSvc: 12
Units: 2.00
AbslUnits
Rate: 114.76
Total: 229.52
Replacement Reason

Replace [Return to Search Claims results](#)

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If the UB claim was a denied claim, the Error(s) will display up on the left hand side of the screen.

UB Form - Internet Explorer

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Division of Developmental Disabilities - Claims Replacements

Errors:

1. Payment already exists

Vendor Name

Claim ID: 000000000 | Claim Line ID: 000000000 | Bill ID: 0000000

Vendor	Vendor Name	TPL Code	TPL Amount	Reason Code
FEI	999999999	1).		
Loc	AA	2).		
Ahcccs	99999	3).		
NPI	9999999999	4).		
		5).		
		6).		
Client ID	Last Name, First Name	7).		
id	0000000000	8).		
Ahcccs	A000000000	9).		

Procedure Modifiers
1).
2).
3).
4).
5).
6).

ProvSvc

Ahcccs 000000

NPI 0000000000

Status PAID

ServiceCode STA

Start 12/04/2017

End 12/04/2017

PlaceOfSvc 12

Units 2.00

AbsUnits

Rate 114.76

Total 229.52

Replacement Reason

Replace Return to Search Claims results

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When you submit a claim to be replaced, the red message "Claim has been submitted for replacement. Please check back next business day" appears. Also the hyperlink message in blue "Return to Search Claim Results" will return you to your search.

UB Form - Internet Explorer

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Division of Developmental Disabilities - Claims Replacements

Search DES

Search Claim -> UB Form

Vendor Name

Claim ID: 000000000 | Claim Line ID: 000000000 | Bill ID: 0000000

Claim has been submitted for replacement. Please check back next business day.

[Return to Search Claims results](#)

Vendor	TPL Code	TPL Amount	Reason Code
FEI: 999999999	1).		
Loc: AA	2).		
Ahcccs: 99999	3).		
NPI: 999999999	4).		
	5).		
	6).		
	7).		
	8).		
	9).		

Client ID	Procedure Modifiers
Last Name, First Name	1).
id: 0000000000	2).
Ahcccs: A00000000	3).
	4).
	5).
	6).

ProvSvc:	
Ahcccs: 000000	
NPI: 0000000000	
Status: PAID	
ServiceCode: STA	
Start: 12/04/2017	
End: 12/04/2017	
PlaceOfSvc: 12	
Units: 2.00	
AbsUnits:	
Rate: 114.76	
Total: 229.52	

Replacement Reason:

Claim has been submitted for replacement. Please check back next business day.

[Return to Search Claims results](#)

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When you search to replace and select a 1500 claim, the following 1500 form populates to allow for replacement. You can change any of the information except for Vendor Name, Vendor FEI, Client Name, Client ID, and Client AHCCCS ID. To save changes click Submit button. To return to search results [Return to Search Claims](#) hyperlink. If you select the [Return to Search Claims](#) hyperlink, no changes will be saved.

1500 Form - Internet Explorer

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Division of Developmental Disabilities - Claims Replacements

Client ID: 0000000000
 Received Date: 01/10/2016

Claim ID: 000000000 | Claim Line ID: 000000000 | Bill ID: 0000000
 Status: PAID

Errors

Overrides
 Replacement Reason

Insurance Information

1. Medicare Medicaid Tricare CHAMPVA Group Health FECA Other

Client Information

2. Patient's Name (Last, First, Middle Initial)
 LAST NAME, FIRST NAME MI

3. Patient's Birth Date
 99/99/9999

Sex M F

4. Insured's Name (Last, First, Middle Initial)
 LAST NAME, FIRST NAME MI

5. Patient's Address (No. Street)
 PATIENT ADDRESS

6. Relationship to Insured
 Self Spouse Child Other

7. Insured's Address (No. Street)
 INSURED ADDRESS

8. RESERVED FOR NUCC USE

9. Other Insured's Name (Last, First, Middle Initial)

10. Is Patient's Condition Related To:

a. Employment? (Current or Partial)
 Yes No

b. Auto Accident? (Current or Previous)
 Yes No

c. Other Accident? (Current or Previous)
 Yes No

10d. Claim Codes (Designated by NUCC)

