SIFT Training

Training Objectives

SIFT Extract Documentation and how it can be used to assist Providers in SIFT Usage

Specific SIFT Tables to be used to manage Program Productivity

Identification of Specific SIFT Tables and Queries that can be used to manage Claim Processing

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Agenda

- Documentation
- Claim Data Flow
- Claim Submission Calendar
- DMH Payment Report
- SIFT Folder Structure
- The Working Folder
- Table Link
- Suggested Link Tables
- HIPAA 999 Transactions
- HIPAA 277 Transactions
- Query Examples
- Adding a Query with SQL
- Additional Tables Added

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Documentation

- Documentation - Department of Mental Health
- Claim Adjustment Reason Codes | X12
- Remittance Advice Remark Codes | X12

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Claim Data Flow

Understanding the Claim Data Flow will allow you to troubleshoot problems and set expectations for your agency.

Denied MSO – Claim Denied for Avatar Rules

Approved MSO – Claim Accepted by Avatar Waiting for payment

Approved MSO EOB – Claim Identified for Payment

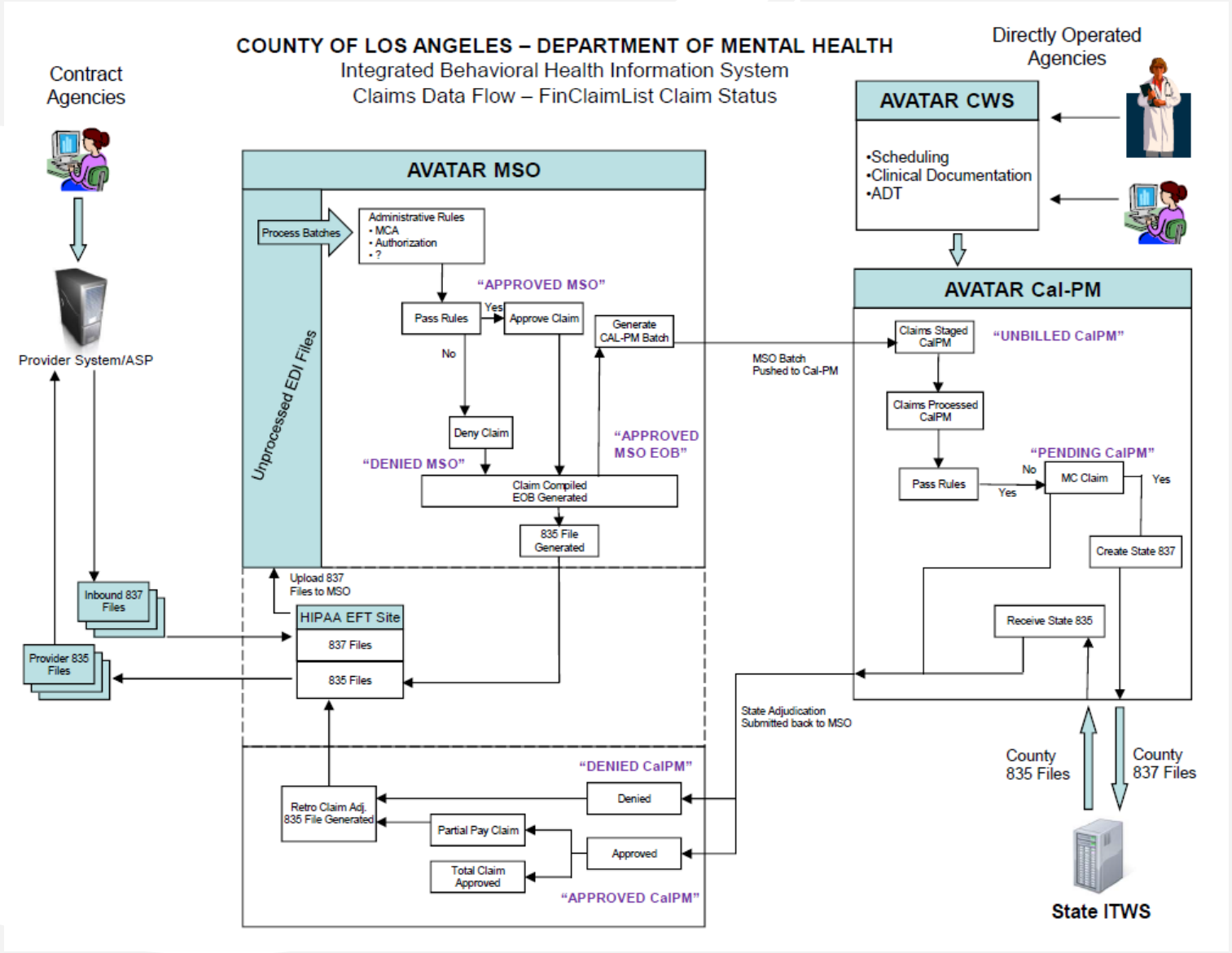
Unbilled CalPM – Claim has been paid waiting for submission to State

Pending CalPM – Claim Included on State File

Approved CalPM – Approved Claim

Denied CalPM – Denied Claim

Void/Resub – When your system sends a Void Transaction (8) or Resubmit Transaction (7) the claim status of the original claim will change to the Void/Resub value



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Claim Submission Calendar

The EDI Cutoff Date is key to the processing of claims.

All claims submitted between the last cutoff date that the current date will be included in the current month's Explanation of Benefits (EOB).

Expect to see your claims shift from Approved MSO to Approved MSO EOB on your May 12th LE Extract.

A Medi-Cal Claim submitted on April 7th (after the previous cutoff date) can expect to be approved by the State toward the end of August.

Note: This Calendar is a best-case scenario.

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May 2025

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 EDI Cutoff	2 DDE Cutoff	3 Batch ID/EOB
4 Batch ID/EOB	5 Batch ID/EOB	6	7 Publish PMT Rpt	8 Publish PMT Rpt	9 Publish PMT Rpt	10
11	12 PRU Process PMT	13 PRU Process PMT	14 PRU Process PMT	15 PRU Process PMT	16 PRU Process PMT	17
18	19 PRU Process PMT	20 PRU Process PMT	21 PRU Process PMT	22 PRU Process PMT	23 PRU Process PMT	24
25	26 eCAPS Issuance	27	28 Payment Received	29	30	31

June 2025

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4 IS Exceptions Due	5	6	7
8	9 Create 837	10 Create 837	11 Create 837	12	13	14
15	16	17 Create 837 Verif	18	19 CPE 837s	20 Send 837 State	21
22	23 Expected Denials	24 Expected Denials	25 Expected Denials	26 Expected Denials	27 Expected Denials	28
29	30					

