Developer Name(s): Dennis Bricker

Associated User Story/Stories: CPE005-039

ORIGINAL CHMXPU03

CHMXPU03 ;CVA/DTP;X12 837 READ EDIT UTILITY #3 (HEALTH CARE CLAIMS);02/06/98 1:34 PM  
 ;;1.0;CHAMPVA SYSTEM;;JULY 11,2011;Build 1  
 ;;CPTS #11374 BY DTP (18-DEC-96)  
 ;;SPECIAL EDITS FOR 837 RECORD READ AT CLAIM LEVELS  
 ;;CALLED INDIRECTLY BY GENREAD^CHMXPU01+15 (CHEDRTN IS DEFINED)  
 ;;   
 ;;BUG00056 - AJM 07-FEB-2008 modified FE edits per ENC00056  
 ;;DEF019402 FE Edit incorrectly returned a claim BMJ 01/16/14   
 ;  
 ;   
ICTYPP ;CHECKS PRESENCE OF THE IC TYPE--SECOND PART OF GS08 DATA  
 I '$D(CHFLD(CHFLPN)) D RCDERR^CHMXPU01 G ICTYPP1  
 S CHICTYP=$E(CHFLD(CHFLPN),7,15) I CHICTYP="" D RCDERR^CHMXPU01 G ICTYPP1  
ICTYPP1 K CHICTYP Q  
 ;   
ICTYPV ;VALIDATE IC TYPE(2ND PART OF GS08) BY LOOKING UP IN SET OF CODES  
 Q:$D(CHRCERR(CHXREC,"A014a"))  
 S CHFLDHLD=CHFLD(CHFLPN),CHFLD(CHFLPN)=$E(CHFLD(CHFLPN),7,15),CHCVFL="^CHMXDIC(741201.38,""C"",1,",CHCVDIR=""  
 D 5011^CHMXPU01  
ICTYPV1 S CHFLD(CHFLPN)=CHFLDHLD K CHFLDHLD,CHCVDIR Q  
 ;   
TSVRNP ;CHECKS PRESENCE OF THE TS VERSION--FIRST PART OF GS08 DATA  
 I '$D(CHFLD(CHFLPN)) D RCDERR^CHMXPU01 G TSVRNP1  
 S CHTSVRN=$E(CHFLD(CHFLPN),1,6) I CHTSVRN="" D RCDERR^CHMXPU01 G TSVRNP1  
TSVRNP1 K CHTSVRN Q  
 ;   
TSVRNV ;VALIDATE TS VERSION (2ND PART OF GS08) BY LOOKING UP IN SET OF CODES  
 Q:$D(CHRCERR(CHXREC,"A014b"))  
 S CHFLDHLD=CHFLD(CHFLPN),CHFLD(CHFLPN)=$E(CHFLD(CHFLPN),1,6),CHCVFL="^CHMXDIC(741201.33,1,102,""B"",",CHCVDIR=""  
 D 5011^CHMXPU01  
TSVRNV1 S CHFLD(CHFLPN)=CHFLDHLD K CHFLDHLD Q  
 ;   
CLTPCD ;CLAIM TYPE CODE MUST BE PRESENT IF IC TYPE = "PHYS" OR IC TYPE = "HOSP"  
 ;AND BILL TYPE = 13 AND IT MUST BE FOUND IN DD FOR DE #1343  
 D GETIC I $D(CHEDPRB) S CHPRB=CHEDRJ G CLTPCD1  
 I '$D(RCD) S CHEDPRB="",CHPRB=CHEDRJ G CLTPCD1  
 S:CHX12VRS=1 CHZZBEG=42,CHZZEND=43  
 ;Methodical-5010 Change-Begin  
 S:(CHX12VRS=2)!(CHX12VRS=3) CHZZBEG=43,CHZZEND=44  
 ;Methodical-5010 Change-End  
 S Y=$E(RCD,CHZZBEG,CHZZEND),CHBLTP=$$TRIM^CHMXPU01(Y) I CHBLTP="" S CHEDRJHL=CHEDRJ,CHEDRJ="E04a" D RCDERR^CHMXPU01 S CHEDRJ=CHEDRJHL G CLTPCD1  
 S:CHX12VRS=1 CHZZBEG=44  
 ;Methodical-5010 Change-Begin  
 S:(CHX12VRS=2)!(CHX12VRS=3) CHZZBEG=45  
 ;Methodical-5010 Change-End  
 S Y=$E(RCD,CHZZBEG),CHQLF=$$TRIM^CHMXPU01(Y) I CHQLF="" S CHEDRJHL=CHEDRJ,CHEDRJ="E05a" D RCDERR^CHMXPU01 S CHEDRJ=CHEDRJHL G CLTPCD1  
 I ((CHICTP="PHYS")&(CHFLD(CHFLPN)=""))!((CHICTP="HOSP")&(CHBLTP=13)&(CHQLF="A")&(CHFLD(CHFLPN)="")) D RCDERR^CHMXPU01 G CLTPCD1  
 Q:CHFLD(CHFLPN)=""  
 I '$D(CHMXDIC(741201.02,"B",CHFLD(CHFLPN))) D RCDERR^CHMXPU01 G CLTPCD1  
CLTPCD1 K CHICTP,CHBLTP,CHQLF,CHEDRJHL,CHZZBEG,CHZZEND Q  
 ;  
 ; ajm - added new subroutine BUG00056  
BTPOSI ;  
 NEW CHBTQLF,POS  
 Q:$D(CHRCERR(CHXREC,"E05a"))  
 I '$D(RCD) S CHEDPRB="",CHPRB=CHEDRJ Q  
 S CHBTQLF=$$GETPOSQAL(RCD)  
 Q:'(CHBTQLF="A") ;THIS EDIT ONLY APPLIES TO INSTUTIONAL CLAIMS  
 IF $D(CHFLD(CHFLPN)) {  
  SET POS = CHFLD(CHFLPN)  
 }ELSE{  
  SET POS=""  
 }  
 I (POS="")||'$D(^CHMXDIC(741201.03,"B",POS)) D RCDERR^CHMXPU01  
 Q  
 ;   
 ; PLACE OF SERVCE CODE MUST MATCH A CODE FROM LIST OF VALID PLACES OF SERVCE  
 ; THIS SUB ROUTINE ONLY APPLIES TO PROFESSIONAL OR DENTAL CLAIMS.  
BTPOS ;   
 NEW CHBTQLF, POS  
 Q:$D(CHRCERR(CHXREC,"E04c"))  
 I '$D(RCD) S CHEDPRB="",CHPRB=CHEDRJ Q  
 S CHBTQLF=$$GETPOSQAL(RCD)  
 Q:'((CHBTQLF="B")||(CHBTQLF="C")) ;THIS EDIT ONLY APPLIES TO PROF OR DENTAL CLAIMS  
 IF $D(CHFLD(CHFLPN)) {  
  SET POS = CHFLD(CHFLPN)  
 }ELSE{  
  SET POS=""  
 }  
 I (POS=41)!(POS=42) S ^RREC($J,"E026")="" D DEBUG^CHMXDR01("POS REQUIRES E026 REC FLAG SET",POS) ; PROF AMBULATORY POS CODE REQUIRES E206 RECORD  
 I (POS="")||'$D(^CHMXDIC(741201.59,"B",POS)) D RCDERR^CHMXPU01  
 ;I '$D(RCD) S CHEDPRB="",CHPRB=CHEDRJ G BTPOS1  
 ;S:CHX12VRS=1 CHZZBEG=44  
 ;S:CHX12VRS=2 CHZZBEG=45  
 ;S Y=$E(RCD,CHZZBEG,CHZZBEG),CHBTQLF=$$TRIM^CHMXPU01(Y) I CHBTQLF="" S CHEDRJHL=CHEDRJ,CHEDRJ="E05a" D RCDERR^CHMXPU01 S CHEDRJ=CHEDRJHL G BTPOS1  
 ;I (CHBTQLF="A")&('$D(^CHMXDIC(741201.03,"B",CHFLD(CHFLPN)))) D RCDERR^CHMXPU01 G BTPOS1  
 ;I (CHBTQLF="B")&('$D(^CHMXDIC(741201.59,"B",CHFLD(CHFLPN)))) S CHEDRJ="E04c" D RCDERR^CHMXPU01 G BTPOS1  
 ;I (CHBTQLF="C")&('$D(^CHMXDIC(741201.59,"B",CHFLD(CHFLPN)))) S CHEDRJ="E04c" D RCDERR^CHMXPU01 G BTPOS1  
 Q  
 ;   
 ;   
 ;Methodical-5010 Change-Begin  
BTPOSD  ; Validate Dental place of service codes  
 NEW CHBTQLF,POS  
 I '$D(RCD) S CHEDPRB="",CHPRB=CHEDRJ Q  
 S CHBTQLF=$$GETPOSQAL(RCD)  
 Q:'(CHBTQLF="C") ;THIS EDIT ONLY APPLIES TO DENTAL CLAIMS  
 IF $D(CHFLD(CHFLPN)) {  
  SET POS = CHFLD(CHFLPN)  
 }ELSE{  
  SET POS=""  
 }  
 I POS="" D RCDERR^CHMXPU01 Q  
 ;POS for dent  
 I POS="01"!(POS="25")!(POS="41")!(POS="42") D RCDERR^CHMXPU01  
 Q  
 ;Methodical-5010 Change-End  
 ;   
 ; GIVEN THE "E000" RECORD WILL RETURN THE PLACE OF SERVICE QUALIFIER  
 ; RETURNS: "A" - INSTITUTIONAL  
 ; "B" - PROFESSIONAL  
 ; "C" - DENTAL  
 ; "" - UNDETERMIED OR NOT PASSED IN THE "E000" RECORD  
 ;  
 ; Comment by MI/JS on 15-Nov-2011:  
 ; --------------------------------  
 ; The Place of Service qualifier does no longer determine the claim type, since both Professional and Dental  
 ; claims are now indicated with B (no longer C for dental). The following routine was changed to determine  
 ; the claim type correctly by calling an appropriate function in the CHMXP010 routine. Also, this function  
 ; will not return a null string any longer.  
 ;  
GETPOSQAL(RCD)  
 ;Methodical-5010 Change-Begin  
 Q $$CLMTYPE^CHMXP010()  
 ;Methodical-5010 Change-End  
 NEW CHZZBEG,QLF,RTN   
 ;RETURN NULL IF NULL IS PASSED IN OR RCD IS NOT THE E000 RECORD  
 Q:($E(RCD,1,4)'="E000") ""  
 S:CHX12VRS=1 CHZZBEG=44  
 ;Methodical-5010 Change-Begin  
 S:(CHX12VRS=2)!(CHX12VRS=3) CHZZBEG=45  
 ;Methodical-5010 Change-End  
 S QLF=$E(RCD,CHZZBEG,CHZZBEG)  
 S RTN=$$TRIM^CHMXPU01(QLF)  
 ; RETURN NULL IF NOT A RECOGNIZED FACILITY TYPE  
 IF '((RTN="A")||(RTN="B")||(RTN="C")) {  
  S RTN=""  
 }  
 Q RTN  
 ;   
 ;   
BTPROC ;IF QUALIFIER="A" FOR BILL TYPE, CHECK TO SEE IF IT IS A BILL TYPE HAC  
 ;IS PROCESSING  
 Q:$D(CHRCERR(CHXREC,"E04a")) Q:$D(CHRCERR(CHXREC,"E05"))  
 D BTQLF I $D(CHEDPRB) S CHPRB=CHEDRJ G BTPROC1  
 Q:CHBTQLF'="A"  
 I (CHBTQLF="A")&('$D(^CHMXDIC(741201.03,"C",1,CHFLD(CHFLPN)))) D RCDERR^CHMXPU01 G BTPROC1  
BTPROC1 K CHBTQLF Q  
 ;   
FREQA ;CHECK FOR PRESENCE OF CLAIM FREQENCY GIVEN CERTAIN CONDITIONS  
 Q:$D(CHRCERR(CHXREC,"E05a")) Q:$D(CHRCERR(CHXREC,"E05b"))  
 D GETIC I $D(CHEDPRB) S CHPRB=CHEDRJ G FREQA1  
 D BTQLF I $D(CHEDPRB) S CHPRB=CHEDRJ G FREQA1  
 Q:CHBTQLF'="A"  
