Routine Name: CHMXPU04\_\_\_\_\_\_\_\_\_\_\_\_

Developer Name(s): Oliver Wilms\_\_\_\_\_\_\_\_\_

Associated User Story/Stories: CPE005-038\_\_\_\_\_\_\_\_\_\_\_

Current CHMXPU04

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| CHMXPU04 ;CVA/DTP;X12 837 READ EDIT UTILITY #4 (HEALTH CARE CLAIMS);03/10/98 1:50 PM  ;;1.0;CHAMPVA SYSTEM;;JULY 4, 1990;Build 2  ;;CPTS #11374 BY DTP (18-DEC-96)  ;;SPECIAL EDITS FOR 837 RECORD READ AT CLAIM LEVEL  ;;CALLED INDIRECTLY BY GENREAD^CHMXPU01+15 (CHEDRTN IS DEFINED), CHMXPU07  ;;AJM DEV5022 (04-JUN-08)  ;;Methodical - Changed CHHCQLF= TO CHHCQLF[ in order to handle ICD-10 or ICD-9 qualifier  ;;ICD-10 RCS -lg Don't insert decimal point into ICD-10 Procedure Codes "BR" & "BQ" HCCQ check for ICD9 codes 03/08/13  ;;ICD-10 RCS -lg added "BBQ":"i" to $CASE statement in case BBQ not in file 03/25/13  ;;ICD-10 RCS -lg Bug 28 E code decimal point placed after the 4th character vice after the 3rd character. HCCQ ABF 6/24/14  ;; 2/1/2016 DLB MERGED UPDATES TO THE FORMAT ROUTINE FRO ICD-9 DIAGNOSIS CODES.  ;;CPE005-043 SS - TOB FC 8 All Claims Lines Not Complete (Freq code=8)  ;;CPE005-042 AJF - Original PDI in process and all claims in process (Freq code=8)  ;;OTW 11/28/2017 CPE005-040 - Reject if Original PDI Number is null and Freq code=5.  ;;BDB 12/4/2017 CPE005-039 - Reject Frequency Code 6  ; HCCDQ ;VALIDATION OF HEALTH CARE CODE QUALIFIER  D DEBUG^CHMXDR01("CHMXPU04: HCCDQ CHFLD(CHFLPN)= ",CHFLD(CHFLPN))  Q:'$D(CHFLD(CHFLPN)) Q:CHFLD(CHFLPN)=""  I '$D(^CHMXDIC(741201.1,"B",CHFLD(CHFLPN))) D  ;G HCCDQ1  . S CHHCQLF="",CHSUB1=49,CHSUB2=1 D SETDTA  . D DEBUG^CHMXDR01("CHMXPU04: HCCDQ2 CHFLD(CHFLPN)= ",CHFLD(CHFLPN))  . S CHEDRJ="E100"\_$CASE(CHFLD(CHFLPN),"ABK":"c","ABJ":"d","ABR":"e","ABN":"f","ABF":"g","BBR":"h","BBQ":"i",:"") ; ICD-10 RCS -lg added "BBQ":i   . D RCDERR^CHMXPU01:CHEDRJ'="E100" HCCDQ1 Q  ;  ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;  ; THE HEALTH CARE CODE QUALIFIER VALIDATION IS USED FOR BOTH THE ICD-9 AND ICD-10 CODES.  ; THE USE OF THE "[" (CONTAINS) VS THE "=" (EQUALS) ALLOWS THE TESTING OF THE   ; "BK,BJ,BF,etc" AND "ABK,ABJ,ABF,etc" USING THIS SAME FUNCTION.  ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;  ; HCCDV ;VALIDATION OF HEALTH CARE CODE (FILE LOOKUP DEPENDS UPON HC QUALIFIER)  Q:'$D(CHFLD(CHFLPN)) ; Q:CHFLD(CHFLPN)=""   D DEBUG^CHMXDR01("CHMXPU04: HCCDV ENTRY: CHFLD(CHFLPN)=",CHFLD(CHFLPN))  S CHDIF=3,CHEND=1  D GTHCQLF I $D(CHEDPRB) S CHPRB="E40ZA" G HCCDV1  ;FOLLOWING WAS FE EDIT E40ZD - AJM DEV5022  Q:CHHCQLF=""  I CHFLD(CHFLPN)="" S CHSUB1=49,CHSUB2=1,CHEDRJ="NONE" D SETDTA G HCCDV1  U 0 W:$$ENVIR^CHTFLIB'="LIVE" !," CHMXPU04: HCCDV: GTHCQLF()=",CHHCQLF," $D(^CHMXDIC(741201.1,""B"",",CHHCQLF,"))= ",$D(^CHMXDIC(741201.1,"B",CHHCQLF))  G:'$D(^CHMXDIC(741201.1,"B",CHHCQLF)) HCCDV1  I CHHCQLF["BJ" D  G HCCDV1  .S JZ=3 D STFRMT ; SET UP THE FORMATTING FOR THE CODES   .I '$D(^CHMICDX("C",CHFLD(CHFLPN))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E40ZB" D SETDTA  .S CHSUB1=42,CHSUB2=1 D SETDTA Q  I CHHCQLF["BK" D  G HCCDV1  .S JZ=3 D STFRMT  .I '$D(^CHMICDX("C",CHFLD(CHFLPN))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E401a" D SETDTA  .S ZZTOS=$P(^CHMXCLE(CHCLEI,0),"^",4)  .I ZZTOS'="" I ($P(^CHMXCLE(CHCLEI,0),"^",5)="A")&($D(^CHMXDIC(741201.03,"D",1,ZZTOS)))&($D(CHDTA(40,1,0))) S CHEDRJ="E401b",CHSUB1=49,CHSUB2=1 D SETDTA  .S CHSUB1=40,CHSUB2=1 D SETDTA K ZZTOS Q  I CHHCQLF["BF" D  G HCCDV1  .S JZ=3 D STFRMT  .I '$D(^CHMICDX("C",CHFLD(CHFLPN))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E40J1" D SETDTA  .S CHSUB1=40,CHSUB2=1 D SETDTA Q  I CHHCQLF["BN" D  G HCCDV1  .S JZ=3 D STFRMT  .I '$D(^CHMICDX("C",CHFLD(CHFLPN))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E40ZC" D SETDTA  .S CHSUB1=40,CHSUB2=1 D SETDTA Q  I CHHCQLF["ZZ" D  G HCCDV1  .S JZ=3 D STFRMT  .I '$D(^CHMICDX("C",CHFLD(CHFLPN))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E40J1" D SETDTA  .S CHSUB1=46,CHSUB2=1 D SETDTA Q  I CHHCQLF["BR" D  G HCCDV1  .I CHHCQLF="BR"  D ; "BR" IS AN ICD-9 PROCEDURE QUALIFIER IN "E100","E105","E110" RECORDS  ..S JZ=2 D STFRMT  ;ICD-10 RCS -lg  .I '$D(^CHMSERV("BE",CHFLD(CHFLPN)\_"Z")) S CHSUB1=49,CHSUB2=1,CHEDRJ="E411a" D SETDTA  .S ZZTOS=$P(^CHMXCLE(CHCLEI,0),"^",4)  .;FOLLOWING WAS FE EDIT E411b - AJM DEV5022  .I ZZTOS'="" I ($P(^CHMXCLE(CHCLEI,0),"^",5)="A")&($D(^CHMXDIC(741201.03,"D",1,ZZTOS)))&($D(CHDTA(41,1,0))) S CHEDRJ="NONE",CHSUB1=49,CHSUB2=1 D SETDTA  .S CHSUB1=41,CHSUB2=1 D SETDTA K ZZTOS Q  I CHHCQLF["BP" D  G HCCDV1  .I ('$D(^CHMSERV("BC",CHFLD(CHFLPN))))&('$D(^CHMSERV("BF",CHFLD(CHFLPN)\_"Z"))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E411a" D SETDTA  .S ZZTOS=$P(^CHMXCLE(CHCLEI,0),"^",4)  .;FOLLOWING WAS FE EDIT E411b - AJM DEV5022  .I ZZTOS'="" I ($P(^CHMXCLE(CHCLEI,0),"^",5)="A")&($D(^CHMXDIC(741201.03,"D",1,ZZTOS)))&($D(CHDTA(41,1,0))) S CHEDRJ="NONE",CHSUB1=49,CHSUB2=1 D SETDTA  .S CHSUB1=41,CHSUB2=1 D SETDTA K ZZTOS Q  I CHHCQLF["BQ" D  G HCCDV1  .I CHHCQLF="BQ"  D   ; "BQ" IS THE ICD-9 PROCEDURE QUALIFIER IN "E100","E105","E110" RECORDS   ..S JZ=2 D STFRMT ; ICD-10 RCS lg  .I '$D(^CHMSERV("BE",CHFLD(CHFLPN)\_"Z")) S CHSUB1=49,CHSUB2=1,CHEDRJ="E41J1" D SETDTA  .S CHSUB1=41,CHSUB2=1 D SETDTA Q  I CHHCQLF["BO" D  G HCCDV1  .I ('$D(^CHMSERV("BC",CHFLD(CHFLPN))))&('$D(^CHMSERV("BF",CHFLD(CHFLPN)\_"Z"))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E41J1" D SETDTA  .S CHSUB1=41,CHSUB2=1 D SETDTA Q  ;Methodical-5010 Change-Begin - Added code for PR qualifier check - Patient Reason for Visit  I CHHCQLF["PR" D  G HCCDV1  .S JZ=3 D STFRMT  .I '$D(^CHMICDX("C",CHFLD(CHFLPN))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E46b" D SETDTA  .S CHSUB1=46,CHSUB2=1 D SETDTA Q  ;Methodical-5010 Change-End  I CHHCQLF["BE" D  G HCCDV1  .I '$D(^CHMXDIC(741201.4,"B",CHFLD(CHFLPN))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E45a" D SETDTA  .S CHSUB1=45,CHSUB2=1 D SETDTA Q  I CHHCQLF["BG" D  G HCCDV1  .I '$D(^CHMXDIC(741201.41,"B",CHFLD(CHFLPN))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E44a" D SETDTA  .S CHSUB1=44,CHSUB2=1 D SETDTA Q  I CHHCQLF["BH" D  G HCCDV1  .I '$D(^CHMXDIC(741201.42,"B",CHFLD(CHFLPN))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E43a" D SETDTA  .S CHSUB1=43,CHSUB2=1 D SETDTA Q  I CHHCQLF["BI" D  G HCCDV1  .I '$D(^CHMXDIC(741201.43,"B",CHFLD(CHFLPN))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E43b" D SETDTA  .S CHSUB1=43,CHSUB2=1 D SETDTA Q  I CHHCQLF["TC" D  G HCCDV1  .D STTC ; FORMAT "TC" CODES IF NEEDED  .I '$D(^CHMXDIC(741201.85,"B",CHFLD(CHFLPN))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E100b" D SETDTA  .;S CHSUB1=48,CHSUB2=1 D SETDTA Q ; COULD SET INTO NODE 48 IF DESIRED  I CHHCQLF["DR" D  G HCCDV1  .Q  .D STDR ; FORMAT "DR" CODES IF NEEDED  .I '$D(^CHMDIC(741002.16,"B",CHFLD(CHFLPN))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E42J1" D SETDTA ; COULD CHECK AGAINST DRG FILE  .S CHSUB1=47,CHSUB2=1 D SETDTA Q  ; COULD SET INTO NODE 47 IF DESIRED HCCDV1 K CHHCQLF,CHDIF,CHEND Q  ;  HCDTV ;HEALTH CARE CODE DATE MUST BE PRESENT/VALID FOR ALL PX CODES ("BR" & "BQ" FOR ICD9 CODES AND "BP" & "BO" FOR HCPCS/CPT4 CODES)  S:CHX12VRS=1 CHDIF=13,CHEND=11  S:CHX12VRS=2 CHDIF=18,CHEND=16  ;Methodical-5010 Change-Begin  S:CHX12VRS=3 CHDIF=34,CHEND=32  ;Methodical-5010 Change-End  D GTHCQLF Q:'$D(CHHCQLF) Q:CHHCQLF=""  I $D(CHEDPRB) S CHPRB="E40ZA" G HCDTV1  G:'$D(^CHMXDIC(741201.1,"B",CHHCQLF)) HCDTV1  I (CHHCQLF["BR")!