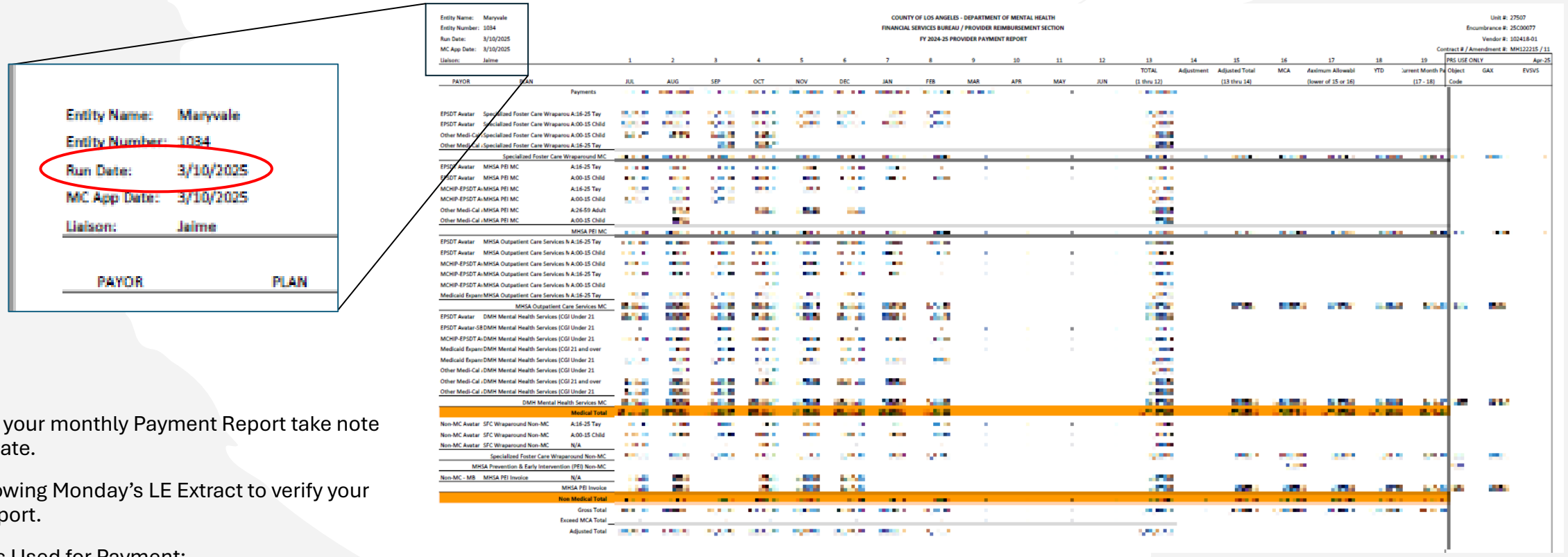
July 2025

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August 2025

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8	9
10	11 Expected Approval	12 Expected Approval	13 Expected Approval	14 Expected Approval	15 Expected Approval	16
17	18 Expected Approval	19 Expected Approval	20 Expected Approval	21 Expected Approval	22 Expected Approval	23
24	25	26	27	28	29	30
31						

DMH Payment Report



At the top of your monthly Payment Report take note of the Run Date.

Use the following Monday's LE Extract to verify your Payment Report.

Claim Status Used for Payment:

- Approved-MSOEOB
- Unbilled-CalPM
- Pending-CalPM
- Approved-CalPM

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SIFT Folder Structure

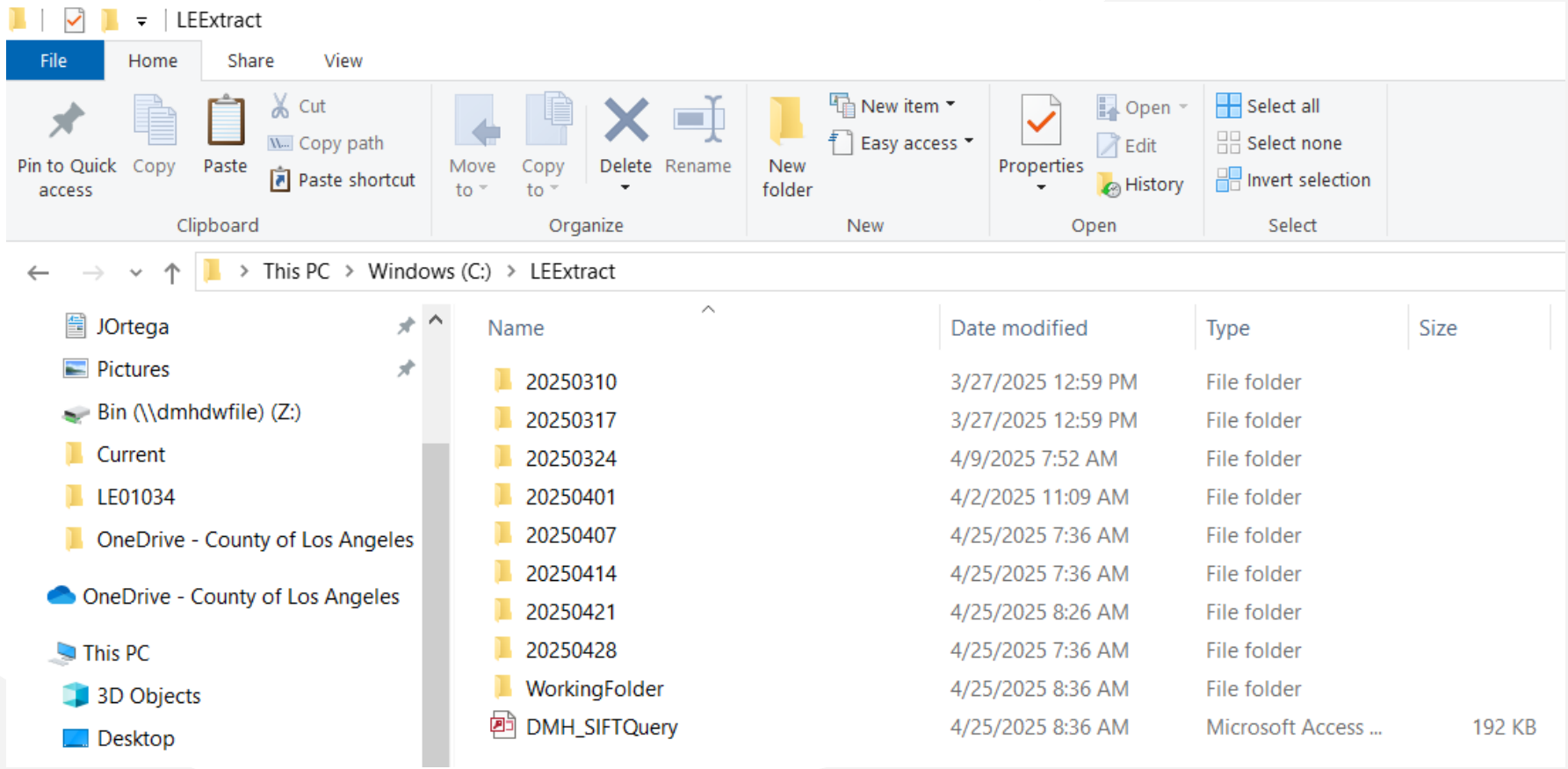
DMH does not keep historical copies of your SIFT Extracts.

We suggest you create dated folders each week and keep a copy of that week's Extract Files in these Folders.

This will allow you to develop queries with data used to develop reports you are validating.

Possible Uses:

- Payment Report Validation
- Audit Data Validation
- Cost Report Settlement



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The Working Folder

The Working Folders is to be used for your current workspace.

Our suggestion is to copy the data from the dated folder which is closest to the report or audit you are verifying.

Table Links will be used to point to the tables in the Working Folder.

Existing Queries in a working Database will run with Historical Data you are analyzing.