 I ((CHICTP="HOSP")!(CHBTQLF="A"))&(CHFLD(CHFLPN)="") D RCDERR^CHMXPU01 G FREQA1  
FREQA1 K CHICTP,CHBTQLF Q  
 ;   
FREQB ;CODE VALIDATION FOR CLAIM FREQUENCY  
 Q:$D(CHRCERR(CHXREC,"E06a")) Q:$D(CHRCERR(CHXREC,"E05a")) Q:$D(CHRCERR(CHXREC,"E05b"))  
 D GETIC I $D(CHEDPRB) S CHPRB=CHEDRJ G FREQA1  
 D BTQLF I $D(CHEDPRB) S CHPRB=CHEDRJ G FREQB1  
 Q:CHBTQLF'="A"  
 I ((CHICTP="HOSP")!(CHBTQLF="A"))&('$D(^CHMXDIC(741201.05,"B",CHFLD(CHFLPN)))) D RCDERR^CHMXPU01 G FREQB1  
FREQB1 K CHICTP,CHBTQLF Q  
 ;   
FREQC ;CHECK TO SEE IF CLAIM FREQENCY FOR CLAIM IS CURRENTLY PROCESSED BY HAC  
 Q:$D(CHRCERR(CHXREC,"E06a")) Q:$D(CHRCERR(CHXREC,"E05a")) Q:$D(CHRCERR(CHXREC,"E05b"))  
 D GETIC I $D(CHEDPRB) S CHPRB=CHEDRJ G FREQA1  
 D BTQLF I $D(CHEDPRB) S CHPRB=CHEDRJ G FREQB1  
 Q:CHBTQLF'="A"  
 I ((CHICTP="HOSP")!(CHBTQLF="A"))&('$D(^CHMXDIC(741201.05,"C",1,CHFLD(CHFLPN)))) D RCDERR^CHMXPU01 G FREQC1  
FREQC1 K CHICTP,CHBTQLF Q  
 ;   
FREQD ;CHECK FOR CLAIM FREQUENCY 8 (VOID/CANCEL) AND SET UP WITH ACKNOWLEGDMENT, BUT REJECT THIS AS A PROCESSABLE CLAIM  
 I CHFLD(CHFLPN)=8 D RCDERR^CHMXPU01 ;BDB 12032017 CPE005-039 BLOCK FC 6  
FREQD1 Q  
 ;  
 ;Methodical-5010 Change-Begin - Validata Frequency Code  
FREQE ;FREQECODE VALIDATION FOR CLAIM FREQUENCY for Dental and Opt  
 D DEBUG^CHMXDR01("CHMXPU03: FREQE CHFLD(CHFLPN)= ",CHFLD(CHFLPN))  
 Q:CHFLD(CHFLPN)=""  
 I ('$D(^CHMXDIC(741201.05,"C",1,CHFLD(CHFLPN)))) D RCDERR^CHMXPU01   
 Q  
 ;Methodical-5010 Change-End   
 ;  
FREQF ;AJF; CPE005-039; Reject all Frequency Code 6  
 N CHFREQ  
 S CHFREQ=$P(^CHMXCLE(CHCLEI,0),"^",6)  
 Q:CHFREQ'=6  
 Q:'$D(CHMFPDI)  
 S CHRCERR(CHXREC,"E06b")="",CHLVLRJ("E")=""  
 D CSTAT^CHMXPUTL(CHMFPDI,"A7:21:464")  
 Q  
 ;   
BALDUE ;PATIENT BALANCE DUE MUST NOT BE > TOTAL CHARGES  
 Q:$D(CHRCERR(CHXREC,"E21a")) Q:$D(CHRCERR(CHXREC,"E23a"))  
 I '$D(RCD) S CHEDPRB="",CHPRB=CHEDRJ G BALDUE1  
 S:CHX12VRS=1 CHZZBEG=5,CHZZEND=19  
 ;Methodical-5010 Change-Begin  
 S:(CHX12VRS=2)!(CHX12VRS=3) CHZZBEG=5,CHZZEND=22  
 ;Methodical-5010 Change-End  
 S:CHX12VRS=1 CHTOT=+($E(RCD,CHZZBEG,CHZZEND)/100)  
 ;Methodical-5010 Change-Begin  
 S:(CHX12VRS=2)!(CHX12VRS=3) CHTOT=+($E(RCD,CHZZBEG,CHZZEND))  
 ;Methodical-5010 Change-End  
 I CHTOT="" S CHEDPRB="",CHPRB=CHEDRJ G BALDUE1  
 I (+(CHFLD(CHFLPN)))>CHTOT D RCDERR^CHMXPU01 G BALDUE1  
BALDUE1 K CHZZBEG,CHZZEND,CHTOT Q  
 ;   
PTDCDP ;CHECK PRESENCE OF DISCHARGE STATUS (COND: BILL TYPE=11/12 OR IC=HOSP)  
 D GETIC I $D(CHEDPRB) S CHPRB=CHEDRJ G PTDCDP1  
 D RBTQLF I $D(CHEDPRB) S CHPRB=CHEDRJ G PTDCDP1  
 Q:CHBTQLF'="A"  
 ;I ((CHICTP="HOSP")!(CHBTQLF="A"))&('$D(CHFLD(CHFLPN))) D RCDERR^CHMXPU01 G PTDCDP1  
 I ($D(^CHMXDIC(741201.03,"D",1,CHBTYP)))&('$D(CHFLD(CHFLPN))) D RCDERR^CHMXPU01 G PTDCDP1  
PTDCDP1 K CHICTP,CHBTQLF,CHTYPB Q  
 ;   
PTDCDV ;CHECK VALIDITY OF DISCHARGE STATUS (COND: BILL TYPE=11/12 OR IC=HOSP)  
 Q:CHFLD(CHFLPN)=""  
 ;Methodical-5010 Change-Begin - Comment out this code  
   ;Q:$D(CHRCERR(CHXREC,"E31"))  
 ;Methodical-5010 Change-End   
 D GETIC I $D(CHEDPRB) S CHPRB=CHEDRJ G PTDCDV1  
 D RBTQLF I $D(CHEDPRB) S CHPRB=CHEDRJ G PTDCDV1  
 Q:CHBTQLF'="A"  
 I ((CHICTP="HOSP")!(CHBTQLF="A"))&('$D(^CHMDIC(741002.12,"B",CHFLD(CHFLPN)))) D RCDERR^CHMXPU01 G PTDCDV1  
PTDCDV1 K CHICTP,CHBTQLF,CHTYPB Q  
 ;  
PTDCBT ;IF BILL FREQ = 1 OR 4, PATIENT STATUS MUST EQUAL DISCHARGE FROM INST.  
 Q:CHFLD(CHFLPN)=""  
 Q:$D(CHRCERR(CHXREC,"E31a")) I '$D(^CHMXCLE(CHCLEI,0)) S CHEDPRB="",CHPRB=CHEDRJ G PTDCBT1  
 ;S CHFREQ=$P(^CHMXCLE(CHCLEI,0),"^",6)  
 ;I CHFREQ="" S CHEDPRB="",CHPRB=CHEDRJ G PTDCBT1  
 ;I ((CHFREQ=1)!(CHFREQ=4))&('$D(^CHMDIC(741002.12,"D",1,CHFLD(CHFLPN)))) D RCDERR^CHMXPU01 G PTDCBT1  
 D GETIC I $D(CHEDPRB) S CHPRB=CHEDRJ G PTDCDP1  
 D RBTQLF I $D(CHEDPRB) S CHPRB=CHEDRJ G PTDCDP1  
 Q:CHBTQLF'="A"  
 ;I ((CHICTP="HOSP")!(CHBTQLF="A"))&('$D(CHFLD(CHFLPN))) D RCDERR^CHMXPU01 G PTDCDP1  
 I ($D(^CHMXDIC(741201.03,"E",1,CHBTYP)))&('$D(CHFLD(CHFLPN))) D RCDERR^CHMXPU01 G PTDCBT1  
PTDCBT1 K CHBTYP Q  
 ;   
NHRSP ;CHECK PRESENCE OF NH RESIDENTIAL STATUS (COND: PI=FEE)  
 D GETPI I $D(CHEDPRB) S CHPRB=CHEDRJ G NHRSP1  
 I (CHPI="VA741-FEE")&(CHFLD(CHFLPN)="") D RCDERR^CHMXPU01 G NHRSP1  
NHRSP1 K CHPI Q  
 ;   
NHRSV ;VALIDATE NH RESIDENTIAL STATUS CODE (COND: PI=FEE)  
 Q:$D(CHRCERR(CHXREC,"E32")) Q:CHFLD(CHFLPN)=""  
 D GETPI I $D(CHEDPRB) S CHPRB=CHEDRJ G NHRSV1  
 I (CHPI="VA741-FEE")&('$D(^CHMXDIC(741201.09,"B",CHFLD(CHFLPN)))) D RCDERR^CHMXPU01 G NHRSV1  
NHRSV1 K CHPI Q  
 ;   
GETIC ;PULLS IMP CONV TYPE FROM HEADER GLOBAL  
 I '$D(^CHMXCLA(CHCLAI,0)) S CHEDPRB="" Q  
 S CHICTP=$E($P(^CHMXCLA(CHCLAI,0),"^",14),7,99)  
 Q:CHICTP=""  
 Q  
 ;   
BTQLF ;PULLS BILL TYPE QUALIFIER FROM RECORD JUST READ  
 I '$D(RCD) S CHEDPRB="",CHPRB=CHEDRJ G FREQA1  
 S:CHX12VRS=1 CHZZBEG=44,CHZZEND=44  
 ;Methodical-5010 Change-Begin  
 S:(CHX12VRS=2)!(CHX12VRS=3) CHZZBEG=45,CHZZEND=45  
 ;Methodical-5010 Change-End  
 S Y=$E(RCD,CHZZBEG,CHZZEND),CHBTQLF=$$TRIM^CHMXPU01(Y) I CHBTQLF="" S CHEDPRB="" G BTQLF1  
BTQLF1 K CHZZBEG,CHZZEND Q  
 ;   
RBTQLF ;PULLS BILL TYPE QUALIFIER FROM SUBMISSION GLOBAL  
 I '$D(^CHMXCLE(CHCLEI,0)) S CHEDPRB="" Q  
 S CHBTQLF=$P(^CHMXCLE(CHCLEI,0),"^",5) S:CHBTQLF="" CHBTQLF="B"  
 I CHBTQLF="B" S CHTYPB="" G RBTQLF1  
 S CHBTYP=$P(^CHMXCLE(CHCLEI,0),"^",4)  
RBTQLF1 Q  
 ;   
GETPI ;PULLS PROG IND FROM HEADER GLOBAL  
 Q:'$D(^CHMXCLA(CHCLAI,1))  
 S CHPI=$P(^CHMXCLA(CHCLAI,1),"^",5)  
GETPI1 Q  
 ;   
TRSTYP ;VALIDATES THE V4010 TRANSACTION TYPE ID   
 I '$D(CHFLD(CHFLPN)) D RCDERR^CHMXPU01 G TRSTYP1  
 ;Methodical-5010 Change-Begin  
 I CHX12VRS=2 I (CHFLD(CHFLPN)'["4010X096")&(CHFLD(CHFLPN)'["4010X097")&(CHFLD(CHFLPN)'["4010X098")&(CHFLD(CHFLPN)'["4010OCRB")&(CHFLD(CHFLPN)'["4010OCRA") D RCDERR^CHMXPU01 G TRSTYP1  
 ;222 = Professional 223=Institutional 224= Dental  
 I CHX12VRS=3 I (CHFLD(CHFLPN)'["5010X222")&(CHFLD(CHFLPN)'["5010X223")&(CHFLD(CHFLPN)'["5010X224") D RCDERR^CHMXPU01 G TRSTYP1  
 ;Methodical-5010 Change-End  
TRSTYP1 Q  
 ;  
 ;Methodical-5010 Change-Begin  
AMBINFO ;Check that AMB information exists if POS= 41 or 42  
 ;  
 K ^RREC($J,"E026") ; FLAG "E026" RECORD WAS NOT MISSING  
 D DEBUG^CHMXDR01("CHMXPU03: AMBINFO: CHFLD(CHFLPN)= ",CHFLD(CHFLPN))  
 N POS S POS=$P(^CHMXCLE(CHCLEI,0),"^",4)  
 D DEBUG^CHMXDR01("CHMXPU03: AMBINFO: POS= ",POS)  
 Q:POS'=41&(POS'=42) ; Must have POS of 41 or 42  
 I (CHFLD(CHFLPN)'="") Q                ;DEF019402 FE Edit incorrectly returned a claim   
 ;I (CHFLD(CHFLPN)>0) Q 'If POS = 41 or 42 and POS QUALIFIER = "" then reject in front end with an Ambulance Transport Information Reason (2300 CR104)  
 D RCDERR^CHMXPU01  
 Q  
 ;Methodical-5010 Change-End  
   