(CHHCQLF["BP") D  G HCDTV1  .;I CHFLD(CHFLPN)="" S CHSUB1=49,CHSUB2=1,CHEDRJ="E412a" D SETDTA Q  .;S CHDTFL=1 D 201^CHMXPU01 K CHDTFL I Y=-1 S CHSUB1=49,CHSUB2=1,CHEDRJ="E412a" D SETDTA  .S CHSUB1=41,CHSUB2=2 D SETDTA Q  I (CHHCQLF["BQ")!(CHHCQLF["BO") D  G HCDTV1  .;FOLLOWING WAS FE EDIT E41J2a - AJM DEV5022  .I CHFLD(CHFLPN)="" S CHSUB1=49,CHSUB2=1,CHEDRJ="NONE" D SETDTA Q  .S CHDTFL=1 D 201^CHMXPU01 K CHDTFL I Y=-1 S CHSUB1=49,CHSUB2=1,CHEDRJ="E41J2a" D SETDTA   .S CHSUB1=41,CHSUB2=2 D SETDTA Q  I (CHHCQLF["BH")!(CHHCQLF["BI") D  G HCDTV1  .;FOLLOWING WAS FE EDIT E431a - AJM DEV5022  .I CHFLD(CHFLPN)="" S CHSUB1=49,CHSUB2=1,CHEDRJ="NONE" D SETDTA Q  .S CHDTFL=1 D 201^CHMXPU01 K CHDTFL I Y=-1 S CHSUB1=49,CHSUB2=1,CHEDRJ="E431a" D SETDTA  .S CHSUB1=43,CHSUB2=2 D SETDTA Q HCDTV1 K CHHCQLF,CHDIF,CHEND Q  ;  HCDTF ;HEALTH CARE CODE DATE MUST NOT BE FUTURE FOR ALL PX CODES ("BR" & "BQ" FOR ICD9 CODES, "BP" AND "BO" FOR HCPCS/CPT4 CODES)  Q:'$D(CHFLD(CHFLPN)) Q:CHFLD(CHFLPN)=""  S:CHX12VRS=1 CHDIF=13,CHEND=11  S:CHX12VRS=2 CHDIF=18,CHEND=16  ;Methodical-5010 Change-Begin  S:CHX12VRS=3 CHDIF=34,CHEND=32  ;Methodical-5010 Change-End  D GTHCQLF Q:'$D(CHHCQLF) Q:CHHCQLF=""  I $D(CHEDPRB) S CHPRB="E4OZA" G HCDTF1  G:'$D(^CHMXDIC(741201.1,"B",CHHCQLF)) HCDTF1  I (CHHCQLF["BR")!(CHHCQLF["BP") D  G HCDTF1  .S CHDTFL=1 D 301^CHMXPU01 K CHDTFL I Y=-1 S CHSUB1=49,CHSUB2=1,CHEDRJ="E412b" D SETDTA Q  I (CHHCQLF["BQ")!(CHHCQLF["BO") D  G HCDTF1  .S CHDTFL=1 D 301^CHMXPU01 K CHDTFL I Y=-1 S CHSUB1=49,CHSUB2=1,CHEDRJ="E41J2b" D SETDTA Q  .;I (CHHCQLF="BH")!(CHHCQLF="BI") D G:CHHCQLF="BH" HCDTF1  .;S CHDTFL=1 D 301^CHMXPU01 K CHDTFL I Y=-1 S CHSUB1=49,CHSUB2=1,CHEDRJ="E431b" D SETDTA Q  I CHHCQLF["BI" D  G HCDTF1  .;FOLLOWING WAS FE EDIT E431b - AJM DEV5022  .S CHDIF=-8,CHEND=-15 D GETHRDT Q:'$D(CHTHRDT) Q:CHTHRDT=""  I $D(CHEDPRB) S CHPRB="NONE" G HCDTF1  .;FOLLOWING WAS FE EDIT E431b - AJM DEV5022  .I CHTHRDT'>CHFLD(CHFLPN) S CHSUB1=49,CHSUB2=1,CHEDRJ="NONE" D SETDTA Q HCDTF1 K CHHCQLF,CHDIF,CHEND,CHTHRDT Q  ;  HCDTV2 ;HEALTH CARE CODE DATE2 (OCC SPAN ONLY) MUST BE PRESENT/VALID FOR "BI"  S:CHX12VRS=1 CHDIF=21,CHEND=19  S:CHX12VRS=2 CHDIF=26,CHEND=24  ;Methodical-5010 Change-End  S:CHX12VRS=3 CHDIF=42,CHEND=40  ;Methodical-5010 Change-End  D GTHCQLF Q:'$D(CHHCQLF) Q:CHHCQLF=""  I $D(CHEDPRB) S CHPRB="E40ZA" G HCDTV21  G:'$D(^CHMXDIC(741201.1,"B",CHHCQLF)) HCDTV21  I CHHCQLF["BI" D  G HCDTV21  .;FOLLOWING WAS FE EDIT E432a - AJM DEV5022  .I CHFLD(CHFLPN)="" S CHSUB1=49,CHSUB2=1,CHEDRJ="NONE" D SETDTA Q  .;FOLLOWING WAS FE EDIT E432a - AJM DEV5022  .S CHDTFL=1 D 201^CHMXPU01 K CHDTFL I Y=-1 S CHSUB1=49,CHSUB2=1,CHEDRJ="NONE" D SETDTA  .S CHSUB1=43,CHSUB2=3 D SETDTA Q HCDTV21 K CHHCQLF,CHDIF,CHEND Q  ;  HCDTF2 ;HEALTH CARE CODE DATE MUST NOT BE FUTURE FOR OCC SPAN THRU DATE ("BI")  Q:'$D(CHFLD(CHFLPN)) Q:CHFLD(CHFLPN)=""  S:CHX12VRS=1 CHDIF=21,CHEND=19  S:CHX12VRS=2 CHDIF=26,CHEND=24  S:CHX12VRS=3 CHDIF=42,CHEND=40  D GTHCQLF Q:'$D(CHHCQLF) Q:CHHCQLF=""  I $D(CHEDPRB) S CHPRB="E40ZA" G HCDTF21  G:'$D(^CHMXDIC(741201.1,"B",CHHCQLF)) HCDTF21  I CHHCQLF["BI" D  G HCDTF21  .;S CHDTFL=1 D 301^CHMXPU01 K CHDTFL I Y=-1 S CHSUB1=49,CHSUB2=1,CHEDRJ="E432b" D SETDTA Q  .S CHDIF=8,CHEND=1 D GETODT Q:'$D(CHTODT) Q:CHTODT=""  I $D(CHEDPRB) S CHPRB="E432b" Q  .;FOLLOWING WAS FE EDIT E432b - AJM DEV5022  .I CHTODT'<CHFLD(CHFLPN) S CHSUB1=49,CHSUB2=1,CHEDRJ="NONE" Q HCDTF21 K GETODT,CHHCQLF,CHDIF,CHEND Q  ;   ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;  ; DIAGNOSIS CODE DATE OF SERVICE VS ICD CODE ACTIVE DATES CHECK FOR INSTITUTIONAL CLAIMS.  ; INSTITUTIONAL CLAIMS LOAD INTO THE ^CHMXCLE() BUFFER, AND THE DATE OF SERVICE IS REQUIRED  ; IN LOOP 2300, WHICH TRANSLATES TO THE "E005" FLAT FILE RECORD.  ; FOR ICD-10 THERE NEEDS TO BE A REAL TIME CHECK FOR THE ACTIVE ICD-9/ICD-10 DIAG CODES   ; AGAINST THE DATE OF SERVICE. THIS FUNCTION WILL PERFORM THE CHECK AS PART OF THE FRONT   ; END EDITS SO THE CLAIM CAN BE REJECTED AND REPORTED ON THE CSTAT (UNSOLICITED STATUS) REPORT.  ; THE REJECT LOGIC FOR THE ICD-9/ICD-10 DIAGNOSTIC CODES:  ; 1) IF DIAG CODE CANNOT BE CROSS-REFERENCED (^CHMICDX("C",DIAG CODE,I), CLAIM WILL BE REJECTED  ; 2) IF THE DATE OF SERVICE (STATEMENT "TO" DATE) IS NOT POPULATED (^CHMXCLE(CHCLEI,1),"^",2)) THE  ; INSTITUTIONAL CLAIM WILL BE REJECTED.  ; 3) THE DIAGNOSIS CODE WILL BE DETERMINED AS ICD-9 OR ICD-10 BASED ON THE ^CHMICDX(I,0),"^",24) FIELD  ; 4) IF ICD-10 CODE TERMINATION DATE IS BLANK, CHECK AGAINST ICD-10 "EFFECTIVE" DATE ONLY. IF THE DOS  ; IS BEFORE THE "EFFECTIVE" DATE, THE CLAIM WILL BE REJECTED.  ; 5) IF ICD-10 TERMINATION DATE IS POPULATED, THE DOS WILL BE CHECKED AGAINST THE ICD-10 "ACTIVE" DATES   ; ^CHMICDX(I,0), FIELD 22: EFFECTIVE DATE AND ^CHMICDX(I,0), FIELD 23: TERMINATION DATE) FOR THE   ; DIAG CODE. IF THE DOS FALLS OUTSIDE THESE DATES, THE CLAIM WILL BE REJECTED  ; 6) IF ICD-9, THE DOS WILL BE CHECKED AGAINST THE ICD-9 TERMINATION DATE (^CHMICDX(I,0), FIELD 23: TERMINATION DATE)   ; IF THE DOS IS AFTER THE TERMINATION DATE, THE CLAIM WILL BE REJECTED.  ; NOTE: IN ORDER TO VALIDATE BOTH ICD-9 AND ICD-10 QUALIFIERS IN THIS FUNCTION, ("BK" VS "ABK", ETC.)  ; THE TESTING LOGIC CANNOT USE THE "[" (CONTAINS) OPERAND, BECAUSE THE FORMATTING FOR THE   ; DIAGNOSTIC CODE IS DIFFERENT BETWEEN THE ICD-9 AND ICD-10 CODES.  ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;  ;  DXQUAL   ;CHECKS FOR INSTITUTIONAL CLAIM DX CODES PROVIDED (PROF/DENTAL DIAG CODES ARE IN SVC LINES)  N JZ  U 0 W:$$ENVIR^CHTFLIB'="LIVE" !,"CHMXPU04: DXQUAL: DIAG CODE= ",CHFLD(CHFLPN)  Q:'$D(CHFLD(CHFLPN))  S CHDIF=3,CHEND=1,CHSUB2=1,CHEDRJ="NONE"  D GTHCQLF I $D(CHEDPRB) S CHPRB="E40ZA" G XDXQUAL                ; CODE QUALIFIER  D DEBUG^CHMXDR01(" PU04:DXQUAL: QUALIFIER: "\_CHHCQLF\_" DIAG CODE= "\_CHFLD(CHFLPN)\_" CLMTYPE=",$$CLMTYPE^CHMXP010())  Q:CHHCQLF=""                                                    ; EXIT IF NO QUALIFIER  Q:(CHHCQLF'["BJ")&(CHHCQLF'["BK")&(CHHCQLF'["BF")&(CHHCQLF'["BN")&(CHHCQLF'["PR")&(CHHCQLF'["ZZ") ; VALID QUALIFIERS  I CHFLD(CHFLPN)="" S CHSUB1=49 D SETDTA G XDXQUAL  S JZ=0 ; ASSUME DIAG CODE IS FORMATTED ALREADY  I ($E(CHHCQLF,1,1)="A")!(CHHCQLF="BBQ")!