RESOURCE AND PATIENT MANAGEMENT SYSTEM

Third Party Billing

(ABM)

Technical Manual

Version 2.6 Patch 37
August 2023

Office of Information Technology
Division of Information Technology

Table of Contents

Revision History

Version	Date	Author	Section	Page Number	Summary of Change
v2.6 p37	01/2023	Shonda Render			Updated to use new template and everything since v2.6 was released

Preface

The purpose of this manual is to provide technical information about the Third Party Billing (ABM) package. The ABM package is designed to automate the creation of a claim using existing RPMS data, allow editing, print a bill, and track payment activity

The ABM system consists of a set of MUMPS (M) routines, VA FileMan-compatible files and templates, VA Kernel options, and security keys. This manual provides the ADP Site Managers with a technical description of the ABM routines, files, menus, cross-references, globals, and other necessary information required to effectively manage this system.

1.0   Introduction

The Third Party Billing System (ABM) Version 2.6 Patch 37 is primarily a maintenance release to catch up through the current patch, Patch 37.

All routines, files, options, and keys are namespaced starting with the letters "ABM."

The file number range for this package is 9002274.01 – 9002274.9.

2.0   Orientation

This manual provides the ADP Site Managers with a technical description of the ABM routines, files, menus, cross-references, globals, and other necessary information required to effectively manage this system.

The ABM system consists of a set of MUMPS (M) routines, VA FileMan-compatible files and templates, VA Kernel options, and security keys.

3.0 Implementation and Maintenance

3.1 General Information

After installation of the package, the Claim Generator, option ABM TSK VISIT CHECK, must be queued to run nightly. If the Claim Generator aborts instead of completing processing normally or is not run at all, users of the ABM package will see a warning that the claim generator has not run since the last time it completed normally.

All site parameters are set and table maintenance is done through user options described in the User Manual.

3.2 System Requirements

Package	Minimum Version
VA Kernel (XU)	v8.0 patch 1019
VA FileMan (DI)	v22.0 patch 1019
IHS Dictionaries/Pointers (AUT)	v98.1 patch 26
IHS Dictionaries (AUPN)	v99.1 patch 26
ICD Update (AUM)	V10.1 or later
IHS Code Set Versioning (BCSV)	V1.0 patches 1, 2, 3
Third Party Billing (ABM)	v2.6 patch 36

3.3 Package-wide Variables

There are no package-wide variables associated with the ABM system. All namespace variables are deleted upon exiting a menu.

3.4 Security Keys

The following ABM security keys lock Kernel menus.

Key Name	Description
ABMDZ ADD CLAIM MANUALLY	Allows access to manually add claims that have not been created automatically using PCC or APC data.
ABMDZ CANCEL CLAIM	Allows access to the CLAIM/BILL MANAGEMENT Menu.
ABMDZ CE CLOSE CLAIM	If assigned you will have the option to close a claim within the claim editor.

Key Name	Description
ABMDZ CLMAUTOSPLIT	Locks the options to manually and automatically split claims in STIN, SCIN options
ABMDZ EDIT CLAIM AND EXPORT	Allows access to the Claim Editor and Export menus.
ABMDZ ELIGIBILITY EDIT	Allows access to edit the third party eligibility information.
ABMDZ EMP PROD REPORT	Users with this key can run the Employee Productivity Report for everyone, not just themselves
ABMDZ FEE SCHEDULE	Allows access to the Fee Schedule Maintenance option.
ABMDZ MANAGEMENT	Allows access to the Claim/Bill Management menu.
ABMDZ MU PV SETUP	Locks MU report parameters
ABMDZ NONPCC	Allows access to adding claims that have not been auto created thru PCC.
ABMDZ PAYMENT POSTING	Allows access to the Payment Posting option.
ABMDZ SURP SUMMARY CLM LIST	Locks SURP report because the patient's SSN is displayed
ABMDZ TABLE MAINTENANCE	Allows access to the Third Party Table Maintenance menu.
ABMDZ UFMS SUPERVISOR	Allows access to the UFMS supervisor menu.
ABMDZ VCRP CO/DEP VISITS	Locks VCRP report because the patient's SSN is displayed
ABMDZ VET VISITS	Locks VTRP report because the patient's SSN is displayed
ABMZMENU	Allows access to the Third Party Billing system.

4.0   (mnemonic) Menu

```
|Third Party Billing System [ABMMENU]
   **LOCKED: ABMZMENU**
|--EDTP Add/Edit Claim Menu [ABMD CL MENU]
|  |--CG1P Claim Generator, One Patient [ABMD CL CG1]
|  |--EDCL Edit Claim Data [ABMD CL EDIT]
|  |     **LOCKED: ABMDZ EDIT CLAIM AND EXPORT**
|  |--LOOP Claim Editor Loop [ABMD CL LOOP]
|  |--NEW Add New Claim (Manual Entry) [ABMD CL ADD]
|  |     **LOCKED: ABMDZ ADD CLAIM MANUALLY**
|  |--RBCL Rebuild Items from PCC [ABMD CL REBUILD]
|  |     **LOCKED: ABMDZ EDIT CLAIM AND EXPORT**
|  |--CKCL Check Eligibility for a Visit [ABMD CL ELIG CHECK]
|--MGTP Claim/Bill Management Menu [ABMD MG MENU]
|  | **LOCKED: ABMDZ MANAGEMENT**
|  |--CLMG Cancel Claim [ABMD MG CAN CLM]
|  |     **LOCKED: ABMDZ CANCEL CLAIM
|  |--BIMG Cancel an Approved Bill [ABMD MG CAN BILL]
|  |--IQMG Inquire about an Approved Bill [ABMD MG INQ BILL]
|  |--MRMG Merge Claims [ABMD MG MRG CLM]
|  |--BKMG Initiate Back Billing Check [ABMD MG BACK BILL]
|  |--ADMG Add a new BILL that was Manually Submitted [ABMD MG ADD BILL]
|  |--ADPS Add a COB Pharmacy POS bill manually [ABMD MG ADD POS BILL]
|  |--EXMG Export Inpatient Bil to Excel [ABMD MG INPATIENT EXPORT]
|  |--OCMG Open/Close Claim [ABMD MG REOPEN]
|  |--RCCP Recreate claim from PCC data [ABMD CL SET ABILL]
|  |--SCMG Split Claim [ABMD MG CLAIM SPLIT]
|  |--BLRX Pharmacy POS 3P Bill Cleanup [ABMD MG PHARM POS CLEANUP]
|--RPTP Reports Menu [ABMD RP MENU]
|  |--BRRP Brief (single-line) Claim Listing [ABMD RP BRIEF LISTING]
|  |--DERP Detailed Display of Selective Claims [ABMD RP DETAILED LISTING]
|  |--PRRP Employee Productivity Report [ABMD RP EMPLOYEE PROD REPORT]
|  |--OPRP Employee Productivity Listing  (OLD) [ABMD RP EMPLOYEE
|        PRODUCTIVITY]
|  |--BLRP Bills Listing [ABMD RP ALL BILLS]
|  |--STRP Statistical Billed-Payment Report [ABMD RP STATS REPORT]
|  |--PTRP Billing Activity for a Specific Patient [ABMD RP PATIENT]
|  |--DXRP Listing of Billed Primary Diagnosis [ABMD RP DX LISTING]
|  |--PXRP Listing of Billed Procedures [ABMD RP PX LISTING]
|  |--CHRP Charge Master Listing [ABMD RP CHARGE MASTER]
|  |--PARP PCC Visit Tracking/Audit [ABMD RP PCC AUDIT]
|  |--VPRP View PCC Visit [ABMD RP VIEW PCC]
|  |--CCRP Cancelled Claims Report [ABMD RP CANCELLED CLAIMS]
|  |--CLRP Closed Claims Report [ABMD RP CLOSED CLAIMS]
|  |--PCRP Pending Claims Status Report [ABMD RP PENDING STATUS]
|  |--SURP Summarized (multi-line) Claim Listing [ABMD RP SUMMARIZED LISTING]
|  |     **LOCKED: ABMDZ SURP SUMMARY CLM LIST**
|  |--MURP MEANINGFUL USE REPORTS [ABMD MU RP MENU]
|     |--CEMU PATIENT COUNTS & % BY ELIGIBILITY (ABMD MU PATIENT COUNT]
|     |--FEIR Facility EHR Incentive Report [ABMD MU HER INCENTIVE REPORT]
|     |--MUS1 PARTICIPATION CY/FY 2011/2012 PATIENT VOLUME RPT [ABMD MU RP PV
|        MENU 1]
|        |--MUP Report Parameters [ABMD MU PV PARAMETERS]
|        |    **LOCKED: ABMDZ MU PV SETUP**
```

```
|         |--PVP Patient Volume Report for Eligible Professionals [ABMD MU PV
|              ELIG PROS]
|         |--EP EP Class – List of Eligible Professionals [ABMD MU PV EP LIST]
|         |--PVH Patient Volume Report for Eligible Hospitals [ABMD MU PV ELIG
|              HOSPITALS]
|         |--DEF EP Reports Definitions List [ABMD MU PV DEF]
|         |--MUPV View Report Parameters [ABMD MU PV MUP VIEW]
|     |--MUS2 PARTICIPATION CY/FY 2013+ PATIENT VOLUME RPT [ABMD MU RP PV
|           MENU 2]
|         |--MUP2 Report Parameters [ABMD MU PV PARAMETERS 2]
|         |     **LOCKED: ABMDZ MU PV SETUP
|         |--PVP2 Patient Volume Report for Eligible Professionals [ABMD MU PV
|              ELIG PROS 2]
|         |--EP2 EP Class – List of Eligible Professionals [ABMD MU PV EP
|              LIST 2]
|         |--PVH2 Patient Volume Report for Eligible Hospitals [ABMD MU PV
|              ELIG HOSPITALS 2]
|         |--DEF2 EP Reports Definitions List [ABMD MU PV DEF 2]
|         |--MUPV View Report Parameters [ABMD MU PV MUP VIEW]
|  |--TPRP Tribal Payment Report [ABMD RP TRIBAL PYMTS]
|  |--MPRP Medicare Providers CPT Report: G8553 [ABMD RP MCR PROV CPT G8553]
|  |--CPRP CPT Charge Report [ABMD RP CPT CHARGE REPORT]
|--PRTP Print Bills Menu [ABMD PR MENU]
|    **LOCKED: ABMDZ EDIT CLAIM AND EXPORT**
|  |--AWPR Bills Awaiting Export Report [ABMD PR DISPLAY APPRVD BILLS]
|  |--EXPR Print Approved Bills [ABMD PR PRINT FORMS]
|  |--WSPR Print Worksheet (Itemized CPT Data) [ABMD PR PRINT WORKSHEET]
|  |--MLPR Print Mailing Address Labels [ABMD PR PRINT MAILING LABELS]
|  |--REPR Reprint Bill [ABMD PR REPRINT BILL]
|  |--RESB Enter Resubmission Number [ABMD PR RESUB AND REPRINT]
|  |--REPT Print Patient Statement [ABMD PR PT STMT]
|  |--TRPR Transmittal Listing [ABMD PR TRANSMITTAL LIST]
|  |--TSPR Test Forms Alignment [ABMD PR TEST]
|  |--ESPR Bills Export Statistical Report [ABMD PR EXPORT STATISTICAL]
|--TMTP Table Maintenance Menu [ABMD TM MENU]
|    **LOCKED: ABMDZ TABLE MAINTENANCE**
|  |--FETM Fee Schedule Menu [ABMD TM FEE MENU]
|     |--EDFE Fee Schedule Maintenance [ABMD TM FEE MAINT]
|     |     **LOCKED: ABMDZ FEE SCHEDULE**
|     |--LSFE Print Fee Schedule Listing [ABMD TM FEE LISTING]
|     |--DTFE Transfer Drug Prices from Drug File [ABMD TM FEE DRUG]
|     |--FIFE Import Foreign Fee Schedule [ABMD TM FEE FOREIGN]
|     |--IDFE Increase/Decrease Fee Schedule [ABMD TM FEE PERCENT]
|     |--VWFE View CPT Fee [ABMD TM FEE CPT VIEW]
|     |--CUFE CleanUp Fee Tables [ABMD TM CLEANUP FEE TABLE]
|  |--CPTM CPT File Menu [ABMD TM CPT MENU]
|     |--RPCP Replacement Text, CPT File Lookup [ABMD TM CPT REPLACEMENT TXT]
|     |--LSCP Print CPT Procedure File [ABMD TM CPT LISTING]
|     |--IQCP Inquire to CPT File [ABMD TM CPT INQUIRY]
|     |--MDCP Modifiers Add/Edit [ABMD TM CPT MODIFIERS]
|     |--LACP LAB CPT codes to pass to TPB [ABMD TM CPT MODIFIERS]
|     |--MNCP CPT File Maintenance [ABMD TM CPT MAINTENANCE]
|  |--PRTM Provider Menu [ABMD PRV MENU]
|     |--PRTM Inquire to Provider File [ABMD TM PRV INQUIRY]
|     |--PETM Provider Number Edit [ABMD TM PRVNUMBEREDIT]
```

```
|      |--NPI Add/Edit NPI values for Providers [ABMD TM PRV NPI]
|   |--LOTM Location File Menu [ABMD TM LOC MENU]
|      |--EDLO Location File Maintenance [ABMD TM LOC MAINT]
|      |--IQLO Display Location File Entry [ABMD TM LOC INQUIRY]
|   |--INTM Insurer File Menu [ABMD TM INS MENU]
|      |--EDIN Add/Edit Insurer [ABMD TM INS MAINTENANCE]
|      |--RPIN Replacement Text, Insurer Lookup [ABMD TM INS REPLACEMENT TEXT]
|      |--LSIN Insurer Listing [ABMD TM INS LISTING]
|      |--IQIN Display Insurer Info (Inquire) [ABMD TM INS INQUIRY]
|      |--SCIN Claim Split Setup [ABMD TM INS SPLIT CLAIM SETUP]
|      |     **LOCKED: ABMDZ CLMAUTOSPLIT**
|      |--SVIN Claim Split Setup Report [ABMD TM INS SPLT SETUP RPT]
|      |--SPIN Claims ID'd as Potential Split Billing Report [ABMD TM INS
|            SPLIT CLM RPT]
|      |--STIN Split Claim Billing [ABMD TM INS SPLIT CLM]
|      |     **LOCKED: ABMDZ CLMAUTOSPLIT**
|   |--COTM Coverage Type File Menu [ABMD TM COV TYPE MENU]
|      |--EDCO Add/Edit a Coverage Type [ABMD TM COV TYPE MAINTENANCE]
|      |--LSCO Print Coverage Type Listing [ABMD TM COV TYPE LISTING]
|   |--SITM Site Parameter Maintenance [ABMD TM SITE PARAMETERS]
|   |     **LOCKED: ABMZ SITE SETUP**
|   |--ERTM Error Codes Menu [ABMD TM ERROR CODE MENU]
|      |--EDER Edit Error Codes [ABMD TM ERROR CODE MAINTENANCE]
|      |--LSER Error Codes Listing [ABMD TM ERROR CODE LISTING]
|   |--GRTM Group Insurance Plans Menu [ABMD TM GRP MENU]
|      |--EDGR Add/Edit Group Insurance Plans [ABMD TM GRP EDIT]
|      |--LSGR Group Insurance Plans Listing [ABMD TM GRP LISTING]
|      |--ASGR Mass Group Plan Assignment, specific Employer[ABMD TM GRP
|            ASSIGN]
|      |--MRGR Merge Duplicate Group Plans [ABMD TM GRP MERGE]
|   |--RVTM Revenue Codes Menu [ABMD TM REVN CODE MENU]
|      |--EDRV Revenue Code Maintenance [ABMD TM REVN CODE MAINTENANCE]
|      |--LSRV Print Revenue Code Listing [ABMD TM REVN CODE LISTING]
|   |--UCTM UB-92 Codes Menu [ABMD TM UB92 CODE MENU]
|      |--EDUB UB-92 Code Maintenance [ABMD TM UB92 CODES]
|      |--LSUB UB-92 Codes Listing [ABMD TM UB92 CODE LISTING]
|   |--EMTM Employer File Menu [ABMD TM EMPLOYER MENU]
|      |--EDEM Add/Edit an Employer [ABMD TM EMPLOYER MAINTENANCE]
|      |--LSEM Employer Listing [ABMD TM EMPLOYER DISPLAY]
|      |--RPEM List all Employees by Employer [ABMD TM EMPLOYER REPORT]
|      |--MREM Merge Duplicate Employers [ABMD TM EMPLOYER MERGE]
|   |--DRTM Drug File Menu [ABMD TM DRUG MENU]
|      |--LSDR Drug Listing [ABMD TM DRUG LIST]
|      |--IQDR Display a Drug File Entry [ABMD TM DRUG INQUIRY]
|   |--VITM Visit Type Maintenance [ABMD TM VISIT TYPE EDIT]
|   |--CMTM Charge Master Add/Edit [ABMD TM CHARGE MASTER]
|   |--DMTM Dental Remap Table Maintenance [ABMD TM DENTAL REMAP]
|   |--FLTM Form Locator Override [ABMD TM FORM LOCATOR]
|   |--RLTM Add/Edit Reference Lab Locations [ABMD TM REF LABS]
|   |--SSTM Initialize New Facility [ABMD TM ABMDSS]
|   |     **LOCKED: ABMZ SITE SETUP**
|   |--TMRP Manager Reports [ABMD TM MGR MENU]
|      |--AUTM Table Maintenance Site Parameters Report [ABMD TM SITE
|            PARAMETERS REPORT]
|      |     **LOCKED: ABMZ SITE SETUP**
```

```
|     |--VCBT Visit/Claim/Bill Tally Report [ABMD TM MGR TALLY]
|     |--CGTM Claim Generator Productivity Report [ABMD TM MGR CG REPORT]
|  |--TLCP Lab CPT/HCPCS Requiring Test Results [ABMD TM LABS REQ'ING
|         RESULTS]
|  |--NARR NOC NEC Required for 5010 submissions [ABMD TM CPT REQ'ING NARR]
|  |--ECTM Electronic Claims Setup [ABMD ECLAIM MENU]
|     |--SGTM 837 Segment Override [ABMD TM 837 SEGMENT OVER]
|     |--CHEC Clearinghouse Setup [ABMD TM CLEARINGHOUSE]
|     |--CHRP Clearinghouse Report [ABMD TM CLEARINGHOUSE RPT]
|  |--EXTM Export Modes Menu [ABMD TM EX MENU]
|     |--EXTM Export Mode Maintenance [ABMD EX EDIT EXP MODES]
|     |--EXRP Export Mode Report [ABMD EX EXPORT MODE REPORT]
|--ELTP Eligibility Menu [ABMD EL MENU]
|     **LOCKED: ABMDZ ELIGIBILITY EDIT**
|  |--POEL Private Insurance Policy Maintenance Menu [ABMD EL PO MENU]
|     |--LSPO Listing of Policies and Members by Insurer [ABMD EL PO LIST]
|  |--RPEL Eligibility Reports Menu [ABMD TM EL R MENU]
|     |--MARP Listing of Medicare Part A Enrollees [ABMD TM EL R MEDICARE A]
|     |--MBRP Listing of Medicare Part B Enrollees [ABMD TM EL R MEDICARE B]
|     |--MRDP Listing of Medicare Part D Enrollees [ABMD TM EL R MEDICARE D]
|     |--MDRP Listing of Medicaid Enrollees [ABMD TM EL R MEDCAID]
|     |--CHRP Summary of SCHIP Eligibility [ABMD TM EL SCHIP]
|     |--PIRP Private Insurance Eligibility Listing [ABMD TM EL R PRIVATE
|            INS]
|     |--VARP VA Eligibility Listing [ABMD TM EL R VET]
|     |--CORP Listing of Commissioned Officer and Dependents [ABMD TM
|            EL R CO]
|     |--VCRP Visit - Commissioned Officer & Dependent [ABMD TM EL R CO
|            VISIT]
|     |     **LOCKED: ABMDZ VCRP CO/DEP VISITS**
|     |--PMRP Listing of Policies and Members by Insurer [ABMD EL PO LIST]
|     |--PORP Listing of Patient Eligibility Counts [ABMD RP EL PAT ELIG
|            CNTS]
|     |--VTRP Visits Counts by Veterans [ABMD RP EL R VET VISITS]
|     |     **LOCKED: ABMDZ VET VISITS**
|--PPTP Payment Posting [ABMD PAYMENT]
|     **LOCKED: ABMDZ PAYMENT POSTING**
|--EMTP Electronic Media Claims [ABME EMC]
|     **LOCKED: ABMDZ EDIT CLAIM AND EXPORT**
|  |--SUEM Summary of Bills Ready for Submission [ABME DISP ABMECS]
|  |--CREM Create EMC File [ABME ABMECS]
|  |--BSEM Batch Summary [ABME ABMEBDSP]
|  |--RCEM Re-Create an EMC File [ABME ABMERSND]
|  |--REEX Re-Export Bills [ABME EMC RE-EXPORT]
|  |     **LOCKED: ABMZ ABME EMC RE-EXPORT**
|--SSTP Set Site [ABM SET SITE]
|--UCSH Cashiering Options [ABMU CASHIERING OPTIONS]
|  |--CIO Cashiering Sign in/Sign Out [ABMU CASHIERING SIGN IN/OUT]
|  |--UVCH View Cashiering Session [ABMU VIEW CASHIERING SESSION]
|  |--SUP Supervisory Functions [ABMU SUPERVISORY FUNCTIONS]
|     **LOCKED: ABMDZ UFMS SUPERVISOR**
|     |--OPN Re-Open a Closed Session [ABMU REOPEN SESSION]
|     |--REC Reconcile All Sessions [ABMU RECONCILE SESSIONS]
|     |--VEF View UFMS Export File [ABMU VIEW UFMS EXPORT FILE]
|     |--VHF View UFMS Host File [ABMU VIEW UFMS HOST FILE]
```

```
|      |--UBLT Bill Transmit Check Report [ABMU SUP TRANSMIT CHECK]
|      |--SET UFMS Setup [ABMU SETUP]
|   |--RPTS UFMS Reports [ABMU REPORTS]
|      |--PTIN Pseudo TIN Listing [ABMU PSEUDO TIN LISTING]
|      |--ITIN Insurer TIN Listing [ABMU TIN LISTING]
|      |--CANV View/Print CAN crosswalk [ABMU CAN VIEW]
|      |--GTOT Grand Total All Files by Transmission Date [ABMU RPT GRAND TOT]
|      |--CSPR Cashiering Session Productivity Report [ABMU CASHIER
|          PRODUCTIVITY RPT]
|      |    **LOCKED: ABMDZ UFMS SUPERVISOR**
```