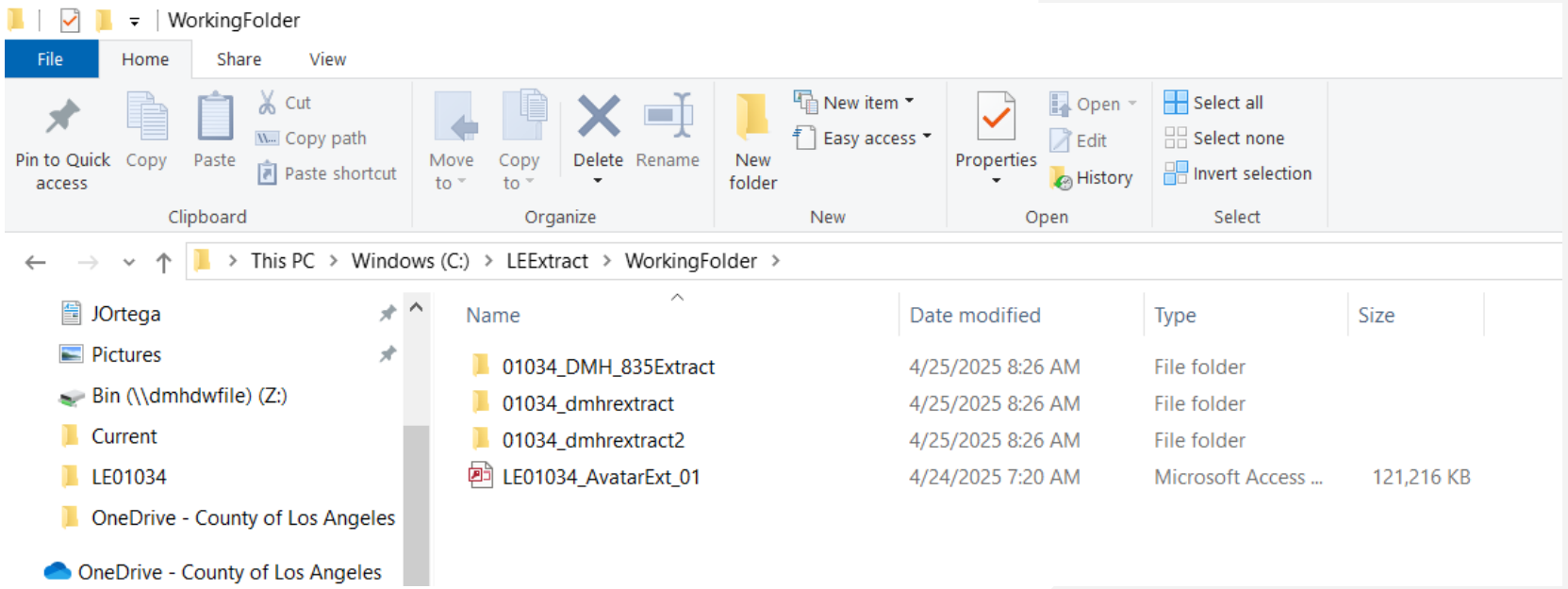

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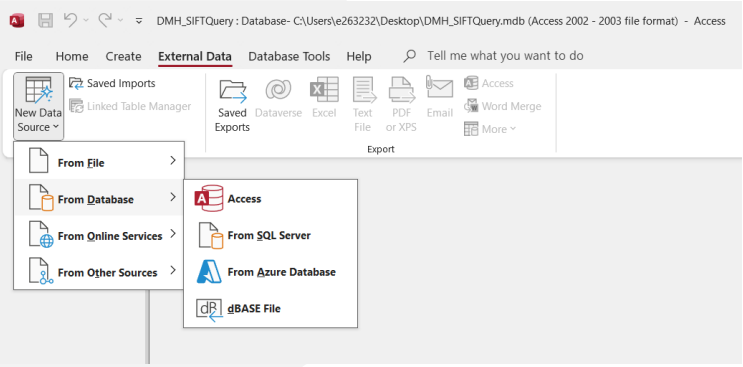
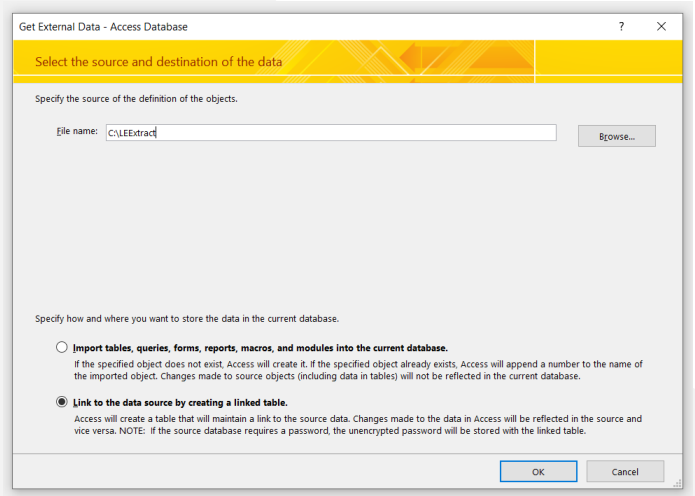
Table Link

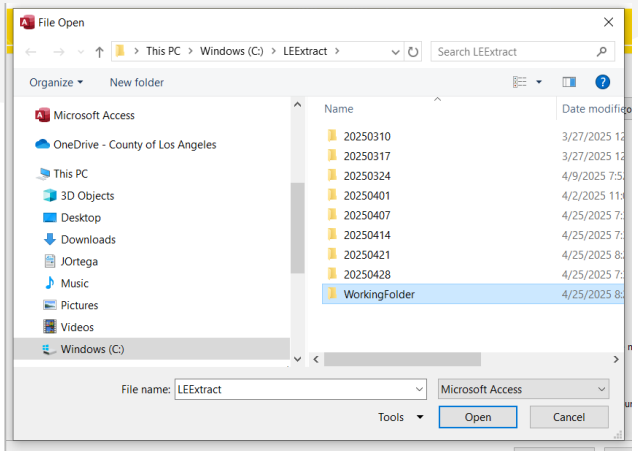
Step 1 – Select External Data Menu -> From Database -> Access



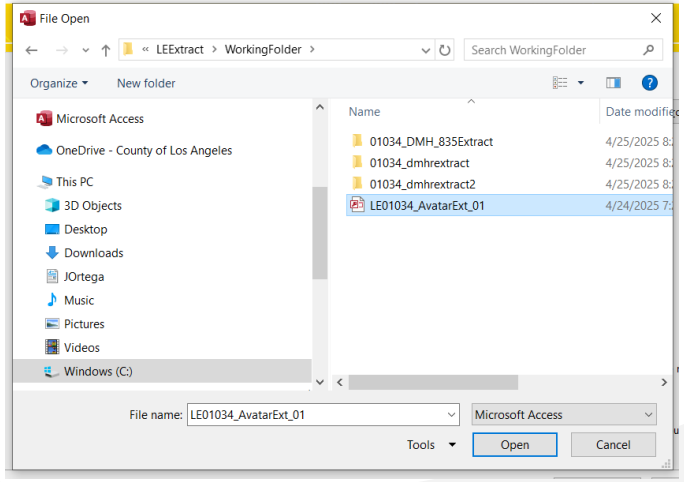
Step 2 – Browse for the Location of your Working Folder