(CHHCQLF="BBR") D      ; ICD-10 QUALIFIERS   .I CHFLD(CHFLPN)'["." D                                         ; IF NOT FORMATTED, FORMAT THE DIAG CODE  ..S JZ=$S(CHHCQLF["BK":3,CHHCQLF["BF":3,CHHCQLF["BJ":3,CHHCQLF["PR":3,CHHCQLF["BN":3,CHHCQLF["BQ":2,CHHCQLF["BR":2,1:0) ; DIAG CODE "." PLACEMENT IS QUALIFIER DEPENDENT   E  D                                                            ; ICD-9 QUALIFIERS  .I CHFLD(CHFLPN)'["." D                                         ; IF NOT FORMATTED, FORMAT THE DIAG CODE  ..S JZ=$S(CHHCQLF="BK":3,CHHCQLF="BF":3,CHHCQLF="BJ":3,CHHCQLF="PR":3,CHHCQLF="BN":3,CHHCQLF="BQ":2,CHHCQLF="BR":2,1:0) ; DIAG CODE "." PLACEMENT IS QUALIFIER DEPENDENT   D:JZ STFRMT                                                     ; IF ALREADY FORMATTED, SKIP DIAG CODE FORMATTING  U 0 W:$$ENVIR^CHTFLIB'="LIVE" !,"DXQUAL: FORMATTED DIAG CODE= ",CHFLD(CHFLPN)  I '$D(^CHMICDX("C",CHFLD(CHFLPN))) D  Q                         ; DIAGNOSIS CODE NOT CROSS-REFERENCED, REJECT  .D DEBUG^CHMXDR01("\*\*\*\*\*DXQUAL^CHMXPU04: DIAG CODE "\_CHFLD(CHFLPN)\_", NOT CROSS-REFERENCED.","")  .S CHEDRJ="E401a" D RCDERR^CHMXPU01  N DICI S DICI=0,DICI=$O(^CHMICDX("C",CHFLD(CHFLPN),DICI)) ; DIAGNOSIS CODE INDEX FOR ^CHMICDX()  S DOS=$$GETDOS() ; DOS IS DETERMINED DIFFERENTLY FOR I/P/D CLAIM TYPES  D DEBUG^CHMXDR01(" DXQUAL^CHMXDR01: DOS= "\_DOS\_" ICD10 FLAG: "\_$P(^CHMICDX(DICI,0),"^",24)\_" EFF DATE:"\_$P(^CHMICDX(DICI,0),"^",22)\_" TERM DATE:",$P(^CHMICDX(DICI,0),"^",23))  I DOS'=""  D                                                    ; IF WE HAVE A VALID DOS, COMPARE AGAINST ICDX DATES  .I $P(^CHMICDX(DICI,0),"^",24) D                               ; IF ICD-10 FLAG IS SET  ..I $P(^CHMICDX(DICI,0),"^",23)=""  D                           ; NO TERMINATION DATE  ...I DOS<$P(^CHMICDX(DICI,0),"^",22) D                         ; CHECK EFFECTIVE DATE AGAINST DOS  ....D DEBUG^CHMXDR01(" DXQUAL^CHMXPU04 DOS: "\_DOS\_" BEFORE ICD-10 EFFECTIVE DATE:",$P(^CHMICDX(DICI,0),"^",22))  ....S CHEDRJ="E41J2a" D RCDERR^CHMXPU01 ; SET EARLY REJECT FOR ICD-10 DIAG/NO TERM DATE, DOS BEFORE EFFECTIVE DATE  ..E  I ((DOS<$P(^CHMICDX(DICI,0),"^",22))!(DOS>$P(^CHMICDX(DICI,0),"^",23))) D        ; CHECK DOS AGAINST ICD-10 CODE EFFECTIVE/TERMINATION DATES  ...D DEBUG^CHMXDR01(" DXQUAL^CHMXPU04 DOS: "\_DOS\_" OUTSIDE ICD-10 EFF/TERM DATES:",$P(^CHMICDX(DICI,0),"^",22)\_"/"\_$P(^CHMICDX(DICI,0),"^",23))  ...S CHEDRJ="E41J2a" D RCDERR^CHMXPU01 ; SET EARLY REJECT ICD-10 DIAG OUTSIDE EFF/TERM DATES  .E  D                                                          ; CODE IS ICD-9 DIAG CODE  ..I DOS>$P(^CHMICDX(DICI,0),"^",23) D                         ; CHECK SVC "TO" DATE AGAINST ICD-9 TERMINATION DATE  ...D DEBUG^CHMXDR01(" DXQUAL^CHMXPU04 DOS: "\_DOS\_" AFTER ICD-9 TERM DATE:",$P(^CHMICDX(DICI,0),"^",23))  ...S CHEDRJ="E41J2a" D RCDERR^CHMXPU01 ; SET EARLY REJECT, ICD-9 DOS AFTER TERMNATION DATE  E  D  .I ($$CLMTYPE^CHMXP010()="A")&(CHXREC["E") D                     ; "A"=INST,"B"=PROF,C=DNTL  ..D DEBUG^CHMXDR01(" DXQUAL^CHMXPU04 INVALID DOS: ",DOS)  ..S CHEDRJ="E401a" D RCDERR^CHMXPU01 ; SET EARLY REJECT, INVALID DOS XDXQUAL  K CHHCQLF,CHDIF,CHEND Q  ;  ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;  ; GET THE DATE OF SERVICE. IF CLAIM LEVEL RECORDS, GET FROM ^CHMXCLE;   ; OTHERWISE GET IT FROM ^CHMXCLF  ; DETERMINE IF CLAIM LEVEL OR LINE LEVEL BY CHXREC VALUE ("EXXX" VS "FXXX")  ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;  ; GETDOS()   N CLMTYPE,DOS,ERR,CHCLFI  S DOS="",ERR=0  S CLMTYPE=$$CLMTYPE^CHMXP010() ; "A"=INST,"B"=PROF,C=DNTL  U 0 W:$$ENVIR^CHTFLIB'="LIVE" !,"CLAIM TYPE= ",CLMTYPE  I CLMTYPE="A"  D  .I '$D(^CHMXCLE(CHCLEI)) D  Q                                   ; NEED TO GET THE DOS; IF NO CLAIM INDEX, REJECT  ..S ERR=1  ..U 0 W:$$ENVIR^CHTFLIB'="LIVE" !,"NO ^CHMXCLE(",CHCLEI,") NODE"  .I $P(^CHMXCLE(CHCLEI,1),"^",2)=""  D  Q  ..S ERR=1  ..U 0 W:$$ENVIR^CHTFLIB'="LIVE" !,"NO STATEMENT ""TO"" DATE ENTRY @^CHMXCLE(",CHCLEI,",1),""^"",2)"  .S:'ERR DOS=$P(^CHMXCLE(CHCLEI,1),"^",2) ; STATEMENT DATE FOR INSTITUTIONAL CLAIM  .S DOS=$$YR8FMYR^CHTFLIB(DOS) ; ^CHMXCLE() STORES DOS AS YYYYMMDD, ^CHMICDX() STORES AS FM DATE  E  D  .U 0 W:$$ENVIR^CHTFLIB'="LIVE" !,"CHMXPU04: GETDOS: CHCLEI= ",CHCLEI," $D(^CHMXCLF(""B"",",CHCLEI,")= ",$D(^CHMXCLF("B",CHCLEI))  .I CHXREC["E"  D  Q  ..U 0 W:$$ENVIR^CHTFLIB'="LIVE" !,"CHMXPU04: GETDOS: OUTPATIENT CLAIM RECORD ""EXXX"" DIAG CODES: NO CLAIM LEVEL DOS."  .E  I CHXREC["F"  D  ..I '$D(^CHMXCLF("B",CHCLEI)) D  Q                            ; VERIFY ^CHMXCLF CROSS-REFERENCE  ...S ERR=1  ...U 0 W:$$ENVIR^CHTFLIB'="LIVE" !,"NO ^CHMXCLF(""B"",",CHCLEI,"(^CHMXCLE()INDEX)) XREF"  ..S CHCLFI=0,CHCLFI=$O(^CHMXCLF("B",CHCLEI,CHCLFI)) ; GET THE ^CHMXCLF INDEX  ..I '$D(^CHMXCLF(CHCLFI,1)) D  Q  ...S ERR=1  ...U 0 W:$$ENVIR^CHTFLIB'="LIVE" !,"NO ^CHMXCLF(",CHCLFI,",1) NODE"            ; CHECK THE DOS NODE  ..I ($P(^CHMXCLF(CHCLFI,1),"^",12)="")&($P(^CHMXCLF(CHCLFI,1),"^",11)="") D  ...S ERR=1  ...U 0 W:$$ENVIR^CHTFLIB'="LIVE" !,"NO STATEMENT ""FROM/TO"" DATES @^CHMXCLF(",CHCLFI,",1),""^"",11/12)"   ..I 'ERR  D  ...S DOS=$P(^CHMXCLF(CHCLFI,1),"^",12) ; SERVICE LINE STATEMENT "TO" DATE  ...S:DOS="" DOS=$P(^CHMXCLF(CHCLFI,1),"^",11) ; SERVICE LINE STATEMENT "FROM" DATE  ...S DOS=$$YR8FMYR^CHTFLIB(DOS) ; SVC LINE STORES DOS AS YYYYMMDD, ^CHMICDX() STORES AS FM DATE  Q DOS  ;   ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;  ; THE FOLLOWING CODE WAS DISABLED FOR 5010 IMPLEMENTATION  ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;  ; PDXCD ;THIS CODE INSERTS THE PRIMARY DIAG CODE INTO ^CHMXCLE(I,42)---DON'T DO THAT IN 5010  Q    ;INFERS ADM DX FROM PRINCIPAL DX IF NO ADM DX CODE  D DEBUG^CHMXDR01("CHMXPU04: PDXCD CHFLD(CHFLPN)= ",CHFLD(CHFLPN))  Q:'$D(^CHMXCLE(CHCLEI,0)) Q:$P(^CHMXCLE(CHCLEI,0),"^",4)=""  Q:$P(^CHMXCLE(CHCLEI,0),"^",5)=""  S ZZTOS=$P(^CHMXCLE(CHCLEI,0),"^",4)  I ZZTOS'="" I ($P(^CHMXCLE(CHCLEI,0),"^",5)="A")&($D(^CHMXDIC(741201.03,"D",1,ZZTOS))) D  G PDXCD1  .I '$D(^CHMXCLE(CHCLEI,40)) S CHSUB1=49,CHSUB2=1,CHEDRJ="E401a",CHHCQLF="",CHFLPN=0,CHFLD(CHFLPN)="" D SETDTA Q  .I '$D(^CHMXCLE(CHCLEI,40,1,0)) S CHSUB1=49,CHSUB2=1,CHEDRJ="E401a",CHHCQLF="",CHFLPN=0,CHFLD(CHFLPN)="" D SETDTA Q  .I $P(^CHMXCLE(CHCLEI,40,1,0),"^",1)="" S CHSUB1=49,CHSUB2=1,CHEDRJ="E401a",CHHCQLF="",CHFLPN=0,CHFLD(CHFLPN)="" D SETDTA Q  .I '$D(^CHMXCLE(CHCLEI,42)) D  ..S:'$D(^CHMXCLE(CHCLEI,42,0)) ^CHMXCLE(CHCLEI,42,0)="^741210.1242^0^0"  ..S $P(^CHMXCLE(CHCLEI,42,0),"^",3)=$P(^CHMXCLE(CHCLEI,42,0),"^",3)+1,EI=$P(^CHMXCLE(CHCLEI,42,0),"^",3),$P(^CHMXCLE(CHCLEI,42,0),"^",4)=$P(^CHMXCLE(CHCLEI,42,0),"^",4)+1  ..D DEBUG^CHMXMDRV("CHMXPU04: PDXCD 'J' = ",EI)  ..S $P(^CHMXCLE(CHCLEI,42,EI,0),"^")=$P(^CHMXCLE(CHCLEI,40,1,0),"^",1)  ..S ^CHMXCLE(CHCLEI,42,"B",$P(^CHMXCLE(CHCLEI,40,1,0),"^"),EI)="" PDXCD1 K CHCODE,ZZTOS Q  ;  GTHCQLF I '$D(RCD) S CHEDPRB="" G GTHCQLF1  S Y=$E(RCD,CHFLST-CHDIF,CHFLST-CHEND),CHHCQLF=$$TRIM^CHMXPU01(Y)  U 0 W:$$ENVIR^CHTFLIB'="LIVE" !,"CHMXPU04: GTHCQLF(): CHHCQLF= ",CHHCQLF  ;I CHHCQLF="" S CHEDPRB="" Q GTHCQLF1 K Y Q  ;  ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;  ; FORMAT THE DIAGNOSTIC CODES FOR ICD-9 AND ICD-10  ; AT ENTRY, CHFLD(CHFLPN) CONTAINS THE DIAGNOSTIC CODE TO BE FORMATTED, AND "JZ"  ; CONTAINS THE LOCATION (FROM THE LEFT) AT WHICH TO INSERT THE "." FOR THE CODE  ; NOTE: WHEN THE DIAG CODES ARRIVE IN CHMXPU04, THERE IS A LEADING "E" IN   ; CHFLD(CHFLPN). THE "E" CODE IS A SPECIAL CASE FROM OSHA(?) THAT IS DIFFERENT  ; FROM ALL OTHER DIAGNOSIS CODES, THIS CAUSES THE $E(CHFLD(CHFLPN)) TO LOCATE THE   ; "." IN A DIFFERENT LOCATION FOR THESE DIAG CODES. FOR THIS REASON, THERE IS AN   ; ADDER TO THE "JZ" VALUE TO CORRECTLY LOCATE THE DESIRED "." IN THE FORMAT. DLB 9/25/2015  ; DEBUG FOR DEF019158; MODIFIED THE LOGIC TO ENSURE THE CORRECT FORMATTING DLB 10/23/2015   ; 2/1/2016 FIX THE FORMATTING ISSUE FOR "BK" 311 ICD-9 DIAGNOSIS CODES  ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;  ;  STFRMT ;SETS FORMAT FOR DX/PX CODES  D DEBUG^CHMXDR01(" CHMXPU04: STFRMT(): CHFLD(CHFLPN)="""\_CHFLD(CHFLPN)\_""" $L(CHFLD(CHFLPN)="\_$L(CHFLD(CHFLPN))\_" JZ="\_JZ\_" $E(CHFLD(CHFLPN),1,JZ)=",$E(CHFLD(CHFLPN),1,JZ))  I $L(CHHCQLF)=2 D  ; ICD-9 CODE QUALIFIERS ARE 2 DIGITS  .I $E(CHFLD(CHFLPN),1,1)="E"  D ; IF THERE IS A LEADING "E" FOR DIAG CODE   ..S:$L(CHFLD(CHFLPN))>JZ+1 CHFLD(CHFLPN)=$E(CHFLD(CHFLPN),1,JZ+1)\_"."