

Encounter Keys

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Inpatient Rate Information

Pursuant to Budget Reconciliation Bill, SB 1619, hospital inpatient rates were reduced 5%. Pursuant to Arizona Administrative Code, R9-22-712, outlier cost thresholds were increased 5% and cost-to-charge ratios were reduced 5%, effective 10/01/2011. Additionally, individual hospital inpatient cost-to-charge ratios will be decreased by the same percentage as those hospital's charge master increases after April 1, 2011.

New rate sheets, outlier thresholds and tier descriptions (all AHCCCS contracted hospitals) effective October 1, 2011 through September 30, 2012 can be obtained on the AHCCCS website.

Allowable Payments for Emergency Room Care vs. Urgent Care

By definition, CPT codes 99281-99285 are only appropriately billed for services provided in a hospital Emergency Department. Arizona hospital licensure requirements state that emergency services are services which are provided 24 hours a day in a designated area of the hospital. A.A.C. R9-10-216.

Please Note:

- Only Emergency Rooms which are open 24 hours per day, 7 days per week; subject to EMTALA; and licensed as Emergency Rooms can bill CPT codes 99281-99285.
- Urgent Care Centers – even those that are hospital-affiliated, may not bill CPT codes 99281-99285 as these codes are, by definition, only appropriate when billed for services in an ER.

This is not an AHCCCS change to billing protocol, but is a clarification of current coding guidelines.

Submission of a claim using these codes for services provided outside of the 24 hour Emergency Department is a prohibited act under A.R.S. 36-2918 and constitutes the knowing presentation of a claim for medical services that were not provided as claimed. AHCCCS will be monitoring these codes and will disallow payment for any inappropriately billed codes from urgent care centers. Providers submitting such claims are subject to civil monetary penalties and/or criminal prosecution.

In addition, be advised that services in urgent care operations – even those that are hospital-affiliated - are non-emergency outpatient services that may be denied by the patient's health plan if the provider is not in the health plan's network.

Reference Files

Effective October 1, 2011 Reference 01 and Reference 03 files will be updated to include new records. For the Reference 01 file the new records are H7 [Status B Codes], H8 [Benefit Package Limits], H9 [Benefit Package Limit Exception], N1 [Multiple Surgery]. For the Reference 03 file, the new records are P4 [Procedure OPFS Price] and P5 [OPFS Bundled Rate Driver Codes]

Encounter Monthly Data File

The monthly AHCCCS file plan extracts, for which plans may compare financial data on encounter with plan claims data, are available on the SFTP server by the 15th of the month at the following path: sftp.statemedicaid.us\xxx\prod\out\ENC_wwwwww_nnnnnn.zip (where xxx is the three character plan mnemonic, nnnnnn is the health plan ID, and wwwwww is the encounter file extract). wwwwww stands for four file extracts: ADJ is adjudicated/approved [status 31] encounters; DENIED is adjudicated/denied [status 43] by plan encounters; PEND is pending [status 11] encounters; and VOID is adjudicated/voided [status 32] encounters. For the record layout please visit the link below.

http://www.azahcccs.gov/commercial/Downloads/Encounters/adjudication/Encounter_Quarterly_Data_File.pdf

Encounter Guidelines Added to Community Manager

The 837 v5010 Encounter Guidelines for Professional, Institutional and Dental have been added to Community Manager. Please use the following guidelines to validate your 837 v5010 Encounter files:

Professional 005010X222A1:

SDAZ8375010P-1, Types 1-7, Version 5, Release 1, ASCX12 Standards (May 2006), Errata June 2010

Institutional 005010X223A2:

SDAZ8375010I-1, AZ 837 Institutional Companion version - 5010

Dental 005010X224A2:

SDAZ8375010D-1, Types 1-2, Health Care Claim: Dental (837D), Version 5

For questions regarding the outcome of files validated using the CM web portal, please use the "Contact AHCCCS" feature within Community Manager.

