

2016 Oregon CVR Rejection/Error Messages

Exhibit D-8

Section of CVR	Error #	Error Message
7a <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 7a. CLIENT'S PREVIOUS TEST DATES - Females Only 1 - Chlamydia (age ≤ 24) <input type="checkbox"/> 1 Never <input type="checkbox"/> 2 Unk 3 Date MO. YR. 2 - Pap (age ≥ 21) <input type="checkbox"/> 1 Never <input type="checkbox"/> 2 Unk 3 Date MO. YR. </div>	702	REJECT: LAST CHLAMYDIA < 25 IS MISSING/INVALID
	703	REJECT: LAST CHLAMYDIA TEST DATE IS INVALID
	704	REJECT: LAST PAP > 20 IS MISSING/INVALID
	705	REJECT: LAST PAP TEST DATE IS INVALID
9 <div style="border: 1px solid black; padding: 5px; margin-top: 20px;"> 9. ASSIGNED SOURCE OF PAYMENT (Check one) <input type="checkbox"/> 01 - No Charge <input type="checkbox"/> 04 - Private Insurance <input type="checkbox"/> 07 - Other <input type="checkbox"/> 02 - Title XIX (OHP) <input type="checkbox"/> 05 - Full Fee <input type="checkbox"/> 10 - Non-CCare Visit/ <input type="checkbox"/> 08 - CCare* <input type="checkbox"/> 06 - Partial Fee CCare Supply* <input type="checkbox"/> 03 - WA Take Charge <input type="checkbox"/> 11 - OVP *Complete top section and 17 for CCare </div>	901	REJECT: SOURCE OF PAYMENT MISSING/INVALID
	902	REJECT: CCARE SOP CCARE/AGE IS >20 BUT SSN BLANK
	903	REJECT: CCARE BUT POVERTY OVER 185%
	904	REJECT: SOP 2 DUPS A PRIOR '2' OR '8' BILLING
	905	REJECT: SOP '8/10' DUPS A PRIOR '8/10' BILLING
	906	REJECT: SOP '8/10' CODED/ELIG. FOR MEDICAID, SOP 2
	907	REJECT: NAME REQUIRED FOR SOP 8 OR 10
	909	REJECT: SSN REQUIRED FOR SOURCE OF PAY 8 OR 10
	919	REJECT: SOP 11 IS INVALID FOR FEMALES
	920	REJECT: SOP 11 REQUIRES MED SVC 20 OR COUNS SVC 3
9A <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 9A. DIAGNOSIS CODE (Complete if billing CCare) Z30. 9A. DIAGNOSIS CODE (Complete if billing CCare) V25. </div>	912	REJECT: DIAGNOSIS CODE INVALID
	9B <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 9B. WILL INSURANCE BE BILLED FOR THIS VISIT? (Complete if Question 9 is 8 or 10). <input type="checkbox"/> 1- No <input type="checkbox"/> 2- Yes (Complete 17A.) </div>	913
914		REJECT: INS. BILLED(9B) IS YES BUT 17A IS BLANK
9C <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 9C. SPECIAL CONFIDENTIALITY NEEDS <input type="checkbox"/> 1-Yes </div>	915	REJECT: 9C IS 1, 17A MUST BE COMPLETED W/NC
18 <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 18. CLIENT INSURANCE STATUS (check one) (Principal Health Insurance covering primary care) <input type="checkbox"/> 1 - Public Health Insurance <input type="checkbox"/> 3 - Uninsured <input type="checkbox"/> 2 - Private Health Insurance <input type="checkbox"/> 4 - Unknown </div>	1801	REJECT: CLIENT INS. STATUS IS MISSING/INVALID

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10	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">10. INCOME AND FAMILY SIZE</td> <td style="width: 20%;">AMOUNT</td> </tr> <tr> <td>a. What is your monthly family income?</td> <td></td> </tr> <tr> <td>b. How many people are in your family, that is, the number supported by this income?</td> <td>NUMBER</td> </tr> </table>	10. INCOME AND FAMILY SIZE	AMOUNT	a. What is your monthly family income?		b. How many people are in your family, that is, the number supported by this income?	NUMBER	1001	REJECT: INCOME/FAMILY SIZE REQUIRED FOR FIRST VISIT				
		10. INCOME AND FAMILY SIZE	AMOUNT										
		a. What is your monthly family income?											