Figure 4-1: (mnemonic) Menu

5.0   Routine Descriptions

Note: To create a list of the ABM routines after the ABM
package is loaded, type D ^%RD in programmer mode.

5.1   Routine List

ABM3PCDF	ABM47IT	ABMANSIT	ABMAPAS1	ABMAPAS2	ABMAPASS	ABMAROL1	ABMAROLL
ABMASPLT	ABMAUDRP	ABMBLRX	ABMBLRX1	ABMBLRX2	ABMBLRXC	ABMCGAPI	ABMCGRP1
ABMCGRP2	ABMCGRP3	ABMCGRPT	ABMCHOUS	ABMCHRPT	ABMCPOSS	ABMCPTCK	ABMCPTT
ABMCUFE	ABMCUTL	ABMCVAPI	ABMDACK	ABMDADSP	ABMDANTC	ABMDAST	ABMDAST1
ABMDAST2	ABMDAST3	ABMDAST4	ABMDBACK	ABMDBAD1	ABMDBADD	ABMDBAN	ABMDBCNT
ABMDBDIC	ABMDBETA	ABMDBLK	ABMDBRUN	ABMDBXRF	ABMDCCL	ABMDCCL1	ABMDCCL2
ABMDCCL3	ABMDCOPN	ABMDDIE	ABMDE	ABMDE0	ABMDE0A	ABMDE0B	ABMDE0X
ABMDE0X1	ABMDE1	ABMDE1A	ABMDE1X	ABMDE1X1	ABMDE2	ABMDE23P	ABMDE2A
ABMDE2E	ABMDE2P	ABMDE2X	ABMDE2X1	ABMDE2X2	ABMDE2X3	ABMDE2X4	ABMDE2X5
ABMDE2XA	ABMDE3	ABMDE30	ABMDE301	ABMDE31	ABMDE31X	ABMDE32	ABMDE32X
ABMDE3A	ABMDE3B	ABMDE3C	ABMDE3D	ABMDE3X	ABMDE4	ABMDE4A	ABMDE4X
ABMDE5	ABMDE5A	ABMDE5B	ABMDE5C	ABMDE5D	ABMDE5X	ABMDE6	ABMDE6X
ABMDE7	ABMDE7A	ABMDE7C	ABMDE7X	ABMDE8	ABMDE8A	ABMDE8AS	ABMDE8B
ABMDE8B1	ABMDE8BS	ABMDE8C	ABMDE8CA	ABMDE8D	ABMDE8D1	ABMDE8DA	ABMDE8E
ABMDE8EA	ABMDE8F	ABMDE8G	ABMDE8H	ABMDE8I	ABMDE8J	ABMDE8K	ABMDE8X
ABMDE8X1	ABMDE8X2	ABMDE8X3	ABMDE8X4	ABMDE9	ABMDE9A	ABMDE9B	ABMDE9C
ABMDE9X	ABMDEAD2	ABMDEAD3	ABMDEADD	ABMDEBAN	ABMDEBIL	ABMDECAN	ABMDECHK
ABMDECK	ABMDECLN	ABMDEDIC	ABMDEDIK	ABMDEERL	ABMDEFIP	ABMDEHLP	ABMDEI
ABMDEI1	ABMDEI2	ABMDELOO	ABMDEML	ABMDEML1	ABMDEML2	ABMDEMLA	ABMDEMLB
ABMDEMLC	ABMDEMLE	ABMDEMRG	ABMDEOK	ABMDEOK1	ABMDEOPN	ABMDEOPT	ABMDEPG
ABMDERR	ABMDES1	ABMDES11	ABMDES2	ABMDES24	ABMDES3	ABMDES4	ABMDESEL
ABMDESIP	ABMDESL1	ABMDESM	ABMDESM1	ABMDESMA	ABMDESMB	ABMDESMC	ABMDESMD
ABMDESMH	ABMDESML	ABMDESMM	ABMDESMR	ABMDESMU	ABMDESMX	ABMDEVAR	ABMDEWS
ABMDF1	ABMDF11	ABMDF11W	ABMDF11X	ABMDF11Y	ABMDF11Z	ABMDF12	ABMDF12A
ABMDF12X	ABMDF14	ABMDF14A	ABMDF14B	ABMDF14C	ABMDF14D	ABMDF14E	ABMDF14X
ABMDF18	ABMDF18A	ABMDF18X	ABMDF1A	ABMDF1B	ABMDF1C	ABMDF1D	ABMDF1E
ABMDF1X	ABMDF2	ABMDF24	ABMDF24T	ABMDF25	ABMDF25A	ABMDF25X	ABMDF26
ABMDF26A	ABMDF26X	ABMDF27	ABMDF27A	ABMDF27B	ABMDF27C	ABMDF27D	ABMDF27E
ABMDF27X	ABMDF28	ABMDF28P	ABMDF28Q	ABMDF28R	ABMDF28S	ABMDF28T	ABMDF28U
ABMDF28V	ABMDF28W	ABMDF28X	ABMDF28Y	ABMDF28Z	ABMDF29	ABMDF29A	ABMDF29B
ABMDF29X	ABMDF2A	ABMDF2B	ABMDF2C	ABMDF2D	ABMDF2X	ABMDF3	ABMDF34
ABMDF34A	ABMDF34B	ABMDF34X	ABMDF35	ABMDF35A	ABMDF35B	ABMDF35C	ABMDF35D
ABMDF35E	ABMDF35X	ABMDF35Y	ABMDF36	ABMDF36A	ABMDF36B	ABMDF36X	ABMDF3A
ABMDF3B	ABMDF3C	ABMDF3D	ABMDF3E	ABMDF3X	ABMDF4	ABMDF4A	ABMDF4X