\_$E(CHFLD(CHFLPN),JZ+2,99)  .E  S:$L(CHFLD(CHFLPN))>JZ CHFLD(CHFLPN)=$E(CHFLD(CHFLPN),1,JZ)\_"."\_$E(CHFLD(CHFLPN),JZ+1,99) ; ICD-9; NORMAL FORMATTING  .I (CHFLD(CHFLPN))["." D ; ENSURE THERE IS A "." IN THE CODE BEFORE GOING FORWARD  ..I $P(CHFLD(CHFLPN),".",2)="" D                       ; IF NO VALUES AFTER THE ".", NO "." REQUIRED  ...S CHFLPNLG=$L(CHFLD(CHFLPN)),CHFLD(CHFLPN)=$E(CHFLD(CHFLPN),1,CHFLPNLG-1)  ...K CHFLPNLG  E  S:$L(CHFLD(CHFLPN))>JZ CHFLD(CHFLPN)=$E(CHFLD(CHFLPN),1,JZ)\_"."\_$E(CHFLD(CHFLPN),JZ+1,99) ; ICD-10 QUALIFIERS ARE 3 DIGITS  D DEBUG^CHMXDR01(" CHMXPU04: EXIT STFRMT(): CHFLD(CHFLPN)= ",CHFLD(CHFLPN)) STFRMT1 K JZ Q  ;  STTC ;SETS FORMAT FOR TC CODES  Q  ;  STDR ;SETS FORMAT FOR DR CODES  Q  ;  SETDTA ;SETS APPROPRIATE HC CODE DATA UP IN CHDTA ARRAYS  D DEBUG^CHMXDR01(" CHMXPU04: SETDTA CHFLD(CHFLPN)= """,CHFLD(CHFLPN)\_"""^"\_CHSUB1\_"^"\_CHSUB2)  Q:CHSUB1="NONE"  I '$D(CHDTA(CHSUB1,CHSUB2)) S CHVAR=0 S:CHSUB1'=49 CHDTA(CHSUB1,CHSUB2,CHVAR)="" D  Q:((CHHCQLF["BK")!(CHHCQLF["BR")!(CHHCQLF["BP"))&(CHSUB1'=49)  .I (CHHCQLF["BK")!(CHHCQLF["BR")!(CHHCQLF["BP")!(CHHCQLF["BJ"),CHSUB1'=49 S CHDTA(CHSUB1,CHSUB2,CHVAR)=CHFLD(CHFLPN) Q  S CHVAR=9999,CHVAR=$O(CHDTA(CHSUB1,CHSUB2,CHVAR),-1)+1  I CHSUB1=49 D  G SETDTA1  .;S CHDTA(CHSUB1,CHSUB2,CHVAR)=CHEDRJ\_"\*"\_CHFLD(CHFLPN)  .I $D(CHXSTYP) Q:CHXSTYP=1 ; QUIT IF OCR -- NO REJECTS RECORDED  .Q:$G(CHEDRJ)="NONE"        ; QUIT NO ERRORS ARE TO BE RECORDED   .S CHRCERR(CHXREC,CHEDRJ)="",CHLVLRJ("E")=""   S CHDTA(CHSUB1,CHSUB2,CHVAR)=CHFLD(CHFLPN) SETDTA1 K CHSUB1,CHSUB2,CHVAR Q  ;  BTQICT ;MATCH BILL TYPE QUALIFIER TO IC TYPE  Q:$D(CHRCERR(CHXREC,"E05a")) Q:'$D(^CHMXCLA(CHCLAI,0))  S CHICTYP=$E($P(^CHMXCLA(CHCLAI,0),"^",14),7,99) Q:CHICTYP=""  I (CHFLD(CHFLPN)="A")&(CHICTYP'="HOSP") D RCDERR^CHMXPU01 G BTQICT1  I (CHFLD(CHFLPN)="B")&(CHICTYP'="PHYS") D RCDERR^CHMXPU01 G BTQICT1 BTQICT1 K CHICTYP Q  ;  GETODT ;PULLS THE TO DATE FOR OCC/OCC SPAN CODES TO COMPARE TO THRU DATE  I '$D(RCD) S CHEDPRB="" G GETODT1  S Y=$E(RCD,CHFLST-CHDIF,CHFLST-CHEND),CHTODT=$$TRIM^CHMXPU01(Y) GETODT1 Q  ;  GETHRDT ;PULLS THE THROUGH DATE FOR OCC/OCC SPAN CODES TO COMPARE TO TO DATE  I '$D(RCD) S CHEDPRB="" G GETHRDT1  S Y=$E(RCD,CHFLST-CHDIF,CHFLST-CHEND),CHTHRDT=$$TRIM^CHMXPU01(Y) GETHRDT1 Q  ;  ICNDCNMS ;MISSING ICN/DCN # WHEN CLAIM FREQUENCY = 5,7 OR 8  Q:$D(CHRCERR(CHXREC,"E33a")) Q:'$D(^CHMXCLE(CHCLEI,0))  S CHFREQ=$P(^CHMXCLE(CHCLEI,0),"^",6) Q:'CHFREQ  I (((CHFREQ=7)!(CHFREQ=8))&(CHFLD(CHFLPN)="")) D RCDERR^CHMXPU01 G ICNDCN1  I CHFREQ=8 D  G ICNDCN1  .Q:'$D(^CHMPAY("B",CHFLD(CHFLPN)))  .S CHMXCLMI=0,CHMXCLMI=$O(^CHMPAY("B",CHFLD(CHFLPN),CHMXCLMI))  .Q:CHMXCLMI=""  .S CHMXCLM=CHFLD(CHFLPN)  .D ^CHMXMM06 Q ICNDCN1 K CHFREQ,CHMXCLMI,CHMXCLM Q  ;   ;Methodical-5010 Change-Begin ICNBLANK ;BLANK OR NO MATCHING ICN/DCN # WHEN CLAIM FREQUENCY = 7 OR 8  N CHFREQ  Q:'$D(^CHMXCLE(CHCLEI,0))  S CHFREQ=$P(^CHMXCLE(CHCLEI,0),"^",6) Q:'CHFREQ  Q:CHFREQ'=7&(CHFREQ'=8)  I CHFLD(CHFLPN)="" D RCDERR^CHMXPU01 Q  Q:$D(^CHMPAY("B",CHFLD(CHFLPN)))!($D(^CHMIMAGE(CHFLD(CHFLPN))))  D RCDERR^CHMXPU01   Q ICNNULL  ; CPE005-040 - Corrected claim: If frequency code equals 5 and original PDI is null...  N CHFREQ  S CHFREQ=$P(^CHMXCLE(CHCLEI,0),"^",6)  S CHMFOPDI=CHFLD(CHFLPN)  Q:CHFREQ'=5  Q:CHMFOPDI'=""  S CHEDRJ="E33b"  S CHRCERR(CHXREC,CHEDRJ)="",CHLVLRJ("E")=""  D CSTAT^CHMXPUTL(CHMFOPDI,"A6:21:464")  Q  ; ICNVOID  ;  ICN42 ;AJF; story005-042; Testing for Original PDI in process and all claims in process  Q:'$D(^CHMIMG(CHMFOPDI,0))  ;Check PDI status  Q:$P(^CHMIMG(CHMFOPDI,0),"^",6)'=2  Q:'$D(^CHMPAY("C",CHMFOPDI))  S CHMIEN=0,CHMSTAT=0,CHMSTRIP=0,CHMNOSTP=""  F  S CHMIEN=$O(^CHMPAY("C",CHMFOPDI,CHMIEN)) Q:CHMIEN=""  D  .; Check claim status   .S CHMSTAT=$P($G(^CHMPAY(CHMIEN,0)),"^",2)  .S CHMCLM(CHMIEN)=""  .S:CHMSTAT'=1 CHMNOSTP=1  .S CHMSTRIP=$S(CHMNOSTP=1:0,CHMSTAT=1:1,1:0)  Q:CHMSTRIP=0  ;STRIP Original PDI  N CHMSTRIP2  ;Strip PDI as defind by the Strip Submission Option   S CHMSTRIP2=$$START^CHMFSTP1E(CHMFOPDI)  Q:CHMSTRIP2=0  ;Set STATUS OF Original PDI to VOIDED and Current PDI to COMPLETED  S $P(^CHMIMG(CHMFOPDI,0),"^",6)=11,$P(^CHMIMG(CHMFPDI,0),"^",6)=4  ;Remove Current PDI from Ready Queue  I $D(^CHMIMG("OCRR-READY",CHMFPDI)) K ^CHMIMG("OCRR-READY",CHMFPDI)  I $D(^CHMIMG("SBOCRR-READY",CHMFPDI)) K ^CHMIMG("SBOCRR-READY",CHMFPDI)  ;Set all Claim status to Deleted  S CHMIEN=0  F  S CHMIEN=$O(CHMCLM(CHMIEN)) Q:CHMIEN=""  D  .Q:'$D(^CHMPAY(CHMIEN,0))  .S $P(^CHMPAY(CHMIEN,0),"^",2)=10   Q  ; ICNVOID2  ; If frequency code equals 8 - check for valid Original PID and reject all claims that are in "in process"  ; HM/SS; cpe005-043 TOB FC 8 All Claims Lines Not Complete  ;quit if the frequency code is not 8  Q:$P(^CHMXCLE(CHCLEI,0),"^",6)'=8  ;quit if the original PDI is empty  Q:+CHFLD(3)=0  ;set variable to the the original PDI  N OPDI S OPDI=CHFLD(3)  ;CMPLLN(OPDI) ; COMPLETE CLAIM LINES THAT ARE NOT COMPLETED FOR PDI  N CLMCRS,CLMSTAT,PDIFNL,CNT,DA,DR  S CNT=0,CLMCRS=0,CLMSTAT=0  F  S CLMCRS=$O(^CHMPAY("C",OPDI,CLMCRS)) Q:CLMCRS=""  D  .S CLMSTAT=$P($G(^CHMPAY(CLMCRS,0)),"^",2)  .I CLMSTAT=1 D  ..S DIE=741000,DA=CLMCRS,DR=".02///0" D ^DIE K DIE  ..S DIE=741000,DA=CLMCRS,DR=".13///404" D ^DIE K DIE  ;Call PDIFINAL^CHSTAT to trigger CSTAT messages with F0:686 status  S PDIFNL=$$PDIFINAL^CHCSTAT(OPDI,"F0:686")  I $P($G(^CHMIMG(OPDI,0)),"^",6)=11 Q  ;AJF/LEG CPE005-042  S DIE=741000.2,DA=OPDI,DR=".06///4" D ^DIE K DIE  Q  ; VALPDI(CHMFOPDI,CHJUL) ;Validate Original PDI Number  ;  N CURDT,JDAY,OPDIYR  S CHMFOPDI=$G(CHMFOPDI),CHJUL=$G(CHJUL)  I CHMFOPDI'?15N Q 0  I '$D(^CHMIMG(CHMFOPDI)) Q 0 ;This is not a Re-open claim.  I $E(CHMFOPDI,1,4)<2000 Q 0  S OPDIYR=$E(CHMFOPDI,1,4)  S CURDT=$$HTE^XLFDT($H,7),CURYR=$E(CURDT,1,4)  I OPDIYR>CURYR Q 0  S JDAY=$E(CHMFOPDI,5,7)  I JDAY<"001"!(JDAY>"366") Q 0  I ",90,91,92,97,"'[(","\_$E(CHMFOPDI,8,9)\_",") Q 0  ;I $P($G(^CHMIMG(CHMFOPDI,"E-REOPEN")),"^",3)=1 Q 0   Q 1  ;  ;Methodical-5010 Change-End |

Edited CHMXPU04