Visit the AHCCCS HIPAA 5010 Webpage for the latest HIPAA 5010 Information:

<http://www.azahcccs.gov/commercial/EDIresources/consortium.aspx>

Coverage Code

- Effective for dates of service on or after January 1, 2011 the CPT code 88363 (Examination And Selection of Retrieved Archival (i.e., Previously Diagnosed) Tissue(s) For Molecular Analysis (e.g., Kras Mutational Analysis)) has a coverage code of 01 (Covered Service/Code Available).
- Effective for dates of service on or after January 1, 2010 the CPT codes below have a coverage code of 01 (Covered Service/Code Available):

Code	Description
0213T	Injection(s), Diagnostic or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance, Cervical Or Thoracic; Single Level
0216T	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance, Lumbar Or Sacral; Single Level
0218T	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance, Lumbar Or Sacral; Third And Any Additional Level(s) (List Separately In Addition To Code For Primary Procedure)

- Effective for dates of service on or after January 1, 2011 the HCPCS code E0446 (Topical Oxygen Delivery System, Not Otherwise Specified, Includes All Supplies And Accessories) now has a coverage code of 04 (Not Covered Service/Code Not Available).
- Effective for dates of service on or after January 1, 2011 the CPT code 88363 (Examination And Selection Of Retrieved Archival (i.e, Previously Diagnosed) Tissue(s) For Molecular Analysis (e.g., Kras Mutational Analysis) now has a coverage code of 01 (Covered Service/Code Available).
- Effective for dates of service on or after January 1, 2010 the CPT code 77406 (Radiation Treatment Delivery, Single Treatment Area, Single Port Or Parallel Opposed Ports, Simple Blocks Or No Blocks; 20 Mev Or Greater) now has a coverage code of 01 (Covered Service/Code Available).

Limits

- The procedure daily limit has been changed to 16 for the HCPCS code J9070 (Cyclophosphamide, 100 mg).
- The procedure daily limit and the laboratory limit have both changed to two (2) for the CPT code 60545 (Adrenalectomy, Partial or Complete, Or Exploration of Adrenal Gland with Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure); With Excision Of Adjacent Retroperitoneal Tumor).

Gender Code Changes

- The gender indicator has been removed from the CPT code 52276 (Cystourethroscopy With Direct Vision Internal Urethrotomy).

Age

- The minimum age has been changed to 000Y HCPCS code A4627 (Spacer, Bag or Reservoir, with or without Mask, For Use with Metered Dose Inhaler).
- The minimum age has been changed to 003Y for HCPCS code E0971 (Manual Wheelchair Accessory, Anti-Tipping Device, Each).
- The minimum and maximum ages have been changed for the Diagnosis code 786.31 (Acute Idiopathic Pulmonary Hemorrhage in Infant) they are minimum age 028 days and maximum days 730 days (2 years).

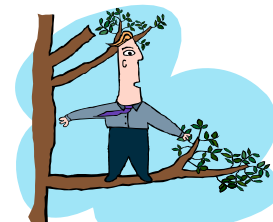
Multiple Changes

The HCPCS Codes listed below have been added to the following:

- Provider Type 43 (Ambulatory Surgical Center);
- Place of Service 24 (Ambulatory Surgical Center);
- Modifier SG (Amb Surg Ctr (ASC) Facility) and
- Revenue Code 0490 (Ambul Surg)

Code	Description
C9280	Injection, Eribulin Mesylate, 1 Mg
C9281	Injection, Pegloticase, 1 Mg
C9282	Injection, Ceftaroline Fesamil, 10 Mg
J0833	Injection, Cosyntropin, Not Otherwise Specified, 0.25 Mg
J1451	Injection, Fomepizole, 15 Mg
Q2040	Injection, Incobotulinumtoxin A, 1 Unit
Q4118	Matristem Micromatrix, 1 Mg
Q4119	Matristem Wound Matrix, Per Square Centimeter

- The lab indicator of "C" has been removed from the CPT code 85610 (Prothrombin Time;).
- The end date has changed to 99/99/9999 for the modifier 51 (Multiple procedures) for the CPT code 20926 (Tissue Grafts, Other (e.g., Paratenon, Fat, Dermis)) on reference screen RF122.