ABM3PCDF	ABM47IT	ABMANSIT	ABMAPAS1	ABMAPAS2	ABMAPASS	ABMAROL1	ABMAROLL
ABMDF51	ABMDF51X	ABMDF51Y	ABMDF51Z	ABMDFALN	ABMDFAWP	ABMDFOVR	ABMDFPRT
ABMDFRA	ABMDFRDO	ABMDFUTL	ABMDICST	ABMDINST	ABMDIPS	ABMDKCPT	ABMDKINS
ABMDLBL	ABMDLBL1	ABMDLBLA	ABMDLCK	ABMDLCK1	ABMDLCK2	ABMDLCK3	ABMDLCK4
ABMDLCPT	ABMDLINK	ABMDMDB2	ABMDMEDB	ABMDPAY	ABMDPAY1	ABMDPAY2	ABMDPAYV
ABMDPINQ	ABMDPOPT	ABMDPOST	ABMDPREI	ABMDPST1	ABMDPST3	ABMDR16	ABMDRAG1
ABMDRAGE	ABMDRAL	ABMDRAL1	ABMDRAL2	ABMDRAL3	ABMDRAL4	ABMDRAOT	ABMDRAP1
ABMDRAPP	ABMDRBR	ABMDRBR1	ABMDRBR2	ABMDRBR3	ABMDRCHK	ABMDRCO	ABMDRCO1
ABMDRCO2	ABMDRCO3	ABMDRCPI	ABMDRDBQ	ABMDRDE	ABMDRDR	ABMDRDX	ABMDRDX1
ABMDREEX	ABMDREL	ABMDREL0	ABMDREL1	ABMDREL2	ABMDREMP	ABMDREX1	ABMDRFE1
ABMDRFE2	ABMDRFE3	ABMDRFEE	ABMDRHD	ABMDRPCC	ABMDRPER	ABMDRPOL	ABMDRPR
ABMDRPR1	ABMDRPR2	ABMDRPR3	ABMDRPT	ABMDRPT1	ABMDRPT2	ABMDRPX	ABMDRPX1
ABMDRRB	ABMDRSEL	ABMDRSET	ABMDRSL1	ABMDRSL2	ABMDRST	ABMDRST1	ABMDRSU
ABMDRSU1	ABMDRSU2	ABMDRTX	ABMDRTX1	ABMDRTX2	ABMDRUN1	ABMDRUN2	ABMDRUN3
ABMDRUTL	ABMDRXC	ABMDRXC1	ABMDRXC2	ABMDRXC3	ABMDSPLB	ABMDSPLT	ABMDSS
ABMDSTAT	ABMDTASC	ABMDTCD	ABMDTCOV	ABMDTCPT	ABMDTDC	ABMDTDCD	ABMDTDER
ABMDTDR	ABMDTEL	ABMDTEMP	ABMDTEMR	ABMDTFE2	ABMDTFED	ABMDTFEE	ABMDTFEF
ABMDTFPC	ABMDTGAS	ABMDTGMR	ABMDTGRP	ABMDTIMR	ABMDTIN1	ABMDTIN2	ABMDTINQ
ABMDTINS	ABMDTLAB	ABMDTLOC	ABMDTMOD	ABMDTMS	ABMDTPAR	ABMDTPMR	ABMDTREV
ABMDTSUP	ABMDTVIS	ABMDTX	ABMDTX0	ABMDTX1	ABMDTX2	ABMDTX3	ABMDTXPT
ABMDUB	ABMDUTL	ABMDVCK	ABMDVCK0	ABMDVCK1	ABMDVCK2	ABMDVCK3	ABMDVCK4
ABMDVDSP	ABMDVE04	ABMDVFEE	ABMDVPAT	ABMDVS10	ABMDVS11	ABMDVS12	ABMDVS13
ABMDVST	ABMDVST1	ABMDVST2	ABMDVST3	ABMDVST4	ABMDVST5	ABMDVST6	ABMDVST7
ABMDVST8	ABMDVST9	ABMDVSTH	ABMDWARN	ABMDWRAP	ABME10	ABME3AA0	ABME3BA0
ABME3DA0	ABME3DA1	ABME3EA0	ABME3EA1	ABME3FA0	ABME3GC0	ABME3HA0	ABME3XA0
ABME501	ABME520	ABME520A	ABME540	ABME540A	ABME561	ABME570	ABME570A
ABME5AMT	ABME5BHT	ABME5CAS	ABME5CL1	ABME5CLM	ABME5CN1	ABME5CR1	ABME5CR2
ABME5CR6	ABME5CR7	ABME5CRC	ABME5CTP	ABME5DMG	ABME5DN1	ABME5DTP	ABME5FRM
ABME5GE	ABME5GS	ABME5HCP	ABME5HI	ABME5HL	ABME5HSD	ABME5IEA	ABME5ISA
ABME5K3	ABME5L1	ABME5L10	ABME5L11	ABME5L12	ABME5L13	ABME5L14	ABME5L15
ABME5L16	ABME5L2	ABME5L3	ABME5L4	ABME5L5	ABME5L6	ABME5L7	ABME5L8
ABME5L9	ABME5LIN	ABME5LQ	ABME5LX	ABME5MEA	ABME5MIA	ABME5MOA	ABME5N3
ABME5N4	ABME5NM1	ABME5NM2	ABME5NTE	ABME5OI	ABME5PAT	ABME5PER	ABME5PRV
ABME5PWK	ABME5QTY	ABME5REF	ABME5RF2	ABME5SBR	ABME5SE	ABME5ST	ABME5SV1
ABME5SV2	ABME5SV3	ABME5SV4	ABME5SV5	ABME5SVD	ABME5TMP	ABME5TOO	ABME601
ABME630	ABME630A	ABME650	ABME660	ABME661	ABME690	ABME8AMT	ABME8BHT
ABME8CAS	ABME8CL1	ABME8CLM	ABME8CN1	ABME8CR1	ABME8CR6	ABME8CR7	ABME8CRC
ABME8DMG	ABME8DTP	ABME8GE	ABME8GS	ABME8HCP	ABME8HI	ABME8HL	ABME8HSD
ABME8IEA	ABME8ISA	ABME8K3	ABME8L1	ABME8L10	ABME8L11	ABME8L12	ABME8L13
ABME8L14	ABME8L15	ABME8L16	ABME8L2	ABME8L3	ABME8L4	ABME8L5	ABME8L6

ABM3PCDF	ABM47IT	ABMANSIT	ABMAPAS1	ABMAPAS2	ABMAPASS	ABMAROL1	ABMAROLL
ABME8L7	ABME8L8	ABME8L9	ABME8LX	ABME8MEA	ABME8MIA	ABME8MOA	ABME8N3
ABME8N4	ABME8NM1	ABME8NM2	ABME8NTE	ABME8OI	ABME8PAT	ABME8PER	ABME8PRV
ABME8PWK	ABME8QTY	ABME8REF	ABME8RF2	ABME8SBR	ABME8SE	ABME8ST	ABME8SV1
ABME8SV2	ABME8SV3	ABME8SV4	ABME8SVD	ABME8TMP	ABME8TOO	ABMEAA0	ABMEAUTO
ABMEBA0	ABMEBDSP	ABMECDS2	ABMECDSP	ABMECS	ABMECS2	ABMEE01	ABMEE61
ABMEEPRV	ABMEF10	ABMEF13	ABMEF15	ABMEF16	ABMEF17	ABMEF19	ABMEF20
ABMEF21	ABMEF22	ABMEF23	ABMEF31	ABMEF32	ABMEF33	ABMEFA0	ABMEFB0
ABMEFLAT	ABMEFOVR	ABMEH01	ABMEH10	ABMEH15	ABMEH20	ABMEH30	ABMEH31
ABMEH32	ABMEH40	ABMEH61	ABMEH62	ABMEH63	ABMEH90	ABMEH95	ABMEH99
ABMEHGR2	ABMEHGR3	ABMEHGR4	ABMEHGRV	ABMELGCK	ABMEMCRC	ABMEMPC1	ABMEMPC2
ABMEMPC3	ABMEMPCK	ABMEMPP1	ABMEMPP2	ABMEMPP3	ABMEMPPR	ABMENVCK	ABMER01
ABMER10	ABMER20	ABMER20A	ABMER30	ABMER30A	ABMER31	ABMER31A	ABMER40
ABMER40A	ABMER41	ABMER41A	ABMER46	ABMER50	ABMER60	ABMER61	ABMER70
ABMER70A	ABMER80	ABMER90	ABMER91	ABMER95	ABMER99	ABMERGR2	ABMERGR3
ABMERGR4	ABMERGR5	ABMERGR6	ABMERGR7	ABMERGRV	ABMERINS	ABMERSND	ABMERUT2
ABMERUTL	ABMESTAT	ABMEXLIP	ABMEXPED	ABMEXPRP	ABMF400	ABMFCPT	ABMFEAPI
ABMFECNV	ABMFOFS	ABMFPOA	ABMFPRT	ABMFTED	ABMINSIT	ABMKIDS	ABMLABRQ
ABMM2DEF	ABMM2EL2	ABMM2ELG	ABMM2EP	ABMM2INQ	ABMM2MUP	ABMM2P10	ABMM2P11
ABMM2P12	ABMM2PH1	ABMM2PH2	ABMM2PH3	ABMM2PP1	ABMM2PV1	ABMM2PV2	ABMM2PV3
ABMM2PV4	ABMM2PV5	ABMM2PV6	ABMM2PV7	ABMM2PV8	ABMM2PV9	ABMM2PVH	ABMM2PVP
ABMMCDCU	ABMMLTIT	ABMMODIT	ABMMRS	ABMMRS3	ABMMRS4	ABMMUDEF	ABMMUEL1
ABMMUELG	ABMMUEP	ABMMUFAC	ABMMUFC1	ABMMUFC2	ABMMUFC3	ABMMUFC4	ABMMUFC5
ABMMUFC6	ABMMUINQ	ABMMUMUP	ABMMUPH1	ABMMUPV1	ABMMUPV2	ABMMUPV3	ABMMUPV4
ABMMUPVH	ABMMUPVP	ABMNARRQ	ABMNTEG	ABMNTEG0	ABMNTEG1	ABMP2510	ABMP2511
ABMP2512	ABMP2513	ABMP2514	ABMP2515	ABMP2610	ABMP2611	ABMP2613	ABMP2614
ABMP2619	ABMP2621	ABMP2622	ABMP2623	ABMP2627	ABMP2628	ABMP2629	ABMP263
ABMP2630	ABMP2631	ABMP2632	ABMP2633	ABMP2634	ABMP2635	ABMP2636	ABMP2637
ABMPASSD	ABMPASST	ABMPAST2	ABMPFUNC	ABMPOST	ABMPOST9	ABMPPAD1	ABMPPAD2
ABMPPAD3	ABMPPAD4	ABMPPAD5	ABMPPAD6	ABMPPADJ	ABMPPFLR	ABMPRVCV	ABMPSAD1
ABMPSAD2	ABMPSAD3	ABMPSAD4	ABMPSADD	ABMPSAPI	ABMPSPLT	ABMPST10	ABMPST26
ABMPSTRD	ABMPT255	ABMPT256	ABMPT258	ABMPT259	ABMPT261	ABMPT262	ABMPT266
ABMPT267	ABMPT268	ABMPT269	ABMPTPOP	ABMPTSMT	ABMPUEXT	ABMRDNY1	ABMRDNY2
ABMRDNYD	ABMRELG	ABMREQUE	ABMRLABS	ABMRMCRD	ABMRMPRV	ABMRPVET	ABMRSCIN
ABMRSPI1	ABMRSPIN	ABMRSTI1	ABMRSTI2	ABMRSTI3	ABMRSTI4	ABMRSTIN	ABMRSUBN
ABMRSVIN	ABMRVCXR	ABMRVTPB	ABMSTAT	ABMTALL2	ABMTALLY	ABMTPYMT	ABMUB92
ABMUBLST	ABMUCANV	ABMUCAPI	ABMUCASH	ABMUCPR	ABMUCUT2	ABMUCUTL	ABMUEAPI
ABMUGTOT	ABMUITIN	ABMUMISS	ABMUPOSC	ABMUPTIN	ABMURBCH	ABMURCN1	ABMURCN2
ABMURCON	ABMURHD	ABMUROPN	ABMURREC	ABMURSEL	ABMURSL1	ABMUSETU	ABMUTL8
ABMUTL8A	ABMUTLF	ABMUTLN	ABMUTLP	ABMUTLP2	ABMUTLP3	ABMUUTL	ABMUVBC1

ABM3PCDF	ABM47IT	ABMANSIT	ABMAPAS1	ABMAPAS2	ABMAPASS	ABMAROL1	ABMAROLL
ABMUVBC2	ABMUVBCH	ABMUVBCR	ABMUVCSH	ABMUVHF	ABMUXCLD	ABMVDF	ABMVRQUE
ABMXUS9	ABMZWORK						

5.2   Routines with Description

Routine	Description
ABM3PCDF	IHS/ASDST/LSL – 3P BILLING 2.5 Patch 6 POST INIT
ABM47IT	IHS/ASDST/DMJ – INPUT TRANSFORM FILE 9002274.5, FIELD .47
ABMANSIT	IHS/SD/SDR – Input transform-anes. mod field
ABMAPAS1	IHS/ASDST/DMJ – PASS INFO TO A/R
ABMAPAS2	IHS/SD/SDR – PASS INFO TO A/R
ABMAPASS	IHS/ASDST/DMJ – PASS INFO TO A/R
ABMAROL1	IHS/ASDST/DMJ – A/R ROLL OVER
ABMAROLL	IHS/ASDST/DMJ – A/R ROLL OVER
ABMASPLT	IHS/SD/SDR – Auto-Split check
ABMAUDRP	IHS/SD/SDR – TM Audit report
ABMBLRX	IHS/SD/SDR – 3PB Pharmacy POS Bill Cleanup Report
ABMBLRX1	IHS/SD/SDR – 3PB Pharmacy POS Bill Cleanup Report
ABMBLRX2	IHS/SD/SDR – 3PB Pharmacy POS Bill Cleanup Report
ABMBLRXC	IHS/SD/SDR – 3PB Pharmacy POS Bill Cleanup Compute for Report
ABMCGAPI	IHS/SD/SDR – 3P Claim Generator Productivity API
ABMCGRP1	IHS/SD/SDR – Claim Generator Report
ABMCGRP2	IHS/SD/SDR – Claim Generator Report
ABMCGRP3	IHS/SD/SDR – Claim Generator Report
ABMCGRPT	IHS/SD/SDR – Claim Generator Report
ABMCHOUS	IHS/SD/SDR – Setup Clearing House
ABMCHRPT	IHS/SD/SDR – Clearing House report
ABMCPOSS	IHS/SD/SDR – Mark POS bill with invoice number
ABMCPTCK	IHS/SD/SDR – Claim Summary-CPT check
ABMCPTT	IHS/SD/SDR – identify non-DINUM/dup CPT entries and how many times in the fee table
ABMCUFE	IHS/SD/SDR – 3P BILLING 2.6 P27 CUFE Option to cleanup fee tables
ABMCUTL	IHS/SD/SDR – Clearinghouse functions
ABMCVAPI	IHS/SD/SDR – 3PB CPT/ICD/MODIFIER API
ABMDACK	IHS/ASDST/DMJ – APC Visit Edits
ABMDADSP	IHS/ASDST/DMJ – DISPLAY AN APC VISIT

Routine	Description
ABMDANTC	IHS/ASDST/DMJ - COMPUTE ANESTHESIA TIME CHARGE
ABMDAST	IHS/ASDST/DMJ - APC Visit Stuff
ABMDAST1	IHS/ASDST/DMJ - APC VISIT STUFF - PART 2
ABMDAST2	IHS/ASDST/DMJ - APC CLAIM STUFF - PART 3
ABMDAST3	IHS/ASDST/DMJ - ACC VISIT STUFF - PART 4
ABMDAST4	IHS/ASDST/DMJ - APC Visit Stuff - PART 5
ABMDBACK	IHS/ASDST/DMJ - APC-PCC Back Visit Check
ABMDBAD1	IHS/ASDST/DMJ - ADD BILL SUBMITTED ELSWHERE, NON-INTERACTIVE
ABMDBADD	IHS/SD/SDR - Add Bill Manually Submitted
ABMDBAN	IHS/SD/SDR - 3P Billing Banner
ABMDBCNT	IHS/ASDST/DMJ - Set Array for Bills to Print
ABMDBDIC	IHS/SD/SDR - Bill Selection
ABMDBETA	IHS/ASDST/DMJ - Routine to Update Beta Sites
ABMDBLK	IHS/ASDST/DMJ - Bill Selection
ABMDBRUN	IHS/ASDST/DMJ - Reprint Unpaid Bills
ABMDBXRF	IHS/DSD/DMJ - x-ref all indexes in Bill file
ABMDCCL	IHS/SD/SDR - Canceled Claims Listing
ABMDCCL1	IHS/ASDST/DMJ - Cancelled claims listing-80 Width
ABMDCCL2	IHS/ASDST/DMJ - Cancelled claims-132 Width
ABMDCCL3	IHS/ASDST/DMJ - Cancelled claim stats
ABMDCOPN	IHS/SD/SDR - RE-OPEN COMPLETED CLAIM
ABMDDIE	IHS/ASDST/DMJ - DIE utility
ABMDE	IHS/SD/SDR - Claim Editor Selection
ABMDE0	IHS/ASDST/DMJ - Claim Summary Page
ABMDE0A	IHS/SD/SDR - Claim Summary-Part 2
ABMDE0B	IHS/SD/SDR - Claim Summary-Part 2
ABMDE0X	IHS/SD/SDR - Set Summary Display Variables
ABMDE0X1	IHS/ASDST/DMJ - Set Summary Display Variables
ABMDE1	IHS/SD/SDR - CLAIM IDENTIFIERS-SCRN 1
ABMDE1A	IHS/ASDST/DMJ - PAGE 1 - VIEW INFO
ABMDE1X	IHS/SD/SDR - SCRN 1 - Claim Iden Data Ck
ABMDE1X1	IHS/ASDST/DMJ - PAGE 1 - DATA CHECK CONT.
ABMDE2	IHS/ASDST/DMJ - Edit Page 2 - PAYERS
ABMDE23P	IHS/SD/SDR - PAGE 2 - 3RD PARTY SOURCES
ABMDE2A	IHS/SD/SDR - PAGE 2 - INSURER VIEW OPTION
ABMDE2E	IHS/SD/SDR - DSD/DMJ - Check visit for elig