11. Insured's Policy Group or FECA Number

a. Insured's Birth Date
 99/99/9999

Sex M F

b. Other Claim ID (Designated by NUCC)

c. Insurance Plan Name or Program Name

d. Is there another health benefit plan?
 Yes No

Insured's or Authorized Person's Signature
 Signature on file? Yes No

Date

Claim Detail

14. Date of Current Illness, Injury or Pregnancy
 Qual

15. Qual
 Other Date

16. Dates Patient Unable to Work in Current Occupation
 From: To:

17. Name of Referring Provider or Other Source

17a. Other ID

17b. NPI
 9999999999

18. Hospitalization Dates Related To Current Services
 From: To:

19. Additional Claim Information (Designated by NUCC)

20. Outside Lab? Yes No \$ Charges

21. Diagnosis or Nature of Illness or Injury

A. R499 B. C. D. E. F. G. H. I. J. K. L.

22. Resubmission Code Original Ref. No.

23. Prior Authorization Number
 999999/9999999

Service Start Date	Service End Date	Procedures, Services, Supplies	Place of Service	EMG	HCPCS	Modifier	Diagnosis Pointer	\$ Charges	Del Units	TPL	EPSDT	NPI	Rendering Provider ID
12/11/2017	12/11/2017		12		E2510	NU	A	1073.96	1.00	4861.54	<input checked="" type="radio"/> Y <input type="radio"/> N	9999999999	999999

25. Federal Tax ID Number
 999999999

26. Patient Account No.
 99999

27. Accept Assignment?
 Yes No

28. Total Charge
 -3787.58

29. Paid
 4861.54

30. Rsvd for NUCC Use

31. Physician or Supplier Name

32. Service Facility Name


33. Billing Provider Name

Replace [Return to Search Claims results](#)

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When you submit a claim to be replaced, the red message "Claim has been submitted for replacement. Please check back next business day" appears. Also the link message in blue "Return to Search Claim Results" to bring you back to the search screen.

1500 Form - Internet Explorer

 ARIZONA DEPARTMENT OF ECONOMIC SECURITY

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Division of Developmental Disabilities - Claims Replacements

Search Claim > 1500 Form

Claim has been submitted for replacement. Please check back next business day.
[Return to Search Claims results](#)

Client ID:

Received Date:

Errors

Overrides
Replacement Reason

Insurance Information

1. Medicare Medicaid Tricare CHAMPVA Group Health FECA Other

Client Information

2. Patient's Name (Last, First, Middle Initial) 3. Patient's Birth Date Sex 4. Insurer's Name (Last, First, Middle Initial)

Claim Detail

14. Date of Current Illness, Injury or Pregnancy Qual 15. Qual Other Date 16. Dates Patient Unable to Work in Current Occupation:
From: To:

17. Name of Referring Provider or Other Source 17a. Other ID 18. Hospitalization Dates Related To Current Services:
From: To:

17b. NPI: 999999999

19. Additional Claim Information (Designated by NUCC)

20. Outside Lab? \$ Charges
 Yes No

21. Diagnosis or Nature of Illness or Injury ICD: A. B. C. D. E. F. G. H. I. J. K. L.

22. Resubmission Code Original Ref. No.

23. Prior Authorization Number: 999999999999

Service Start Date	Service End Date	Procedures, Services, Supplies	Place of Service	EMG	HCPCS	Modifier	Diagnosis Pointer	\$ Charges	Dat Units	IPI	EPSDI	NPI	Rendering Provider ID
12/11/2017	12/11/2017		12		E2510	NU	A	1073.96	1.00	4861.54		9999999999	999999

25. Federal Tax ID Number: 999999999 SSN EIN

26. Patient Account No.: 99999

27. Accept Assignment? Yes No

28. Total Charge: -3787.50

29. Paid: 4861.54

30. Rsvd for NUCC Use

31. Physician or Supplier Name: Date:

32. Service Facility Name: Street Address: City: State: Zip Code:

33. Billing Provider Name: Street Address: City: State: Zip Code:

NPI: Other ID: Phone:

Claim has been submitted for replacement. Please check back next business day.
[Return to Search Claims results](#)

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147,354px 1680 x 1010px 100%

Appendix A – PBS 1500 Claim Replacement Error Validation Summary

- At least one Diagnosis must be entered
- Billing Provider NPI is required
- Service Start Date is required
- Service End Date is required
- Place of Service is required
- HCPCS is required
- At least one Diagnosis Pointer must be entered and refer to a valid Diagnosis
- Charges is required
- Del Units is required
- Rendering Provider NPI is required
- Diagnosis Pointer refers to an empty Diagnosis
- The sum of the entered Amounts must be less than or equal to the Charges

Appendix B – Vendor PBS 1500 Claim Replacement Error Validation Summary

- **Service Start Date** is required
- **Service End Date** is required
- **Place of Service** is required
- **HCPCS** is required
- **Rendering Provider NPI** is required
- **33. Billing Provider NPI** is required
- **\$ Charges** is required
- **Del Units** is required
- **28. Total Charge** must be greater than 0
- At least one Diagnosis must be entered
- At least one Diagnosis Pointer must be entered and refer to a valid Diagnosis

UB Billing Template

A new template was created for the Claim Replacement process. All templates have been combined to make one template. This includes Aug Comm, AzEIP, and all other services.

	A	B	C	D	E	F	G
1	ProvdId	BillMonth	BillYear	ClaimType	ProvnPI	ProvdHcccsId	
2							
3							
4							
5							
6							
7							
8							
9							
10							

In the details section, original claim line id and replacement reason were also added and allows claims to be replaced by vendor.

BH	BI	BJ	BK
ntDiagnosisCode12	OriginalClaimLineId	ReplacementReason	

Appendix C – New UB Billing Specifications

DDD Uniform Billing Document Specifications

Version 4.0 Release Date: ?/?/2017 Customer Contact: Send e-mail to DDD-Claims@azdes.gov

FILE NAMING

All providers must be issued a 4-character PBS provider code (4 digit code) for use in the file name and identification in the database. This is usually a code based on the name of the provider and is unique to the PBS. If a provider does not know their code they should contact the DDD Accounts Payable Manager prior to file submission at 602-542-6874.

Ex: PROV0811.txt – Provider: PROV for November FY 2008 Text file format Ex: PROV0811.xls – Provider: PROV for November FY 2008 Excel file format

If you are submitting your billing file through the Automated Upload process (dropping your billing file into the CLAIMSIN folder on the SFTP site) you will need to follow the below naming convention as well as dropping a cover sheet named the same way as your billing file.

Ex: PROV1711001.xls – Provider: PROV for November FY 2017 Excel file format

Has cover sheet with it as PROV1711001.pdf

FILE VALIDATION

VALIDATION RULES:

- 1). All column type formatting must be followed according to spec. Example: date, decimal, int (integer) etc.
- 2). Excel format files must have a file extension of ".xls", text file format files must have the extension ".txt".
- 3). Sum of DelUnits, TotalAmtDue in detail file records must match TotalUnits and TotalAmount in Footer.
- 4). The total number of records in the submitted file must match the sum specified in the Footer "TotalRecords".
- 5). All client ids must have leading 0's. (ex: 0000001236)

EXCEL FORMAT SUBMISSIONS:

- 1). Excel file must contain 3 separate tabs properly labeled "HEADER" , "DETAILS", "FOOTER".
- 2). All columns must be properly labeled to the above specifications. (Ex: "TplCode1" - Valid "TplCde1" - Error)

TEXT FILE FORMAT SUBMISSIONS:

- 1). Header Line must begin with "HR" and must be the first line in the file with no blank lines above it.
- 2). Footer line must begin with "TR" and must be the last line in the file following all detail records.

COLUMN DEFN.

Column Name The name of the column on the UB document. *For Excel Formats the column names must match EXACTLY as they are written here and must be the first line in the excel sheet.(Line 1)*

Description Describes the column data and any additional rules or validation for that specific column.

