On the evening of March 25th, several updates were deployed to the CHOICES Web Portal. These updates are designed to increase billing compliancy. The following table provides additional information, including the steps needed to correct the issues that may be encountered when you are entering claim information.

Update	Details	What will the provider see?	How does the provider correct the issue?
Type of Bill Frequency Codes have been revised.	Frequency code 6 is no longer an option as this frequency should not be billed.	"6" will not be listed as a selection.	
Diagnosis code logic has been updated to prevent undesired entries.	A) The same diagnosis code should not be entered as the Principal diagnosis and an Additional diagnosis.	Warning Message: Cannot add an additional diagnosis that is the same as the principal diagnosis.	Enter a different diagnosis code if applicable.
	B) Entry of any diagnosis code that starts with 'E' in the Principal or Admitting Diagnosis Code fields is not allowed.	Warning Message: Diagnosis code must not begin with an 'E'.	Enter a diagnosis code that does not begin with "E".
Date logic has been updated to prevent undesired entries.	A) Dates in the Statement Covers Period should be within the same calendar month.	Warning Message: From Date must occur in the same month as the To Date.	Correct the statement dates to be within the same month.
	B) Line Item Service dates must be within the Statement Covers Period dates.	Warning Message: The Service dates must be between the statement from and to dates.	Correct line item service dates and/or statement dates as needed.
	C) The Statement Covers Period dates must be present within the Line Item Service Dates.	Warning Messages: The earliest Service from date must match the statement from date. The latest Service to date must match the statement to date.	Correct line item service dates and/or statement dates as needed.
Enhanced validation of revenue codes	A) Only level 1 Revenue Code are available for level 1 providers. Options are: 0183, 0185, 0189, 0191, or 0224.	The services that should not be billed by this provider type will not be available for selection (e.g. 0192).	Verify the correct provider was selected at the beginning of the claim entry process. Contact Customer Service with issues.
	B) Only level 2 Revenue Codes are available for level 2 providers. Options are: 0189, 0192, or 0224.	The services that should not be billed by this provider type will not be available for selection (e.g. 0191).	
Updated logic for Occurrence Codes	Occurrence Code 54 is not required if the Type of Bill is 089x. It is required Types of Bill is 021x and 066x.	Occurrence Code 54 will not be **required** on HCBS claims. It will be required on ICF and SNF claims.	The Occurrence Code and corresponding date must be entered for ICF and SNF claims. It is optional (as opposed to required) for HCBS
	Entry of the same Occurrence Code in either the Occurrence or Occurrence Span fields should not be allowed.	Warning Message: Duplicate Occurrence Codes are not allowed.	Enter a different occurrence code if applicable.
Prevent input of special characters and enhance Patient Control # and Medical Record # logic	Entry of special characters is not allowed in any field.	Warning Message: (*field) should contain only alphanumeric characters. *The specific field will be named in the message (e.g. Patient Control Number).	Remove the special character(s) from the specified field.
	The Patient Control# field is limited to 20 alphanumeric characters.	If more than 20 characters are entered a Warning Message will be generated: "Patient Control Number should be 20 characters or less".	Remove characters in excess of 20.
	The Medical Record # field is limited to 24 alphanumeric characters.	If more than 24 characters are entered a Warning Message will be generated: "Medical Record Number should be 24 characters or less".	Remove characters in excess of 24.