Routine	Description
ABMDE2P	IHS/ASDST/DMJ - Edit Page 2 - PICK PAYER
ABMDE2X	IHS/SD/SDR - PAGE 2 - INSURER data chk
ABMDE2X1	IHS/SD/SDR - PAGE 2 - Primary Insurer Check
ABMDE2X2	IHS/ASDST/DMJ - PAGE 2 - INSURER DATA CK PART 2
ABMDE2X3	IHS/SD/SDR - PAGE 2 - INSURER DATA CK PART 3
ABMDE2X4	IHS/ASDST/DMJ - PAGE 2 - INSURER ADDRESS
ABMDE2X5	IHS/ASDST/DMJ - PAGE 2 - Primary Insurer Check-CONT
ABMDE2XA	IHS/SD/SDR - PAGE 2 - INSURER data chk - cont
ABMDE3	IHS/SD/SDR - Edit Page 3 - QUESTIONS
ABMDE30	IHS/SD/SDR - Page 3 - QUESTIONS - Display
ABMDE301	IHS/ASDST/DMJ - Page 3 - QUESTIONS - Display (cont)
ABMDE31	IHS/SD/SDR - AMBULANCE - PAGE 3A
ABMDE31X	IHS/SD/SDR - ERROR CHECKING - PAGE 3A
ABMDE32	IHS/SD/SDR - Third Party Liability/Worker's Comp - PAGE 3B
ABMDE32X	IHS/SD/SDR - ERROR CHECKING - PAGE 3B
ABMDE3A	IHS/ASDST/DMJ - Edit Page 3 - QUESTIONS - part 2
ABMDE3B	IHS/ASDST/DMJ - Edit Page 3 - QUESTIONS - part 3
ABMDE3C	IHS/SD/SDR - Edit Page 3 - QUESTIONS - part 4
ABMDE3D	IHS/SD/SDR - Edit Page 3 - QUESTIONS - part 4
ABMDE3X	IHS/SD/SDR - Edit Page 3 - ERROR CHK
ABMDE4	IHS/SD/SDR - Edit Page 4 - Providers
ABMDE4A	IHS/ASDST/DMJ - PAGE 4 - PROVIDERS VIEW
ABMDE4X	IHS/SD/SDR - Edit Page 4 - Providers DATA CK
ABMDE5	IHS/SD/SDR - Edit Page 5 - DIAGNOSIS
ABMDE5A	IHS/ASDST/DMJ - PAGE 5A - DIAGNOSIS PART 2
ABMDE5B	IHS/ASDST/DMJ - PAGE 5B - PROCEDURE PART 2
ABMDE5C	IHS/SD/SDR - PAGE 5C - DIAGNOSIS-Prov Narrative
ABMDE5D	IHS/ASDST/DMJ - Edit Page 5 - ICD PROCEDURE VIEW
ABMDE5X	IHS/SD/SDR - Edit Page 5 - ERROR CHK
ABMDE6	IHS/SD/SDR - Page 6 - DENTAL
ABMDE6X	IHS/ASDST/DMJ - Page 6 - ERROR CHECKS
ABMDE7	IHS/SD/SDR - Edit Page 7 - Inpatient
ABMDE7A	IHS/SD/SDR - Edit Page 7 - Inpatient Display Screen
ABMDE7C	IHS/ASDST/DMJ - Page 7 - Inpatient Triggers
ABMDE7X	IHS/SD/SDR - Edit Page 7 - ERROR CHK
ABMDE8	IHS/ASDST/DMJ - Edit Page 8 - WORKSHEET DATA

Routine	Description
ABMDE8A	IHS/SD/SDR - Page 8 - MEDICAL CARE
ABMDE8AS	IHS/DSD/DMJ - Professional Component Screen
ABMDE8B	IHS/SD/SDR - Edit Page 8 - WORKSHEET SURG PROC
ABMDE8B1	IHS/SD/SDR - Edit Page 8 - SURG PROC
ABMDE8BS	IHS/DSD/DMJ - Surgical CPT Screen
ABMDE8C	IHS/SD/SDR - Page 8 - ROOM AND BOARD
ABMDE8CA	IHS/ASDST/DMJ - Page 8 - ROOM/BOARD VIEW OPTION
ABMDE8D	IHS/SD/SDR - Page 8 - MEDICATIONS
ABMDE8D1	IHS/SD/SDR - Page 8 - MEDICATIONS (Cont)
ABMDE8DA	IHS/ASDST/DMJ - PAGE 8D - MED VIEW OPTION
ABMDE8E	IHS/SD/SDR - Page 8 - LABORATORY
ABMDE8EA	IHS/SD/SDR - PAGE 8E - LAB VIEW OPTION
ABMDE8F	IHS/SD/SDR - Page 8 - RADIOLOGY
ABMDE8G	IHS/SD/SDR - Page 8 - ANESTHESIA
ABMDE8H	IHS/SD/SDR - Page 8 - MISC INFO
ABMDE8I	IHS/ASDST/DMJ - Page 8 - DENTAL
ABMDE8J	IHS/SD/SDR - Page 8 - SUPPLIES
ABMDE8K	IHS/SD/SDR - Page 8 - AMBULANCE INFO
ABMDE8X	IHS/SD/SDR - Page 8 - ERROR CHECKS
ABMDE8X1	IHS/SD/SDR - Page 8 - ERROR CHECKS-CONT
ABMDE8X2	IHS/SD/SDR - Page 8 - ERROR CHECKS
ABMDE8X3	IHS/SD/SDR - Page 8 - ERROR CHECKS-CONT
ABMDE8X4	IHS/SD/SDR - Page 8 - ERROR CHECKS-CONT
ABMDE9	IHS/ASDST/DMJ - Edit Page 9 - UB-82 CODES
ABMDE9A	IHS/SD/SDR - Page 9 - UB-82 CODES-Cont
ABMDE9B	IHS/ASDST/DMJ - Page 9 - UB-82 CODES-Cont
ABMDE9C	IHS/ASDST/DMJ - Edit Page 9 - UB-82 CODES
ABMDE9X	IHS/SD/SDR - Page 9 - ERROR CHECKS
ABMDEAD2	IHS/ASDST/DMJ - Add New Claim - Program 2
ABMDEAD3	IHS/ASDST/DMJ - Manually Add Claim - Rx Data
ABMDEADD	IHS/SD/SDR - Add New Claim - Non PCC Option
ABMDEBAN	IHS/ASDST/DMJ - Claim Data Entry Banner
ABMDEBIL	IHS/SD/SDR - Move Claim Data to Bill File
ABMDECAN	IHS/ASDST/DMJ - Cancel Selected Claim
ABMDECHK	IHS/SD/SDR - Looping Utility to Check Parms
ABMDECK	IHS/ASDST/DMJ - Check Claim Data for Errors

Routine	Description
ABMDECLN	IHS/SD/DMJ - Clean line itms claim file
ABMDEDIC	IHS/ASDST/DMJ - Claim Selection
ABMDEDIK	IHS/ASDST/DMJ - DELETE Claims
ABMDEERL	IHS/ASDST/DMJ - Error Claim Data Display
ABMDEFIP	IHS/ASDST/DMJ - FIX INSURER POINTERS
ABMDEHLP	IHS/ASDST/DMJ - HELP PROCESSOR
ABMDEI	IHS/ASDST/DMJ - Special Identifier for DIC Lookup
ABMDEI1	IHS/ASDST/DMJ - Special Identifier for DIC Lookup ADA Table
ABMDEI2	IHS/ASDST/DMJ - Special Identifier for DIC Lookup Revn Table
ABMDELOO	IHS/ASDST/DMJ - Claim Looping Utility
ABMDEML	IHS/SD/SDR - Edit Utility - FOR MULTIPLES
ABMDEML1	IHS/SD/SDR - Edit Utility - FOR MULTIPLES
ABMDEML2	IHS/SD/SDR - Edit Utility - FOR MULTIPLES
ABMDEMLA	IHS/ASDST/DMJ - Edit Utility - FOR MULTIPLES PART 2
ABMDEMLB	IHS/ASDST/DMJ - DSD/JLG - Edit Utility - MULTIPLES - PART 3
ABMDEMLC	IHS/SD/SDR - Edit Utility - FOR MULTIPLES - PART 4
ABMDEMLE	IHS/SD/SDR - Edit Utility - FOR MULTIPLES
ABMDEMRG	IHS/ASDST/DMJ - MERGE CLAIMS
ABMDEOK	IHS/SD/SDR - Approve Claim for Billing
ABMDEOK1	IHS/SD/SDR - Charge Print Order Screen
ABMDEOPN	IHS/ASDST/DMJ - Open Claim for Editing
ABMDEOPT	IHS/ASDST/DMJ - EDIT PAGE OPTIONS
ABMDEPG	IHS/ASDST/DMJ - EDIT PAGE SELECTION
ABMDERR	IHS/ASDST/DMJ - ERROR PROCESSOR
ABMDES1	IHS/SD/SDR - Display Summarized UB-82/92 Info
ABMDES11	IHS/ASDST/DMJ - UB-92
ABMDES2	IHS/ASDST/DMJ - Display Summarized HCFA-1500 charges
ABMDES24	IHS/ASDST/DMJ - Display Summarized NCPDP charges
ABMDES3	IHS/SD/SDR - Display Summarized HCFA-1500B charges
ABMDES4	IHS/SD/SDR - ADA Form Dental Charge Summary
ABMDESEL	IHS/ASDST/DMJ - Selective Report Parameters
ABMDESIP	IHS/SD/SDR - Display Summarized Inpatient Info
ABMDESL1	IHS/ASDST/DMJ - Selective Looping Parameters-PART 2
ABMDESM	IHS/SD/SDR - Display Summarized Claim Info
ABMDESM1	IHS/SD/SDR - Display Summarized Claim Info
ABMDESMA	IHS/SD/SDR - Summarized Claim ANESTHESIA charges

Routine	Description
ABMDESMB	IHS/SD/SDR - Summarized Claim AMBULANCE. Info
ABMDESMC	IHS/SD/SDR - Ambulatory Surg Claim Info
ABMDESMD	IHS/SD/SDR - Summarized Claim Info - DENTAL
ABMDESMH	IHS/SD/SDR - Profession Services for Separate Bill
ABMDESML	IHS/ASDST/DMJ - Summarized Claim LAB Charges
ABMDESMM	IHS/ASDST/DMJ - Summarized Claim Medical Charges
ABMDESMR	IHS/SD/SDR - Summarized Claim RX charges
ABMDESMU	IHS/SD/SDR - Summarized Claim Misc. Info
ABMDESMX	IHS/SD/DMJ - Summarized Claim RADIOLOGY charges
ABMDEVAR	IHS/SD/SDR - SET UP CLAIM VARIABLES
ABMDEWS	IHS/ASDST/DMJ - Print Worksheets
ABMDF1	IHS/SD/SDR - Set UB82 Print Array
ABMDF11	IHS/SD/SDR - Set UB92 Print Array
ABMDF11W	IHS/ASDST/DMJ - PRINT UB92
ABMDF11X	IHS/ASDST/DMJ - PRINT UB92
ABMDF11Y	IHS/ASDST/DMJ - PRINT UB92
ABMDF11Z	IHS/ASDST/DMJ - PRINT UB92
ABMDF12	IHS/ASDST/DMJ - ADA-94 Dental Export Routine
ABMDF12A	IHS/SD/SDR - ADA Dental Export -part 2
ABMDF12X	IHS/ASDST/DMJ - ADA-94 FORM
ABMDF14	IHS/ASDST/DMJ - Set HCFA-1500 Y2K Print Array
ABMDF14A	IHS/SD/SDR - Set HCFA-1500 Print Array
ABMDF14B	IHS/ASDST/DMJ - Set HCFA1500 Print Array PART 2
ABMDF14C	IHS/SD/SDR - Set HCFA1500 Print Array
ABMDF14D	IHS/ASDST/DMJ - Set HCFA1500 Print Array - Part 4
ABMDF14E	IHS/ASDST/DMJ - Set HCFA1500 Print Array - Part 5
ABMDF14X	IHS/ASDST/DMJ - New HCFA-1500 Format
ABMDF18	IHS/ASDST/DMJ - ADA-99 Dental Export Routine
ABMDF18A	IHS/SD/SDR - ADA Dental Export -part 2
ABMDF18X	IHS/ASDST/DMJ - ADA-99 FORM
ABMDF1A	IHS/SD/SDR - Set UB82 Print Array - cont
ABMDF1B	IHS/ASDST/DMJ - Set UB82 Print Array - cont
ABMDF1C	IHS/SD/SDR - Set UB82 Print Array - cont
ABMDF1D	IHS/ASDST/DMJ - Set UB82 Print Array - Part 4
ABMDF1E	IHS/SD/SDR - Set UB82 Print Array - Part 5
ABMDF1X	IHS/ASDST/DMJ - PRINT UB82

Routine	Description
ABMDF2	IHS/ASDST/DMJ - Set HCFA-1500 Print Array
ABMDF24	IHS/ASDST/DMJ - Set NCPDP Print Array
ABMDF24T	IHS/ASDST/DMJ - Test NCPDP Print Alignment
ABMDF25	IHS/SD/SDR - ADA-2000 Dental Export Routine
ABMDF25A	IHS/SD/SDR - ADA 2000 Dental Export -part 2
ABMDF25X	IHS/ASDST/DMJ - ADA-99 FORM
ABMDF26	IHS/ASDST/DMJ - ADA-99 Dental Export Routine V2000
ABMDF26A	IHS/SD/SDR - ADA Dental Export -part 2
ABMDF26X	IHS/ASDST/DMJ - ADA-99 FORM V2000
ABMDF27	IHS/ASDST/DMJ - Set HCFA-1500 (08/05) Print Array
ABMDF27A	IHS/SD/SDR - Set HCFA-1500 (08/05) Print Array
ABMDF27B	IHS/ASDST/DMJ - Set HCFA1500 (08/05) Print Array PART 2
ABMDF27C	IHS/SD/SDR - Set HCFA1500 (08/05) Print Array
ABMDF27D	IHS/ASDST/DMJ - Set HCFA1500 (08/05) Print Array - Part 4
ABMDF27E	IHS/ASDST/DMJ - Set HCFA1500 Print Array - Part 5
ABMDF27X	IHS/ASDST/DMJ - New HCFA-1500 (08/05) Format
ABMDF28	IHS/SD/SDR - Set UB-04 Print Array
ABMDF28P	IHS/SD/SDR - PRINT UB-04
ABMDF28Q	IHS/SD/SDR - PRINT UB-04
ABMDF28R	IHS/SD/SDR - PRINT UB-04
ABMDF28S	IHS/SD/SDR - PRINT UB-04
ABMDF28T	IHS/SD/SDR - PRINT UB-04
ABMDF28U	IHS/SD/SDR - PRINT UB-04
ABMDF28V	IHS/SD/SDR - PRINT UB-04
ABMDF28W	IHS/ASDST/DMJ - PRINT UB-04
ABMDF28X	IHS/SD/SDR - PRINT UB-04
ABMDF28Y	IHS/SD/SDR - PRINT UB-04
ABMDF28Z	IHS/SD/SDR - PRINT UB-04
ABMDF29	IHS/SD/SDR - ADA-2006 Dental Export Routine
ABMDF29A	IHS/SD/SDR - ADA 2006 Dental Export -part 2
ABMDF29B	IHS/SD/SDR - ADA 2006 Dental Export -part 2
ABMDF29X	IHS/ASDST/DMJ - ADA-2006 FORM
ABMDF2A	IHS/SD/SDR - Set HCFA-1500 Print Array
ABMDF2B	IHS/ASDST/DMJ - Set HCFA1500 Print Array PART 2
ABMDF2C	IHS/SD/SDR - Set HCFA1500 Print Array
ABMDF2D	IHS/SD/SDR - Set HCFA1500 Print Array - Part 4