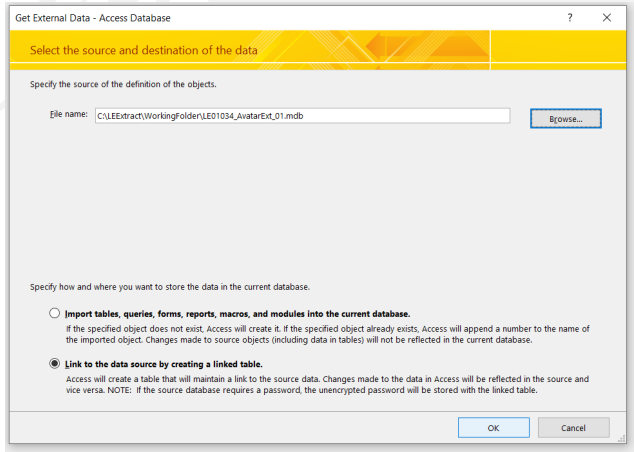
Step 3 – Open your Working Folder



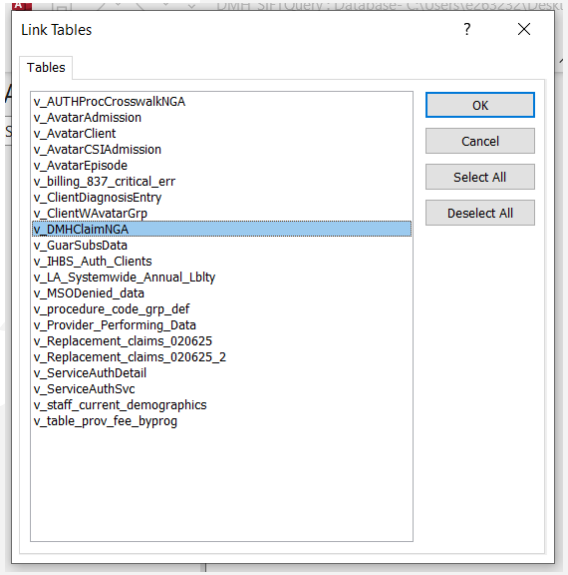
Step 4 – Open your Table Source



Step 5 – Select **Link to the Data Source** Option then OK



Step 6 – Select the Table you would like to Link then OK



Suggested Link Tables

TABLE USAGE

rpt_835MainAV – Used to identify State Claim Status and Aid Code

rpt_835ServiceDetailAV – Used to identify State Claim deny Reason

rpt_FinClaimList – Used for Payment, Cost Reporting, Claim Status, and productivity

v_AUTHProcCrosswalkNGA – Used to identify PAuth Authorizations and their allowable Procedure Codes

v_AvatarClient – Used to verify Client Demographics

v_AvatarEpisode – Used to verify Client Episodes

v_billing_837_critical_err – Used to identify rejected claim reasons

v_DMHClaimNGA – Used to identify history of claim and status

v_GuarSubsData – Used to verify client eligibility

v_MSODenied_data – Used to identify MSO Denied Claims and reasons

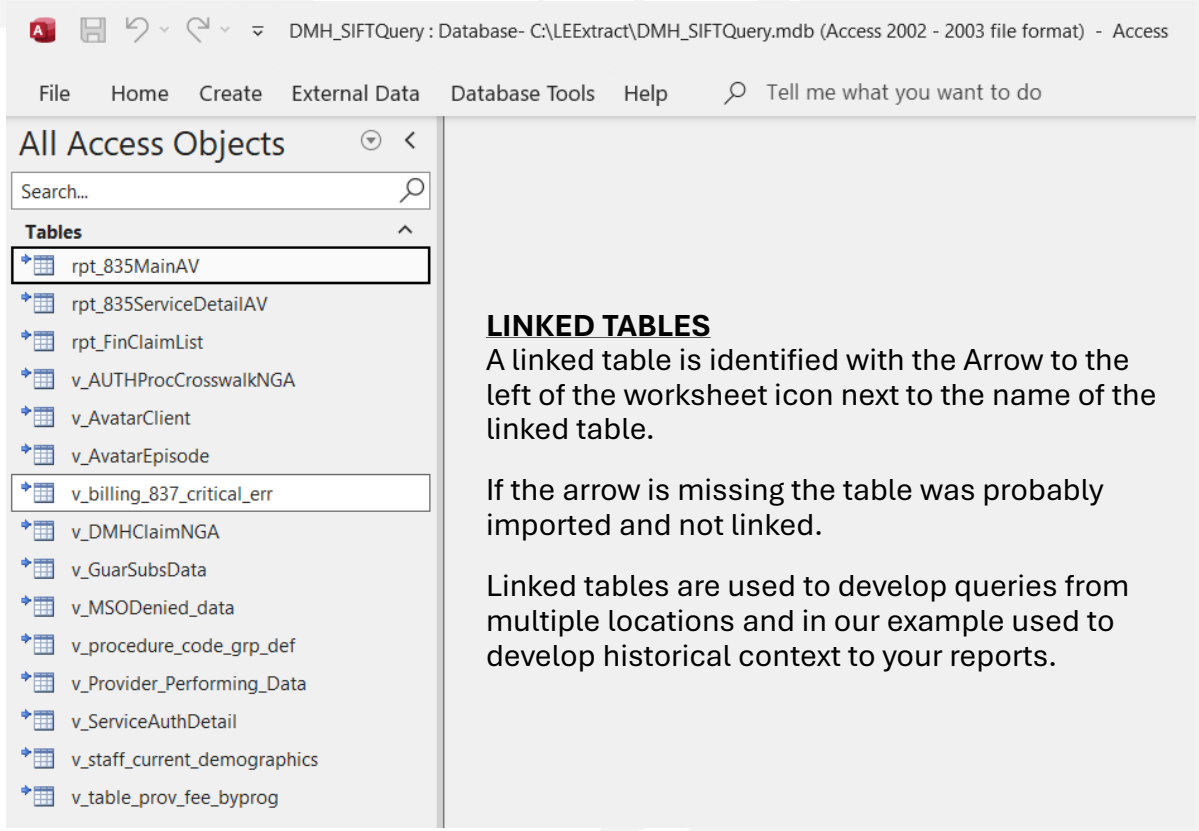
v_procedure_code_grp_def – Used to identify Procedure Codes associated to a group used for rates

v_Provider_Performing_Data – Used to verify Provider MSO Data

v_ServiceAuthDetail – Used to Identify PAuth and MAuth Authorization Numbers and MCAs

v_staff_current_demographics – Used to verify Provider CalPM Data

v_table_prov_fee_byprog – Used to identify rates assigned to LE at the Program Level



LINKED TABLES

A linked table is identified with the Arrow to the left of the worksheet icon next to the name of the linked table.

If the arrow is missing the table was probably imported and not linked.

Linked tables are used to develop queries from multiple locations and in our example used to develop historical context to your reports.

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HIPAA 999 Transactions

POSITIVE 999

ISA*00* *00* *14*132486189 *14*078315267 *250416*2142*^*00501*000001505*1*P*:~
GS*FA*132486189*078315267*20250416*2142*1505*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HC*1505*005010X222A1~
AK2*837*0001*005010X222A1~
IK5*A~
AK9*A*1*1*1~
SE*6*0001~
GE*1*1505~
IEA*1*000001505~

NEGATIVE 999

ISA*00* *00* *14*132486189 *14*079341110 *230424*1423*!*00501*100294155*1*P*:~
GS*FA*132486189*079341110*20230424*1423*1*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HC*1*005010X222A1~
AK2*837*100294155*005010X222A1~
IK3*REF*27**3~
CTX*SITUATIONAL TRIGGER*REF*27~
IK5*R*5~
AK9*R*1*1*0~
SE*8*0001~
GE*1*1~
IEA*1*100294155~

837 FILE LINK

ISA*00* *00* *14*078315267 *14*132486189 *250416*0644*^*00501*000001505*1*P*:~
GS*HC*078315267*132486189*20250416*0644*1505*X*005010X222A1~
ST*837*0001*005010X222A1~
BHT*0019*00*1505*20250416*0644*CH~
NM1*41*2*Legal Entity Name*****46*000000000~

Verify your 999 Files daily

Match 837 File GS06 with the 999 AK102

The AK901 will be A-Accepted or R-Rejected

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HIPAA 277 Transactions

Link your 277 File with the first TRN02 to your 837 GS06

The ClaimSubmittersIdentifiers (aka. Claim_Submt_ID in DMHCLaimNGA) are included in the following TRN02 segments

Your Payer Claim Control Number (PCCN) can be found in REF02. This number will appear in DMHClaimNGA after payment in the ClaimNumber_MSO Field. Your system will use this value for Voids and Resubmits.