"Don't be afraid to go out on a limb.
It's where all the fruit is."

Shirley MacLaine

Revenue Code

- Effective for dates of service on or after January 1, 2010 the revenue code 0972 (Pro Fee/Rad DX) has been added to CPT code, 70551(Magnetic Resonance (e.g., Proton) Imaging, Brain (Including Brain Stem); Without Contrast Material).
- Effective for dates of service on or after January 1, 2011 the revenue code 0972 (Pro Fee/Rad DX) has been added to CPT code 71020 (Radiologic Examination, Chest, 2 Views, Frontal and Lateral) and 71035 (Radiologic Examination, Chest, Special Views (e.g., Lateral Decubitus, Bucky Studies) and 76801 (Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And Maternal Evaluation, First Trimester (14 Weeks 0 Days), Transabdominal Approach; Single Or First Gestation).
- Effective for dates of service on or after January 1, 2010 the revenue code 0361 (OR/Minor) to CPT code 36860 (External Cannula Declotting (Separate Procedure); Without Balloon Catheter).

Place of Service (POS)

- Effective for dates of service on or after January 1, 2010 the following HCPCS Codes have been added to the POS 31 (Skilled Nursing Facility); 32 (Nursing Facility) And 33 (Custodial Care Facility):

Codes	Description
65210	Removal Of Foreign Body, External Eye; Conjunctival Embedded (Includes Concretions), Subconjunctival, Or Scleral Nonperforating
76514	Ophthalmic Ultrasound, Diagnostic; Corneal Pachymetry, Unilateral Or Bilateral (Determination Of Corneal Thickness)
92002	Ophthalmological Services: Medical Examination And Evaluation With Initiation Of Diagnostic And Treatment Program; Intermediate, New Patient
92004	Ophthalmological Services: Medical Examination And Evaluation With Initiation Of Diagnostic And Treatment Program; Comprehensive, New Patient, 1 Or More Visits
92012	Ophthalmological Services: Medical Examination And Evaluation, With Initiation Or Continuation Of Diagnostic And Treatment Program; Intermediate, Established Patient
92014	Ophthalmological Services: Medical Examination And Evaluation, With Initiation Or Continuation Of Diagnostic And Treatment Program; Comprehensive, Established Patient, 1 Or More Visits
92083	Visual Field Examination, Unilateral Or Bilateral, With Interpretation And Report; Extended Examination (e.g., Goldmann Visual Fields With At Least 3 Isopters Plotted And Static Determination Within The Central 30m, Or Quantitative, Automated Threshold Perimetry, Octopus Program G-1, 32 Or 42, Humphrey Visual Field Analyzer Full Threshold Programs 30-2, 24-2, Or 30/60-2)
92225	Ophthalmoscopy, Extended, With Retinal Drawing (e.g., For Retinal Detachment, Melanoma), With Interpretation And Report; Initial
92226	Ophthalmoscopy, Extended, With Retinal Drawing (e.g., For Retinal Detachment, Melanoma), With Interpretation And Report; Subsequent
92250	Fundus Photography With Interpretation And Report
92285	External Ocular Photography With Interpretation And Report For Documentation Of Medical Progress (e.g., Close-Up Photography, Slit Lamp Photography, Goniophotography, Stereo-Photography)
95060	Ophthalmic Mucous Membrane Tests

- The Place of Service (POS) 13 (Assisted Living Facility) can be reported on the following codes with their respective begin dates:

CODE	DESCRIPTION	BEGIN DATE
11730	Avulsion Of Nail Plate, Partial Or Complete, Simple; Single	07/09/2010
73590	Radiologic Examination; Tibia And Fibula, 2 Views	01/14/2010
90805	Individual Psychotherapy, Insight Oriented, Behavior Modifying And/Or Supportive, In An Office Or Outpatient Facility, Approximately 20 To 30 Minutes Face-To-Face With The Patient; With Medical Evaluation And Management Services	03/18/2010
90806	Individual Psychotherapy, Insight Oriented, Behavior Modifying And/Or Supportive, In An Office Or Outpatient Facility, Approximately 45 To 50 Minutes Face-To-Face With The Patient;	05/02/2010
E1007	Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Mechanical Shear Reduction	06/30/2010
E2311	Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And Two Or More Power Seating System Motors, Including All Related Electronics, Indicator Feature, Mechanical Function Selection Switch, And Fixed Mounting Hardware	06/30/2010
E2312	Power Wheelchair Accessory, Hand Or Chin Control Interface, Mini-Proportional Remote Joystick, Proportional, Including Fixed Mounting Hardware	06/30/2010

- Effective for dates of service on or after October 1, 2010 the POS 11 (Office) can be reported with the following CPT codes:

Code	Description
14301	Adjacent Tissue Transfer Or Rearrangement, Any Area; Defect 30.1 Sq Cm To 60.0 Sq Cm
14302	Adjacent Tissue Transfer Or Rearrangement, Any Area; Each Additional 30.0 Sq Cm, Or Part Thereof
77013	Computed Tomography Guidance For, And Monitoring Of, Parenchymal Tissue Ablatio

- Effective for dates of service on or after January 1, 2010 the following CPT codes have been added to the POS 11 (Office):

Code	Description
64430	Injection, Anesthetic Agent; Pudendal Nerve
64435	Injection, Anesthetic Agent; Paracervical (Uterine) Nerve
64449	Injection, Anesthetic Agent; Lumbar Plexus, Posterior Approach, Continuous Infusion By Catheter (Including Catheter Placement)
64479	Injection(s), Anesthetic Agent And/Or Steroid, Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Level
64480	Injection(s), Anesthetic Agent And/Or Steroid, Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each Additional Level (List Separately In Addition To Code For Primary Procedure)
64483	Injection(s), Anesthetic Agent And/Or Steroid, Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Level
64484	Injection(s), Anesthetic Agent And/Or Steroid, Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Each Additional Level (List Separately In Addition To Code For Primary Procedure)

- Effective for dates of service on or after October 1, 2011 the POS 24 (Ambulatory Surgical Center) can be reported with the following CPT codes:

Code	Description
57156	Insertion of A Vaginal Radiation Afterloading Apparatus For Clinical Brachytherapy
90743	Hepatitis B Vaccine, Adolescent (2 Dose Schedule), For Intramuscular Use
90744	Hepatitis B Vaccine, Pediatric/Adolescent Dosage (3 Dose Schedule), For Intramuscular Use
90746	Hepatitis B Vaccine, Adult Dosage, For Intramuscular Use
90747	Hepatitis B Vaccine, Dialysis Or Immunosuppressed Patient Dosage (4 Dose Schedule), For Intra-

“Men are not prisoners of fate, but only prisoners of their own minds”

Franklin Roosevelt

Place of Service (POS)

- Effective for dates of service on or after March 1, 2009 the POS 12 (Home) can be reported with the HCPCS code E2621 (Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware).
- Effective for dates of service on or after January 1, 2010 the HCPCS code K0108 (Wheelchair Component or Accessory, Not Otherwise Specified) has been added to the POS 13 (Assisted Living Facility).
- Effective for dates of service on or after January 1, 2011 the CPT code 0042T (Cerebral Perfusion Analysis Using Computed Tomography With Contrast Administration, Including Post-Processing Of Parametric Maps With Determination Of Cerebral Blood Flow, Cerebral Blood Volume, And Mean Transit Time) POS 21 (Inpatient Hospital).
- Effective for dates of service on or after June 6, 2010 the POS 23 (Emergency Room – Hospital) can be reported on the CPT code 24685 (Open Treatment Of Ulnar Fracture, Proximal End (e.g., Olecranon Or Coronoid Process(es))), Includes Internal Fixation, When Performed).
- Effective for dates of service on or after July 1, 2010 the CPT code 89100 (Duodenal Intubation and Aspiration; Single Specimen (e.g., Simple Bile Study or Afferent Loop Culture) Plus Appropriate Test Procedure)) and 91020 (Gastric Motility (Manometric) Studies) can now be reported with the POS 24 (Ambulatory Surgical Center).
- Effective for dates of service on or after October 1, 2011 the POS 22 (Outpatient Hospital) can be reported with the CPT code: 49402 (Removal Of Peritoneal Foreign Body From Peritoneal Cavity).
- Effective for dates of service on or after October 1, 2011 the POS 11 (Office) can be reported with the CPT code 57156 (Insertion of A Vaginal Radiation Afterloading Apparatus For Clinical Brachytherapy).