		b. How many people are in your family, that is, the number supported by this income?	NUMBER										
		1002	REJECT: UNKNOWN INCOME NOT ALLOWED FOR SOP '8'										
		1004	REJECT: INVALID INCOME, DECIMAL IN FIELD										
1051	WARNING: INCOME EXCEEDS \$10,000 MONTHLY												
1052	WARNING: FAMILY SIZE GREATER THAN 15												
11	<table border="1" style="width: 100%;"> <tr> <td>11. HEALTH INS. ENROLLMENT ASSISTANCE</td> </tr> <tr> <td><input type="checkbox"/> 1 - Onsite <input type="checkbox"/> 2 - Referral</td> </tr> </table>	11. HEALTH INS. ENROLLMENT ASSISTANCE	<input type="checkbox"/> 1 - Onsite <input type="checkbox"/> 2 - Referral	1101	REJECT: HLTH INS. ENROLLMENT FIELD IS INVALID								
11. HEALTH INS. ENROLLMENT ASSISTANCE													
<input type="checkbox"/> 1 - Onsite <input type="checkbox"/> 2 - Referral													
12	<table border="1" style="width: 100%;"> <tr> <td colspan="2">12. PURPOSE OF VISIT (Check One)</td> </tr> <tr> <td><input type="checkbox"/> 1 - First Annual Exam</td> <td><input type="checkbox"/> 5 - Pregnancy Test Visit</td> </tr> <tr> <td><input type="checkbox"/> 2 - Return Annual Exam</td> <td><input type="checkbox"/> 6 - Supply Only-Mailed (CCare Only)</td> </tr> <tr> <td><input type="checkbox"/> 3 - Other Medical</td> <td><input type="checkbox"/> 9 - Supply Only Visit (CCare Only)</td> </tr> <tr> <td><input type="checkbox"/> 4 - Counseling Only</td> <td><input type="checkbox"/> 8 - Vasectomy Referral (w/OVP SOP)</td> </tr> </table>	12. PURPOSE OF VISIT (Check One)		<input type="checkbox"/> 1 - First Annual Exam	<input type="checkbox"/> 5 - Pregnancy Test Visit	<input type="checkbox"/> 2 - Return Annual Exam	<input type="checkbox"/> 6 - Supply Only-Mailed (CCare Only)	<input type="checkbox"/> 3 - Other Medical	<input type="checkbox"/> 9 - Supply Only Visit (CCare Only)	<input type="checkbox"/> 4 - Counseling Only	<input type="checkbox"/> 8 - Vasectomy Referral (w/OVP SOP)	1201	REJECT: VISIT ALREADY ON FILE
		12. PURPOSE OF VISIT (Check One)											
		<input type="checkbox"/> 1 - First Annual Exam	<input type="checkbox"/> 5 - Pregnancy Test Visit										
		<input type="checkbox"/> 2 - Return Annual Exam	<input type="checkbox"/> 6 - Supply Only-Mailed (CCare Only)										
		<input type="checkbox"/> 3 - Other Medical	<input type="checkbox"/> 9 - Supply Only Visit (CCare Only)										
		<input type="checkbox"/> 4 - Counseling Only	<input type="checkbox"/> 8 - Vasectomy Referral (w/OVP SOP)										
		1204	REJECT: PURPOSE OF VISIT MISSING OR INVALID										
		1207	REJECT: SUPPLY ONLY VISIT; NEW CLIENT										
1210	REJECT: PURPOSE OF VISIT 1,2,5, INVALID FOR MALE												
1211	REJECT: POV 5 NOT BILLABLE FOR CCARE SOP												
1212	REJECT: POV 9 IS NOT BILLABLE FOR CCARE SOP 10												
1213	REJECT: MALE W/ SOP 8, TOV 4, V252 & 1 TIME BYE												

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13A. MEDICAL SERVICES (Check all Applicable) Exam & Lab Services <input type="checkbox"/> 02 - Blood Pressure <input type="checkbox"/> 03 - Height/Weight <input type="checkbox"/> 04 - Thyroid Exam <input type="checkbox"/> 05 - Heart/Lung Auscultation <input type="checkbox"/> 06 - Breast Exam <input type="checkbox"/> 07 - Abdominal Exam <input type="checkbox"/> 08 - Extremities <input type="checkbox"/> 09 - Bimanual/Speculum Pelvic Exam <input type="checkbox"/> 23 - Hgb / Hct <input type="checkbox"/> 24 - Urine Dip Strip/Urinalysis <input type="checkbox"/> 25 - Pap Test Conventional <input type="checkbox"/> 26 - Pap Test Liquid-Based <input type="checkbox"/> 27 - Colposcopy <input type="checkbox"/> 34 - Immunization <input type="checkbox"/> 42 - Male Genitalia Exam <input type="checkbox"/> 49 - Colo-Rectal Cancer Screening <input type="checkbox"/> 36 - Other Lab or Exam <input type="checkbox"/> 37 - No Lab or Exam Contraceptive Related Services <input type="checkbox"/> 17 - Diaphragm / Cap Fit <input type="checkbox"/> 19 - IUD/IUS Insert <input type="checkbox"/> 20 - Sterilization Procedure <input type="checkbox"/> 38 - Hormone Implant In <input type="checkbox"/> 39 - Hormone Implant Out <input type="checkbox"/> 40 - Hormonal Injection <input type="checkbox"/> 48 - EC-Immediate Need <input type="checkbox"/> 46 - EC-Future Need <input type="checkbox"/> 22 - IUD/IUS Removal <input type="checkbox"/> 18 - Vasectomy Referral Fee Pregnancy Related Services <input type="checkbox"/> 21 - Post Pregnancy Exam <input type="checkbox"/> 31 - Serum Pregnancy Test <input type="checkbox"/> 32 - Negative Pregnancy Test <input type="checkbox"/> 33 - Positive Pregnancy Test <input type="checkbox"/> 35 - Infertility Screening	1301	REJECT: MEDICAL SERVICES INVALID
	1302	REJECT: MALE CLIENT HAS FEMALE SERVICES CODED
	1303	REJECT: MEDICAL SERVICES 20 AND 35 ON SAME VISIT
	1305	REJECT: FEMALE CLIENT HAS MALE SERVICES
	1306	REJECT: TOV 1,2,OR 3 BUT NO MEDICAL SERVICES
	1307	REJECT: FEMALE MEDICAL SVC 20 WITH DIAG V252
	1308	REJECT: MALE MEDICAL SVC 20 WITH DIAG NOT = V252
	1309	REJECT: STERILIZATION NOT ALLOWED WITH 1 TIME BYE
	1310	REJECT: MEDICAL SVC 20 AND AGE IS LT 21
	13A. CONT. MEDICAL SERVICES (Check all Applicable) STD Related Services <input type="checkbox"/> 11 - Vaginitis/Urethritis/Eval/Dx <input type="checkbox"/> 12 - Vaginitis/Urethritis/Eval/Rx <input type="checkbox"/> 29 - Chlamydia Test <input type="checkbox"/> 13 - Chlamydia Treatment <input type="checkbox"/> 14 - Chlamydia Presumptive Rx <input type="checkbox"/> 15 - Wart Treatment <input type="checkbox"/> 16 - Herpes Test <input type="checkbox"/> 28 - Gonorrhea Test <input type="checkbox"/> 30 - Wet Mount <input type="checkbox"/> 43 - HIV Test Standard <input type="checkbox"/> 44 - HIV Test Rapid <input type="checkbox"/> 47 - VDRL/RPR <input type="checkbox"/> 50 - HPV Test	1401
1402		REJECT: COUNSELING SERVICES 03, 04, 07/SAME VISIT
1403		REJECT: TOV 4 BUT NO COUNSELING SERVICES
1404		REJECT: FEMALE CLIENT HAS MALE COUNSELING SVC
14A. COUNSELING EDUCATION PROVIDED (Check all Applicable) <input type="checkbox"/> 01 - Contraceptive <input type="checkbox"/> 02 - Fertility Aware Mthd <input type="checkbox"/> 03 - Sterilization <input type="checkbox"/> 04 - Infertility <input type="checkbox"/> 08 - Preconception <input type="checkbox"/> 13 - Abstinence <input type="checkbox"/> 07 - Pregnancy Options <input type="checkbox"/> 09 - STD/HIV Prevention <input type="checkbox"/> 10 - HIV Pre & Post <input type="checkbox"/> 16 - Abnormal Pap <input type="checkbox"/> 19 - BSE <input type="checkbox"/> 20 - TSE <input type="checkbox"/> 15 - Crisis <input type="checkbox"/> 17 - Encourage Parental/Family Involvement <input type="checkbox"/> 18 - Relationship Safety <input type="checkbox"/> 12 - Nutrition <input type="checkbox"/> 05 - Tobacco <input type="checkbox"/> 06 - Substance Abuse	1901	REJECT: PREG INTENTION SCREENING IS INVALID
19. PREGNANCY INTENTION SCREENING <input type="checkbox"/> 1 - Yes, Near Future <input type="checkbox"/> 2 - No, Maybe Later <input type="checkbox"/> 3 - Unsure <input type="checkbox"/> 4 - Never		