SUBMRSN ; For Profession claims the claim submission must be PB  
 ;  
 ;Methodical-5010 Change-Begin  
 Q:$$CLMTYPE^CHMXP010()'="C"  ; Applies only to Dental claims  
 ;Methodical-5010 Change-End  
 I CHFLD(CHFLPN)="PB" D RCDERR^CHMXPU01  
 Q  
   
QUALER ;check for Invalid qualifier code of "ER" for professional claims  
 ;Methodical-5010 Change-Begin  
 ; FILETYPE=  
 ; "A" - INSTITUTIONAL  
 ; "B" - PROFESSIONAL  
 ; "C" - DENTAL  
 I CHFLD(CHFLPN)="ER" D RCDERR^CHMXPU01  
 Q  
  ;Methodical-5010 Change-End  
   
QUALIV ;check for Invalid qualifier code of "IV" for professional claims  
 ;Methodical-5010 Change-Begin  
 ; "A" - INSTITUTIONAL  
 ; "B" - PROFESSIONAL  
 ; "C" - DENTAL  
 I CHFLD(CHFLPN)="IV" D RCDERR^CHMXPU01  
 Q  
  ;Methodical-5010 Change-End  
 ;  
QUALST ; LEG - imbedded to work around   
 ; Error has occurred <NOLINE> in DEV at 12:48 PM Oct 19 2017  
 Q   
 ;   
QUALWK ;check for Invalid qualifier code of "WK" for professional claims  
 ;Methodical-5010 Change-Begin  
 ; FILETYPE=  
 ; "A" - INSTITUTIONAL  
 ; "B" - PROFESSIONAL  
 ; "C" - DENTAL  
 I CHFLD(CHFLPN)="WK" D RCDERR^CHMXPU01  
 Q  
  ;Methodical-5010 Change-End