Type The column type for the data element. There are only 4 acceptable formats:

- 1). "char" - Character type which accepts all alphanumeric characters ranging from (A - Z), numbers (0 - 9), or punctuations (' \$ # @ ! * etc).
- 2). "int" - Integer type or numbers only. This only accepts numbers ranging from (0 - 9, example: 1233256)
- 3). "decimal" - Decimal type which accepts only numbers but allows for a maximum of 2 places after a decimal point (if any). (example: 112.32, .56, or 6).
- 4). "date" - Date accepts valid dates only that must be in the following format: "mm/dd/yy". (example: 12/05/08)

Format This is provided to give an example of the format for the column as a reminder when populating the data. It will represent the Max Len (see next item) which may or may not be required.

Max Len "Maximum Length" which defines the total number of characters allowed for the data element. The data provided may not exceed the maximum length specified. For example if column has a Max Len of "8" then the following value will cause an error. "5562332563" because it is "10" characters in length.

Starting Index THIS APPLIES TO TEXT FILE SUBMISSIONS ONLY! This defines the starting index point for the data element.

Fixed Len "Fixed Length" specifies if the data in the column is required to be the length specified in "Max Len". For example if Max Len is set to "5" and Fixed Len is "TRUE" then the data in that column must match 5 characters exactly. Any less or any more and an error is generated. Alternatively if Fixed

Len is set to "FALSE" then the data in the column can be equato or less than the Max Len, **however if submitting a text file format all 5 spaces must be accounted for but can be left as empty blanks or " "**.

Required This specifies if a data element is required for submission or not. Columns left blank "" with no data that have required set to "TRUE" will generate an error. NOTE: Decimal or integer columns that are required will accept zero or "0" as a valid data submittal. This conforms to a Required setting of TRUE as well as represents a data value of zero.

HEADER

Column Name	Description	Type	Format	Max Len	Starting Index (.txt)	Fixed Len	Required
Header Indicator	Indicates the header line (Only for text file)	char	Should be "HR"	2	1	TRUE	TRUE
ProvId	The Provider Id	char	AAAAAAAAA	9	3	TRUE	TRUE
BillMonth	The billing month for the submitted bill.	char	AAA ("JAN" thru "DEC")	3	12	TRUE	TRUE
BillYear	The billing year for the submitted bill	char	AA (example: "08")	2	15	TRUE	TRUE
ClaimType	Claim Type for claim, see DES Billing dept. for details.	char	AA	2	17	TRUE	TRUE
ProvNPI	The NPI for the Provider, Required for Nursing and Therapists.	char	AAAAAAAAA	10	19	TRUE	FALSE
ProvAhcccsId	The AHCCCS Id for the Provider. Required for Nursing and Therapists.	char	AAAAAA	6	29	TRUE	FALSE

FOOTER

Column Name	Description	Type	Format	Max Len	Starting Index (.txt)	Fixed Len	Required
Footer Indicator	Indicates Footer line (Only for text file)	char	Should be "TR'	2	1	TRUE	TRUE
TotalRecords	The calculated total of actual claims in the Details tab.	int	NNNNNNNNN NNN	12	3	FALSE	TRUE
TotalUnits	The calculated total amount of units in the Details tab.	decimal	NNNNNNNNN N.NN	13	15	FALSE	TRUE
TotalAmount	The calculated total amount in the Details tab.	decimal	NNNNNNNNN N.NN	13	28	FALSE	TRUE