Routine	Description
ABMDF2X	IHS/ASDST/DMJ - PRINT HCFA 1500
ABMDF3	IHS/ASDST/DMJ - Set HCFA-1500 Print Array
ABMDF34	IHS/SD/SDR - ADA-2012 Dental Export Routine
ABMDF34A	IHS/SD/SDR - ADA 2012 Dental Export -part 2
ABMDF34B	IHS/SD/SDR - ADA 2012 Dental Export -part 3
ABMDF34X	IHS/SD/SDR - ADA-2012 FORM
ABMDF35	IHS/SD/SDR - Set HCFA-1500 (02/12) Print Array
ABMDF35A	IHS/SD/SDR - Set HCFA-1500 (02/12) Print Array
ABMDF35B	IHS/SD/SDR - Set HCFA1500 (02/12) Print Array PART 2
ABMDF35C	IHS/SD/SDR - Set HCFA1500 (02/12) Print Array
ABMDF35D	IHS/SD/SDR - Set HCFA1500 (02/12) Print Array - Part 4
ABMDF35E	IHS/SD/SDR - Set HCFA1500 (02/12) Print Array - Part 5
ABMDF35X	IHS/SD/SDR - New HCFA-1500 (02/12) Format
ABMDF35Y	IHS/SD/SDR - New HCFA-1500 (02/12) Format
ABMDF36	IHS/SD/SDR - ADA-2019 Dental Export Routine
ABMDF36A	IHS/SD/SDR - ADA 2019 Dental Export -part 2
ABMDF36B	IHS/SD/SDR - ADA 2019 Dental Export -part 3
ABMDF36X	IHS/SD/SDR - ADA-2019 FORM
ABMDF3A	IHS/SD/SDR - Set HCFA-1500 Print Array
ABMDF3B	IHS/ASDST/DMJ - Set HCFA1500 Print Array PART 2
ABMDF3C	IHS/SD/SDR - Set HCFA1500 Print Array
ABMDF3D	IHS/ASDST/DMJ - Set HCFA1500 Print Array - Part 4
ABMDF3E	IHS/ASDST/DMJ - Set HCFA1500 Print Array - Part 5
ABMDF3X	IHS/ASDST/DMJ - New HCFA-1500 Format
ABMDF4	IHS/ASDST/DMJ - ADA-90 Dental Export Routine
ABMDF4A	IHS/SD/SDR - ADA Dental Export -part 2
ABMDF4X	IHS/ASDST/DMJ - ADA-90 FORM
ABMDF51	IHS/SD/SDR - Set UB92 Print Array
ABMDF51X	IHS/DSD/DMJ/LSL - PRINT UB92
ABMDF51Y	IHS/DSD/DMJ/LSL - PRINT UB92
ABMDF51Z	IHS/DSD/DMJ/LSL - PRINT UB92
ABMDFALN	IHS/ASDST/DMJ - ALIGNMENT TEST
ABMDFAWP	IHS/ASDST/DMJ - IMPORT AWP FROM DRUG FILE
ABMDFOVR	IHS/SD/SDR - Set Up Form Override
ABMDFPRT	IHS/ASDST/DMJ - PRINT CONTROL
ABMDFRA	IHS/ASDST/DMJ - FLAT RATE ADJUSTMENT

Routine	Description
ABMDFRDO	IHS/SD/SDR - Re-Print Selected Bills
ABMDFUTL	IHS/SD/DMJ - Export Forms Utility
ABMDICST	IHS/SD/TPF - Pending Claims Status Report
ABMDINST	IHS/DSD/DMJ - INSTALL PATCH #7
ABMDIPS	IHS/ASDST/DMJ - GENERATE BILLS FOR PHYSICIAN IP SVCS.
ABMDKCPT	IHS/ASDST/DMJ - Keyword Lookup Maintenance for CPT File
ABMDKINS	IHS/ASDST/DMJ - Keyword Lookup Maintenance for INSURER File
ABMDLBL	IHS/ASDST/DMJ - Print Selected Insurer Labels
ABMDLBL1	IHS/ASDST/DMJ - Print Insurer Labels - PART 2
ABMDLBLA	IHS/ASDST/DMJ - PRINT LABEL ALIGNMENT TEST PATTERN
ABMDLCK	IHS/ASDST/DMJ - Eligibility Checker
ABMDLCK1	IHS/ASDST/DMJ - check visit for elig - CONT'D
ABMDLCK2	IHS/SD/SDR - check visit for elig - PART 2
ABMDLCK3	IHS/ASDST/DMJ - check visit for elig - CONT'D
ABMDLCK4	IHS/SD/SDR - check visit for elig - PART 4
ABMDLCPT	IHS/SD/SDR - REPORT OF CPT codes
ABMDLINK	IHS/ASDST/DMJ - Routine to Account for PCC Merge
ABMDMDB2	IHS/ASDST/DMJ - MEDICARE B CLAIM SPLIT
ABMDMEDB	IHS/ASDST/DMJ - MEDICARE B CLAIM SPLIT
ABMDPAY	IHS/ASDST/DMJ - Payment of Bill
ABMDPAY1	IHS/ASDST/DMJ - Payment of Bill - Part 2
ABMDPAY2	IHS/ASDST/DMJ - Payment of Bill - Part 2
ABMDPAYV	IHS/ASDST/DMJ - View Payment Activity
ABMDPINQ	IHS/SD/SDR - Inquire UTILITY
ABMDPOPT	IHS/ASDST/DMJ - PAYMENT OPTIONS
ABMDPOST	IHS/ASDST/DMJ - 3P BILLING POST INIT
ABMDPREI	IHS/ASDST/DMJ - Package Pre-init Routine
ABMDPST1	IHS/SD/SDR - Pending Claims Status Report
ABMDPST3	IHS/SD/SDR - Pending Claims Status Report
ABMDR16	IHS/ASDST/DMJ - COMPRESSED PRINTING SETUP
ABMDRAG1	IHS/ASDST/DMJ - Aged A/R Reports
ABMDRAGE	IHS/ASDST/DMJ - A/R Aged Report
ABMDRAL	IHS/ASDST/DMJ - Bill Listing
ABMDRAL1	IHS/ASDST/DMJ - Bills Listing-80 Width
ABMDRAL2	IHS/ASDST/DMJ - Bills Listing-132 width
ABMDRAL3	IHS/ASDST/DMJ - Bills Stats Report

Routine	Description
ABMDRAL4	IHS/ASDST/DMJ - Bills Cost Report
ABMDRAOT	IHS/ASDST/DMJ - Reprint AO Export Log
ABMDRAP1	IHS/ASDST/DMJ - Approved Bills Summary Report
ABMDRAPP	IHS/ASDST/DMJ - DISPLAY APPROVED BILLS
ABMDRBR	IHS/ASDST/DMJ - Brief Claims Listing
ABMDRBR1	IHS/ASDST/DMJ - Brief Claim List - 80 width
ABMDRBR2	IHS/ASDST/DMJ - Brief Claim List - 132 width
ABMDRBR3	IHS/ASDST/DMJ - Brief Claim List - stats
ABMDRCHK	IHS/SD/SDR - Report Utility to Check Parms
ABMDRCO	IHS/ASDST/DMJ - PRINT LIST OF CO & DEPEN VISITS
ABMDRCO1	IHS/ASDST/DMJ - PRINT CO VIST REPORT (CALC)
ABMDRCO2	IHS/ASDST/DMJ - CO VISITS REPORT (PRINT)
ABMDRCO3	IHS/ASDST/DMJ - CO VISITS REPORT (PRINT)
ABMDRCPI	IHS/ASDST/DMJ - Utility for Pitch Selection
ABMDRDBQ	IHS/ASDST/DMJ - DOUBLE QUEING SHELL HANDLER
ABMDRDE	IHS/ASDST/DMJ - Detailed Claim Data Display
ABMDRDR	IHS/ASDST/DMJ - Drug File Report
ABMDRDX	IHS/ASDST/DMJ - DX Summary Report
ABMDRDX1	IHS/ASDST/DMJ - Billed DX List
ABMDREEX	IHS/SD/SDR - Re-Create batch of Selected Bills
ABMDREL	IHS/ASDST/DMJ - List holders of medicare a, b, medicaid or priv in
ABMDREL0	IHS/ASDST/DMJ - PRINTING UTILITIES
ABMDREL1	IHS/SD/SDR - PRINT MCR,MCD OR PI HOLDERS
ABMDREL2	IHS/ASDST/DMJ - process billing report holders
ABMDREMP	IHS/ASDST/DMJ - Employer File Report
ABMDREX1	IHS/SD/SDR - Re-Create batch of Selected Bills
ABMDRFE1	IHS/ASDST/DMJ - CPT Management Reports
ABMDRFE2	IHS/ASDST/DMJ - CPT Management Reports
ABMDRFE3	IHS/ASDST/DMJ - CPT Management Reports for AK
ABMDRFEE	IHS/ASDST/DMJ - REPORT OF 3P FEE SCHEDULES
ABMDRHD	IHS/SD/SDR - Report Header Generator
ABMDRPCC	IHS/SD/SDR - View PCC Visit
ABMDRPER	IHS/ASDST/DMJ - UTILITY TO DISPLAY % COMPLETE SCALE
ABMDRPOL	IHS/ASDST/DMJ - REPORT OF PI POLICY HOLDERS
ABMDRPR	IHS/ASDST/DMJ - Productivity Listing
ABMDRPR1	IHS/ASDST/DMJ - Productivity Report-80 Width

Routine	Description
ABMDRPR2	IHS/ASDST/DMJ - Productivity Report-132 Width
ABMDRPR3	IHS/ASDST/DMJ - Productivity Stats
ABMDRPT	IHS/ASDST/DMJ - Bill Listing
ABMDRPT1	IHS/ASDST/DMJ - Bills Listing-part 2
ABMDRPT2	IHS/ASDST/DMJ - Bills Listing-part 2
ABMDRPX	IHS/ASDST/DMJ - CPT Summary Report
ABMDRPX1	IHS/ASDST/DMJ - Billed CPT List
ABMDRRB	IHS/ASDST/LSL - MEDICARE B CLAIM SPLIT FOR RAILROAD
ABMDRSEL	IHS/SD/SDR - Selective Report Parameters
ABMDRSET	IHS/DSD/DMJ - Reset Exported to Unexported
ABMDRSL1	IHS/SD/SDR - Selective Report Parameters-PART 2
ABMDRSL2	IHS/ASDST/DMJ - Selective Report Parameters-PART 3
ABMDRST	IHS/ASDST/DMJ - Statistical Report
ABMDRST1	IHS/ASDST/DMJ - Statistical Report - Part 3
ABMDRSU	IHS/ASDST/DMJ - Display Summarized Claim
ABMDRSU1	IHS/ASDST/DMJ - Summarized Claim Display
ABMDRSU2	IHS/ASDST/DMJ - Summarized Claim Display-PART 2
ABMDRTX	IHS/ASDST/DMJ - Transmittal Report
ABMDRTX1	IHS/ASDST/DMJ - Print Transmittal Report
ABMDRTX2	IHS/ASDST/DMJ - Transmittal Report by Insurer
ABMDRUN1	IHS/ASDST/DMJ - Unpaid Bills Listing-80 width
ABMDRUN2	IHS/ASDST/DMJ - Unpaid Bills Listing-132 width
ABMDRUN3	IHS/ASDST/DMJ - Unpaid Bills Stats
ABMDRUTL	IHS/ASDST/DMJ - Report Utility
ABMDRXC	IHS/SD/DMJ - Closed Claims Listing
ABMDRXC1	IHS/SD/SDR - Closed claims listing-80 Width
ABMDRXC2	IHS/SD/SDR - Closed claims-132 Width
ABMDRXC3	IHS/SD/SDR - Closed claim stats
ABMDSPLB	IHS/SD/SDR - SPLIT CLAIM IN TWO Medicare B
ABMDSPLT	IHS/SD/SDR - SPLIT CLAIM IN TWO
ABMDSS	IHS/ASDST/DMJ - SET UP NEW SITE
ABMDSTAT	IHS/ASDST/DMJ - Display Processing Status
ABMDTASC	IHS/ASDST/DMJ - UPDATE ASC FEE TABLE
ABMDTCD	IHS/SD/SDR - Table Maintenance of 3P CODES
ABMDTCOV	IHS/ASDST/DMJ - Table Maintenance of COVERAGE TYPES
ABMDTCPT	IHS/ASDST/DMJ - Table Maintenance of CPT CODES

Routine	Description
ABMDTDC	IHS/ASDST/DMJ - COMPILED PRINT TEMPLATE
ABMDTDCD	IHS/ASDST/DMJ - REPORT OF UB92 BILLING CODES
ABMDTDER	IHS/ASDST/DMJ - PRINT REPORT OF 3P ERROR CODES
ABMDTDR	IHS/ASDST/DMJ - Table Maintenance of DRUG FILE
ABMDTEL	IHS/ASDST/DMJ - ADD/EDIT ELIG INFO
ABMDTEMP	IHS/ASDST/DMJ - Table Maintenance of EMPLOYER FILE
ABMDTEMR	IHS/ASDST/DMJ - MERGE EMPLOYER DATA
ABMDTFE2	IHS/ASDST/DMJ - FEE SCHEDULE for Ambulatory Surg
ABMDTFED	IHS/SD/SDR - REPORT OF 3P FEE SCHEDULES
ABMDTFEE	IHS/SD/SDR - Table Maintenance of 3P CODES
ABMDTFEF	IHS/ASDST/DMJ - ADJUST FEE SCHED BY FACTOR
ABMDTFPC	IHS/SD/SDR - Apply per cent change to fee sched
ABMDTGAS	IHS/ASDST/DMJ - Remap Group Names for an Employer
ABMDTGMR	IHS/ASDST/DMJ - MERGE GROUP INSURANCE PLAN DATA
ABMDTGRP	IHS/ASDST/DMJ - Add/Edit Group Insurance
ABMDTIMR	IHS/ASDST/DMJ - INSURER MERGE
ABMDTIN1	IHS/SD/SDR - Maintenance of INSURER FILE part 2
ABMDTIN2	IHS/SD/SDR - Maintenance of INSURER FILE part 3
ABMDTINQ	IHS/SD/SDR - Inquire UTILITY
ABMDTINS	IHS/SD/SDR - Table Maintenance of INSURER FILE
ABMDTLAB	IHS/ASDT/DMJ - Enter/Edit Lab CPT's in table
ABMDTLOC	IHS/ASDST/DMJ - Table Maintenance of LOCATION FILE
ABMDTMOD	IHS/ASDST/DMJ - ENTER/EDIT 3P MODIFIERS
ABMDTMS	IHS/ABM/THL - INTERFACE WITH PYXIS/M SYSTEMS
ABMDTPAR	IHS/SD/SDR - Table Maintenance of 3P PARAMETERS
ABMDTPMR	IHS/ASDST/DMJ - MERGE POLICY HOLDER DATA
ABMDTREV	IHS/ASDST/DMJ - Table Maintenance of REVENUE CODES
ABMDTSUP	IHS/ASDST/DMJ - ADD, EDIT SUPPLY FILE
ABMDTVIS	IHS/SD/SDR - Add/Edit 3P Visit Types
ABMDTX	IHS/ASDST/DMJ - EXPORT BILLS FROM FACILITY
ABMDTX0	IHS/ASDST/DMJ - EXPORT BILLS FROM FACILITY
ABMDTX1	IHS/ASDST/DMJ - PT 2 OF FACILITY EXPORT PGM
ABMDTX2	IHS/ASDST/DMJ - PT 3 OF CLAIM EXPORT PROGRAM
ABMDTX3	IHS/ASDST/DMJ - PT 4 OF CLAIM EXPORT PROGRAM
ABMDTXPT	IHS/ASDST/DMJ - REPRINT TRANSMITTAL LIST
ABMDUB	IHS/ASDST/DMJ - COMPUTE UNCOLLECTED BALANCE