EDITED CHMXPU03

CHMXPU03 ;CVA/DTP;X12 837 READ EDIT UTILITY #3 (HEALTH CARE CLAIMS);02/06/98 1:34 PM  
 ;;1.0;CHAMPVA SYSTEM;;JULY 11,2011;Build 1  
 ;;CPTS #11374 BY DTP (18-DEC-96)  
 ;;SPECIAL EDITS FOR 837 RECORD READ AT CLAIM LEVELS  
 ;;CALLED INDIRECTLY BY GENREAD^CHMXPU01+15 (CHEDRTN IS DEFINED)  
 ;;   
 ;;BUG00056 - AJM 07-FEB-2008 modified FE edits per ENC00056  
 ;;DEF019402 FE Edit incorrectly returned a claim BMJ 01/16/14   
 ;  
 ;BDB ; CPE005-039 - Front End Rejection all all Type of Bill Frequency Code 6  
 ;   
ICTYPP ;CHECKS PRESENCE OF THE IC TYPE--SECOND PART OF GS08 DATA  
 I '$D(CHFLD(CHFLPN)) D RCDERR^CHMXPU01 G ICTYPP1  
 S CHICTYP=$E(CHFLD(CHFLPN),7,15) I CHICTYP="" D RCDERR^CHMXPU01 G ICTYPP1  
ICTYPP1 K CHICTYP Q  
 ;   
ICTYPV ;VALIDATE IC TYPE(2ND PART OF GS08) BY LOOKING UP IN SET OF CODES  
 Q:$D(CHRCERR(CHXREC,"A014a"))  
 S CHFLDHLD=CHFLD(CHFLPN),CHFLD(CHFLPN)=$E(CHFLD(CHFLPN),7,15),CHCVFL="^CHMXDIC(741201.38,""C"",1,",CHCVDIR=""  
 D 5011^CHMXPU01  
ICTYPV1 S CHFLD(CHFLPN)=CHFLDHLD K CHFLDHLD,CHCVDIR Q  
 ;   
TSVRNP ;CHECKS PRESENCE OF THE TS VERSION--FIRST PART OF GS08 DATA  
 I '$D(CHFLD(CHFLPN)) D RCDERR^CHMXPU01 G TSVRNP1  
 S CHTSVRN=$E(CHFLD(CHFLPN),1,6) I CHTSVRN="" D RCDERR^CHMXPU01 G TSVRNP1  
TSVRNP1 K CHTSVRN Q  
 ;   
TSVRNV ;VALIDATE TS VERSION (2ND PART OF GS08) BY LOOKING UP IN SET OF CODES  
 Q:$D(CHRCERR(CHXREC,"A014b"))  
 S CHFLDHLD=CHFLD(CHFLPN),CHFLD(CHFLPN)=$E(CHFLD(CHFLPN),1,6),CHCVFL="^CHMXDIC(741201.33,1,102,""B"",",CHCVDIR=""  
 D 5011^CHMXPU01  
TSVRNV1 S CHFLD(CHFLPN)=CHFLDHLD K CHFLDHLD Q  
 ;   
CLTPCD ;CLAIM TYPE CODE MUST BE PRESENT IF IC TYPE = "PHYS" OR IC TYPE = "HOSP"  
 ;AND BILL TYPE = 13 AND IT MUST BE FOUND IN DD FOR DE #1343  
 D GETIC I $D(CHEDPRB) S CHPRB=CHEDRJ G CLTPCD1  
 I '$D(RCD) S CHEDPRB="",CHPRB=CHEDRJ G CLTPCD1  
 S:CHX12VRS=1 CHZZBEG=42,CHZZEND=43  
 ;Methodical-5010 Change-Begin  
 S:(CHX12VRS=2)!(CHX12VRS=3) CHZZBEG=43,CHZZEND=44  
 ;Methodical-5010 Change-End  
 S Y=$E(RCD,CHZZBEG,CHZZEND),CHBLTP=$$TRIM^CHMXPU01(Y) I CHBLTP="" S CHEDRJHL=CHEDRJ,CHEDRJ="E04a" D RCDERR^CHMXPU01 S CHEDRJ=CHEDRJHL G CLTPCD1  
 S:CHX12VRS=1 CHZZBEG=44  
 ;Methodical-5010 Change-Begin  
 S:(CHX12VRS=2)!(CHX12VRS=3) CHZZBEG=45  
 ;Methodical-5010 Change-End  
 S Y=$E(RCD,CHZZBEG),CHQLF=$$TRIM^CHMXPU01(Y) I CHQLF="" S CHEDRJHL=CHEDRJ,CHEDRJ="E05a" D RCDERR^CHMXPU01 S CHEDRJ=CHEDRJHL G CLTPCD1  
 I ((CHICTP="PHYS")&(CHFLD(CHFLPN)=""))!((CHICTP="HOSP")&(CHBLTP=13)&(CHQLF="A")&(CHFLD(CHFLPN)="")) D RCDERR^CHMXPU01 G CLTPCD1  
 Q:CHFLD(CHFLPN)=""  
 I '$D(CHMXDIC(741201.02,"B",CHFLD(CHFLPN))) D RCDERR^CHMXPU01 G CLTPCD1  
CLTPCD1 K CHICTP,CHBLTP,CHQLF,CHEDRJHL,CHZZBEG,CHZZEND Q  
 ;  
 ; ajm - added new subroutine BUG00056  
BTPOSI ;  
 NEW CHBTQLF,POS  
 Q:$D(CHRCERR(CHXREC,"E05a"))  
 I '$D(RCD) S CHEDPRB="",CHPRB=CHEDRJ Q  
 S CHBTQLF=$$GETPOSQAL(RCD)  
 Q:'(CHBTQLF="A") ;THIS EDIT ONLY APPLIES TO INSTUTIONAL CLAIMS  
 IF $D(CHFLD(CHFLPN)) {  
  SET POS = CHFLD(CHFLPN)  
 }ELSE{  
  SET POS=""  
 }  
 I (POS="")||'$D(^CHMXDIC(741201.03,"B",POS)) D RCDERR^CHMXPU01  
 Q  
 ;   
 ; PLACE OF SERVCE CODE MUST MATCH A CODE FROM LIST OF VALID PLACES OF SERVCE  
 ; THIS SUB ROUTINE ONLY APPLIES TO PROFESSIONAL OR DENTAL CLAIMS.  
BTPOS ;   
 NEW CHBTQLF, POS  
 Q:$D(CHRCERR(CHXREC,"E04c"))  
 I '$D(RCD) S CHEDPRB="",CHPRB=CHEDRJ Q  
 S CHBTQLF=$$GETPOSQAL(RCD)  
 Q:'((CHBTQLF="B")||(CHBTQLF="C")) ;THIS EDIT ONLY APPLIES TO PROF OR DENTAL CLAIMS  
 IF $D(CHFLD(CHFLPN)) {  
  SET POS = CHFLD(CHFLPN)  
 }ELSE{  
  SET POS=""  
 }  
 I (POS=41)!(POS=42) S ^RREC($J,"E026")="" D DEBUG^CHMXDR01("POS REQUIRES E026 REC FLAG SET",POS) ; PROF AMBULATORY POS CODE REQUIRES E206 RECORD  
 I (POS="")||'$D(^CHMXDIC(741201.59,"B",POS)) D RCDERR^CHMXPU01  
 ;I '$D(RCD) S CHEDPRB="",CHPRB=CHEDRJ G BTPOS1  
 ;S:CHX12VRS=1 CHZZBEG=44  
 ;S:CHX12VRS=2 CHZZBEG=45  
 ;S Y=$E(RCD,CHZZBEG,CHZZBEG),CHBTQLF=$$TRIM^CHMXPU01(Y) I CHBTQLF="" S CHEDRJHL=CHEDRJ,CHEDRJ="E05a" D RCDERR^CHMXPU01 S CHEDRJ=CHEDRJHL G BTPOS1  
 ;I (CHBTQLF="A")&('$D(^CHMXDIC(741201.03,"B",CHFLD(CHFLPN)))) D RCDERR^CHMXPU01 G BTPOS1  
 ;I (CHBTQLF="B")&('$D(^CHMXDIC(741201.59,"B",CHFLD(CHFLPN)))) S CHEDRJ="E04c" D RCDERR^CHMXPU01 G BTPOS1  
 ;I (CHBTQLF="C")&('$D(^CHMXDIC(741201.59,"B",CHFLD(CHFLPN)))) S CHEDRJ="E04c" D RCDERR^CHMXPU01 G BTPOS1  
 Q  
 ;   
 ;   
 ;Methodical-5010 Change-Begin  
BTPOSD  ; Validate Dental place of service codes  
 NEW CHBTQLF,POS  
 I '$D(RCD) S CHEDPRB="",CHPRB=CHEDRJ Q  
 S CHBTQLF=$$GETPOSQAL(RCD)  
 Q:'(CHBTQLF="C") ;THIS EDIT ONLY APPLIES TO DENTAL CLAIMS  
 IF $D(CHFLD(CHFLPN)) {  
  SET POS = CHFLD(CHFLPN)  
 }ELSE{  
  SET POS=""  
 }  
 I POS="" D RCDERR^CHMXPU01 Q  
 ;POS for dent  
 I POS="01"!(POS="25")!(POS="41")!(POS="42") D RCDERR^CHMXPU01  
 Q  
 ;Methodical-5010 Change-End  
 ;   
 ; GIVEN THE "E000" RECORD WILL RETURN THE PLACE OF SERVICE QUALIFIER  
 ; RETURNS: "A" - INSTITUTIONAL  
 ; "B" - PROFESSIONAL  
 ; "C" - DENTAL  
 ; "" - UNDETERMIED OR NOT PASSED IN THE "E000" RECORD  
 ;  
 ; Comment by MI/JS on 15-Nov-2011:  
 ; --------------------------------  
 ; The Place of Service qualifier does no longer determine the claim type, since both Professional and Dental  
 ; claims are now indicated with B (no longer C for dental). The following routine was changed to determine  
 ; the claim type correctly by calling an appropriate function in the CHMXP010 routine. Also, this function  
 ; will not return a null string any longer.  
 ;  
GETPOSQAL(RCD)  
 ;Methodical-5010 Change-Begin  
 Q $$CLMTYPE^CHMXP010()  
 ;Methodical-5010 Change-End  
 NEW CHZZBEG,QLF,RTN   
 ;RETURN NULL IF NULL IS PASSED IN OR RCD IS NOT THE E000 RECORD  
 Q:($E(RCD,1,4)'="E000") ""  
 S:CHX12VRS=1 CHZZBEG=44  
 ;Methodical-5010 Change-Begin  
 S:(CHX12VRS=2)!(CHX12VRS=3) CHZZBEG=45  
 ;Methodical-5010 Change-End  
 S QLF=$E(RCD,CHZZBEG,CHZZBEG)  
 S RTN=$$TRIM^CHMXPU01(QLF)  
 ; RETURN NULL IF NOT A RECOGNIZED FACILITY TYPE  
 IF '((RTN="A")||(RTN="B")||(RTN="C")) {  
  S RTN=""  
 }  
 Q RTN  
 ;   
 ;   
BTPROC ;IF QUALIFIER="A" FOR BILL TYPE, CHECK TO SEE IF IT IS A BILL TYPE HAC  
 ;IS PROCESSING  
 Q:$D(CHRCERR(CHXREC,"E04a")) Q:$D(CHRCERR(CHXREC,"E05"))  
 D BTQLF I $D(CHEDPRB) S CHPRB=CHEDRJ G BTPROC1  
 Q:CHBTQLF'="A"  
 I (CHBTQLF="A")&('$D(^CHMXDIC(741201.03,"C",1,CHFLD(CHFLPN)))) D RCDERR^CHMXPU01 G BTPROC1  
BTPROC1 K CHBTQLF Q  
 ;   
FREQA ;CHECK FOR PRESENCE OF CLAIM FREQENCY GIVEN CERTAIN CONDITIONS  
 Q:$D(CHRCERR(CHXREC,"E05a")) Q:$D(CHRCERR(CHXREC,"E05b"))  
 D GETIC I $D(CHEDPRB) S CHPRB=CHEDRJ G FREQA1  
 D BTQLF I $D(CHEDPRB) S CHPRB=CHEDRJ G FREQA1  
 Q:CHBTQLF'="A"  