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13B 14B	13B.14B. PROVIDER OF MEDICAL SERVICES/COUNSELING/EDUCATION SERVICES (Mark all that Apply) <input type="checkbox"/> 1 - Physicians <input type="checkbox"/> 2 - Physician Assistants, Nurse Practitioners, Certified Nurse Midwives <input type="checkbox"/> 3 - RNs, LPNs <input type="checkbox"/> 4 - Other service providers, health educators, social workers, clinic aides and lab technicians.		No rejections.
15A 15B	15A. PRIMARY CONTRACEPTIVE METHOD (Complete before and after blocks) HIGHLY EFFECTIVE 14 - Male Sterilization 01 - Female Sterilization 11 - Hormone Implant 15 - IUS 03 - IUD 22 - LAM MODERATELY EFFECTIVE 16 - Hormonal Injection 02 - Oral Contraceptives 17 - Hormonal Patch 18 - Vaginal Ring 04 - Diaphragm LESS EFFECTIVE 06 - Male Condom 19 - Female Condom 21 - Contraceptive Sponge 20 - Withdrawal 08 - NFP/FAM 07 - Spermicide OTHER 09 - Other Method 13 - Abstinence 10 - None BEFORE VISIT <input type="checkbox"/> <input type="checkbox"/> AFTER VISIT <input type="checkbox"/> <input type="checkbox"/>	1501 1504 1505 1506	REJECT: CONTRACEPTIVE METHOD MISSING OR INVALID REJECT: ENDING METHOD/REASON FOR NONE ANSWERED REJECT: REASON FOR NO METHOD MISSING REJECT: CCARE VISIT & NO METHOD IS 3-SEEKING PG
16	16. REFERRAL INFORMATION (Check all Applicable) <input type="checkbox"/> 02 - High Risk Pregnancy <input type="checkbox"/> 15 - Adoption <input type="checkbox"/> 03 - Abortion <input type="checkbox"/> 01 - Prenatal <input type="checkbox"/> 16 - Breast Evaluation <input type="checkbox"/> 12 - Mammography or U.S. <input type="checkbox"/> 05 - Sterilization <input type="checkbox"/> 06 - Infertility <input type="checkbox"/> 07 - NFP/FAM <input type="checkbox"/> 04 - STD <input type="checkbox"/> 17 - Colposcopy <input type="checkbox"/> 08 - Other Medical <input type="checkbox"/> 10 - Social Services <input type="checkbox"/> 09 - Nutrition <input type="checkbox"/> 13 - Substance Abuse <input type="checkbox"/> 14 - Abuse/Violence <input type="checkbox"/> 11 - None	1601 1602	REJECT: REFERRAL SERVICES 05 AND 06 ON SAME VISIT REJECT: REFERRAL SERVICES 01, 02, 03 FEMALE ONLY

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Section of CVR	Error #	Error Message																																																						
<div style="display: flex; flex-direction: column;"> <div style="margin-bottom: 10px;"> <p>17</p> <p>17A</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>17. MEDICAID BILLING (Complete top section for CCare)</p> <table style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="text-align: left;">Supplies Billed</th> <th style="text-align: left;">Qty.</th> <th style="text-align: left;">Unit Price</th> <th style="text-align: left;">Supplies Billed</th> <th style="text-align: left;">Qty.</th> <th style="text-align: left;">Unit Price</th> </tr> </thead> <tbody> <tr> <td>01-Orals</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>07-Condoms, Male</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>16-EC</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>08-Condoms, Fem.</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>14-Patch</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>17-Ring</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>15-Mirena IUS</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>18-Sponge</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>03-Copper IUD</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>19-Subdermal Implants</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>04-Depo Provera</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>20-Cycle Beads</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>05-Diaphragm</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>21-Skyla IUS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>06-Spermicide</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>22-Liletta IUS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> </div> <div style="border: 1px solid black; padding: 5px;"> <p>17A. THIRD PARTY RESOURCE CODES (Complete if client has other insurance coverage.)