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| CHMXPU04 ;CVA/DTP;X12 837 READ EDIT UTILITY #4 (HEALTH CARE CLAIMS);03/10/98 1:50 PM  ;;1.0;CHAMPVA SYSTEM;;JULY 4, 1990;Build 2  ;;CPTS #11374 BY DTP (18-DEC-96)  ;;SPECIAL EDITS FOR 837 RECORD READ AT CLAIM LEVEL  ;;CALLED INDIRECTLY BY GENREAD^CHMXPU01+15 (CHEDRTN IS DEFINED), CHMXPU07  ;;AJM DEV5022 (04-JUN-08)  ;;Methodical - Changed CHHCQLF= TO CHHCQLF[ in order to handle ICD-10 or ICD-9 qualifier  ;;ICD-10 RCS -lg Don't insert decimal point into ICD-10 Procedure Codes "BR" & "BQ" HCCQ check for ICD9 codes 03/08/13  ;;ICD-10 RCS -lg added "BBQ":"i" to $CASE statement in case BBQ not in file 03/25/13  ;;ICD-10 RCS -lg Bug 28 E code decimal point placed after the 4th character vice after the 3rd character. HCCQ ABF 6/24/14  ;; 2/1/2016 DLB MERGED UPDATES TO THE FORMAT ROUTINE FRO ICD-9 DIAGNOSIS CODES.  ;;CPE005-038 AJF - Original PDI found in Ready Queue (Freq code=8)  ;;CPE005-043 SS - TOB FC 8 All Claims Lines Not Complete (Freq code=8)  ;;CPE005-042 AJF - Original PDI in process and all claims in process (Freq code=8)  ;;OTW 11/28/2017 CPE005-040 - Reject if Original PDI Number is null and Freq code=5.  ;;BDB 12/4/2017 CPE005-039 - Reject Frequency Code 6  ; HCCDQ ;VALIDATION OF HEALTH CARE CODE QUALIFIER  D DEBUG^CHMXDR01("CHMXPU04: HCCDQ CHFLD(CHFLPN)= ",CHFLD(CHFLPN))  Q:'$D(CHFLD(CHFLPN)) Q:CHFLD(CHFLPN)=""  I '$D(^CHMXDIC(741201.1,"B",CHFLD(CHFLPN))) D  ;G HCCDQ1  . S CHHCQLF="",CHSUB1=49,CHSUB2=1 D SETDTA  . D DEBUG^CHMXDR01("CHMXPU04: HCCDQ2 CHFLD(CHFLPN)= ",CHFLD(CHFLPN))  . S CHEDRJ="E100"\_$CASE(CHFLD(CHFLPN),"ABK":"c","ABJ":"d","ABR":"e","ABN":"f","ABF":"g","BBR":"h","BBQ":"i",:"") ; ICD-10 RCS -lg added "BBQ":i   . D RCDERR^CHMXPU01:CHEDRJ'="E100" HCCDQ1 Q  ;  ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;  ; THE HEALTH CARE CODE QUALIFIER VALIDATION IS USED FOR BOTH THE ICD-9 AND ICD-10 CODES.  ; THE USE OF THE "[" (CONTAINS) VS THE "=" (EQUALS) ALLOWS THE TESTING OF THE   ; "BK,BJ,BF,etc" AND "ABK,ABJ,ABF,etc" USING THIS SAME FUNCTION.  ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;  ; HCCDV ;VALIDATION OF HEALTH CARE CODE (FILE LOOKUP DEPENDS UPON HC QUALIFIER)  Q:'$D(CHFLD(CHFLPN)) ; Q:CHFLD(CHFLPN)=""   D DEBUG^CHMXDR01("CHMXPU04: HCCDV ENTRY: CHFLD(CHFLPN)=",CHFLD(CHFLPN))  S CHDIF=3,CHEND=1  D GTHCQLF I $D(CHEDPRB) S CHPRB="E40ZA" G HCCDV1  ;FOLLOWING WAS FE EDIT E40ZD - AJM DEV5022  Q:CHHCQLF=""  I CHFLD(CHFLPN)="" S CHSUB1=49,CHSUB2=1,CHEDRJ="NONE" D SETDTA G HCCDV1  U 0 W:$$ENVIR^CHTFLIB'="LIVE" !," CHMXPU04: HCCDV: GTHCQLF()=",CHHCQLF," $D(^CHMXDIC(741201.1,""B"",",CHHCQLF,"))= ",$D(^CHMXDIC(741201.1,"B",CHHCQLF))  G:'$D(^CHMXDIC(741201.1,"B",CHHCQLF)) HCCDV1  I CHHCQLF["BJ" D  G HCCDV1  .S JZ=3 D STFRMT ; SET UP THE FORMATTING FOR THE CODES   .I '$D(^CHMICDX("C",CHFLD(CHFLPN))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E40ZB" D SETDTA  .S CHSUB1=42,CHSUB2=1 D SETDTA Q  I CHHCQLF["BK" D  G HCCDV1  .S JZ=3 D STFRMT  .I '$D(^CHMICDX("C",CHFLD(CHFLPN))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E401a" D SETDTA  .S ZZTOS=$P(^CHMXCLE(CHCLEI,0),"^",4)  .I ZZTOS'="" I ($P(^CHMXCLE(CHCLEI,0),"^",5)="A")&($D(^CHMXDIC(741201.03,"D",1,ZZTOS)))&($D(CHDTA(40,1,0))) S CHEDRJ="E401b",CHSUB1=49,CHSUB2=1 D SETDTA  .S CHSUB1=40,CHSUB2=1 D SETDTA K ZZTOS Q  I CHHCQLF["BF" D  G HCCDV1  .S JZ=3 D STFRMT  .I '$D(^CHMICDX("C",CHFLD(CHFLPN))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E40J1" D SETDTA  .S CHSUB1=40,CHSUB2=1 D SETDTA Q  I CHHCQLF["BN" D  G HCCDV1  .S JZ=3 D STFRMT  .I '$D(^CHMICDX("C",CHFLD(CHFLPN))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E40ZC" D SETDTA  .S CHSUB1=40,CHSUB2=1 D SETDTA Q  I CHHCQLF["ZZ" D  G HCCDV1  .S JZ=3 D STFRMT  .I '$D(^CHMICDX("C",CHFLD(CHFLPN))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E40J1" D SETDTA  .S CHSUB1=46,CHSUB2=1 D SETDTA Q  I CHHCQLF["BR" D  G HCCDV1  .I CHHCQLF="BR"  D ; "BR" IS AN ICD-9 PROCEDURE QUALIFIER IN "E100","E105","E110" RECORDS  ..S JZ=2 D STFRMT  ;ICD-10 RCS -lg  .I '$D(^CHMSERV("BE",CHFLD(CHFLPN)\_"Z")) S CHSUB1=49,CHSUB2=1,CHEDRJ="E411a" D SETDTA  .S ZZTOS=$P(^CHMXCLE(CHCLEI,0),"^",4)  .;FOLLOWING WAS FE EDIT E411b - AJM DEV5022  .I ZZTOS'="" I ($P(^CHMXCLE(CHCLEI,0),"^",5)="A")&($D(^CHMXDIC(741201.03,"D",1,ZZTOS)))&($D(CHDTA(41,1,0))) S CHEDRJ="NONE",CHSUB1=49,CHSUB2=1 D SETDTA  .S CHSUB1=41,CHSUB2=1 D SETDTA K ZZTOS Q  I CHHCQLF["BP" D  G HCCDV1  .I ('$D(^CHMSERV("BC",CHFLD(CHFLPN))))&('$D(^CHMSERV("BF",CHFLD(CHFLPN)\_"Z"))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E411a" D SETDTA  .S ZZTOS=$P(^CHMXCLE(CHCLEI,0),"^",4)  .;FOLLOWING WAS FE EDIT E411b - AJM DEV5022  .I ZZTOS'="" I ($P(^CHMXCLE(CHCLEI,0),"^",5)="A")&($D(^CHMXDIC(741201.03,"D",1,ZZTOS)))&($D(CHDTA(41,1,0))) S CHEDRJ="NONE",CHSUB1=49,CHSUB2=1 D SETDTA  .S CHSUB1=41,CHSUB2=1 D SETDTA K ZZTOS Q  I CHHCQLF["BQ" D  G HCCDV1  .I CHHCQLF="BQ"  D   ; "BQ" IS THE ICD-9 PROCEDURE QUALIFIER IN "E100","E105","E110" RECORDS   ..S JZ=2 D STFRMT ; ICD-10 RCS lg  .I '$D(^CHMSERV("BE",CHFLD(CHFLPN)\_"Z")) S CHSUB1=49,CHSUB2=1,CHEDRJ="E41J1" D SETDTA  .S CHSUB1=41,CHSUB2=1 D SETDTA Q  I CHHCQLF["BO" D  G HCCDV1  .I ('$D(^CHMSERV("BC",CHFLD(CHFLPN))))&('$D(^CHMSERV("BF",CHFLD(CHFLPN)\_"Z"))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E41J1" D SETDTA  .S CHSUB1=41,CHSUB2=1 D SETDTA Q  ;Methodical-5010 Change-Begin - Added code for PR qualifier check - Patient Reason for Visit  I CHHCQLF["PR" D  G HCCDV1  .S JZ=3 D STFRMT  .I '$D(^CHMICDX("C",CHFLD(CHFLPN))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E46b" D SETDTA  .S CHSUB1=46,CHSUB2=1 D SETDTA Q  ;Methodical-5010 Change-End  I CHHCQLF["BE" D  G HCCDV1  .I '$D(^CHMXDIC(741201.4,"B",CHFLD(CHFLPN))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E45a" D SETDTA  .S CHSUB1=45,CHSUB2=1 D SETDTA Q  I CHHCQLF["BG" D  G HCCDV1  .I '$D(^CHMXDIC(741201.41,"B",CHFLD(CHFLPN))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E44a" D SETDTA  .S CHSUB1=44,CHSUB2=1 D SETDTA Q  I CHHCQLF["BH" D  G HCCDV1  .I '$D(^CHMXDIC(741201.42,"B",CHFLD(CHFLPN))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E43a" D SETDTA  .S CHSUB1=43,CHSUB2=1 D SETDTA Q  I CHHCQLF["BI" D  G HCCDV1  .I '$D(^CHMXDIC(741201.43,"B",CHFLD(CHFLPN))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E43b" D SETDTA  .S CHSUB1=43,CHSUB2=1 D SETDTA Q  I CHHCQLF["TC" D  G HCCDV1  .D STTC ; FORMAT "TC" CODES IF NEEDED  .I '$D(^CHMXDIC(741201.85,"B",CHFLD(CHFLPN))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E100b" D SETDTA  .;S CHSUB1=48,CHSUB2=1 D SETDTA Q ; COULD SET INTO NODE 48 IF DESIRED  I CHHCQLF["DR" D  G HCCDV1  .Q  .D STDR ; FORMAT "DR" CODES IF NEEDED  .I '$D(^CHMDIC(741002.16,"B",CHFLD(CHFLPN))) S CHSUB1=49,CHSUB2=1,CHEDRJ="E42J1" D SETDTA ; COULD CHECK AGAINST DRG FILE  .S CHSUB1=47,CHSUB2=1 D SETDTA Q  ; COULD SET INTO NODE 47 IF DESIRED HCCDV1 K CHHCQLF,CHDIF,CHEND Q  ;  HCDTV ;HEALTH CARE CODE DATE MUST BE PRESENT/VALID FOR ALL PX CODES ("BR" & "BQ" FOR ICD9 CODES AND "BP" & "BO" FOR HCPCS/CPT4 CODES)  S:CHX12VRS=1 CHDIF=13,CHEND=11  S:CHX12VRS=2 CHDIF=18,CHEND=16  ;Methodical-5010 Change-Begin  S:CHX12VRS=3 CHDIF=34,CHEND=32  ;Methodical-5010 Change-End  D GTHCQLF Q:'$D(CHHCQLF) Q:CHHCQLF=""  I $D(CHEDPRB) S CHPRB="E40ZA" G HCDTV1  G:'$D(^CHMXDIC(741201.1,"B",CHHCQLF)) HCDTV1  I (CHHCQLF["BR")!(CHHCQLF["BP") D  G HCDTV1  .;I CHFLD(CHFLPN)="" S CHSUB1=49,CHSUB2=1,CHEDRJ="E412a" D SETDTA Q  .;S CHDTFL=1 D 201^CHMXPU01 K CHDTFL I Y=-1 S CHSUB1=49,CHSUB2=1,CHEDRJ="E412a" D SETDTA  .S CHSUB1=41,CHSUB2=2 D SETDTA Q  I (CHHCQLF["BQ")!