 I ((CHICTP="HOSP")!(CHBTQLF="A"))&(CHFLD(CHFLPN)="") D RCDERR^CHMXPU01 G FREQA1  
FREQA1 K CHICTP,CHBTQLF Q  
 ;   
FREQB ;CODE VALIDATION FOR CLAIM FREQUENCY  
 Q:$D(CHRCERR(CHXREC,"E06a")) Q:$D(CHRCERR(CHXREC,"E05a")) Q:$D(CHRCERR(CHXREC,"E05b"))  
 D GETIC I $D(CHEDPRB) S CHPRB=CHEDRJ G FREQA1  
 D BTQLF I $D(CHEDPRB) S CHPRB=CHEDRJ G FREQB1  
 Q:CHBTQLF'="A"  
 I ((CHICTP="HOSP")!(CHBTQLF="A"))&('$D(^CHMXDIC(741201.05,"B",CHFLD(CHFLPN)))) D RCDERR^CHMXPU01 G FREQB1  
FREQB1 K CHICTP,CHBTQLF Q  
 ;   
FREQC ;CHECK TO SEE IF CLAIM FREQENCY FOR CLAIM IS CURRENTLY PROCESSED BY HAC  
 Q:$D(CHRCERR(CHXREC,"E06a")) Q:$D(CHRCERR(CHXREC,"E05a")) Q:$D(CHRCERR(CHXREC,"E05b"))  
 D GETIC I $D(CHEDPRB) S CHPRB=CHEDRJ G FREQA1  
 D BTQLF I $D(CHEDPRB) S CHPRB=CHEDRJ G FREQB1  
 Q:CHBTQLF'="A"  
 I ((CHICTP="HOSP")!(CHBTQLF="A"))&('$D(^CHMXDIC(741201.05,"C",1,CHFLD(CHFLPN)))) D RCDERR^CHMXPU01 G FREQC1  
FREQC1 K CHICTP,CHBTQLF Q  
 ;   
FREQD ;CHECK FOR CLAIM FREQUENCY 8 (VOID/CANCEL) AND SET UP WITH ACKNOWLEGDMENT, BUT REJECT THIS AS A PROCESSABLE CLAIM  
 I CHFLD(CHFLPN)=8 D RCDERR^CHMXPU01 ;BDB 12032017 CPE005-039 BLOCK FC 6  
FREQD1 Q  
 ;  
 ;Methodical-5010 Change-Begin - Validata Frequency Code  
FREQE ;FREQECODE VALIDATION FOR CLAIM FREQUENCY for Dental and Opt  
 D DEBUG^CHMXDR01("CHMXPU03: FREQE CHFLD(CHFLPN)= ",CHFLD(CHFLPN))  
 Q:CHFLD(CHFLPN)=""  
 I ('$D(^CHMXDIC(741201.05,"C",1,CHFLD(CHFLPN)))) D RCDERR^CHMXPU01   
 Q  
 ;Methodical-5010 Change-End   
 ;  
FREQF ;AJF; CPE005-039; Reject all Frequency Code 6  
 N CHFREQ  
 S CHFREQ=$P(^CHMXCLE(CHCLEI,0),"^",6)  
 Q:CHFREQ'=6  
 Q:'$D(CHMFPDI)  
 S CHRCERR(CHXREC,"E06b")="",CHLVLRJ("E")=""  
 D CSTAT^CHMXPUTL(CHMFPDI,"A7:21:464")  
 Q  
 ;   
BALDUE ;PATIENT BALANCE DUE MUST NOT BE > TOTAL CHARGES  
 Q:$D(CHRCERR(CHXREC,"E21a")) Q:$D(CHRCERR(CHXREC,"E23a"))  
 I '$D(RCD) S CHEDPRB="",CHPRB=CHEDRJ G BALDUE1  
 S:CHX12VRS=1 CHZZBEG=5,CHZZEND=19  
 ;Methodical-5010 Change-Begin  
 S:(CHX12VRS=2)!(CHX12VRS=3) CHZZBEG=5,CHZZEND=22  
 ;Methodical-5010 Change-End  
 S:CHX12VRS=1 CHTOT=+($E(RCD,CHZZBEG,CHZZEND)/100)  
 ;Methodical-5010 Change-Begin  
 S:(CHX12VRS=2)!(CHX12VRS=3) CHTOT=+($E(RCD,CHZZBEG,CHZZEND))  
 ;Methodical-5010 Change-End  
 I CHTOT="" S CHEDPRB="",CHPRB=CHEDRJ G BALDUE1  
 I (+(CHFLD(CHFLPN)))>CHTOT D RCDERR^CHMXPU01 G BALDUE1  
BALDUE1 K CHZZBEG,CHZZEND,CHTOT Q  
 ;   
PTDCDP ;CHECK PRESENCE OF DISCHARGE STATUS (COND: BILL TYPE=11/12 OR IC=HOSP)  
 D GETIC I $D(CHEDPRB) S CHPRB=CHEDRJ G PTDCDP1  
 D RBTQLF I $D(CHEDPRB) S CHPRB=CHEDRJ G PTDCDP1  
 Q:CHBTQLF'="A"  
 ;I ((CHICTP="HOSP")!(CHBTQLF="A"))&('$D(CHFLD(CHFLPN))) D RCDERR^CHMXPU01 G PTDCDP1  
 I ($D(^CHMXDIC(741201.03,"D",1,CHBTYP)))&('$D(CHFLD(CHFLPN))) D RCDERR^CHMXPU01 G PTDCDP1  
PTDCDP1 K CHICTP,CHBTQLF,CHTYPB Q  
 ;   
PTDCDV ;CHECK VALIDITY OF DISCHARGE STATUS (COND: BILL TYPE=11/12 OR IC=HOSP)  
 Q:CHFLD(CHFLPN)=""  
 ;Methodical-5010 Change-Begin - Comment out this code  
   ;Q:$D(CHRCERR(CHXREC,"E31"))  
 ;Methodical-5010 Change-End   
 D GETIC I $D(CHEDPRB) S CHPRB=CHEDRJ G PTDCDV1  
 D RBTQLF I $D(CHEDPRB) S CHPRB=CHEDRJ G PTDCDV1  
 Q:CHBTQLF'="A"  
 I ((CHICTP="HOSP")!(CHBTQLF="A"))&('$D(^CHMDIC(741002.12,"B",CHFLD(CHFLPN)))) D RCDERR^CHMXPU01 G PTDCDV1  
PTDCDV1 K CHICTP,CHBTQLF,CHTYPB Q  
 ;  
PTDCBT ;IF BILL FREQ = 1 OR 4, PATIENT STATUS MUST EQUAL DISCHARGE FROM INST.  
 Q:CHFLD(CHFLPN)=""  
 Q:$D(CHRCERR(CHXREC,"E31a")) I '$D(^CHMXCLE(CHCLEI,0)) S CHEDPRB="",CHPRB=CHEDRJ G PTDCBT1  
 ;S CHFREQ=$P(^CHMXCLE(CHCLEI,0),"^",6)  
 ;I CHFREQ="" S CHEDPRB="",CHPRB=CHEDRJ G PTDCBT1  
 ;I ((CHFREQ=1)!(CHFREQ=4))&('$D(^CHMDIC(741002.12,"D",1,CHFLD(CHFLPN)))) D RCDERR^CHMXPU01 G PTDCBT1  
 D GETIC I $D(CHEDPRB) S CHPRB=CHEDRJ G PTDCDP1  
 D RBTQLF I $D(CHEDPRB) S CHPRB=CHEDRJ G PTDCDP1  
 Q:CHBTQLF'="A"  
 ;I ((CHICTP="HOSP")!(CHBTQLF="A"))&('$D(CHFLD(CHFLPN))) D RCDERR^CHMXPU01 G PTDCDP1  
 I ($D(^CHMXDIC(741201.03,"E",1,CHBTYP)))&('$D(CHFLD(CHFLPN))) D RCDERR^CHMXPU01 G PTDCBT1  
PTDCBT1 K CHBTYP Q  
 ;   
NHRSP ;CHECK PRESENCE OF NH RESIDENTIAL STATUS (COND: PI=FEE)  
 D GETPI I $D(CHEDPRB) S CHPRB=CHEDRJ G NHRSP1  
 I (CHPI="VA741-FEE")&(CHFLD(CHFLPN)="") D RCDERR^CHMXPU01 G NHRSP1  
NHRSP1 K CHPI Q  
 ;   
NHRSV ;VALIDATE NH RESIDENTIAL STATUS CODE (COND: PI=FEE)  
 Q:$D(CHRCERR(CHXREC,"E32")) Q:CHFLD(CHFLPN)=""  
 D GETPI I $D(CHEDPRB) S CHPRB=CHEDRJ G NHRSV1  
 I (CHPI="VA741-FEE")&('$D(^CHMXDIC(741201.09,"B",CHFLD(CHFLPN)))) D RCDERR^CHMXPU01 G NHRSV1  
NHRSV1 K CHPI Q  
 ;   
GETIC ;PULLS IMP CONV TYPE FROM HEADER GLOBAL  
 I '$D(^CHMXCLA(CHCLAI,0)) S CHEDPRB="" Q  
 S CHICTP=$E($P(^CHMXCLA(CHCLAI,0),"^",14),7,99)  
 Q:CHICTP=""  
 Q  
 ;   
BTQLF ;PULLS BILL TYPE QUALIFIER FROM RECORD JUST READ  
 I '$D(RCD) S CHEDPRB="",CHPRB=CHEDRJ G FREQA1  
 S:CHX12VRS=1 CHZZBEG=44,CHZZEND=44  
 ;Methodical-5010 Change-Begin  
 S:(CHX12VRS=2)!(CHX12VRS=3) CHZZBEG=45,CHZZEND=45  
 ;Methodical-5010 Change-End  
 S Y=$E(RCD,CHZZBEG,CHZZEND),CHBTQLF=$$TRIM^CHMXPU01(Y) I CHBTQLF="" S CHEDPRB="" G BTQLF1  
BTQLF1 K CHZZBEG,CHZZEND Q  
 ;   
RBTQLF ;PULLS BILL TYPE QUALIFIER FROM SUBMISSION GLOBAL  
 I '$D(^CHMXCLE(CHCLEI,0)) S CHEDPRB="" Q  
 S CHBTQLF=$P(^CHMXCLE(CHCLEI,0),"^",5) S:CHBTQLF="" CHBTQLF="B"  
 I CHBTQLF="B" S CHTYPB="" G RBTQLF1  
 S CHBTYP=$P(^CHMXCLE(CHCLEI,0),"^",4)  
RBTQLF1 Q  
 ;   
GETPI ;PULLS PROG IND FROM HEADER GLOBAL  
 Q:'$D(^CHMXCLA(CHCLAI,1))  
 S CHPI=$P(^CHMXCLA(CHCLAI,1),"^",5)  
GETPI1 Q  
 ;   
TRSTYP ;VALIDATES THE V4010 TRANSACTION TYPE ID   
 I '$D(CHFLD(CHFLPN)) D RCDERR^CHMXPU01 G TRSTYP1  
 ;Methodical-5010 Change-Begin  
 I CHX12VRS=2 I (CHFLD(CHFLPN)'["4010X096")&(CHFLD(CHFLPN)'["4010X097")&(CHFLD(CHFLPN)'["4010X098")&(CHFLD(CHFLPN)'["4010OCRB")&(CHFLD(CHFLPN)'["4010OCRA") D RCDERR^CHMXPU01 G TRSTYP1  
 ;222 = Professional 223=Institutional 224= Dental  
 I CHX12VRS=3 I (CHFLD(CHFLPN)'["5010X222")&(CHFLD(CHFLPN)'["5010X223")&(CHFLD(CHFLPN)'["5010X224") D RCDERR^CHMXPU01 G TRSTYP1  
 ;Methodical-5010 Change-End  
TRSTYP1 Q  
 ;  
 ;Methodical-5010 Change-Begin  
AMBINFO ;Check that AMB information exists if POS= 41 or 42  
 ;  
 K ^RREC($J,"E026") ; FLAG "E026" RECORD WAS NOT MISSING  
 D DEBUG^CHMXDR01("CHMXPU03: AMBINFO: CHFLD(CHFLPN)= ",CHFLD(CHFLPN))  
 N POS S POS=$P(^CHMXCLE(CHCLEI,0),"^",4)  
 D DEBUG^CHMXDR01("CHMXPU03: AMBINFO: POS= ",POS)  
 Q:POS'=41&(POS'=42) ; Must have POS of 41 or 42  
 I (CHFLD(CHFLPN)'="") Q                ;DEF019402 FE Edit incorrectly returned a claim   
 ;I (CHFLD(CHFLPN)>0) Q 'If POS = 41 or 42 and POS QUALIFIER = "" then reject in front end with an Ambulance Transport Information Reason (2300 CR104)  
 D RCDERR^CHMXPU01  
 Q  
 ;Methodical-5010 Change-End  
   