</p> <p>1 - Explanation Code <input style="width: 50px;" type="text"/></p> <p>2 - Other Insurance Paid <input style="width: 100px;" type="text"/></p> </div> </div>	Supplies Billed	Qty.	Unit Price	Supplies Billed	Qty.	Unit Price	01-Orals	<input type="text"/>	<input type="text"/>	07-Condoms, Male	<input type="text"/>	<input type="text"/>	16-EC	<input type="text"/>	<input type="text"/>	08-Condoms, Fem.	<input type="text"/>	<input type="text"/>	14-Patch	<input type="text"/>	<input type="text"/>	17-Ring	<input type="text"/>	<input type="text"/>	15-Mirena IUS	<input type="text"/>	<input type="text"/>	18-Sponge	<input type="text"/>	<input type="text"/>	03-Copper IUD	<input type="text"/>	<input type="text"/>	19-Subdermal Implants	<input type="text"/>	<input type="text"/>	04-Depo Provera	<input type="text"/>	<input type="text"/>	20-Cycle Beads	<input type="text"/>	<input type="text"/>	05-Diaphragm	<input type="text"/>	<input type="text"/>	21-Skyla IUS	<input type="text"/>	<input type="text"/>	06-Spermicide	<input type="text"/>	<input type="text"/>	22-Liletta IUS	<input type="text"/>	<input type="text"/>	1701	REJECT: BILLING PROCEDURES MISSING/INVALID
	Supplies Billed	Qty.	Unit Price	Supplies Billed	Qty.	Unit Price																																																		
	01-Orals	<input type="text"/>	<input type="text"/>	07-Condoms, Male	<input type="text"/>	<input type="text"/>																																																		
	16-EC	<input type="text"/>	<input type="text"/>	08-Condoms, Fem.	<input type="text"/>	<input type="text"/>																																																		
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	06-Spermicide	<input type="text"/>	<input type="text"/>	22-Liletta IUS	<input type="text"/>	<input type="text"/>																																																		
		1703	REJECT: ONE ANNUAL VISIT (01) EVERY ELEVEN MONTHS																																																					
		1704	REJECT: QUANTITY CODED BUT SUPPLY CODE IS BLANK																																																					
		1705	REJECT: SUPPLY CODED BUT SUPPLY QUANTITY BLANK																																																					
		1706	REJECT: INVALID CONTRACEPTIVE SUPPLY CODE																																																					
	1707	REJECT: SUPPLY QUANTITY EXCEEDS THE LIMIT																																																						
	1708	REJECT: EXPLANATION CODE INVALID																																																						
	1709	REJECT: QUANTITY CODED BUT UNIT PRICE BLANK																																																						
	1710	REJECT: UNIT PRICE COMPLETED BUT QTY NOT CODED																																																						
	1711	REJECT: UNIT PRICE EXCEEDED																																																						
	1712	REJECT: SOP 10 WITH NO SUPPLIES CODED																																																						
	1714	REJECT: SUPPLIES (09 OR 13), AFTER 1/1/2006																																																						
	1716	REJECT: PVT INS FROM WEB IS YES, BUT 17A IS BLANK																																																						