DETAILS

Column Name	Description	Type	Format	Max Len	Starting Index (.txt)	Fixed Len	Required
ProvSvcLocation	The 2 character identifier of the provider location.	char	AA	2	1	TRUE	TRUE
ContractNum	Provider's Contract Number	char	AAAAAAAAA	10	3	TRUE	TRUE
ClientId	The client's Identification number	char	AAAAAAAAA	10	13	TRUE	TRUE
SvcStartDate	The start date of the provided services.	date	MM/DD/YY	8	23	TRUE	TRUE
SvcEndDate	The end date of provided services.	date	MM/DD/YY	8	31	TRUE	TRUE
SvcCode	A valid DDD service code identifying the provided service. Ex: HAB	char	AAAAA	3	39	TRUE	TRUE
NursingHcpcsCode	Hcpcs Code for Nursing only.	char	AAAAA	5	42	TRUE	FALSE
DelUnits	The amount of units delivered for the service period. If no units delivered then should be zero "0"	decimal	NNNNNNN.NN	10	47	FALSE	TRUE

AbsUnits	Used for therapy no shows only. The amount of absent units delivered for the service period. If no units delivered then should be zero "0".	decimal	NNNNNNN.NN	10	57	FALSE	TRUE
Rate	The rate at which the service is provided.	decimal	NNNNNNN.NN	10	67	FALSE	TRUE
TplCode1	Third Party Liability code (Master Carrier Id)	char	AAAAAAAAA	10	121	FALSE	FALSE
TplAmt1	Third Party Liability Amount	decimal	NNNNNNN.NN	10	131	FALSE	FALSE
TplReCode1							Third Party Liability Reason code - Use only when payment is applied to deductible.
TplCode2	Third Party Liability code	char	AAAAAAAAA A	10	143	FALSE	FALSE
TplAmt2	Third Party Liability Amount	decimal	NNNNNNN.N N	10	153	FALSE	FALSE
TplReCode2	Third Party Liability Reason code - Use only when payment is applied to deductible.	char	AA	2	163	TRUE	FALSE
TplCode3	Third Party Liability code	char	AAAAAAAAA A	10	165	FALSE	FALSE
TplAmt3	Third Party Liability Amount	decimal	NNNNNNN.N N	10	175	FALSE	FALSE
TplReCode3	Third Party Liability Reason code - Use only when payment is applied to deductible.	char	AA	2	185	TRUE	FALSE
TotalAmtDue	The amount due for services provided.	decimal	NNNNNNN.N N	10	77	FALSE	TRUE
ProvControlNum	The control number for the provider.	char	AAAAAAAAA A	10	87	FALSE	FALSE
ProvOfSvcAhccsld	The AHCCCS Identification number of the provider of services. Required for Nursing and Therapists.	char	AAAAAA	6	97	TRUE	FALSE
ProvOfSvcNPI	The NPI of the provider of services. Required for Nursing and Therapists.	char	AAAAAAAAA A	10	103	TRUE	FALSE
PlaceOfSvc	The two digit code identifying the location of provided services.	char	AA	2	113	TRUE	TRUE
ProcMod1	Procedure Modifier 1. Please see Training Packet Appendix A & B for more info.	char	AA	2	115	TRUE	FALSE
ProcMod2	Procedure Modifier 2. Please see Training Packet Appendix A &	char	AA	2	117	TRUE	FALSE