(CHHCQLF["BO") D  G HCDTV1  .;FOLLOWING WAS FE EDIT E41J2a - AJM DEV5022  .I CHFLD(CHFLPN)="" S CHSUB1=49,CHSUB2=1,CHEDRJ="NONE" D SETDTA Q  .S CHDTFL=1 D 201^CHMXPU01 K CHDTFL I Y=-1 S CHSUB1=49,CHSUB2=1,CHEDRJ="E41J2a" D SETDTA   .S CHSUB1=41,CHSUB2=2 D SETDTA Q  I (CHHCQLF["BH")!(CHHCQLF["BI") D  G HCDTV1  .;FOLLOWING WAS FE EDIT E431a - AJM DEV5022  .I CHFLD(CHFLPN)="" S CHSUB1=49,CHSUB2=1,CHEDRJ="NONE" D SETDTA Q  .S CHDTFL=1 D 201^CHMXPU01 K CHDTFL I Y=-1 S CHSUB1=49,CHSUB2=1,CHEDRJ="E431a" D SETDTA  .S CHSUB1=43,CHSUB2=2 D SETDTA Q HCDTV1 K CHHCQLF,CHDIF,CHEND Q  ;  HCDTF ;HEALTH CARE CODE DATE MUST NOT BE FUTURE FOR ALL PX CODES ("BR" & "BQ" FOR ICD9 CODES, "BP" AND "BO" FOR HCPCS/CPT4 CODES)  Q:'$D(CHFLD(CHFLPN)) Q:CHFLD(CHFLPN)=""  S:CHX12VRS=1 CHDIF=13,CHEND=11  S:CHX12VRS=2 CHDIF=18,CHEND=16  ;Methodical-5010 Change-Begin  S:CHX12VRS=3 CHDIF=34,CHEND=32  ;Methodical-5010 Change-End  D GTHCQLF Q:'$D(CHHCQLF) Q:CHHCQLF=""  I $D(CHEDPRB) S CHPRB="E4OZA" G HCDTF1  G:'$D(^CHMXDIC(741201.1,"B",CHHCQLF)) HCDTF1  I (CHHCQLF["BR")!(CHHCQLF["BP") D  G HCDTF1  .S CHDTFL=1 D 301^CHMXPU01 K CHDTFL I Y=-1 S CHSUB1=49,CHSUB2=1,CHEDRJ="E412b" D SETDTA Q  I (CHHCQLF["BQ")!(CHHCQLF["BO") D  G HCDTF1  .S CHDTFL=1 D 301^CHMXPU01 K CHDTFL I Y=-1 S CHSUB1=49,CHSUB2=1,CHEDRJ="E41J2b" D SETDTA Q  .;I (CHHCQLF="BH")!(CHHCQLF="BI") D G:CHHCQLF="BH" HCDTF1  .;S CHDTFL=1 D 301^CHMXPU01 K CHDTFL I Y=-1 S CHSUB1=49,CHSUB2=1,CHEDRJ="E431b" D SETDTA Q  I CHHCQLF["BI" D  G HCDTF1  .;FOLLOWING WAS FE EDIT E431b - AJM DEV5022  .S CHDIF=-8,CHEND=-15 D GETHRDT Q:'$D(CHTHRDT) Q:CHTHRDT=""  I $D(CHEDPRB) S CHPRB="NONE" G HCDTF1  .;FOLLOWING WAS FE EDIT E431b - AJM DEV5022  .I CHTHRDT'>CHFLD(CHFLPN) S CHSUB1=49,CHSUB2=1,CHEDRJ="NONE" D SETDTA Q HCDTF1 K CHHCQLF,CHDIF,CHEND,CHTHRDT Q  ;  HCDTV2 ;HEALTH CARE CODE DATE2 (OCC SPAN ONLY) MUST BE PRESENT/VALID FOR "BI"  S:CHX12VRS=1 CHDIF=21,CHEND=19  S:CHX12VRS=2 CHDIF=26,CHEND=24  ;Methodical-5010 Change-End  S:CHX12VRS=3 CHDIF=42,CHEND=40  ;Methodical-5010 Change-End  D GTHCQLF Q:'$D(CHHCQLF) Q:CHHCQLF=""  I $D(CHEDPRB) S CHPRB="E40ZA" G HCDTV21  G:'$D(^CHMXDIC(741201.1,"B",CHHCQLF)) HCDTV21  I CHHCQLF["BI" D  G HCDTV21  .;FOLLOWING WAS FE EDIT E432a - AJM DEV5022  .I CHFLD(CHFLPN)="" S CHSUB1=49,CHSUB2=1,CHEDRJ="NONE" D SETDTA Q  .;FOLLOWING WAS FE EDIT E432a - AJM DEV5022  .S CHDTFL=1 D 201^CHMXPU01 K CHDTFL I Y=-1 S CHSUB1=49,CHSUB2=1,CHEDRJ="NONE" D SETDTA  .S CHSUB1=43,CHSUB2=3 D SETDTA Q HCDTV21 K CHHCQLF,CHDIF,CHEND Q  ;  HCDTF2 ;HEALTH CARE CODE DATE MUST NOT BE FUTURE FOR OCC SPAN THRU DATE ("BI")  Q:'$D(CHFLD(CHFLPN)) Q:CHFLD(CHFLPN)=""  S:CHX12VRS=1 CHDIF=21,CHEND=19  S:CHX12VRS=2 CHDIF=26,CHEND=24  S:CHX12VRS=3 CHDIF=42,CHEND=40  D GTHCQLF Q:'$D(CHHCQLF) Q:CHHCQLF=""  I $D(CHEDPRB) S CHPRB="E40ZA" G HCDTF21  G:'$D(^CHMXDIC(741201.1,"B",CHHCQLF)) HCDTF21  I CHHCQLF["BI" D  G HCDTF21  .;S CHDTFL=1 D 301^CHMXPU01 K CHDTFL I Y=-1 S CHSUB1=49,CHSUB2=1,CHEDRJ="E432b" D SETDTA Q  .S CHDIF=8,CHEND=1 D GETODT Q:'$D(CHTODT) Q:CHTODT=""  I $D(CHEDPRB) S CHPRB="E432b" Q  .;FOLLOWING WAS FE EDIT E432b - AJM DEV5022  .I CHTODT'<CHFLD(CHFLPN) S CHSUB1=49,CHSUB2=1,CHEDRJ="NONE" Q HCDTF21 K GETODT,CHHCQLF,CHDIF,CHEND Q  ;   ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;  ; DIAGNOSIS CODE DATE OF SERVICE VS ICD CODE ACTIVE DATES CHECK FOR INSTITUTIONAL CLAIMS.  ; INSTITUTIONAL CLAIMS LOAD INTO THE ^CHMXCLE() BUFFER, AND THE DATE OF SERVICE IS REQUIRED  ; IN LOOP 2300, WHICH TRANSLATES TO THE "E005" FLAT FILE RECORD.  ; FOR ICD-10 THERE NEEDS TO BE A REAL TIME CHECK FOR THE ACTIVE ICD-9/ICD-10 DIAG CODES   ; AGAINST THE DATE OF SERVICE. THIS FUNCTION WILL PERFORM THE CHECK AS PART OF THE FRONT   ; END EDITS SO THE CLAIM CAN BE REJECTED AND REPORTED ON THE CSTAT (UNSOLICITED STATUS) REPORT.  ; THE REJECT LOGIC FOR THE ICD-9/ICD-10 DIAGNOSTIC CODES:  ; 1) IF DIAG CODE CANNOT BE CROSS-REFERENCED (^CHMICDX("C",DIAG CODE,I), CLAIM WILL BE REJECTED  ; 2) IF THE DATE OF SERVICE (STATEMENT "TO" DATE) IS NOT POPULATED (^CHMXCLE(CHCLEI,1),"^",2)) THE  ; INSTITUTIONAL CLAIM WILL BE REJECTED.  ; 3) THE DIAGNOSIS CODE WILL BE DETERMINED AS ICD-9 OR ICD-10 BASED ON THE ^CHMICDX(I,0),"^",24) FIELD  ; 4) IF ICD-10 CODE TERMINATION DATE IS BLANK, CHECK AGAINST ICD-10 "EFFECTIVE" DATE ONLY. IF THE DOS  ; IS BEFORE THE "EFFECTIVE" DATE, THE CLAIM WILL BE REJECTED.  ; 5) IF ICD-10 TERMINATION DATE IS POPULATED, THE DOS WILL BE CHECKED AGAINST THE ICD-10 "ACTIVE" DATES   ; ^CHMICDX(I,0), FIELD 22: EFFECTIVE DATE AND ^CHMICDX(I,0), FIELD 23: TERMINATION DATE) FOR THE   ; DIAG CODE. IF THE DOS FALLS OUTSIDE THESE DATES, THE CLAIM WILL BE REJECTED  ; 6) IF ICD-9, THE DOS WILL BE CHECKED AGAINST THE ICD-9 TERMINATION DATE (^CHMICDX(I,0), FIELD 23: TERMINATION DATE)   ; IF THE DOS IS AFTER THE TERMINATION DATE, THE CLAIM WILL BE REJECTED.  ; NOTE: IN ORDER TO VALIDATE BOTH ICD-9 AND ICD-10 QUALIFIERS IN THIS FUNCTION, ("BK" VS "ABK", ETC.)  ; THE TESTING LOGIC CANNOT USE THE "[" (CONTAINS) OPERAND, BECAUSE THE FORMATTING FOR THE   ; DIAGNOSTIC CODE IS DIFFERENT BETWEEN THE ICD-9 AND ICD-10 CODES.  ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;  ;  DXQUAL   ;CHECKS FOR INSTITUTIONAL CLAIM DX CODES PROVIDED (PROF/DENTAL DIAG CODES ARE IN SVC LINES)  N JZ  U 0 W:$$ENVIR^CHTFLIB'="LIVE" !,"CHMXPU04: DXQUAL: DIAG CODE= ",CHFLD(CHFLPN)  Q:'$D(CHFLD(CHFLPN))  S CHDIF=3,CHEND=1,CHSUB2=1,CHEDRJ="NONE"  D GTHCQLF I $D(CHEDPRB) S CHPRB="E40ZA" G XDXQUAL                ; CODE QUALIFIER  D DEBUG^CHMXDR01(" PU04:DXQUAL: QUALIFIER: "\_CHHCQLF\_" DIAG CODE= "\_CHFLD(CHFLPN)\_" CLMTYPE=",$$CLMTYPE^CHMXP010())  Q:CHHCQLF=""                                                    ; EXIT IF NO QUALIFIER  Q:(CHHCQLF'["BJ")&(CHHCQLF'["BK")&(CHHCQLF'["BF")&(CHHCQLF'["BN")&(CHHCQLF'["PR")&(CHHCQLF'["ZZ") ; VALID QUALIFIERS  I CHFLD(CHFLPN)="" S CHSUB1=49 D SETDTA G XDXQUAL  S JZ=0 ; ASSUME DIAG CODE IS FORMATTED ALREADY  I ($E(CHHCQLF,1,1)="A")!(CHHCQLF="BBQ")!(CHHCQLF="BBR") D      ; ICD-10 QUALIFIERS   .I CHFLD(CHFLPN)'["." D                                         ; IF NOT FORMATTED, FORMAT THE DIAG CODE  ..S JZ=$S(CHHCQLF["BK":3,CHHCQLF["BF":3,CHHCQLF["BJ":3,CHHCQLF["PR":3,CHHCQLF["BN":3,CHHCQLF["BQ":2,CHHCQLF["BR":2,1:0) ; DIAG CODE "." PLACEMENT IS QUALIFIER DEPENDENT   E  D                                                            ; ICD-9 QUALIFIERS  .I CHFLD(CHFLPN)'["." D                                         ; IF NOT FORMATTED, FORMAT THE DIAG CODE  ..S JZ=$S(CHHCQLF="BK":3,CHHCQLF="BF":3,CHHCQLF="BJ":3,CHHCQLF="PR":3,CHHCQLF="BN":3,CHHCQLF="BQ":2,CHHCQLF="BR":2,1:0) ; DIAG CODE "." PLACEMENT IS QUALIFIER DEPENDENT   D:JZ STFRMT                                                     ; IF ALREADY FORMATTED, SKIP DIAG CODE FORMATTING  U 0 W:$$ENVIR^CHTFLIB'="LIVE" !,"DXQUAL: FORMATTED DIAG CODE= ",CHFLD(CHFLPN)  I '$D(^CHMICDX("C",CHFLD(CHFLPN))) D  Q                         ; DIAGNOSIS CODE NOT CROSS-REFERENCED, REJECT  .D DEBUG^CHMXDR01("\*\*\*\*\*DXQUAL^CHMXPU04: DIAG CODE "\_CHFLD(CHFLPN)\_", NOT CROSS-REFERENCED.","")  .S CHEDRJ="E401a" D RCDERR^CHMXPU01  N DICI S DICI=0,DICI=$O(^CHMICDX("C",CHFLD(CHFLPN),DICI)) ; DIAGNOSIS CODE INDEX FOR ^CHMICDX()  S DOS=$$GETDOS() ; DOS IS DETERMINED DIFFERENTLY FOR I/P/D CLAIM TYPES  D DEBUG^CHMXDR01(" DXQUAL^CHMXDR01: DOS= "\_DOS\_" ICD10 FLAG: "\_$P(^CHMICDX(DICI,0),"^",24)\_" EFF DATE:"\_$P(^CHMICDX(DICI,0),"^",22)\_" TERM DATE:",$P(^CHMICDX(DICI,0),"^",23))  I DOS'=""  D                                                    ; IF WE HAVE A VALID DOS, COMPARE AGAINST ICDX DATES  .I $P(^CHMICDX(DICI,0),"^",24) D                               ; IF ICD-10 FLAG IS SET  ..I $P(^CHMICDX(DICI,0),"^",23)=""  D                           ; NO TERMINATION DATE  ...I DOS<$P(^CHMICDX(DICI,0),"^",22) D                         ; CHECK EFFECTIVE DATE AGAINST DOS  ....D DEBUG^CHMXDR01(" DXQUAL^CHMXPU04 DOS: "\_DOS\_" BEFORE ICD-10 EFFECTIVE DATE:",$P(^CHMICDX(DICI,0),"^",22))  ....S CHEDRJ="E41J2a" D RCDERR^CHMXPU01 ; SET EARLY REJECT FOR ICD-10 DIAG/NO TERM DATE, DOS BEFORE EFFECTIVE DATE  ..E  I ((DOS<$P(^CHMICDX(DICI,0),"^",22))!