Routine	Description
ABMDUTL	IHS/SD/SDR - UTILITY FOR 3P BILLING PACKAGE
ABMDVCK	IHS/SD/SDR - PCC Visit Edits
ABMDVCK0	IHS/ASDST/DMJ - PCC Visit Edits
ABMDVCK1	IHS/SD/SDR - PCC VISIT CHECK - PART 2
ABMDVCK2	IHS/ASDST/DMJ - PCC Visit Edits
ABMDVCK3	IHS/SD/SDR - PCC Visit Edits - Uncoded DX check
ABMDVCK4	IHS/SD/SDR - extension of claim generator
ABMDVDSP	IHS/SD/SDR - DISPLAY A PCC VISIT
ABMDVE04	IHS/ASDST/DMJ - Recreate cancelled claim from PCC
ABMDVFEE	IHS/SD/SDR - VIEW CPT FEES
ABMDVPAT	IHS/ASDST/DMJ - CLAIM FOR ONE PAT
ABMDVS10	IHS/ASDST/DMJ - PCC VISIT STUFF, RADIOLOGY
ABMDVS11	IHS/ASDST/DMJ - PCC VISIT STUFF, LABORATORY
ABMDVS12	IHS/ASDST/DMJ - PCC VISIT STUFF, PHYSICAL THERAPY
ABMDVS13	IHS/ASDST/DMJ - PCC VISIT STUFF, V CPT code
ABMDVST	IHS/ASDST/DMJ - PCC Visit Stuff
ABMDVST1	IHS/SD/SDR - PCC VISIT STUFF - PART 2 (PURPOSE OF VISIT)
ABMDVST2	IHS/ASDST/DMJ - PCC CLAIM STUFF - PART 3 (PROVIDER)
ABMDVST3	IHS/ASDST/DMJ - PCC VISIT STUFF - PART 4 (ICD PROCEDURE)
ABMDVST4	IHS/SD/SDR - PCC Visit Stuff - PART 5 (HOSPITALIZATION)
ABMDVST5	IHS/ASDST/DMJ - PCC VISIT STUFF - PART 6 (PHARMACY)
ABMDVST6	IHS/ASDST/DMJ - PCC VISIT STUFF - DENTAL
ABMDVST7	IHS/ASDST/DMJ - PCC VISIT STUFF MEDICAL-SKIN TEST
ABMDVST8	IHS/ASDST/DMJ - PCC VISIT STUFF - IMMUNIZ
ABMDVST9	IHS/ASDST/DMJ - PCC VISIT STUFF IV PHARMACY
ABMDVSTH	IHS/ASDST/DMJ - PCC Visit Stuff - PART 5 (HOSPITALIZATION) CONTD
ABMDWARN	IHS/ASDST/DMJ - WARNING PROCESSOR
ABMDWRAP	IHS/ASDST/DMJ - UTILITY FOR WRAP-AROUND PRINTING
ABME10	IHS/DSD/DMJ - Medicare Electronic
ABME3AA0	IHS/ASDST/DMJ - HCFA-1500 NSF 3.01 EMC RECORD AA0 (Submitter Data)
ABME3BA0	IHS/ASDST/DMJ - HCFA-1500 NSF 3.01 EMC RECORD BA0 (Provider)
ABME3DA0	IHS/ASDST/DMJ - HCFA-1500 NSF 3.01 EMC RECORD DA0 (Third Party Payor
ABME3DA1	IHS/ASDST/DMJ - HCFA-1500 NSF 3.01 EMC RECORD DA1 (Insurance Information)
ABME3EA0	IHS/ASDST/DMJ - HFCA-1500 NSF 3.01 EA0 (Claim Record)

Routine	Description
ABME3EA1	IHS/ASDST/DMJ - HFCA-1500 NSF 3.01 EA1 (Claim Record)
ABME3FA0	IHS/ASDST/DMJ - HCFA-1500 NSF 3.01 RECORD FA0 (Claim Root Segment)
ABME3GC0	IHS/ASDST/SDR - HCFA-1500 NSF 3.01 RECORD GC0 (Claim Root Segment)
ABME3HA0	IHS/ASDST/SDR - HCFA-1500 NSF 3.01 RECORD HA0 (Claim Root Segment)
ABME3XA0	IHS/ASDST/DMJ - HCFA-1500 NSF3.01 RECORD XA0 (Claim Trailer)
ABME501	IHS/ASDST/DMJ - UB92 V5 EMC RECORD 01 (Processor Label Data)
ABME520	IHS/ASDST/DMJ - UB92 V5 EMC RECORD 20 (Patient)
ABME520A	IHS/ASDST/DMJ - UB92 EMC RECORD 20 (Patient) cont'd
ABME540	IHS/ASDST/DMJ - UB92 V5 EMC RECORD 40 (Claim Data)
ABME540A	IHS/ASDST/DMJ - UB92 V5 EMC RECORD 40 (Claim Data) cont'd
ABME561	IHS/ASDST/DMJ - UB92 V5 EMC RECORD 61 (Outpatient Services)
ABME570	IHS/ASDST/DMJ - UB92 V5 EMC RECORD 70-1 (Medical)
ABME570A	IHS/ASDST/DMJ - UB92 V5 EMC RECORD 70-1 (Medical) cont'd
ABME5AMT	IHS/ASDST/DMJ - 837 AMT Segment
ABME5BHT	IHS/ASDST/DMJ - 837 BHT Segment
ABME5CAS	IHS/ASDST/DMJ - 837 CAS Segment
ABME5CL1	IHS/ASDST/DMJ - 837 CL1 Segment
ABME5CLM	IHS/ASDST/DMJ - 837 CLM Segment
ABME5CN1	IHS/ASDST/DMJ - 837 CN1 Segment
ABME5CR1	IHS/SD/SDR – 837 CR1 Segment
ABME5CR2	IHS/SD/SDR – 837 CR2 Segment
ABME5CR6	IHS/ASDST/DMJ - 837 CR6 Segment
ABME5CR7	IHS/ASDST/DMJ - 837 CR7 Segment
ABME5CRC	IHS/ASDST/DMJ - 837 CRC Segment
ABME5CTP	IHS/SD/SDR – 837 CTP Segment
ABME5DMG	IHS/SD/SDR – 837 DMG Segment
ABME5DN1	IHS/SD/SDR – 837 DN1 Segment
ABME5DTP	IHS/ASDST/DMJ - 837 DTP Segment
ABME5FRM	IHS/SD/SDR – 837 FRM Segment
ABME5GE	IHS/ASDST/DMJ - 837 GE Segment
ABME5GS	IHS/ASDST/DMJ - 837 GS Segment
ABME5HCP	IHS/ASDST/DMJ - 837 HCP Segment
ABME5HI	IHS/SD/SDR – 837 HI Segment
ABME5HL	IHS/ASDST/DMJ - 837 HL Segment

Routine	Description
ABME5HSD	IHS/ASDST/DMJ - 837 HSD Segment
ABME5IEA	IHS/ASDST/DMJ - 837 IEA Segment
ABME5ISA	IHS/ASDST/DMJ - 837 ISA Segment
ABME5K3	IHS/ASDST/DMJ - 837 K3 Segment
ABME5L1	IHS/ASDST/DMJ – Header (837)
ABME5L10	IHS/SD/SDR – Header (837)
ABME5L11	IHS/ASDST/DMJ - Header (837)
ABME5L12	IHS/SD/SDR - Header (837)
ABME5L13	IHS/ASDST/DMJ - Header (837)
ABME5L14	IHS/SD/SDR - Header (837)
ABME5L15	IHS/ASDST/DMJ - Header (837)
ABME5L16	IHS/SD/SDR - Header (837)
ABME5L2	IHS/ASDST/DMJ - Header (837)
ABME5L3	IHS/ASDST/DMJ - Header (837)
ABME5L4	IHS/SD/SDR - Header (837)
ABME5L5	IHS/SD/SDR - Header (837)
ABME5L6	IHS/ASDST/DMJ - Header (837)
ABME5L7	IHS/ASDST/DMJ - Header (837)
ABME5L8	IHS/ASDST/DMJ - Header (837)
ABME5L9	IHS/ASDST/DMJ – Header (837)
ABME5LIN	IHS/SD/SDR – 837 LIN Segment
ABME5LQ	IHS/SD/SDR – 837 LQ Segment
ABME5LX	IHS/ASDST/DMJ - 837 LX Segment
ABME5MEA	IHS/SD/SDR – 837 MEA Segment
ABME5MIA	IHS/ASDST/DMJ - 837 MIA Segment
ABME5MOA	IHS/ASDST/DMJ - 837 MOA Segment
ABME5N3	IHS/ASDST/DMJ - 837 N3 Segment
ABME5N4	IHS/ASDST/DMJ - 837 N4 Segment
ABME5NM1	IHS/ASDST/DMJ - 837 NM1 Segment
ABME5NM2	IHS/ASDST/DMJ - 837 NM1 Segment
ABME5NTE	IHS/ASDST/DMJ - 837 NTE Segment
ABME5OI	IHS/ASDST/DMJ - 837 OI Segment
ABME5PAT	IHS/ASDST/DMJ - 837 PAT Segment
ABME5PER	IHS/ASDST/DMJ - 837 PER Segment
ABME5PRV	IHS/ASDST/DMJ - 837 PRV Segment
ABME5PWK	IHS/ASDST/DMJ - 837 PWK Segment

Routine	Description
ABME5QTY	IHS/ASDST/DMJ - 837 QTY Segment
ABME5REF	IHS/ASDST/DMJ - 837 REF Segment
ABME5RF2	IHS/ASDST/DMJ - 837 REF Segment
ABME5SBR	IHS/SD/SDR - 837 SBR Segment
ABME5SE	IHS/ASDST/DMJ - 837 SE Segment
ABME5ST	IHS/ASDST/DMJ - 837 ST Segment (Transaction Set Header)
ABME5SV1	IHS/SD/SDR - 837 SV1 Segment
ABME5SV2	IHS/SD/SDR - 837 SV2 Segment
ABME5SV3	IHS/SD/SDR - 837 SV3 Segment
ABME5SV4	IHS/ASDST/DMJ - 837 SV4 Segment
ABME5SV5	IHS/ASDST/DMJ - 837 SV5 Segment
ABME5SVD	IHS/ASDST/DMJ - 837 SVD Segment
ABME5TMP	IHS/ASDST/DMJ - 837 TMP Segment
ABME5TOO	IHS/SD/SDR - 837 TOO Segment
ABME601	IHS/ASDST/DMJ - UB92 V5 EMC RECORD 01 (Processor Label Data)
ABME630	IHS/ASDST/DMJ - UB92 EMC RECORD 30 (Third Party Payor)
ABME630A	IHS/ASDST/DMJ - UB92 EMC RECORD 30 (Third Party Payor) cont'd
ABME650	IHS/ASDST/DMJ - UB92 EMC RECORD 50 (INPATIENT ACCOMMODATIONS)
ABME660	IHS/ASDST/DMJ - UB92 EMC RECORD 60 (Inpatient Ancillary Services)
ABME661	IHS/ASDST/DMJ - UB92 V5 EMC RECORD 61 (Outpatient Services)
ABME690	IHS/ASDST/DMJ - UB92 EMC RECORD 90 (Claim Control Screen)
ABME8AMT	IHS/ASDST/DMJ - 837 AMT Segment
ABME8BHT	IHS/ASDST/DMJ - 837 BHT Segment
ABME8CAS	IHS/ASDST/DMJ - 837 CAS Segment
ABME8CL1	IHS/ASDST/DMJ - 837 CL1 Segment
ABME8CLM	IHS/ASDST/DMJ - 837 CLM Segment
ABME8CN1	IHS/ASDST/DMJ - 837 CN1 Segment
ABME8CR1	IHS/SD/SDR - 837 CR1 Segment
ABME8CR6	IHS/ASDST/DMJ - 837 CR6 Segment
ABME8CR7	IHS/ASDST/DMJ - 837 CR7 Segment
ABME8CRC	IHS/ASDST/DMJ - 837 CRC Segment
ABME8DMG	IHS/ASDST/DMJ - 837 DMG Segment
ABME8DTP	IHS/ASDST/DMJ - 837 DTP Segment
ABME8GE	IHS/ASDST/DMJ - 837 GE Segment
ABME8GS	IHS/ASDST/DMJ - 837 GS Segment
ABME8HCP	IHS/ASDST/DMJ - 837 HCP Segment

Routine	Description
ABME8HI	IHS/ASDST/DMJ - 837 HI Segment
ABME8HL	IHS/ASDST/DMJ - 837 HL Segment
ABME8HSD	IHS/ASDST/DMJ - 837 HSD Segment
ABME8IEA	IHS/ASDST/DMJ - 837 IEA Segment
ABME8ISA	IHS/ASDST/DMJ - 837 ISA Segment
ABME8K3	IHS/ASDST/DMJ - 837 K3 Segment
ABME8L1	IHS/ASDST/DMJ - Header (837)
ABME8L10	IHS/ASDST/DMJ - Header (837)
ABME8L11	IHS/ASDST/DMJ - Header (837)
ABME8L12	IHS/ASDST/DMJ - Header (837)
ABME8L13	IHS/ASDST/DMJ - Header (837)
ABME8L14	IHS/ASDST/DMJ - Header (837)
ABME8L15	IHS/ASDST/DMJ - Header (837)
ABME8L16	IHS/ASDST/DMJ - Header (837)
ABME8L2	IHS/ASDST/DMJ - Header (837)
ABME8L3	IHS/SD/SDR - Header (837)
ABME8L4	IHS/ASDST/DMJ - Header (837)
ABME8L5	IHS/ASDST/DMJ - Header (837)
ABME8L6	IHS/ASDST/DMJ - Header (837)
ABME8L7	IHS/ASDST/DMJ - Header (837)
ABME8L8	IHS/ASDST/DMJ - Header (837)
ABME8L9	IHS/ASDST/DMJ - Header (837)
ABME8LX	IHS/ASDST/DMJ - 837 LX Segment
ABME8MEA	IHS/SD/SDR - 837 MEA Segment
ABME8MIA	IHS/ASDST/DMJ - 837 MIA Segment
ABME8MOA	IHS/ASDST/DMJ - 837 MOA Segment
ABME8N3	IHS/ASDST/DMJ - 837 N3 Segment
ABME8N4	IHS/ASDST/DMJ - 837 N4 Segment
ABME8NM1	IHS/ASDST/DMJ - 837 NM1 Segment
ABME8NM2	IHS/ASDST/DMJ - 837 NM1 Segment
ABME8NTE	IHS/ASDST/DMJ - 837 NTE Segment
ABME8OI	IHS/ASDST/DMJ - 837 OI Segment
ABME8PAT	IHS/ASDST/DMJ - 837 PAT Segment
ABME8PER	IHS/ASDST/DMJ - 837 PER Segment
ABME8PRV	IHS/ASDST/DMJ - 837 PRV Segment
ABME8PWK	IHS/ASDST/DMJ - 837 PWK Segment