SUBMRSN ; For Profession claims the claim submission must be PB  
 ;  
 ;Methodical-5010 Change-Begin  
 Q:$$CLMTYPE^CHMXP010()'="C"  ; Applies only to Dental claims  
 ;Methodical-5010 Change-End  
 I CHFLD(CHFLPN)="PB" D RCDERR^CHMXPU01  
 Q  
   
QUALER ;check for Invalid qualifier code of "ER" for professional claims  
 ;Methodical-5010 Change-Begin  
 ; FILETYPE=  
 ; "A" - INSTITUTIONAL  
 ; "B" - PROFESSIONAL  
 ; "C" - DENTAL  
 I CHFLD(CHFLPN)="ER" D RCDERR^CHMXPU01  
 Q  
  ;Methodical-5010 Change-End  
   
QUALIV ;check for Invalid qualifier code of "IV" for professional claims  
 ;Methodical-5010 Change-Begin  
 ; "A" - INSTITUTIONAL  
 ; "B" - PROFESSIONAL  
 ; "C" - DENTAL  
 I CHFLD(CHFLPN)="IV" D RCDERR^CHMXPU01  
 Q  
  ;Methodical-5010 Change-End  
 ;  
QUALST ; LEG - imbedded to work around   
 ; Error has occurred <NOLINE> in DEV at 12:48 PM Oct 19 2017  
 Q   
 ;   
QUALWK ;check for Invalid qualifier code of "WK" for professional claims  
 ;Methodical-5010 Change-Begin  
 ; FILETYPE=  
 ; "A" - INSTITUTIONAL  
 ; "B" - PROFESSIONAL  
 ; "C" - DENTAL  
 I CHFLD(CHFLPN)="WK" D RCDERR^CHMXPU01  
 Q  
  ;Methodical-5010 Change-End