Provider Type (PT)

- Effective for dates of service on or after September 1, 2009 the following CPT codes have been added to provider type 19 (Registered Nurse Practitioner).

Code	Description
20936	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Local (e.g., Ribs, Spinous Process, Or Laminar Fragments) Obtained From Same Incision (List Separately In Addition To Code For Primary Procedure)
63030	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(s), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Including Open And Endoscopically-Assisted Approaches; 1 Interspace, Lumbar
63035	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(s), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Including Open And Endoscopically-Assisted Approaches; Each Additional Interspace, Cervical Or Lumbar (List Separately In Addition To Code For Primary Procedure)
63042	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(s), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Lumbar

Provider Type (PT)

- Effective for dates of service on or after January 1, 2010 the CPT codes 49560 (Repair Initial Incisional Or Ventral Hernia; Reducible) and 49561 (Repair Initial Incisional Or Ventral Hernia; Incarcerated Or Strangulated) have been added to the PT 19 (Registered Nurse Practitioner).
- Effective for dates of service on or after July 1, 2010 the CPT code 89100 (Duodenal Intubation and Aspiration; Single Specimen (e.g., Simple Bile Study or Afferent Loop Culture) Plus Appropriate Test Procedure)) and 91020 (Gastric Motility (Manometric) Studies) can now be reported for PT 43 (Ambulatory Surgical Center).
- Effective for dates of service on or after September 1, 2009 the provider type 19 (Registered Nurse Practitioner) can report CPT code 69200 (Removal Foreign Body from External Auditory Canal; Without General Anesthesia).
- Effective for dates of service on or after January 1, 2009 the provider types 08 (MD-Physician), 18 (Physicians Assistant), 19 (Registered Nurse Practitioner), and 31 (DO-Physician Osteopath) can report the HCPCS code S2083 (Adjustment of Gastric Band Diameter via Subcutaneous Port by Injection or Aspiration of Saline).
- Effective for dates of service on or after January 1, 2009 the provider type 08 (MD-Physician) and 31 (DO-Physician Osteopath) can report the HCPCS code E0114 (Crutches Underarm, Other Than Wood, Adjustable Or Fixed, Pair, With Pads, Tips And Handgrips).
- Effective for dates of service on or after January 1, 2010 the HCPCS code C1713 (Anchor/Screw For Opposing Bone-To-Bone Or Soft Tissue-To-Bone (Implantable) has been added to provider type 43 (Ambulatory Surgical Center).
- Effective for dates of service on or after September 1, 2009 the PT 19 (Registered Nurse Practitioner) can report the modifiers AS (PA SVCS for Assistant/At Surgery); 80 (Assistant Surgeon); 81 (Minimum Assistant Surgeon), and 82 (Assist Surg/Qual Resident Surg Not Avail) for the following the CPT codes:

Code	Description
20936	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Local (Eg, Ribs, Spinous Process, Or Laminar Fragments) Obtained From Same Incision (List Separately In Addition To Code For Primary Procedure)
63030	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(s), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Including Open And Endoscopically-Assisted Approaches; 1 Interspace, Lumbar
63035	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(s), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Including Open And Endoscopically-Assisted Approaches; Each Additional Interspace, Cervical Or Lumbar (List Separately In Addition To Code For Primary Procedure)
63042	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(s), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Lumbar

Modifiers

- Effective for dates of service on or after January 1, 2010 the CPT codes 49560 (Repair Initial Incisional Or Ventral Hernia; Reducible) and 49561 (Repair Initial Incisional Or Ventral Hernia; Incarcerated Or Strangulated) have modifiers added to the reference table RF618 for provider type 19. The modifiers are listed below.