Routine	Description
ABME8QTY	IHS/ASDST/DMJ - 837 QTY Segment
ABME8REF	IHS/ASDST/DMJ - 837 REF Segment
ABME8RF2	IHS/ASDST/DMJ - 837 REF Segment
ABME8SBR	IHS/ASDST/DMJ - 837 SBR Segment
ABME8SE	IHS/ASDST/DMJ - 837 SE Segment
ABME8ST	IHS/ASDST/DMJ - 837 ST Segment (Transaction Set Header)
ABME8SV1	IHS/ASDST/DMJ - 837 SV1 Segment
ABME8SV2	IHS/ASDST/DMJ - 837 SV2 Segment
ABME8SV3	IHS/ASDST/DMJ - 837 SV3 Segment
ABME8SV4	IHS/ASDST/DMJ - 837 SV4 Segment
ABME8SVD	IHS/ASDST/DMJ - 837 SVD Segment
ABME8TMP	IHS/ASDST/DMJ - 837 TMP Segment
ABME8TOO	IHS/ASDST/DMJ - 837 TOO Segment
ABMEAA0	IHS/ASDST/DMJ - HCFA-1500 EMC RECORD AA0 (Submitter Data) Envoy version
ABMEAUTO	IHS/ASDST/DMJ - AUTO APPROVE CLAIM
ABMEBA0	IHS/ASDST/DMJ - HCFA-1500 EMC RECORD BA0 (Provider) Envoy version
ABMEBDSP	IHS/ASDST/DMJ - ELECTRONIC CLAIMS DISPLAY
ABMECDS2	IHS/ASDST/DMJ - ELECTRONIC CLAIMS DISPLAY (SUMMARY)
ABMECDSP	IHS/ASDST/DMJ - ELECTRONIC CLAIMS DISPLAY (SUMMARY)
ABMECS	IHS/ASDST/DMJ - ELECTRONIC CLAIMS SUBMISSION
ABMECS2	IHS/ASDST/DMJ - ELECTRONIC CLAIMS SUBMISSION
ABMEE01	IHS/ASDST/DMJ - UB92 V5 EMC RECORD 01 (Processor Label Data)
ABMEE61	IHS/ASDST/DMJ - UB92 V5 EMC RECORD 61 (Outpatient Services)
ABMEEPRV	IHS/ASDST/DMJ - PROVIDER INFO
ABMEF10	IHS/ASDST/DMJ - Medicare Electronic UB-92 Version 041
ABMEF13	IHS/ASDST/DMJ - Medicare Electronic UB-92 Version 041
ABMEF15	IHS/ASDST/DMJ - Electronic HCFA-1500 V2.0
ABMEF16	IHS/ASDST/DMJ - Electronic UB-92 Envoy/NEIC Version
ABMEF17	IHS/ASDST/DMJ - Electronic UB-92 Version 060
ABMEF19	IHS/ASDST/DMJ - Electronic HCFA-1500 V2.0 Envoy Version
ABMEF20	IHS/ASDST/DMJ - Electronic HCFA-1500 V3.01
ABMEF21	IHS/ASDST/DMJ - Electronic 837 version 4010 Institutional
ABMEF22	IHS/ASDST/DMJ - Electronic 837 version 4010 Professional
ABMEF23	IHS/ASDST/DMJ - Electronic 837 version 4010 Dental
ABMEF31	IHS/ASDST/DMJ - Electronic 837 version 5010 Institutional

Routine	Description
ABMEF32	IHS/ASDST/DMJ - Electronic 837 version 5010 Professional
ABMEF33	IHS/SD/SDR - Electronic 837 version 5010 Dental
ABMEFA0	IHS/ASDST/DMJ - HCFA-1500 EMC RECORD FA0 (Claim Root Segment)
ABMEFB0	IHS/ASDST/DMJ - HCFA-1500 EMC RECORD FB0 (Medical Segment)
ABMEFLAT	IHS/DSD/DMJ - GENERATE FLAT FILE FROM MAIL MESSAGE
ABMEFOVR	IHS/SD/SDR - Setup 837 Form Override
ABMEH01	IHS/ASDST/DMJ - HCFA-1500 EMC RECORD AA0 (Submitter Data)
ABMEH10	IHS/ASDST/DMJ - HCFA-1500 EMC RECORD BA0 (Provider)
ABMEH15	IHS/ASDST/DMJ - HCFA-1500 EMC RECORD BA1 (Provider)
ABMEH20	IHS/ASDST/DMJ - HCFA-1500 EMC RECORD CA0 (Patient)
ABMEH30	IHS/ASDST/DMJ - HCFA-1500 EMC RECORD 30 (Third Party Payor)
ABMEH31	IHS/ASDST/DMJ - HCFA-1500 EMC RECORD DA1 (Insurance Information)
ABMEH32	IHS/ASDST/DMJ - HCFA-1500 EMC RECORD DA2 (Insurance Information)
ABMEH40	IHS/ASDST/DMJ - HFCA-1500 EA0 (Claim Record)
ABMEH61	IHS/ASDST/DMJ - HCFA-1500 EMC RECORD FA0 (Claim Root Segment)
ABMEH62	IHS/ASDST/DMJ - HCFA-1500 EMC RECORD FB0 (Medical Segment)
ABMEH63	IHS/FCS/DRS - HCFA-1500 EMC RECORD FB1 (Medical Segment)
ABMEH90	IHS/ASDST/DMJ - HCFA-1500 EMC RECORD XA0 (Claim Trailer)
ABMEH95	IHS/ASDST/DMJ - HCFA-1500 EMC RECORD YA0 (Batch Trailer)
ABMEH99	IHS/ASDST/DMJ - HCFA-1500 EMC RECORD ZA0 (File Transfer)
ABMEHGR2	IHS/SD/SDR - GET ANCILLARY SVCS REVENUE CODE INFO
ABMEHGR3	IHS/SD/SDR - GET ANCILLARY SVCS REVENUE CODE INFO
ABMEHGR4	IHS/SD/SDR - GET ANCILLARY SVCS REVENUE CODE INFO
ABMEHGRV	IHS/SD/SDR - GET ANCILLARY SVCS REVENUE CODE INFO
ABMELGCK	IHS/SD/SDR - Recreate cancelled claim from PCC
ABMEMCRC	IHS/SD/SDR - 3PB recreate batch of ICD9 bills
ABMEMPC1	IHS/SD/SDR - Report Utility to Check Parms
ABMEMPC2	IHS/SD/SDR - Report Utility to Check Parms
ABMEMPC3	IHS/SD/SDR - Report Utility to Check Parms
ABMEMPCK	IHS/SD/SDR - Report Utility to Check Parms
ABMEMPP1	IHS/SD/SDR - Employee Productivity Report - Detail
ABMEMPP2	IHS/SD/SDR - Employee Productivity Report-Summary
ABMEMPP3	IHS/SD/SDR - Employee Productivity Report - Validator
ABMEMPPR	IHS/SD/SDR - Employee Productivity Listing
ABMENVCK	IHS/SD/SDR - ENVIRONMENT CHECKER

Routine	Description
ABMER01	IHS/ASDST/DMJ - UB92 EMC RECORD 01 (Processor Label Data)
ABMER10	IHS/ASDST/DMJ - UB92 EMC RECORD 10 (Provider)
ABMER20	IHS/ASDST/DMJ - UB92 EMC RECORD 20 (Patient)
ABMER20A	IHS/ASDST/DMJ - UB92 EMC RECORD 20 (Patient) cont'd
ABMER30	IHS/SD/SDR - UB92 EMC RECORD 30 (Third Party Payor)
ABMER30A	IHS/ASDST/DMJ - UB92 EMC RECORD 30 (Third Party Payor) cont'd
ABMER31	IHS/ASDST/DMJ - UB92 EMC RECORD 31 (Third Party Payor Address)
ABMER31A	IHS/ASDST/DMJ - UB92 EMC RECORD 31 (Third Party Payor Address)
ABMER40	IHS/ASDST/DMJ - UB92 EMC RECORD 40 (Claim Data)
ABMER40A	IHS/ASDST/DMJ - UB92 EMC RECORD 40 (Claim Data) cont'd
ABMER41	IHS/SD/SDR - UB92 EMC RECORD 41 (Claim Data Condition-Value)
ABMER41A	IHS/SD/SDR - UB92 EMC RECORD 41 (Claim Data Condition-Value) cont'd
ABMER46	IHS/ASDST/DMJ - UB92 EMC RECORD 46 (ENVOY/NEIC ADDITIONAL PROVIDER INFO)
ABMER50	IHS/ASDST/DMJ - UB92 EMC RECORD 50 (INPATIENT ACCOMMODATIONS)
ABMER60	IHS/ASDST/DMJ - UB92 EMC RECORD 60 (Inpatient Ancillary Services)
ABMER61	IHS/ASDST/DMJ - UB92 EMC RECORD 61 (Outpatient Services)
ABMER70	IHS/ASDST/DMJ - UB92 EMC RECORD 70-1 (Medical)
ABMER70A	IHS/ASDST/DMJ - UB92 EMC RECORD 70-1 (Medical) cont'd
ABMER80	IHS/ASDST/DMJ - UB92 EMC RECORD 80 (PHYSICIAN DATA)
ABMER90	IHS/ASDST/DMJ - UB92 EMC RECORD 90 (Claim Control Screen)
ABMER91	IHS/ASDST/DMJ - UB92 EMC RECORD 91 (Remarks)
ABMER95	IHS/ASDST/DMJ - UB92 EMC RECORD 90 (Claim Control Screen)
ABMER99	IHS/ASDST/DMJ - UB92 EMC RECORD 99 (Processor File Control Data)
ABMERGR2	IHS/SD/SDR - GET ANCILLARY SVCS REVENUE CODE INFO
ABMERGR3	IHS/SD/SDR - GET ANCILLARY SVCS REVENUE CODE INFO
ABMERGR4	IHS/SD/SDR - GET ANCILLARY SVCS REVENUE CODE INFO
ABMERGR5	IHS/SD/SDR - GET ANCILLARY SVCS REVENUE CODE INFO
ABMERGR6	IHS/SD/SDR - GET ANCILLARY SVCS REVENUE CODE INFO
ABMERGR7	IHS/SD/SDR - GET ANCILLARY SVCS REVENUE CODE INFO
ABMERGRV	IHS/SD/SDR - GET ANCILLARY SVCS REVENUE CODE INFO
ABMERINS	IHS/ASDST/DMJ - UB92 EMC Set up Insurer Information
ABMERSND	IHS/ASDST/DMJ - RE-SEND A BATCH OF BILLS ELECTRONIC FORMAT

Routine	Description
ABMERUT2	IHS/FCS/DRS - ABMERUTL cont
ABMERUTL	IHS/ASDST/DMJ - EMC UTILITIES
ABMESTAT	IHS/SD/SDR - Bills Export Statistical Report
ABMEXLIP	IHS/PIMC/JLG - Create export of inpatients for a month
ABMEXPED	IHS/SD/SDR - Update/Edit Export modes
ABMEXPRP	IHS/SD/SDR - Export Mode Report
ABMF400	IHS/SD/SDR - 3P BILLING - Find Medicare 400/900 references
ABMFCPT	IHS/SD/SDR - FILE CPT CODE
ABMFEAPI	IHS/SD/SDR - 3P Fee Table API
ABMFECNV	IHS/SD/SDR - 3P Fee Table Conversion
ABMFOFS	IHS/SD/SDR - UPDATE FEE TABLE FROM FOREIGN FILE
ABMFPOA	IHS/SD/SDR - Fix POA
ABMFPRT	IHS/SET/DMJ - GENERIC FORM PRINTER
ABMFTED	IHS/SD/SDR - Populate Effective Date for 3P Fee Table
ABMINSIT	IHS/SD/SDR - Budget Activity Input Transform
ABMKIDS	IHS/SD/SDR - Kidscare Report
ABMLABRQ	IHS/SD/SDR - Require lab results by insurer
ABMM2DEF	IHS/SD/SDR - MU Patient Volume DEF Report
ABMM2EL2	IHS/SD/SDR - Meaningful Use Report - count patients/eligibility
ABMM2ELG	IHS/SD/SDR - Meaningful Use Report - count patients/eligibility
ABMM2EP	IHS/SD/SDR - MU EP List of EPs Report
ABMM2INQ	IHS/SD/SDR - Inquire MU UTILITY
ABMM2MUP	IHS/SD/SDR - MU Report Parameters
ABMM2P10	IHS/SD/SDR - MU Patient Volume EP Report
ABMM2P11	IHS/SD/SDR - MU Patient Volume EP Report
ABMM2P12	IHS/SD/SDR - MU Patient Volume EP Report
ABMM2PH1	IHS/SD/SDR - MU Patient Volume Hospital Report
ABMM2PH2	IHS/SD/SDR - MU Patient Volume Hospital Report
ABMM2PH3	IHS/SD/SDR - MU Patient Volume Hospital Report
ABMM2PP1	IHS/SD/SDR - MU Patient Volume EP Report
ABMM2PV1	IHS/SD/SDR - MU Patient Volume EP Report
ABMM2PV2	IHS/SD/SDR - MU Patient Volume EP Report
ABMM2PV3	IHS/SD/SDR - MU Patient Volume EP Report
ABMM2PV4	IHS/SD/SDR - MU Patient Volume EP Report
ABMM2PV5	IHS/SD/SDR - MU Patient Volume EP Report

Routine	Description
ABMM2PV6	IHS/SD/SDR - MU Patient Volume EP Report
ABMM2PV7	IHS/SD/SDR - MU Patient Volume EP Report
ABMM2PV8	IHS/SD/SDR - MU Patient Volume EP Report
ABMM2PV9	IHS/SD/SDR - MU Patient Volume EP Report
ABMM2PVH	IHS/SD/SDR - MU Patient Volume Hospital Report
ABMM2PVP	IHS/SD/SDR - MU Patient Volume EP Report
ABMMCDCU	IHS/SD/SDR - Medicaid Eligible file cleanup for TPB
ABMMLTIT	IHS/SD/SDR - Input transform-anes. mod field
ABMMODIT	IHS/SD/SDR - ENTER/EDIT 3P MODIFIERS
ABMMRS	IHS/ASDST/DMJ - NEW PROGRAM
ABMMRS3	IHS/ASDST/DMJ - NEW PROGRAM
ABMMRS4	IHS/ASDST/DMJ - STANDALONE TO FIX CORRUPTED DATA IN BILL FILE
ABMMUDEF	IHS/SD/SDR - MU Patient Volume DEF Report
ABMMUEL1	IHS/SD/SDR - Meaningful Use Report - count patients/eligibility
ABMMUELG	IHS/SD/SDR - Meaningful Use Report - count patients/eligibility
ABMMUEP	IHS/SD/SDR - MU EP List of EPs Report
ABMMUFAC	IHS/SD/SDR - EHR Incentive Report (MU)
ABMMUFC1	IHS/SD/SDR - EHR Incentive Report (MU)
ABMMUFC2	IHS/SD/SDR - EHR Incentive Report (MU)
ABMMUFC3	IHS/SD/SDR - EHR Incentive Report (MU)
ABMMUFC4	IHS/SD/SDR - EHR Incentive Report (MU)
ABMMUFC5	IHS/SD/SDR - EHR Incentive Report (MU)
ABMMUFC6	IHS/SD/SDR - EHR Incentive Report (MU)
ABMMUINQ	IHS/SD/SDR - Inquire MU UTILITY
ABMMUMUP	IHS/SD/SDR - MU Report Parameters
ABMMUPH1	IHS/SD/SDR - MU Patient Volume Hospital Report
ABMMUPV1	IHS/SD/SDR - MU Patient Volume EP Report
ABMMUPV2	IHS/SD/SDR - MU Patient Volume EP Report
ABMMUPV3	IHS/SD/SDR - MU Patient Volume EP Report
ABMMUPV4	IHS/SD/SDR - MU Patient Volume EP Report
ABMMUPVH	IHS/SD/SDR - MU Patient Volume Hospital Report
ABMMUPVP	IHS/SD/SDR - MU Patient Volume EP Report
ABMNARRQ	IHS/SD/SDR - Require Narrative by insurer
ABMNTEG	ISC/XTSUMBLD KERNEL - Package checksum checker
ABMNTEG0	ISC/XTSUMBLD KERNEL - Package checksum checker