(DOS>$P(^CHMICDX(DICI,0),"^",23))) D        ; CHECK DOS AGAINST ICD-10 CODE EFFECTIVE/TERMINATION DATES  ...D DEBUG^CHMXDR01(" DXQUAL^CHMXPU04 DOS: "\_DOS\_" OUTSIDE ICD-10 EFF/TERM DATES:",$P(^CHMICDX(DICI,0),"^",22)\_"/"\_$P(^CHMICDX(DICI,0),"^",23))  ...S CHEDRJ="E41J2a" D RCDERR^CHMXPU01 ; SET EARLY REJECT ICD-10 DIAG OUTSIDE EFF/TERM DATES  .E  D                                                          ; CODE IS ICD-9 DIAG CODE  ..I DOS>$P(^CHMICDX(DICI,0),"^",23) D                         ; CHECK SVC "TO" DATE AGAINST ICD-9 TERMINATION DATE  ...D DEBUG^CHMXDR01(" DXQUAL^CHMXPU04 DOS: "\_DOS\_" AFTER ICD-9 TERM DATE:",$P(^CHMICDX(DICI,0),"^",23))  ...S CHEDRJ="E41J2a" D RCDERR^CHMXPU01 ; SET EARLY REJECT, ICD-9 DOS AFTER TERMNATION DATE  E  D  .I ($$CLMTYPE^CHMXP010()="A")&(CHXREC["E") D                     ; "A"=INST,"B"=PROF,C=DNTL  ..D DEBUG^CHMXDR01(" DXQUAL^CHMXPU04 INVALID DOS: ",DOS)  ..S CHEDRJ="E401a" D RCDERR^CHMXPU01 ; SET EARLY REJECT, INVALID DOS XDXQUAL  K CHHCQLF,CHDIF,CHEND Q  ;  ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;  ; GET THE DATE OF SERVICE. IF CLAIM LEVEL RECORDS, GET FROM ^CHMXCLE;   ; OTHERWISE GET IT FROM ^CHMXCLF  ; DETERMINE IF CLAIM LEVEL OR LINE LEVEL BY CHXREC VALUE ("EXXX" VS "FXXX")  ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;  ; GETDOS()   N CLMTYPE,DOS,ERR,CHCLFI  S DOS="",ERR=0  S CLMTYPE=$$CLMTYPE^CHMXP010() ; "A"=INST,"B"=PROF,C=DNTL  U 0 W:$$ENVIR^CHTFLIB'="LIVE" !,"CLAIM TYPE= ",CLMTYPE  I CLMTYPE="A"  D  .I '$D(^CHMXCLE(CHCLEI)) D  Q                                   ; NEED TO GET THE DOS; IF NO CLAIM INDEX, REJECT  ..S ERR=1  ..U 0 W:$$ENVIR^CHTFLIB'="LIVE" !,"NO ^CHMXCLE(",CHCLEI,") NODE"  .I $P(^CHMXCLE(CHCLEI,1),"^",2)=""  D  Q  ..S ERR=1  ..U 0 W:$$ENVIR^CHTFLIB'="LIVE" !,"NO STATEMENT ""TO"" DATE ENTRY @^CHMXCLE(",CHCLEI,",1),""^"",2)"  .S:'ERR DOS=$P(^CHMXCLE(CHCLEI,1),"^",2) ; STATEMENT DATE FOR INSTITUTIONAL CLAIM  .S DOS=$$YR8FMYR^CHTFLIB(DOS) ; ^CHMXCLE() STORES DOS AS YYYYMMDD, ^CHMICDX() STORES AS FM DATE  E  D  .U 0 W:$$ENVIR^CHTFLIB'="LIVE" !,"CHMXPU04: GETDOS: CHCLEI= ",CHCLEI," $D(^CHMXCLF(""B"",",CHCLEI,")= ",$D(^CHMXCLF("B",CHCLEI))  .I CHXREC["E"  D  Q  ..U 0 W:$$ENVIR^CHTFLIB'="LIVE" !,"CHMXPU04: GETDOS: OUTPATIENT CLAIM RECORD ""EXXX"" DIAG CODES: NO CLAIM LEVEL DOS."  .E  I CHXREC["F"  D  ..I '$D(^CHMXCLF("B",CHCLEI)) D  Q                            ; VERIFY ^CHMXCLF CROSS-REFERENCE  ...S ERR=1  ...U 0 W:$$ENVIR^CHTFLIB'="LIVE" !,"NO ^CHMXCLF(""B"",",CHCLEI,"(^CHMXCLE()INDEX)) XREF"  ..S CHCLFI=0,CHCLFI=$O(^CHMXCLF("B",CHCLEI,CHCLFI)) ; GET THE ^CHMXCLF INDEX  ..I '$D(^CHMXCLF(CHCLFI,1)) D  Q  ...S ERR=1  ...U 0 W:$$ENVIR^CHTFLIB'="LIVE" !,"NO ^CHMXCLF(",CHCLFI,",1) NODE"            ; CHECK THE DOS NODE  ..I ($P(^CHMXCLF(CHCLFI,1),"^",12)="")&($P(^CHMXCLF(CHCLFI,1),"^",11)="") D  ...S ERR=1  ...U 0 W:$$ENVIR^CHTFLIB'="LIVE" !,"NO STATEMENT ""FROM/TO"" DATES @^CHMXCLF(",CHCLFI,",1),""^"",11/12)"   ..I 'ERR  D  ...S DOS=$P(^CHMXCLF(CHCLFI,1),"^",12) ; SERVICE LINE STATEMENT "TO" DATE  ...S:DOS="" DOS=$P(^CHMXCLF(CHCLFI,1),"^",11) ; SERVICE LINE STATEMENT "FROM" DATE  ...S DOS=$$YR8FMYR^CHTFLIB(DOS) ; SVC LINE STORES DOS AS YYYYMMDD, ^CHMICDX() STORES AS FM DATE  Q DOS  ;   ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;  ; THE FOLLOWING CODE WAS DISABLED FOR 5010 IMPLEMENTATION  ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;  ; PDXCD ;THIS CODE INSERTS THE PRIMARY DIAG CODE INTO ^CHMXCLE(I,42)---DON'T DO THAT IN 5010  Q    ;INFERS ADM DX FROM PRINCIPAL DX IF NO ADM DX CODE  D DEBUG^CHMXDR01("CHMXPU04: PDXCD CHFLD(CHFLPN)= ",CHFLD(CHFLPN))  Q:'$D(^CHMXCLE(CHCLEI,0)) Q:$P(^CHMXCLE(CHCLEI,0),"^",4)=""  Q:$P(^CHMXCLE(CHCLEI,0),"^",5)=""  S ZZTOS=$P(^CHMXCLE(CHCLEI,0),"^",4)  I ZZTOS'="" I ($P(^CHMXCLE(CHCLEI,0),"^",5)="A")&($D(^CHMXDIC(741201.03,"D",1,ZZTOS))) D  G PDXCD1  .I '$D(^CHMXCLE(CHCLEI,40)) S CHSUB1=49,CHSUB2=1,CHEDRJ="E401a",CHHCQLF="",CHFLPN=0,CHFLD(CHFLPN)="" D SETDTA Q  .I '$D(^CHMXCLE(CHCLEI,40,1,0)) S CHSUB1=49,CHSUB2=1,CHEDRJ="E401a",CHHCQLF="",CHFLPN=0,CHFLD(CHFLPN)="" D SETDTA Q  .I $P(^CHMXCLE(CHCLEI,40,1,0),"^",1)="" S CHSUB1=49,CHSUB2=1,CHEDRJ="E401a",CHHCQLF="",CHFLPN=0,CHFLD(CHFLPN)="" D SETDTA Q  .I '$D(^CHMXCLE(CHCLEI,42)) D  ..S:'$D(^CHMXCLE(CHCLEI,42,0)) ^CHMXCLE(CHCLEI,42,0)="^741210.1242^0^0"  ..S $P(^CHMXCLE(CHCLEI,42,0),"^",3)=$P(^CHMXCLE(CHCLEI,42,0),"^",3)+1,EI=$P(^CHMXCLE(CHCLEI,42,0),"^",3),$P(^CHMXCLE(CHCLEI,42,0),"^",4)=$P(^CHMXCLE(CHCLEI,42,0),"^",4)+1  ..D DEBUG^CHMXMDRV("CHMXPU04: PDXCD 'J' = ",EI)  ..S $P(^CHMXCLE(CHCLEI,42,EI,0),"^")=$P(^CHMXCLE(CHCLEI,40,1,0),"^",1)  ..S ^CHMXCLE(CHCLEI,42,"B",$P(^CHMXCLE(CHCLEI,40,1,0),"^"),EI)="" PDXCD1 K CHCODE,ZZTOS Q  ;  GTHCQLF I '$D(RCD) S CHEDPRB="" G GTHCQLF1  S Y=$E(RCD,CHFLST-CHDIF,CHFLST-CHEND),CHHCQLF=$$TRIM^CHMXPU01(Y)  U 0 W:$$ENVIR^CHTFLIB'="LIVE" !,"CHMXPU04: GTHCQLF(): CHHCQLF= ",CHHCQLF  ;I CHHCQLF="" S CHEDPRB="" Q GTHCQLF1 K Y Q  ;  ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;  ; FORMAT THE DIAGNOSTIC CODES FOR ICD-9 AND ICD-10  ; AT ENTRY, CHFLD(CHFLPN) CONTAINS THE DIAGNOSTIC CODE TO BE FORMATTED, AND "JZ"  ; CONTAINS THE LOCATION (FROM THE LEFT) AT WHICH TO INSERT THE "." FOR THE CODE  ; NOTE: WHEN THE DIAG CODES ARRIVE IN CHMXPU04, THERE IS A LEADING "E" IN   ; CHFLD(CHFLPN). THE "E" CODE IS A SPECIAL CASE FROM OSHA(?) THAT IS DIFFERENT  ; FROM ALL OTHER DIAGNOSIS CODES, THIS CAUSES THE $E(CHFLD(CHFLPN)) TO LOCATE THE   ; "." IN A DIFFERENT LOCATION FOR THESE DIAG CODES. FOR THIS REASON, THERE IS AN   ; ADDER TO THE "JZ" VALUE TO CORRECTLY LOCATE THE DESIRED "." IN THE FORMAT. DLB 9/25/2015  ; DEBUG FOR DEF019158; MODIFIED THE LOGIC TO ENSURE THE CORRECT FORMATTING DLB 10/23/2015   ; 2/1/2016 FIX THE FORMATTING ISSUE FOR "BK" 311 ICD-9 DIAGNOSIS CODES  ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;  ;  STFRMT ;SETS FORMAT FOR DX/PX CODES  D DEBUG^CHMXDR01(" CHMXPU04: STFRMT(): CHFLD(CHFLPN)="""\_CHFLD(CHFLPN)\_""" $L(CHFLD(CHFLPN)="\_$L(CHFLD(CHFLPN))\_" JZ="\_JZ\_" $E(CHFLD(CHFLPN),1,JZ)=",$E(CHFLD(CHFLPN),1,JZ))  I $L(CHHCQLF)=2 D  ; ICD-9 CODE QUALIFIERS ARE 2 DIGITS  .I $E(CHFLD(CHFLPN),1,1)="E"  D ; IF THERE IS A LEADING "E" FOR DIAG CODE   ..S:$L(CHFLD(CHFLPN))>JZ+1 CHFLD(CHFLPN)=$E(CHFLD(CHFLPN),1,JZ+1)\_"."