- 80 Assistant Surgeon: Surgical Assistant Services May Be Identified
- 81 Minimum Assistant Surgeon: Minimum Surgical Assistant Services
- 82 Assistant Surgeon (When Qualified Resident Surgeon Not Available)

- Effective for dates of service on or after January 1, 2011 the modifier LC (Left Circumflex Coronary Artery) has been added to the HCPCS Codes G0290 (Transcatheter Placement of a Drug Eluting Intracoronary Stent(s), Percutaneous, With Or Without Other Therapeutic Intervention, Any Method; Single Vessel) and G0291 (Transcatheter Placement Of A Drug Eluting Intracoronary Stent(s), Percutaneous, With or Without Other Therapeutic Intervention, Any Method; Each Additional Vessel).
- Effective for dates of service on or after January 1, 2010 the modifiers RT (Identifies Right Side Body Procedures) and LT (Identifies Left Side Body Procedures) have been added to the CPT code 29828 (Arthroscopy, Shoulder, Surgical; Biceps Tenodesis).
- Effective for dates of service on or after January 1, 2010 the modifiers RT (Identifies Right Side Body Procedures) and LT (Identifies Left Side Body Procedures) have been added to the CPT codes listed below:

Code	Description
77295	Therapeutic Radiology Simulation-Aided Field Setting; 3-Dimensional
77300	Basic Radiation Dosimetry Calculation, Central Axis Depth Dose Calculation, TDF, NSD, Gap Calculation, Off Axis Factor, Tissue Inhomogeneity Factors, Calculation Of Non-Ionizing Radiation Surface And Depth Dose, As Required During Course Of Treatment, Only When Prescribed By The Treating Physician
77334	Treatment Devices, Design And Construction; Complex (Irregular Blocks, Special Shields, Compensators, Wedges, Molds Or Casts)

Edits**S388 - MEDICALLY UNLIKELY EDIT**

Mode: 1

Form type: I, O, L, A

Adj lvl: 80

DOS: 10/01/11

Set to: "Y" hard

Form type: C, D

Set to: "N" off

Mode: 2 & 6

Form type: I, O,L, A, C, D

Set to: "N" off

ReInsurance:

Mode: 1, 2 & 6

Form type: I, O,L, A, C, D

Set to: "N" off

V409 VENTILATOR AND DISCHARGE MANAGEMENT EDITS

Mode: 1

Form type: I, O, L, A

Adj lvl: 80

DOS: 10/01/11

Set to: "Y" hard

Form type: C, D

Set to: "N" off

Mode: 2 & 6

Form type: I, O,L, A, C, D

Set to: "N" off

ReInsurance:

Mode: 1, 2 & 6

Form type: I, O,L, A, C, D

Set to: "N" off

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Z297 INPATIENT LIMITS EXCEEDED

Mode: 1

Form type: I, O

Adj lvl: 80

DOS: 10/01/11

Set to: "Y" hard

Form type: L, A, C, D

Set to: "N" off

Mode: 2 & 6

Form type: I, O,L, A, C, D

Set to: "N" off

ReInsurance:

Mode: 1, 2 & 6

Form type: I, O,L, A, C, D

Set to: "N" off

Z298 RESPITE CARE LIMITS EXCEEDED

Mode: 1

Form type: A

Adj lvl: 80

DOS: 10/01/11

Set to: "Y" hard

Form type: I, O, L, C, D

Set to: "N" off



“Football is an honest game. It's true to life. It's a game about sharing. Football is a team game. So is life.”

~Joe Namath