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```
ISA*00*       *00*       *14*132486189     *14*078315267     *250416*1843*^*00501*000000003*1*P*:~
GS*HN*132486189*078315267*20250416*184341*3*X*005010X214~
ST*277*0003*005010X214~
BHT*0085*08*3*20250416*184341*TH~
HL*1**20*1~
NM1*PR*2*LAC Department of Mental Health*****PI*00000001~
TRN*1*20250416184341~
DTP*050*D8*20250416~
DTP*009*D8*20250416~
HL*2*1*21*1~
NM1*41*2*MARYVALE*****46*078315267~
TRN*2*1505~
STC*A2:20*20250416*WQ*1978.98~
QTY*90*6~
AMT*YU*1978.98~
HL*3*2*19*1~
NM1*85*2*Legal Entity Name*****XX*000000000~
TRN*1*0~
STC*A2:20**WQ*1978.98~
QTY*QA*6~AMT*YU*1978.98~
HL*4*3*PT~
NM1*QC*1*xxxx*xxx****MI*MSO999999~
TRN*2*121264886001005706 38~
STC*A2:20*20250416*WQ*344.17~
REF*1K*51798375~
DTP*472*D8*20250402~
HL*5*3*PT~
NM1*QC*1*xxxx*xxx****MI*MSO999999~
TRN*2*121264886001005709 26~
STC*A2:20*20250416*WQ*172.09~
REF*1K*51798376~
DTP*472*D8*20250407~
HL*6*3*PT~
NM1*QC*1*xxxx*xxx****MI*MSO999999~
TRN*2*121264886001005710 93~
STC*A2:20*20250416*WQ*344.17~
REF*1K*51798377~
DTP*472*D8*20250409~
HL*7*3*PT~
NM1*QC*1*xxxx*xxx****MI*MSO999999~
TRN*2*121884205201005713 71~
STC*A2:20*20250416*WQ*430.21~
REF*1K*51798378~
DTP*472*D8*20250410~
HL*8*3*PT~
NM1*QC*1*xxxx*xxx****MI*MSO999999~
TRN*2*121931516802005620 11~
STC*A2:20*20250416*WQ*344.17~
REF*1K*51798379~
DTP*472*D8*20241107~
HL*9*3*PT~
NM1*QC*1*xxxx*xxx****MI*MSO999999~
TRN*2*121944564401005710 94~
STC*A2:20*20250416*WQ*344.17~
REF*1K*51798380~
DTP*472*D8*20250409~
SE*56*0003~
GE*1*3~
IEA*1*000000003~
```

Query Examples

835 Main Query:
SELECT rpt_835MainAV.CLID,rpt_835MainAV.ClaimID, rpt_835MainAV.ClaimStatus, rpt_835MainAV.ApprvAidCode, rpt_835MainAV.ChargeAmt, rpt_835MainAV.ApprovedAmt, rpt_835MainAV.ProcedureCode, rpt_835MainAV.UOS, rpt_835MainAV.ServiceDate, rpt_835MainAV.ModifiedDate, rpt_835MainAV.BatchName, rpt_835MainAV.FFP, rpt_835MainAV.CIN, rpt_835MainAV.PayerClaimControlNumber, rpt_835MainAV.[837FileName]
FROM rpt_835MainAV;

Note: Use ClaimID to link to rpt_FinClaimList.OBClaimSubID or v_DMHClaimNGA.OB_ClaimSubID

835 Service Detail Query:
SELECT rpt_835ServiceDetailAV.CLID, rpt_835ServiceDetailAV.ClaimID, rpt_835ServiceDetailAV.SvcProvider, rpt_835ServiceDetailAV.Sequence, rpt_835ServiceDetailAV.Identifier, rpt_835ServiceDetailAV.Segment
FROM rpt_835ServiceDetailAV
ORDER BY rpt_835ServiceDetailAV.CLID, rpt_835ServiceDetailAV.ClaimID, rpt_835ServiceDetailAV.Sequence;

Note: The Segment Field should be used to find your Denial Reasons (e.g., CAS*CO*96* and/or LQ*HE*M80)

DMHClaimNGA Query:
SELECT v_DMHClaimNGA.CLAIMID, v_DMHClaimNGA.claim_submt_id, v_DMHClaimNGA.ClaimNumber_MSO, v_DMHClaimNGA.SVCuniqueid, v_DMHClaimNGA.PATID, v_DMHClaimNGA.ClaimStatus, v_DMHClaimNGA.VoidStatus, v_DMHClaimNGA.Claim_Type, v_DMHClaimNGA.SubmitDate, v_DMHClaimNGA.IB837FileName, v_DMHClaimNGA.authorization_number, v_DMHClaimNGA.fund_src_name, v_DMHClaimNGA.ProvID, v_DMHClaimNGA.provider_name, v_DMHClaimNGA.total_charge, v_DMHClaimNGA.approved_units, v_DMHClaimNGA.Service_Units, v_DMHClaimNGA.date_of_service, v_DMHClaimNGA.procedure_code_code, v_DMHClaimNGA.explan_of_coverage, v_DMHClaimNGA.EOBID, v_DMHClaimNGA.EOB_Check_Number, v_DMHClaimNGA.OB_ClaimSubID, v_DMHClaimNGA.OB837File_name, v_DMHClaimNGA.MediCalID, v_DMHClaimNGA.ServiceLocationName, v_DMHClaimNGA.MedicarePaidAMount, v_DMHClaimNGA.ClientPaidAmount, v_DMHClaimNGA.PrivateInsuranceAMount, v_DMHClaimNGA.tot_disbursement_amt, v_DMHClaimNGA.MediCalClaim, v_DMHClaimNGA.MedicareClaim, v_DMHClaimNGA.Mode, v_DMHClaimNGA.SFC, v_DMHClaimNGA.ApprvAidCode, v_DMHClaimNGA.BillingProviderName, v_DMHClaimNGA.perf_prov_name, v_DMHClaimNGA.ref_id_1, v_DMHClaimNGA.FacilityCodeValue
FROM v_DMHClaimNGA;

Note: ref_id_1 should be used to link to corresponding ClaimNumber_MSO for void and resubmit transactions

FinClaimList Query:
SELECT rpt_FinClaimList.ClaimSubmittersIdentifier, rpt_FinClaimList.MSOClaimNumber, rpt_FinClaimList.SubmitDate, rpt_FinClaimList.ServiceDateBegin, rpt_FinClaimList.ClaimStatus, rpt_FinClaimList.VoidStatus, rpt_FinClaimList.BillingProviderName, rpt_FinClaimList.EpisodeReptUnit, rpt_FinClaimList.ClientID, rpt_FinClaimList.TotalClaimChargeAmount, rpt_FinClaimList.SubFund, rpt_FinClaimList.ServiceUnitCount, rpt_FinClaimList.MediCalClaim, rpt_FinClaimList.MediCareClaim, rpt_FinClaimList.ClientPaidAmount, rpt_FinClaimList.MedicarePaidAmount, rpt_FinClaimList.PrivateInsuranceAmount, rpt_FinClaimList.PlanName, rpt_FinClaimList.Mode, rpt_FinClaimList.SFC, rpt_FinClaimList.ProcedureCode, rpt_FinClaimList.FFP, rpt_FinClaimList.SGF, rpt_FinClaimList.LocalMatch, rpt_FinClaimList.Cost, rpt_FinClaimList.OBFileName, rpt_FinClaimList.OBClaimSubID
FROM rpt_FinClaimList;

Note: Always use Cost and Service Unit Count when calculating services

Query Examples

Payment Report Query:

```
SELECT rpt_FinClaimList.FY, rpt_FinClaimList.SubFund, rpt_FinClaimList.PlanName, rpt_FinClaimList.AgeGroup, Sum(rpt_FinClaimList.Cost) AS SumOfCost
FROM rpt_FinClaimList
WHERE (((rpt_FinClaimList.ClaimStatus) In ("Approved-CalPM","Approved-MSO","Approved-MSOEOB","Unbilled-CalPM","Pending-CalPM")))
GROUP BY rpt_FinClaimList.FY, rpt_FinClaimList.SubFund, rpt_FinClaimList.PlanName, rpt_FinClaimList.AgeGroup
HAVING (((rpt_FinClaimList.FY)="24-25") AND ((rpt_FinClaimList.SubFund) In ("EPSDT","MCHIP","MCHIP-EPSDT","Medicaid Expansion-MCE","Non-MC","Other Medi-Cal")));
```

Note: Always use these ClaimStatus and Subfunds to verify Payment. Use Cost for Claim Amounts.

701UP Report Query:

```
SELECT rpt_FinClaimList.FY, rpt_FinClaimList.SvcYear, rpt_FinClaimList.SvcMo, rpt_FinClaimList.BillingProviderName, rpt_FinClaimList.EpisodeReptUnit, rpt_FinClaimList.SubFund,
rpt_FinClaimList.PlanName, rpt_FinClaimList.Mode, rpt_FinClaimList.SFC, Sum(rpt_FinClaimList.ServiceUnitCount) AS SumOfServiceUnitCount
FROM rpt_FinClaimList
GROUP BY rpt_FinClaimList.FY, rpt_FinClaimList.SvcYear, rpt_FinClaimList.SvcMo, rpt_FinClaimList.BillingProviderName, rpt_FinClaimList.EpisodeReptUnit, rpt_FinClaimList.SubFund,
rpt_FinClaimList.PlanName, rpt_FinClaimList.Mode, rpt_FinClaimList.SFC
HAVING (((rpt_FinClaimList.FY)="24-25") AND ((rpt_FinClaimList.SubFund)
In ("Denied-CalPM","EPSDT","Hld_EPSDT","Hld_Medicaid Expansion-MCE","Hld_Non-MC","Hld_Other Medi-Cal","MC-Denied","MCHIP","MCHIP-EPSDT","Medicaid Expansion-MCE","Non-
MC","Other Medi-Cal")));
```

Note: Always use listed Subfunds to verify 701UP Report. Use Service Unit Count for Units of Service.

Check List 1:

```
SELECT Mid([claim_submt_id],1,20) AS ClaimSubmtID, v_DMHClaimNGA.*
FROM v_DMHClaimNGA;
```

Check List 2:

```
SELECT v_DMHClaimNGA_ClaimSub.claim_submt_id, v_DMHClaimNGA_ClaimSub.ClaimStatus, v_DMHClaimNGA_ClaimSub.VoidStatus, v_DMHClaimNGA_ClaimSub.Claim_Type,
v_DMHClaimNGA_ClaimSub.SubmitDate, v_DMHClaimNGA_ClaimSub.SVCuniqueid, v_DMHClaimNGA_ClaimSub.CLAIMID, v_DMHClaimNGA_ClaimSub.ClaimNumber_MSO,
v_DMHClaimNGA_ClaimSub.IB837FileName, v_DMHClaimNGA_ClaimSub.PATID, v_DMHClaimNGA_ClaimSub.authorization_number, v_DMHClaimNGA_ClaimSub.fund_src_name,
v_DMHClaimNGA_ClaimSub.ProvID, v_DMHClaimNGA_ClaimSub.provider_name, v_DMHClaimNGA_ClaimSub.total_charge, v_DMHClaimNGA_ClaimSub.approved_units,
v_DMHClaimNGA_ClaimSub.date_of_service, v_DMHClaimNGA_ClaimSub.procedure_code_code, v_DMHClaimNGA_ClaimSub.explan_of_coverage,
v_DMHClaimNGA_ClaimSub.OB_ClaimSubID, v_DMHClaimNGA_ClaimSub.EOBID, v_DMHClaimNGA_ClaimSub.EOB_Check_Number, v_DMHClaimNGA_ClaimSub.OB837File_name,
v_DMHClaimNGA_ClaimSub.MediCalID, v_DMHClaimNGA_ClaimSub.ServiceLocationName, v_DMHClaimNGA_ClaimSub.MedicarePaidAMount, v_DMHClaimNGA_ClaimSub.ClientPaidAmount,
v_DMHClaimNGA_ClaimSub.PrivateInsuranceAMount, v_DMHClaimNGA_ClaimSub.tot_disbursement_amt, v_DMHClaimNGA_ClaimSub.MediCalClaim,
v_DMHClaimNGA_ClaimSub.MedicareClaim, v_DMHClaimNGA_ClaimSub.Mode, v_DMHClaimNGA_ClaimSub.SFC, v_DMHClaimNGA_ClaimSub.ApprvAidCode,
v_DMHClaimNGA_ClaimSub.BillingProviderName, v_DMHClaimNGA_ClaimSub.perf_prov_name, v_DMHClaimNGA_ClaimSub.ref_id_1, v_DMHClaimNGA_ClaimSub.FacilityCodeValue,
v_DMHClaimNGA_ClaimSub.Service_Units
FROM CheckList INNER JOIN v_DMHClaimNGA_ClaimSub ON CheckList.claim_submt_id = v_DMHClaimNGA_ClaimSub.ClaimSubmtID;
```

Note: The above Check List Query takes the list of ClaimSubmittersIdentifiers in the 277 example and uses the list to query the ClaimStatus for these claims.

Query Examples

Performing Provider Query (MSO):
SELECT v_Provider_Performing_Data.PERFID, v_Provider_Performing_Data.PROVID, v_Provider_Performing_Data.perf_prov_name, v_Provider_Performing_Data.upin_number, v_Provider_Performing_Data.perf_prov_license_code, v_Provider_Performing_Data.perf_prov_license_value, v_Provider_Performing_Data.primary_license_code, v_Provider_Performing_Data.primary_license_val, v_Provider_Performing_Data.reg_start_date, v_Provider_Performing_Data.reg_end_date
FROM v_Provider_Performing_Data;

Note: Use Performing Provider Data to verify Practitioner Information in DMH Avatar MSO System with NAPPA. Verify Registration Start and End Dates as well as Provider License Codes.

Staff Current Demographics Query (CalPM):
SELECT v_staff_current_demographics.STAFFID, v_staff_current_demographics.name, v_staff_current_demographics.npi_number, v_staff_current_demographics.registration_date, v_staff_current_demographics.discipline_code, v_staff_current_demographics.discipline_value, v_staff_current_demographics.practitioner_category_code, v_staff_current_demographics.practitioner_category_value, v_staff_current_demographics.DEA_license_number, v_staff_current_demographics.DEA_expiration_date
FROM v_staff_current_demographics;

Note: Use Staff Current Demographics to verify Practitioner Information in DMH Avatar CalPM System with NAPPA. Verify Provider Discipline Values.

Service Auth Detail Query (Pauth):
SELECT v_ServiceAuthDetail.FUNDSRCID, v_ServiceAuthDetail.funding_source_name, v_ServiceAuthDetail.PLAN_ID, v_ServiceAuthDetail.benefit_plan_name, v_ServiceAuthDetail.PROVID, v_ServiceAuthDetail.account_level_name, v_ServiceAuthDetail.account_status_value, v_ServiceAuthDetail.authorization_number, v_ServiceAuthDetail.begin_date_of_auth, v_ServiceAuthDetail.end_date_of_auth, v_ServiceAuthDetail.provider_name, v_ServiceAuthDetail.rem_liab_total, v_ServiceAuthDetail.total_estimated_liab
FROM v_ServiceAuthDetail
WHERE (((v_ServiceAuthDetail.authorization_number) Like "P*"))
ORDER BY v_ServiceAuthDetail.account_level_name, v_ServiceAuthDetail.authorization_number;

Note: The Service Auth Detail table includes Authorization Numbers you use to submit each claim under a specific Funding Source. The **REM_LIAB_TOTAL** field can be used to verify the contract amount available to be used for an Authorized Funding Source. The **TOTAL_ESTIMATED_LIAB** field is the total contract amount for an Authorized Funding Souce (aka MCA).

Service Auth Detail Query (Mauth):
SELECT v_ServiceAuthDetail.FUNDSRCID, v_ServiceAuthDetail.funding_source_name, v_ServiceAuthDetail.PLAN_ID, v_ServiceAuthDetail.benefit_plan_name, v_ServiceAuthDetail.PROVID, v_ServiceAuthDetail.account_level_name, v_ServiceAuthDetail.account_status_value, v_ServiceAuthDetail.PATID, v_ServiceAuthDetail.authorization_number, v_ServiceAuthDetail.auth_type_value, v_ServiceAuthDetail.cont_prov_auth, v_ServiceAuthDetail.init_or_contin_auth_value, v_ServiceAuthDetail.begin_date_of_auth, v_ServiceAuthDetail.end_date_of_auth, v_ServiceAuthDetail.provider_name
FROM v_ServiceAuthDetail
WHERE (((v_ServiceAuthDetail.authorization_number) Not Like "P*"))
ORDER BY v_ServiceAuthDetail.account_level_name, v_ServiceAuthDetail.PATID, v_ServiceAuthDetail.authorization_number;

Note: The Service Auth Detail table also contains Member Authorization Numbers (M-Auth). These numbers are associated to a specific P-Auth and will draw from the P-Auth TOTAL_ESTIMATED_LIAB when used in your claims. Member Authorizations are typically used for Day Service Claims.

Query Examples

Procedure Code Group Definition Query:

```
SELECT v_procedure_code_grp_def.LegalEntityNumber, v_procedure_code_grp_def.procedure_code_desc, v_procedure_code_grp_def.group_id, v_procedure_code_grp_def.PROCEDURE_CODE
FROM v_procedure_code_grp_def
WHERE (((v_procedure_code_grp_def.group_id)="90791_Grouping"));
```

Note: Use Procedure Code Grp Def table to identify allowable procedure codes identified in a Procedure Group.

Table Prov Fee by Program Query:

```
SELECT v_table_prov_fee_byprog.proc_group_value, v_table_prov_fee_byprog.PROVID, v_table_prov_fee_byprog.prov_pgm_name, v_table_prov_fee_byprog.effective_date,
v_table_prov_fee_byprog.expiration_date, v_table_prov_fee_byprog.discipline_code, v_table_prov_fee_byprog.discipline_value, v_table_prov_fee_byprog.amount
FROM v_table_prov_fee_byprog
WHERE (((v_table_prov_fee_byprog.proc_group_value)="90791_Grouping"));
```

Note: Use Table Prov Fee By Prog table to identify rates by Practitioner Discipline Code for a specific Procedure or Procedure Code Group.

Auth Proc Crosswalk Query:

```
SELECT v_AUTHProcCrosswalkNGA.PROVID, v_AUTHProcCrosswalkNGA.PLAN_ID, v_AUTHProcCrosswalkNGA.FUNDSRCID, v_AUTHProcCrosswalkNGA.account_level_name,
v_AUTHProcCrosswalkNGA.authorization_number, v_AUTHProcCrosswalkNGA.funding_source_name, v_AUTHProcCrosswalkNGA.provider_name,
v_AUTHProcCrosswalkNGA.procedure_group_code, v_AUTHProcCrosswalkNGA.PROCEDURE_CODE, v_AUTHProcCrosswalkNGA.procedure_code_desc,
v_AUTHProcCrosswalkNGA.procedure_code_type_value, v_AUTHProcCrosswalkNGA.inactive
FROM v_AUTHProcCrosswalkNGA
WHERE (((v_AUTHProcCrosswalkNGA.account_level_name)="MARYVALE FY24/25"))
ORDER BY v_AUTHProcCrosswalkNGA.account_level_name, v_AUTHProcCrosswalkNGA.authorization_number;