\_$E(CHFLD(CHFLPN),JZ+2,99)  .E  S:$L(CHFLD(CHFLPN))>JZ CHFLD(CHFLPN)=$E(CHFLD(CHFLPN),1,JZ)\_"."\_$E(CHFLD(CHFLPN),JZ+1,99) ; ICD-9; NORMAL FORMATTING  .I (CHFLD(CHFLPN))["." D ; ENSURE THERE IS A "." IN THE CODE BEFORE GOING FORWARD  ..I $P(CHFLD(CHFLPN),".",2)="" D                       ; IF NO VALUES AFTER THE ".", NO "." REQUIRED  ...S CHFLPNLG=$L(CHFLD(CHFLPN)),CHFLD(CHFLPN)=$E(CHFLD(CHFLPN),1,CHFLPNLG-1)  ...K CHFLPNLG  E  S:$L(CHFLD(CHFLPN))>JZ CHFLD(CHFLPN)=$E(CHFLD(CHFLPN),1,JZ)\_"."\_$E(CHFLD(CHFLPN),JZ+1,99) ; ICD-10 QUALIFIERS ARE 3 DIGITS  D DEBUG^CHMXDR01(" CHMXPU04: EXIT STFRMT(): CHFLD(CHFLPN)= ",CHFLD(CHFLPN)) STFRMT1 K JZ Q  ;  STTC ;SETS FORMAT FOR TC CODES  Q  ;  STDR ;SETS FORMAT FOR DR CODES  Q  ;  SETDTA ;SETS APPROPRIATE HC CODE DATA UP IN CHDTA ARRAYS  D DEBUG^CHMXDR01(" CHMXPU04: SETDTA CHFLD(CHFLPN)= """,CHFLD(CHFLPN)\_"""^"\_CHSUB1\_"^"\_CHSUB2)  Q:CHSUB1="NONE"  I '$D(CHDTA(CHSUB1,CHSUB2)) S CHVAR=0 S:CHSUB1'=49 CHDTA(CHSUB1,CHSUB2,CHVAR)="" D  Q:((CHHCQLF["BK")!(CHHCQLF["BR")!(CHHCQLF["BP"))&(CHSUB1'=49)  .I (CHHCQLF["BK")!(CHHCQLF["BR")!(CHHCQLF["BP")!(CHHCQLF["BJ"),CHSUB1'=49 S CHDTA(CHSUB1,CHSUB2,CHVAR)=CHFLD(CHFLPN) Q  S CHVAR=9999,CHVAR=$O(CHDTA(CHSUB1,CHSUB2,CHVAR),-1)+1  I CHSUB1=49 D  G SETDTA1  .;S CHDTA(CHSUB1,CHSUB2,CHVAR)=CHEDRJ\_"\*"\_CHFLD(CHFLPN)  .I $D(CHXSTYP) Q:CHXSTYP=1 ; QUIT IF OCR -- NO REJECTS RECORDED  .Q:$G(CHEDRJ)="NONE"        ; QUIT NO ERRORS ARE TO BE RECORDED   .S CHRCERR(CHXREC,CHEDRJ)="",CHLVLRJ("E")=""   S CHDTA(CHSUB1,CHSUB2,CHVAR)=CHFLD(CHFLPN) SETDTA1 K CHSUB1,CHSUB2,CHVAR Q  ;  BTQICT ;MATCH BILL TYPE QUALIFIER TO IC TYPE  Q:$D(CHRCERR(CHXREC,"E05a")) Q:'$D(^CHMXCLA(CHCLAI,0))  S CHICTYP=$E($P(^CHMXCLA(CHCLAI,0),"^",14),7,99) Q:CHICTYP=""  I (CHFLD(CHFLPN)="A")&(CHICTYP'="HOSP") D RCDERR^CHMXPU01 G BTQICT1  I (CHFLD(CHFLPN)="B")&(CHICTYP'="PHYS") D RCDERR^CHMXPU01 G BTQICT1 BTQICT1 K CHICTYP Q  ;  GETODT ;PULLS THE TO DATE FOR OCC/OCC SPAN CODES TO COMPARE TO THRU DATE  I '$D(RCD) S CHEDPRB="" G GETODT1  S Y=$E(RCD,CHFLST-CHDIF,CHFLST-CHEND),CHTODT=$$TRIM^CHMXPU01(Y) GETODT1 Q  ;  GETHRDT ;PULLS THE THROUGH DATE FOR OCC/OCC SPAN CODES TO COMPARE TO TO DATE  I '$D(RCD) S CHEDPRB="" G GETHRDT1  S Y=$E(RCD,CHFLST-CHDIF,CHFLST-CHEND),CHTHRDT=$$TRIM^CHMXPU01(Y) GETHRDT1 Q  ;  ICNDCNMS ;MISSING ICN/DCN # WHEN CLAIM FREQUENCY = 5,7 OR 8  Q:$D(CHRCERR(CHXREC,"E33a")) Q:'$D(^CHMXCLE(CHCLEI,0))  S CHFREQ=$P(^CHMXCLE(CHCLEI,0),"^",6) Q:'CHFREQ  I (((CHFREQ=7)!(CHFREQ=8))&(CHFLD(CHFLPN)="")) D RCDERR^CHMXPU01 G ICNDCN1  I CHFREQ=8 D  G ICNDCN1  .Q:'$D(^CHMPAY("B",CHFLD(CHFLPN)))  .S CHMXCLMI=0,CHMXCLMI=$O(^CHMPAY("B",CHFLD(CHFLPN),CHMXCLMI))  .Q:CHMXCLMI=""  .S CHMXCLM=CHFLD(CHFLPN)  .D ^CHMXMM06 Q ICNDCN1 K CHFREQ,CHMXCLMI,CHMXCLM Q  ;   ;Methodical-5010 Change-Begin ICNBLANK ;BLANK OR NO MATCHING ICN/DCN # WHEN CLAIM FREQUENCY = 7 OR 8  N CHFREQ  Q:'$D(^CHMXCLE(CHCLEI,0))  S CHFREQ=$P(^CHMXCLE(CHCLEI,0),"^",6) Q:'CHFREQ  Q:CHFREQ'=7&(CHFREQ'=8)  I CHFLD(CHFLPN)="" D RCDERR^CHMXPU01 Q  Q:$D(^CHMPAY("B",CHFLD(CHFLPN)))!($D(^CHMIMAGE(CHFLD(CHFLPN))))  D RCDERR^CHMXPU01   Q ICNNULL  ; CPE005-040 - Corrected claim: If frequency code equals 5 and original PDI is null...  N CHFREQ  S CHFREQ=$P(^CHMXCLE(CHCLEI,0),"^",6)  S CHMFOPDI=CHFLD(CHFLPN)  Q:CHFREQ'=5  Q:CHMFOPDI'=""  S CHEDRJ="E33b"  S CHRCERR(CHXREC,CHEDRJ)="",CHLVLRJ("E")=""  D CSTAT^CHMXPUTL(CHMFOPDI,"A6:21:464")  Q  ; ICNVOID  ; If frequency code equals 8 - check for Original PDI in Ready Queue  ; CPE 005-038 original PDI found in EDI-Reopen Ready queue,  N CHFREQ,CHMIEN,CHMSTAT,CHMCLM,CHMSTRIP,CHMNOSTP,CHMFOPDI  S CHFREQ=$P(^CHMXCLE(CHCLEI,0),"^",6)  S CHMFOPDI=CHFLD(CHFLPN)  Q:CHFREQ'=8  Q:CHMFOPDI=""  I $D(^CHMIMG("OCR-READY",CHMFOPDI)) K ^CHMIMG("OCR-READY",CHMFOPDI) S CHEDRJ="F0686",CHRCERR(CHXREC,CHEDRJ)="",CHLVLRJ("E")="" D KILL(CHMFOPDI) S $P(^CHMIMG(CHMFOPDI,0),"^",6)=11  I $D(^CHMIMG("SBOCR-READY",CHMFOPDI)) K ^CHMIMG("SBOCR-READY",CHMFOPDI) S CHEDRJ="F0686",CHRCERR(CHXREC,CHEDRJ)="",CHLVLRJ("E")="" D KILL(CHMFOPDI) S $P(^CHMIMG(CHMFOPDI,0),"^",6)=11  I $D(^CHMIMG("OCRR-READY",CHMFOPDI)) K ^CHMIMG("OCRR-READY",CHMFOPDI) S CHEDRJ="F0686",CHRCERR(CHXREC,CHEDRJ)="",CHLVLRJ("E")="" D KILL(CHMFOPDI) S $P(^CHMIMG(CHMFOPDI,0),"^",6)=11  I $D(^CHMIMG("SBOCRR-READY",CHMFOPDI)) K ^CHMIMG("SBOCRR-READY",CHMFOPDI) S CHEDRJ="F0686",CHRCERR(CHXREC,CHEDRJ)="",CHLVLRJ("E")="" D KILL(CHMFOPDI) S $P(^CHMIMG(CHMFOPDI,0),"^",6)=11  ; ICN42 ;AJF; story005-042; Testing for Original PDI in process and all claims in process  Q:'$D(^CHMIMG(CHMFOPDI,0))  ;Check PDI status  Q:$P(^CHMIMG(CHMFOPDI,0),"^",6)'=2  Q:'$D(^CHMPAY("C",CHMFOPDI))  S CHMIEN=0,CHMSTAT=0,CHMSTRIP=0,CHMNOSTP=""  F  S CHMIEN=$O(^CHMPAY("C",CHMFOPDI,CHMIEN)) Q:CHMIEN=""  D  .; Check claim status   .S CHMSTAT=$P($G(^CHMPAY(CHMIEN,0)),"^",2)  .S CHMCLM(CHMIEN)=""  .S:CHMSTAT'=1 CHMNOSTP=1  .S CHMSTRIP=$S(CHMNOSTP=1:0,CHMSTAT=1:1,1:0)  Q:CHMSTRIP=0  ;STRIP Original PDI  N CHMSTRIP2  ;Strip PDI as defind by the Strip Submission Option   S CHMSTRIP2=$$START^CHMFSTP1E(CHMFOPDI)  Q:CHMSTRIP2=0  ;Set STATUS OF Original PDI to VOIDED and Current PDI to COMPLETED  S $P(^CHMIMG(CHMFOPDI,0),"^",6)=11,$P(^CHMIMG(CHMFPDI,0),"^",6)=4  ;Remove Current PDI from Ready Queue  I $D(^CHMIMG("OCRR-READY",CHMFPDI)) K ^CHMIMG("OCRR-READY",CHMFPDI)  I $D(^CHMIMG("SBOCRR-READY",CHMFPDI)) K ^CHMIMG("SBOCRR-READY",CHMFPDI)  ;Set all Claim status to Deleted  S CHMIEN=0  F  S CHMIEN=$O(CHMCLM(CHMIEN)) Q:CHMIEN=""  D  .Q:'$D(^CHMPAY(CHMIEN,0))  .S $P(^CHMPAY(CHMIEN,0),"^",2)=10   Q  ; ICNVOID2  ; If frequency code equals 8 - check for valid Original PID and reject all claims that are in "in process"  ; HM/SS; cpe005-043 TOB FC 8 All Claims Lines Not Complete  ;quit if the frequency code is not 8  Q:$P(^CHMXCLE(CHCLEI,0),"^",6)'=8  ;quit if the original PDI is empty  Q:+CHFLD(3)=0  ;set variable to the the original PDI  N OPDI S OPDI=CHFLD(3)  ;CMPLLN(OPDI) ; COMPLETE CLAIM LINES THAT ARE NOT COMPLETED FOR PDI  N CLMCRS,CLMSTAT,PDIFNL,CNT,DA,DR  S CNT=0,CLMCRS=0,CLMSTAT=0  F  S CLMCRS=$O(^CHMPAY("C",OPDI,CLMCRS)) Q:CLMCRS=""  D  .S CLMSTAT=$P($G(^CHMPAY(CLMCRS,0)),"^",2)  .I CLMSTAT=1 D  ..S DIE=741000,DA=CLMCRS,DR=".02///0" D ^DIE K DIE  ..S DIE=741000,DA=CLMCRS,DR=".13///404" D ^DIE K DIE  ;Call PDIFINAL^CHSTAT to trigger CSTAT messages with F0:686 status  S PDIFNL=$$PDIFINAL^CHCSTAT(OPDI,"F0:686")  I $P($G(^CHMIMG(OPDI,0)),"^",6)=11 Q  ;AJF/LEG CPE005-042  S DIE=741000.2,DA=OPDI,DR=".06///4" D ^DIE K DIE  Q  ; VALPDI(CHMFOPDI,CHJUL) ;Validate Original PDI Number  ;  N CURDT,JDAY,OPDIYR  S CHMFOPDI=$G(CHMFOPDI),CHJUL=$G(CHJUL)  I CHMFOPDI'?15N Q 0  I '$D(^CHMIMG(CHMFOPDI)) Q 0 ;This is not a Re-open claim.  I $E(CHMFOPDI,1,4)<2000 Q 0  S OPDIYR=$E(CHMFOPDI,1,4)  S CURDT=$$HTE^XLFDT($H,7),CURYR=$E(CURDT,1,4)  I OPDIYR>CURYR Q 0  S JDAY=$E(CHMFOPDI,5,7)  I JDAY<"001"!(JDAY>"366") Q 0  I ",90,91,92,97,"'[(","\_$E(CHMFOPDI,8,9)\_",") Q 0  ;I $P($G(^CHMIMG(CHMFOPDI,"E-REOPEN")),"^",3)=1 Q 0   Q 1  ; KILL(CHMFPDI) ;cpe005-038  D KILPDI^CHMFADR1  Q  ;Methodical-5010 Change-End |

Passed XINDEX? (Y / N): N/A