ORIGINAL CHMXPU04

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 $CASE statement in case BBQ not in file 03/25/13  
 ;;ICD-10 RCS -lg Bug 28 E code decimal point placed after the 4th character vice after the 3rd character. HCCQ ABF 6/24/14  
 ;; 2/1/2016 DLB MERGED UPDATES TO THE FORMAT ROUTINE FRO ICD-9 DIAGNOSIS CODES.  
 ;;CPE005-038 AJF - Original PDI found in Ready Queue (Freq code=8)  
 ;;CPE005-043 SS - TOB FC 8 All Claims Lines Not Complete (Freq code=8)  
 ;;CPE005-042 AJF - Original PDI in process and all claims in process (Freq code=8)  
 ;;OTW 11/28/2017 CPE005-040 - Reject if Original PDI Number is null and Freq code=5.  
 ;  
HCCDQ ;VALIDATION OF HEALTH CARE CODE QUALIFIER  
 D DEBUG^CHMXDR01("CHMXPU04: HCCDQ CHFLD(CHFLPN)= ",CHFLD(CHFLPN))  
 Q:'$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=$$TRIM^CHMXPU01(Y)  
GETHRDT1 Q  
 ;   
ICNDCNMS ;MISSING ICN/DCN # WHEN CLAIM FREQUENCY = 5,7 OR 8  
 Q:$D(CHRCERR(CHXREC,"E33a")) Q:'$D(^CHMXCLE(CHCLEI,0))  
 S CHFREQ=$P(^CHMXCLE(CHCLEI,0),"^",6) Q:'CHFREQ  
 I (((CHFREQ=7)!(CHFREQ=8))&(CHFLD(CHFLPN)="")) D RCDERR^CHMXPU01 G ICNDCN1  
 I CHFREQ=8 D  G ICNDCN1  
 .Q:'$D(^CHMPAY("B",CHFLD(CHFLPN)))  
 .S CHMXCLMI=0,CHMXCLMI=$O(^CHMPAY("B",CHFLD(CHFLPN),CHMXCLMI))  
 .Q:CHMXCLMI=""  
 .S CHMXCLM=CHFLD(CHFLPN)  
 .D ^CHMXMM06 Q  
ICNDCN1 K CHFREQ,CHMXCLMI,CHMXCLM Q  
 ;   
 ;Methodical-5010 Change-Begin  
ICNBLANK ;BLANK OR NO MATCHING ICN/DCN # WHEN CLAIM FREQUENCY = 7 OR 8  
 N CHFREQ  
 Q:'$D(^CHMXCLE(CHCLEI,0))  
 S CHFREQ=$P(^CHMXCLE(CHCLEI,0),"^",6) Q:'CHFREQ  
 Q:CHFREQ'=7&(CHFREQ'=8)  
 I CHFLD(CHFLPN)="" D RCDERR^CHMXPU01 Q  
 Q:$D(^CHMPAY("B",CHFLD(CHFLPN)))!($D(^CHMIMAGE(CHFLD(CHFLPN))))  
 D RCDERR^CHMXPU01   
 Q  
GENROPDI ; Generate a Re-open PDI Number with a 97 Program Indicator for CHAMPVA claim  
  ; or 90 for a Spina Bifida claim  
 N CHFREQ,CHJUL,DN,DT,J,PI,SN,VAL,X  
 S CHFREQ=$P(^CHMXCLE(CHCLEI,0),"^",6)  
 Q:(CHFREQ'=5)&(CHFREQ'=6)&(CHFREQ'=7)&(CHFREQ'=8) ;Not a Reopen  
 S CHMFOPDI=CHFLD(CHFLPN)  
B2 S ^UTIL($J,"ZLEGRTN2")=CHCLCNB ; LEG CPE005 to save PDI being generated via ZLEGRTN2 \*\*REMOVE/NOT FOR HAC\*\*  
 I CHMFOPDI="" Q ;Move on to reject code validations  
 I CHFREQ=6 Q  ;BDB 12042017 CPE005-039 Reject Frequency Code 6   
 D NOW^%DTC S DT=X  
 S X=$E(DT,1,3)\_"0000" D H^%DTC S CHJUL=($P($H,",",1)-%H)+1  
 F J=1:1:(3-$L(CHJUL)) S CHJUL="0"\_CHJUL  
 S CHREVAL=$$VALPDI(CHMFOPDI,CHJUL)  
 ;I 'VAL Q  
 S PI=$E(CHMFOPDI,8,9)  
 S DN=$E(CHCLCNB,10,15)  
 I CHCLCNB'?15N D  
 . L ^CHMDIC(741002.38,DT)   
 . I '$D(^CHMDIC(741002.38,DT)) D  
 . . S $P(^CHMDIC(741002.38,0),"^",3)=DT  
 . . S ^CHMDIC(741002.38,DT,0)=DT\_"^0^0^0^0"  
 . . S $P(^CHMDIC(741002.38,0),"^",4)=$P(^(0),"^",4)+1  
 . . S $P(^CHMDIC(741002.38,DT,0),"^",2)=$P(^CHMDIC(741002.38,DT,0),"^",2)+1  
 . . S DN=$P(^CHMDIC(741002.38,DT,0),"^",2)  
 . L  
 I 'CHREVAL D  ;Code for Invalid PDI Number.  
 .S SSN=$P(^CHMXCLC(CHCLCI,0),"^",4)  
 .S IEN=$O(^AHCHVA("G",SSN,""))  
 .S PI=$S($D(^AHCHVA("SB",IEN)):90,$D(^AHCHVA("WV",IEN)):93,1:97)  
 F J=1:1:(6-$L(DN)) S DN="0"\_DN  
 S CHMFPDI=$$FMYR^CHTFLIB(DT)\_CHJUL\_PI\_DN  
 I PI=91!(PI=97) S $E(CHMFPDI,8,9)=97  
 I PI=92!(PI=90) S $E(CHMFPDI,8,9)=90  
B1 I $D(^UTIL($J,"ZLEGRTN2")) S ^UTIL($J,"ZLEGRTN2")=CHMFPDI ; LEG CPE005 to save PDI being generated via ZLEGRTN2 \*\*REMOVE/NOT FOR HAC\*\*  
 S $P(^CHMXCLE(CHCLEI,100),"^",2)=CHMFPDI  
 S ^CHMXCLE("PDI",CHMFPDI,CHMXCCNB,CHMXCLI,CHCLAI\_"\*"\_CHCLBI\_"\*"\_CHCLCI\_"\*"\_CHCLEI)=""  
 K ^CHMXCLE("PDI",CHCLCNB,CHMXCCNB,CHMXCLI,CHCLAI\_"\*"\_CHCLBI\_"\*"\_CHCLCI\_"\*"\_CHCLEI)  
 I ($D(^CHMIMG(CHMFPDI)))!($D(^CHMIMAGE(CHMFPDI))) D EMAIL^CHMXMPDI Q ; RFE 12/27/16 DEF027118 Safeguard to prevent two claims on the same PDI  
 S $P(^CHMIMG(CHMFPDI,0),"^")=CHMFPDI,$P(^(0),"^",2)=1,$P(^(0),"^",6)=1,$P(^(0),"^",18)=CHMXCLI,^CHMIMG("F",CHMXCLI,CHMFPDI)="",^CHMIMG("B",CHMFPDI,CHMFPDI)=""  
 D NOW^%DTC S:'$D(%) %=DT  
 S CHMDT=%  
 S $P(^CHMIMG(CHMFPDI,0),"^",3)=CHMFDUZ,$P(^(0),"^",4)=%,$P(^(0),"^",17)=4  
 S $P(^CHMDIC(741002.38,PD,0),"^",3)=$P(^(0),"^",3)+1  
 S ^CHMIMAGE(CHMFPDI,0)=CHMFPDI\_"^"\_1\_"^"\_CHMFDUZ\_"^"\_CHMDT\_"^^^^"\_4  
 S (CHMFPGNM,CHMFIMAG)=1  
 S ^CHMIMAGE(CHMFPDI,1,CHMFPGNM,0)=CHMFPGNM  
 S ^CHMIMAGE(CHMFPDI,1,CHMFPGNM,2,CHMFIMAG,0)=CHMFIMAG\_"^^^"\_1\_"^"\_3  
 S ^CHMIMAGE("B",CHMFPDI,CHMFPDI)="",^CHMIMAGE(CHMFPDI,1,"B",CHMFPGNM,CHMFPGNM)=""  
 S CHMFPP="SIP" D ^CHMFWK01   
 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)  
 Q:CHFREQ'=5  
 S CHMFOPDI=CHFLD(3)  
 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  
 ; ajf; CPE 005-038 original PDI found in EDI-Reopen Ready queue,  
 N CHFREQ,CHMIEN,CHMSTAT,CHMCLM,CHMSTRIP,CHMNOSTP  
 S CHFREQ=$P(^CHMXCLE(CHCLEI,0),"^",6)  
 Q:CHFREQ'=8  
 S CHMFOPDI=CHFLD(3)  
 Q:CHMFOPDI=""  
 I $D(^CHMIMG("OCRR-READY",CHMFOPDI)) K ^CHMIMG("OCRR-READY",CHMFOPDI) D CSTAT^CHMXPUTL(CHMFOPDI,"F0:686") Q  
 I $D(^CHMIMG("SBOCRR-READY",CHMFOPDI)) K ^CHMIMG("SBOCRR-READY",CHMFOPDI) D CSTAT^CHMXPUTL(CHMFOPDI,"F0:686") Q  
 ;S CHRCERR(CHXREC,"E33a")="",CHLVLRJ("E")=""  
 ;D CSTAT^CHMXPUTL(CHMFPDI,"F0:686")  
 ;  
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 $P(^CHMPAY(CHMIEN,0),"^",2)=10   
 D CSTAT^CHMXPUTL(CHMFPDI,"F0:686")  
 Q  
 ;  
ICNVOID2  ; If frequency code equals 8 - check for valid Original PID and reject all claims that are in "in process"  
 ; HM/SS; cpe005-043 TOB FC 8 All Claims Lines Not Complete  
 ;quit if the frequency code is not 8  
 Q:$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=$$PDIFINAL^CHCSTAT(OPDI,"F0:686")  
 I $P(^CHMIMG(OPDI,0),"^",6)=11 Q  ;AJF/LEG CPE005-042  
 S DIE=741000.2,DA=OPDI,DR=".06///4" D ^DIE K DIE  
 Q  
 ;  
VALPDI(CHMFOPDI,CHJUL) ;Validate Original PDI Number  
 ;  
 N CURDT,JDAY,OPDIYR  
 S CHMFOPDI=$G(CHMFOPDI),CHJUL=$G(CHJUL)  
 I CHMFOPDI'?15N Q 0  
 I '$D(^CHMIMG(CHMFOPDI)) Q 0 ;This is not a Re-open claim.  
 I $E(CHMFOPDI,1,4)<2000 Q 0  
 S OPDIYR=$E(CHMFOPDI,1,4)  
 S CURDT=$$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