```

Note: Use the Auth Proc Crosswalk table to identify the Procedure Codes authorized with a specific PAuth.

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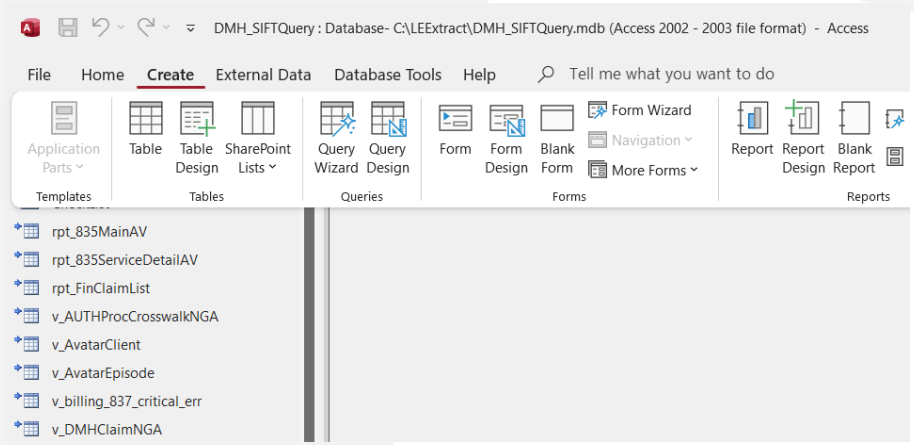
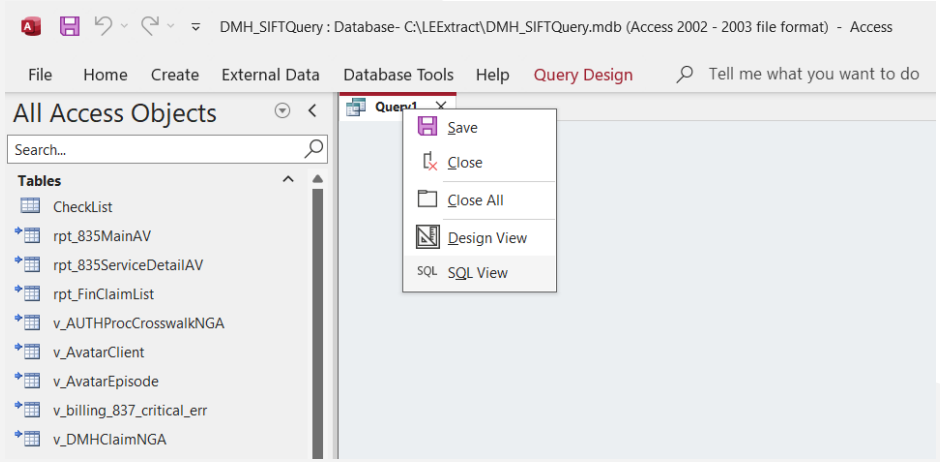
Adding a Query with SQL

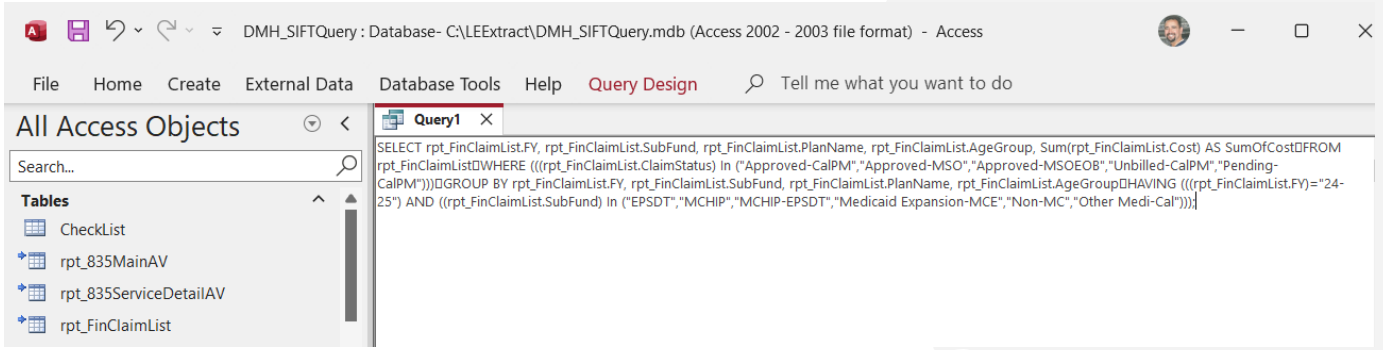
Step 1 – Select the **Create** Menu Option then select the **Query Design** Ribbon Option



Step 2 – Right Click on the Query1 Tab and select the **SQL View** Menu Option

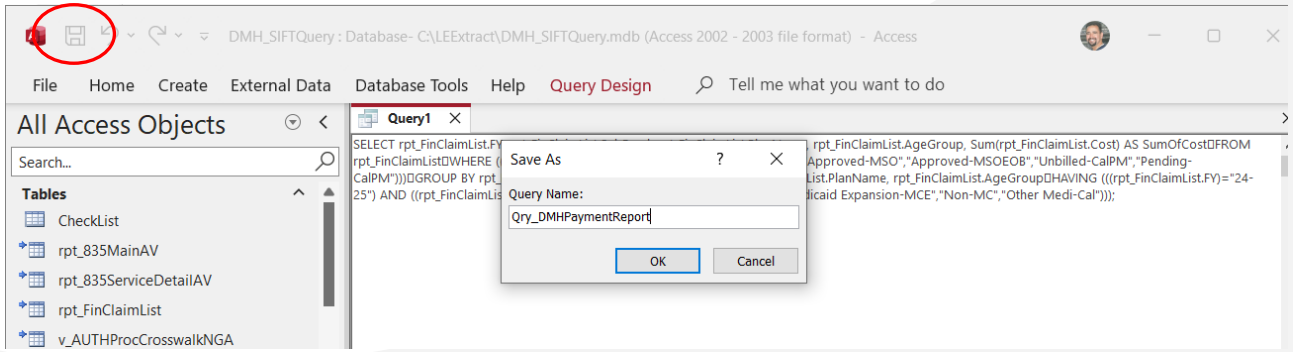


Step 3 – Copy the SQL Code provided above and paste the code onto the white worksheet



Note: Replace any code in the worksheet with your copied code. There will be **SELECT;** text when you start

Step4 – Hit the **Save** icon at the top left portion of the screen and name your Query then click **OK**

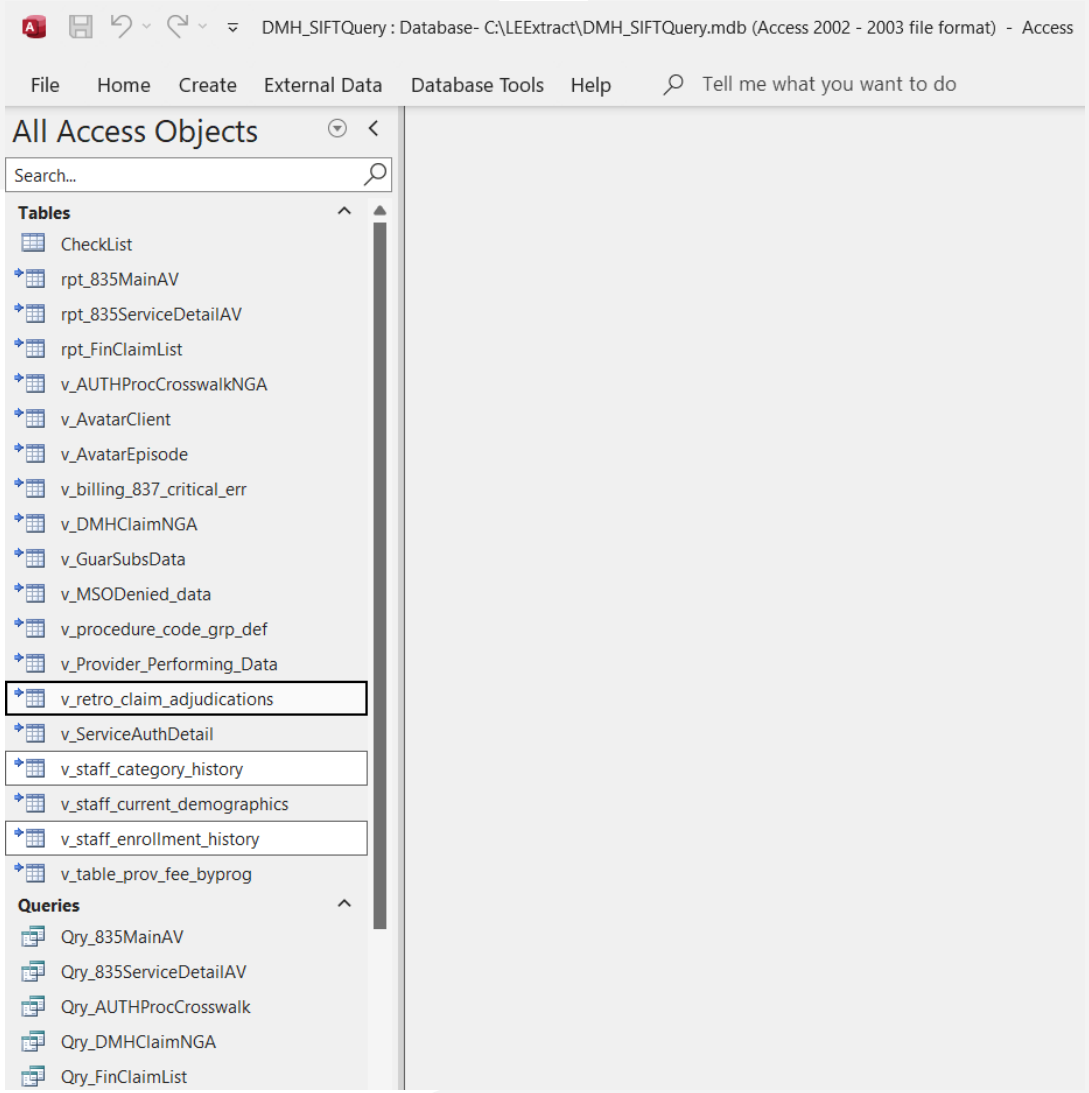


Additional Tables

staff_enrollment_history – This will allow the provider to confirm the existing discipline of a practitioner and its data entry date, this will help them when identifying claims that are denying for invalid discipline for a given procedure code with/without modifiers, given the submit date of the claim and the date the discipline was last updated.

staff_category_history – This will allow the provider to confirm the discipline and practitioner category effective date ranges when a practitioner has multiple disciplines and practitioner categories throughout their practitioner enrollment history.

retro_claim_adjudications – This will allow the provider another method to check their State Denial reasons.



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