ProcMod3	B for more info. Procedure Modifier 3. Please see Training Packet Appendix A & B for more info.	char	AA	2	119	TRUE	FALSE
TplCode4	Third Party Liability code	char	AAAAAAAAA A	10	187	FALSE	FALSE
TplAmt4	Third Party Liability Amount	decimal	NNNNNNN.N N	10	197	FALSE	FALSE
TplReCode4	Third Party Liability Reason code - Use only when payment is applied to deductible.	char	AA	2	207	TRUE	FALSE
TplCode5	Third Party Liability code	char	AAAAAAAAA A	10	209	FALSE	FALSE
TplAmt5	Third Party Liability Amount	decimal	NNNNNNN.N N	10	219	FALSE	FALSE
TplReCode5	Third Party Liability Reason code - Use only when payment is applied to deductible.	char	AA	2	229	TRUE	FALSE
TplCode6	Third Party Liability code	char	AAAAAAAAA A	10	231	FALSE	FALSE
TplAmt6	Third Party Liability Amount	decimal	NNNNNNN.N N	10	241	FALSE	FALSE
TplReCode6	Third Party Liability Reason code - Use only when payment is applied to deductible.	char	AA	2	251	TRUE	FALSE
TplCode7	Third Party Liability code	char	AAAAAAAAA A	10	253	FALSE	FALSE
TplAmt7	Third Party Liability Amount	decimal	NNNNNNN.N N	10	263	FALSE	FALSE
TplReCode7	Third Party Liability Reason code - Use only when payment is applied to deductible.	char	AA	2	273	TRUE	FALSE
TplCode8	Third Party Liability code	char	AAAAAAAAA A	10	275	FALSE	FALSE
TplAmt8	Third Party Liability Amount	decimal	NNNNNNN.N N	10	285	FALSE	FALSE
TplReCode8	Third Party Liability Reason code - Use only when payment is applied to deductible.	char	AA	2	295	TRUE	FALSE
TplCode9	Third Party Liability code	char	AAAAAAAAA A	10	297	FALSE	FALSE
TplAmt9	Third Party Liability Amount	decimal	NNNNNNN.N N	10	307	FALSE	FALSE
TplReCode9	Third Party Liability Reason code - Use only when payment is applied to deductible.	char	AA	2	317	TRUE	FALSE
ProcMod4	Procedure Modifier 4. Please see Training Packet Appendix A &	char	AA	2	319	TRUE	FALSE

ProcMod5	B for more info. Procedure Modifier 5. Please see Training Packet Appendix A & B for more info.	char	AA	2	321	TRUE	FALSE
ProcMod6	Procedure Modifier 6. Please see Training Packet Appendix A & B for more info.	char	AA	2	323	TRUE	FALSE
ClientDiagnosisCode1	Client Diagnosis Code	char	AAAAAA	6	325	FALSE	FALSE
ClientDiagnosisCode2	Client Diagnosis Code	char	AAAAAA	6	331	FALSE	FALSE
ClientDiagnosisCode3	Client Diagnosis Code	char	AAAAAA	6	337	FALSE	FALSE
ClientDiagnosisCode4	Client Diagnosis Code	char	AAAAAA	6	343	FALSE	FALSE
ClientDiagnosisCode5	Client Diagnosis Code	char	AAAAAA	6	349	FALSE	FALSE
ClientDiagnosisCode6	Client Diagnosis Code	char	AAAAAA	6	355	FALSE	FALSE
ClientDiagnosisCode7	Client Diagnosis Code	char	AAAAAA	6	361	FALSE	FALSE
ClientDiagnosisCode8	Client Diagnosis Code	char	AAAAAA	6	367	FALSE	FALSE
ClientDiagnosisCode9	Client Diagnosis Code	char	AAAAAA	6	373	FALSE	FALSE
ClientDiagnosisCode10	Client Diagnosis Code	char	AAAAAA	6	379	FALSE	FALSE
ClientDiagnosisCode11	Client Diagnosis Code	char	AAAAAA	6	385	FALSE	FALSE
ClientDiagnosisCode12	Client Diagnosis Code	char	AAAAAA	6	391	FALSE	FALSE
OriginalClaimLineId	Original Claim Line ID	int	NNNNNNNNN	10	397	FALSE	FALSE
ReplacementReason	Reason for Replacement	char	AAAAA	50	407	FALSE	FALSE

Appendix D – New QC’s added for Claim Replacements

- A new QC was added for when you submit an excel upload template, it verifies that the original claim line id field that was created for claim replacements is actually a number and that it cannot exceed 10 digits.
- A new QC was created that will deny a claim if the claim line id that is trying to be replaced was already replaced once.
- A new QC was created that will deny the claim replacement if the Vendor trying to make the replacement is not the vendor on the claim line id trying to be replaced.
- A new QC was created that will deny the claim replacement if the claim line id that is trying to be replaced does not exist.
- A new QC was created for EDI claims that were submitted with a frequency code of 8 to deny for “We do not currently support the VOID/CANCEL OF PRIOR CLAIM type”.
- A new QC was created to deny a claim replacement if the claim was already replaced in the same batch.
- A new QC was created that will deny if the claim line id is for a different client than what was on the original claim line id.