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=$$TRIM^CHMXPU01(Y)  
GETHRDT1 Q  
 ;   
ICNDCNMS ;MISSING ICN/DCN # WHEN CLAIM FREQUENCY = 5,7 OR 8  
 Q:$D(CHRCERR(CHXREC,"E33a")) Q:'$D(^CHMXCLE(CHCLEI,0))  
 S CHFREQ=$P(^CHMXCLE(CHCLEI,0),"^",6) Q:'CHFREQ  
 I (((CHFREQ=7)!(CHFREQ=8))&(CHFLD(CHFLPN)="")) D RCDERR^CHMXPU01 G ICNDCN1  
 I CHFREQ=8 D  G ICNDCN1  
 .Q:'$D(^CHMPAY("B",CHFLD(CHFLPN)))  
 .S CHMXCLMI=0,CHMXCLMI=$O(^CHMPAY("B",CHFLD(CHFLPN),CHMXCLMI))  
 .Q:CHMXCLMI=""  
 .S CHMXCLM=CHFLD(CHFLPN)  
 .D ^CHMXMM06 Q  
ICNDCN1 K CHFREQ,CHMXCLMI,CHMXCLM Q  
 ;   
 ;Methodical-5010 Change-Begin  
ICNBLANK ;BLANK OR NO MATCHING ICN/DCN # WHEN CLAIM FREQUENCY = 7 OR 8  
 N CHFREQ  
 Q:'$D(^CHMXCLE(CHCLEI,0))  
 S CHFREQ=$P(^CHMXCLE(CHCLEI,0),"^",6) Q:'CHFREQ  
 Q:CHFREQ'=7&(CHFREQ'=8)  
 I CHFLD(CHFLPN)="" D RCDERR^CHMXPU01 Q  
 Q:$D(^CHMPAY("B",CHFLD(CHFLPN)))!($D(^CHMIMAGE(CHFLD(CHFLPN))))  
 D RCDERR^CHMXPU01   
 Q  
GENROPDI ; Generate a Re-open PDI Number with a 97 Program Indicator for CHAMPVA claim  
  ; or 90 for a Spina Bifida claim  
 N CHFREQ,CHJUL,DN,DT,J,PI,SN,VAL,X  
 S CHFREQ=$P(^CHMXCLE(CHCLEI,0),"^",6)  
 Q:(CHFREQ'=5)&(CHFREQ'=6)&(CHFREQ'=7)&(CHFREQ'=8) ;Not a Reopen  
 S CHMFOPDI=CHFLD(CHFLPN)  
B2 S ^UTIL($J,"ZLEGRTN2")=CHCLCNB ; LEG CPE005 to save PDI being generated via ZLEGRTN2 \*\*REMOVE/NOT FOR HAC\*\*  
 I CHMFOPDI="" Q ;Move on to reject code validations  
 I CHFREQ=6 Q  ;BDB 12042017 CPE005-039 Reject Frequency Code 6   
 D NOW^%DTC S DT=X  
 S X=$E(DT,1,3)\_"0000" D H^%DTC S CHJUL=($P($H,",",1)-%H)+1  
 F J=1:1:(3-$L(CHJUL)) S CHJUL="0"\_CHJUL  
 S CHREVAL=$$VALPDI(CHMFOPDI,CHJUL)  
 ;I 'VAL Q  
 S PI=$E(CHMFOPDI,8,9)  
 S DN=$E(CHCLCNB,10,15)  
 I CHCLCNB'?15N D  
 . L ^CHMDIC(741002.38,DT)   
 . I '$D(^CHMDIC(741002.38,DT)) D  
 . . S $P(^CHMDIC(741002.38,0),"^",3)=DT  
 . . S ^CHMDIC(741002.38,DT,0)=DT\_"^0^0^0^0"  
 . . S $P(^CHMDIC(741002.38,0),"^",4)=$P(^(0),"^",4)+1  
 . . S $P(^CHMDIC(741002.38,DT,0),"^",2)=$P(^CHMDIC(741002.38,DT,0),"^",2)+1  
 . . S DN=$P(^CHMDIC(741002.38,DT,0),"^",2)  
 . L  
 I 'CHREVAL D  ;Code for Invalid PDI Number.  
 .S SSN=$P(^CHMXCLC(CHCLCI,0),"^",4)  
 .S IEN=$O(^AHCHVA("G",SSN,""))  
 .S PI=$S($D(^AHCHVA("SB",IEN)):90,$D(^AHCHVA("WV",IEN)):93,1:97)  
 F J=1:1:(6-$L(DN)) S DN="0"\_DN  
 S CHMFPDI=$$FMYR^CHTFLIB(DT)\_CHJUL\_PI\_DN  
 I PI=91!(PI=97) S $E(CHMFPDI,8,9)=97  
 I PI=92!(PI=90) S $E(CHMFPDI,8,9)=90  
B1 I $D(^UTIL($J,"ZLEGRTN2")) S ^UTIL($J,"ZLEGRTN2")=CHMFPDI ; LEG CPE005 to save PDI being generated via ZLEGRTN2 \*\*REMOVE/NOT FOR HAC\*\*  
 S $P(^CHMXCLE(CHCLEI,100),"^",2)=CHMFPDI  
 S ^CHMXCLE("PDI",CHMFPDI,CHMXCCNB,CHMXCLI,CHCLAI\_"\*"\_CHCLBI\_"\*"\_CHCLCI\_"\*"\_CHCLEI)=""  
 K ^CHMXCLE("PDI",CHCLCNB,CHMXCCNB,CHMXCLI,CHCLAI\_"\*"\_CHCLBI\_"\*"\_CHCLCI\_"\*"\_CHCLEI)  
 I ($D(^CHMIMG(CHMFPDI)))!($D(^CHMIMAGE(CHMFPDI))) D EMAIL^CHMXMPDI Q ; RFE 12/27/16 DEF027118 Safeguard to prevent two claims on the same PDI  
 S $P(^CHMIMG(CHMFPDI,0),"^")=CHMFPDI,$P(^(0),"^",2)=1,$P(^(0),"^",6)=1,$P(^(0),"^",18)=CHMXCLI,^CHMIMG("F",CHMXCLI,CHMFPDI)="",^CHMIMG("B",CHMFPDI,CHMFPDI)=""  
 D NOW^%DTC S:'$D(%) %=DT  
 S CHMDT=%  
 S $P(^CHMIMG(CHMFPDI,0),"^",3)=CHMFDUZ,$P(^(0),"^",4)=%,$P(^(0),"^",17)=4  
 S $P(^CHMDIC(741002.38,PD,0),"^",3)=$P(^(0),"^",3)+1  
 S ^CHMIMAGE(CHMFPDI,0)=CHMFPDI\_"^"\_1\_"^"\_CHMFDUZ\_"^"\_CHMDT\_"^^^^"\_4  
 S (CHMFPGNM,CHMFIMAG)=1  
 S ^CHMIMAGE(CHMFPDI,1,CHMFPGNM,0)=CHMFPGNM  
 S ^CHMIMAGE(CHMFPDI,1,CHMFPGNM,2,CHMFIMAG,0)=CHMFIMAG\_"^^^"\_1\_"^"\_3  
 S ^CHMIMAGE("B",CHMFPDI,CHMFPDI)="",^CHMIMAGE(CHMFPDI,1,"B",CHMFPGNM,CHMFPGNM)=""  
 S CHMFPP="SIP" D ^CHMFWK01   
 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)  
 Q:CHFREQ'=5  
 S CHMFOPDI=CHFLD(3)  
 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  
 ; ajf; CPE 005-038 original PDI found in EDI-Reopen Ready queue,  
 N CHFREQ,CHMIEN,CHMSTAT,CHMCLM,CHMSTRIP,CHMNOSTP  
 S CHFREQ=$P(^CHMXCLE(CHCLEI,0),"^",6)  
 Q:CHFREQ'=8  
 S CHMFOPDI=CHFLD(3)  
 Q:CHMFOPDI=""  
 I $D(^CHMIMG("OCRR-READY",CHMFOPDI)) K ^CHMIMG("OCRR-READY",CHMFOPDI) D CSTAT^CHMXPUTL(CHMFOPDI,"F0:686") Q  
 I $D(^CHMIMG("SBOCRR-READY",CHMFOPDI)) K ^CHMIMG("SBOCRR-READY",CHMFOPDI) D CSTAT^CHMXPUTL(CHMFOPDI,"F0:686") Q  
 ;S CHRCERR(CHXREC,"E33a")="",CHLVLRJ("E")=""  
 ;D CSTAT^CHMXPUTL(CHMFPDI,"F0:686")  
 ;  
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 $P(^CHMPAY(CHMIEN,0),"^",2)=10   
 D CSTAT^CHMXPUTL(CHMFPDI,"F0:686")  
 Q  
 ;  
ICNVOID2  ; If frequency code equals 8 - check for valid Original PID and reject all claims that are in "in process"  
 ; HM/SS; cpe005-043 TOB FC 8 All Claims Lines Not Complete  
 ;quit if the frequency code is not 8  
 Q:$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=$$PDIFINAL^CHCSTAT(OPDI,"F0:686")  
 I $P(^CHMIMG(OPDI,0),"^",6)=11 Q  ;AJF/LEG CPE005-042  
 S DIE=741000.2,DA=OPDI,DR=".06///4" D ^DIE K DIE  
 Q  
 ;  
VALPDI(CHMFOPDI,CHJUL) ;Validate Original PDI Number  
 ;  
 N CURDT,JDAY,OPDIYR  
 S CHMFOPDI=$G(CHMFOPDI),CHJUL=$G(CHJUL)  
 I CHMFOPDI'?15N Q 0  
 I '$D(^CHMIMG(CHMFOPDI)) Q 0 ;This is not a Re-open claim.  
 I $E(CHMFOPDI,1,4)<2000 Q 0  
 S OPDIYR=$E(CHMFOPDI,1,4)  
 S CURDT=$$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

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