Routine	Description
ABMNTEG1	ISC/XTSUMBLD KERNEL - Package checksum checker
ABMP2510	IHS/SD/SDR - 3P BILLING 2.5 Patch 10 PRE/POST INIT
ABMP2511	IHS/SD/SDR - 3P BILLING 2.5 Patch 11 PRE/POST INIT
ABMP2512	IHS/SD/SDR - 3P BILLING 2.5 Patch 12 PRE/POST INIT
ABMP2513	IHS/SD/SDR - 3P BILLING 2.5 Patch 13 PRE/POST INIT
ABMP2514	IHS/SD/SDR - 3P BILLING 2.5 Patch 14 PRE/POST INIT
ABMP2515	IHS/SD/SDR - 3P BILLING 2.5 Patch 15 PRE/POST INIT
ABMP2610	IHS/SD/SDR - 3P BILLING 2.6 Patch 10 POST INIT
ABMP2611	IHS/SD/SDR - 3P BILLING 2.6 Patch 11 POST INIT
ABMP2613	IHS/SD/SDR - 3P BILLING 2.6 Patch 13 POST INIT
ABMP2614	IHS/SD/SDR - 3P BILLING 2.6 Patch 14 POST INIT
ABMP2619	IHS/SD/SDR - 3P BILLING 2.6 Patch 19 POST INIT
ABMP2621	IHS/SD/SDR - 3P BILLING 2.6 Patch 21 POST INIT
ABMP2622	IHS/SD/SDR - 3P BILLING 2.6 Patch 22 POST INIT
ABMP2623	IHS/SD/SDR - 3P BILLING 2.6 Patch 23 POST INIT
ABMP2627	IHS/SD/SDR - 3P BILLING 2.6 Patch 27 POST INSTALL
ABMP2628	IHS/SD/SDR - 3P BILLING 2.6 Patch 28 POST INSTALL
ABMP2629	IHS/SD/SDR - 3P BILLING 2.6 Patch 29 POST INSTALL
ABMP263	IHS/SD/SDR - 3P BILLING 2.6 Patch 3 PRE/POST INIT
ABMP2630	IHS/SD/SDR - 3P BILLING 2.6 Patch 30 POST INIT
ABMP2631	IHS/SD/SDR - 3P BILLING 2.6 Patch 31 POST INIT
ABMP2632	IHS/SD/SDR - 3P BILLING 2.6 Patch 32 POST INIT
ABMP2633	IHS/SD/SDR - 3P BILLING 2.6 Patch 33 PRE and POST INIT
ABMP2634	IHS/SD/SDR - 3P BILLING 2.6 Patch 34 PRE and POST INIT
ABMP2635	IHS/SD/SDR - 3P BILLING 2.6 Patch 35 PRE INIT
ABMP2636	IHS/SD/SDR - 3P BILLING 2.6 Patch 36 PRE INIT
ABMP2637	IHS/SD/SDR - 3P BILLING 2.6 Patch 37 POST INIT
ABMPASSD	IHS/SD/SDR - PASS INFO TO A/R - DOCUMENTATION
ABMPASST	IHS/SD/SDR - Tool to test data being passed to A/R
ABMPAST2	IHS/SD/SDR - Tool to test data being passed to A/R (part 2)
ABMPFUNC	IHS/ITSC/ENM,SDR - PHARM RETRIEVAL FUNCTIONS
ABMPOST	IHS/ASDS/LSL - 3PB Pharmacy POS - Patch 6 POST INIT
ABMPOST9	IHS/ASDS/LSL - Post init of V2.4 Patch 9
ABMPPAD1	IHS/SD/SDR - Prior Payments/Adjustments page (CE)
ABMPPAD2	IHS/SD/SDR - Prior Payments/Adjustments page (CE)
ABMPPAD3	IHS/SD/SDR - COB page merge duplicate SAR entries

Routine	Description
ABMPPAD4	IHS/SD/SDR - Prior Payments/Adjustments page (CE)
ABMPPAD5	IHS/SD/SDR - Prior Payments/Adjustments page (CE)
ABMPPAD6	IHS/SD/SDR - Prior Payments/Adjustments page (CE)
ABMPPADJ	IHS/SD/SDR - Prior Payments/Adjustments page (CE)
ABMPPFLR	IHS/SD/SDR - Prior Payments/Adjustments filer (CE)
ABMPRVCV	IHS/SD/SDR-Move Service Line provider to multiple
ABMPSAD1	IHS/SD/SDR - Add Pharmacy POS COB Bill Manually
ABMPSAD2	IHS/SD/SDR - Add Pharmacy POS COB Bill Manually
ABMPSAD3	IHS/SD/SDR - Add Pharmacy POS COB Bill Manually
ABMPSAD4	IHS/SD/SDR - Add Pharmacy POS COB Bill Manually
ABMPSADD	IHS/SD/SDR - Add Pharmacy POS COB Bill Manually
ABMPSAPI	IHS/ASDS/LSL - 3PB Pharmacy POS API
ABMPSPLT	IHS/SD/SDR - Split claim based on Insurer setup
ABMPST10	IHS/ASDS/LSL - V2.4 Patch 10 Post init
ABMPST26	IHS/SD/SDR - 3P BILLING 2.6 PRE/POST INIT
ABMPSTRD	IHS/SD/SDR - Re-Print Selected Pt statements
ABMPT255	IHS/ASDST/LSL - 3P BILLING 2.5 Patch 5 POST INIT
ABMPT256	IHS/ASDST/LSL - 3P BILLING 2.5 Patch 6 POST INIT
ABMPT258	IHS/ASDST/SDR - 3P BILLING 2.5 Patch 8 POST INIT
ABMPT259	IHS/ASDST/SDR - 3P BILLING 2.5 Patch 9 POST INIT
ABMPT261	IHS/SD/SDR - 3P BILLING 2.6 Patch 1 POST INIT
ABMPT262	IHS/SD/SDR - 3P BILLING 2.6 Patch 2 POST INIT
ABMPT266	IHS/SD/SDR - 3P BILLING 2.6 Patch 5 POST INIT
ABMPT267	IHS/SD/SDR - 3P BILLING 2.6 Patch 7 POST INIT
ABMPT268	IHS/SD/SDR - 3P BILLING 2.6 Patch 8 POST INIT
ABMPT269	IHS/SD/SDR - 3P BILLING 2.6 Patch 9 POST INIT
ABMPTPOP	IHS/SD/SDR - Patient Population Report
ABMPTSMT	IHS/SD/SDR - Non-ben patient statement
ABMPUEXT	IHS/SD/SDR - UFMS Re-extract of bills
ABMRDNY1	IHS/SD/SDR - Printer - Fixed Length Record (Paper printing)
ABMRDNY2	IHS/SD/SDR - Comma-Delimited Record
ABMRDNYD	IHS/SD/SDR - Bill Status Report
ABMRELG	IHS/ASDST/DMJ - FIND INS TYPE AND COVERAGE
ABMREQUE	IHS/SD/SDR - Requeue bills in UFMS session
ABMRLABS	IHS/SD/SDR - Add/Edit Reference Lab Locations
ABMRMCRD	IHS/SD/SDR - MEDICARE PART D REPORT

Routine	Description
ABMRMPRV	IHS/SD/SDR - Medicare Provider Counts
ABMRPVET	IHS/SD/SDR - Vet w/Visit in Date Range Listing
ABMRSCIN	IHS/SD/SDR - Setup option to split claims in claim generator
ABMRSPI1	IHS/SD/SDR - Claims Identified as Potential Split Billing Report
ABMRSPIN	IHS/SD/SDR - Claims Identified as Potential Split Billing Report
ABMRSTI1	IHS/SD/SDR - Split Claim Billing (part 2)
ABMRSTI2	IHS/SD/SDR - Split Claim Billing (part 2)
ABMRSTI3	IHS/SD/SDR - Split Claim Billing - split report (part 3)
ABMRSTI4	IHS/SD/SDR - Split Claim Billing (part 4)
ABMRSTIN	IHS/SD/SDR - Split Claim Billing
ABMRSUBN	IHS/SD/SDR - Resubmission Number Entry
ABMRSVIN	IHS/SD/SDR - Display what insurers have split setup
ABMRVCXR	IHS/SD/SDR - Revenue Code Cross reference FOR MULTIPLES
ABMRVTPB	IHS/SD/SDR - VISIT W/THIRD PARTY BILLED REPORT
ABMSTAT	IHS/SD/TPF - SELECT CLAIM PEND STATUS
ABMTALL2	IHS/SD/SDR - Monthly tally report
ABMTALLY	IHS/SD/SDR - Monthly tally report
ABMTPYMT	IHS/SD/SDR - Tribal Payment Report
ABMUB92	IHS/ASDST/LSL - Update UB92 codes
ABMUBLST	IHS/SD/SDR - 3PB/UFMS Bills not exported report
ABMUCANV	IHS/SD/SDR - 3PB/UFMS CAN view/print
ABMUCAPI	IHS/SD/SDR - 3PB/UFMS CAN crosswalk API
ABMUCASH	IHS/SD/SDR - 3PB/UFMS Cashiering Options
ABMUCPR	IHS/SD/SDR - UFMS Cashiering Session Productivity Report
ABMUCUT2	IHS/SD/SDR - 3PB/UFMS Cashiering Utilities - Part 2
ABMUCUTL	IHS/SD/SDR - 3PB/UFMS Cashiering Utilities
ABMUEAPI	IHS/SD/SDR - 3PB/UFMS API
ABMUGTOT	IHS/SD/SDR - 3PB/UFMS Grand Total Report only
ABMUITIN	IHS/SD/SDR - 3PB/UFMS TIN report
ABMUMISS	IHS/SD/SDR - 3PB/UFMS Cashiering Options
ABMUPOSC	IHS/SD/SDR - Close POS cashiering sessions
ABMUPTIN	IHS/SD/SDR - 3PB/UFMS Pseudo TIN report
ABMURBCH	IHS/SD/SDR - 3PB/UFMS Resend Batch option
ABMURCN1	IHS/SD/SDR - 3PB/UFMS Reconcile Sessions Option
ABMURCN2	IHS/SD/SDR - 3PB/UFMS Reconcile Sessions Option (2)

Routine	Description
ABMURCON	IHS/SD/SDR - 3PB/UFMS Reconcile Sessions Option
ABMURHD	IHS/ASDST/DMJ - Report Header Generator
ABMUROPN	IHS/SD/SDR - 3PB/UFMS Re-open Session Option
ABMURREC	IHS/SD/SDR - 3PB/UFMS Resend transaction (bill) Option
ABMURSEL	IHS/SD/SDR - UFMS Report selection
ABMURSL1	IHS/ASDST/DMJ - Selective Report Parameters-PART 2
ABMUSETU	IHS/SD/SDR - 3PB/UFMS Setup Option
ABMUTL8	IHS/SD/SDR - 837 UTILITIES
ABMUTL8A	IHS/ASDST/DMJ - 837 UTILITIES
ABMUTLF	IHS/ASDST/DMJ - FACILITY UTILITIES
ABMUTLN	IHS/SD/SDR - NAME UTILITIES
ABMUTLP	IHS/SD/SDR - PAYER UTILITIES
ABMUTLP2	IHS/SD/SDR - PAYER UTILITIES
ABMUTLP3	IHS/SD/SDR - PAYER UTILITIES
ABMUUTL	IHS/SD/SDR - 3PB/UFMS Check for pseudo TIN
ABMUVBC1	IHS/SD/SDR - 3PB/UFMS View Batch option
ABMUVBC2	IHS/SD/SDR - 3PB/UFMS View Batch option
ABMUVBCH	IHS/SD/SDR - 3PB/UFMS View Batch option
ABMUVBCR	IHS/SD/SDR - 3PB/UFMS View Batch Export Page Details
ABMUVCSH	IHS/SD/SDR - 3PB/UFMS View Cashiering Session Option
ABMUVHF	IHS/SD/SDR - UFMS View Host File
ABMUXCLD	IHS/SD/SDR - 3PB/UFMS populate Exclusion Table
ABMVDF	IHS/ASDST/DMJ - VIDEO DISPLAY FEATURES
ABMVRQUE	IHS/SD/SDR - Routine to regenerate claims for Riverside
ABMXUS9	IHS/SD/SDR - Find a user
ABMZWORK	IHS/ADC/GTH - NEW PROGRAM

6.0   Files and Tables

6.1   File List

File #	Filename	Description
9002274.01	3P FEE TABLE	Holds information entered through any option under Table Maintenance, Fee Schedule Menu
9002274.02	3P PCC VISIT BILLING STATUS	Holds information that gets populated in the PCC Visit File describing why a claim was not created, that a claim was created, or that a claim was updated.
9002274.03	3P CODES	Holds special codes used for admission type, status, etc.
9002274.04	3P ERROR CODE	Holds error and warning codes and descriptions used on claims. May be entered or edited through Table Maintenance, Error Codes Menu.
9002274.05	3P PAGE 3 QUESTIONS	File used to know which questions to ask on Page 3 of Claim Editor and the order to be displayed.
9002274.06	3P ANESTHESIA CHARGE LIST	(Obsolete) File holding different anesthesia codes, the time related, and obstetrically related
9002274.07	3P MODIFIERS	File storing 3P Coding Modifiers, Codes, and descriptions.
9002274.08	3P EXPORT MODE	This file allows for designating different modes of export that then can be used as selections for a particular Insurer.
9002274.09	3P INSURER	Holds insurer information needed by 3PB that is site specific.
9002274.1	3P DENTAL RECODE	Table containing Dental codes mapped to special IHS dental codes.
9002274.11	3P EMC REFERENCE ID	Table of 837 EMC Reference IDs needed based on insurer type
9002274.12	3P Claim Generator Productivity	Used by CGTM option to keep track of claim generator (i.e., when it ran, who ran it, option, etc.)
9002274.125	3P Claim Generator Productivity Visits	Used by CGTM option to keep track of visits for each claim generator run
9002274.2	3P EXP LOCAL MOD	Contains references to locally developed routines to meet the specific requirements of different payers when generating electronic claim formats.

File #	Filename	Description
9002274.3	3P CLAIM DATA	Subscripted by facility. Contains all claim information. Entry may be created manually by the user or automatically through the Claim Generator. Data may be modified through the Claim Editor.
9002274.301	3P CLOSED CLAIM REASONS	Table of reasons for closing claims
9002274.31	3P CANCEL CLAIM REASONS	Table of reasons for cancelling claims
9002274.32	3P CANCELLED CLAIM DATA	Subscripted by facility. Contains partial data of claims that have been cancelled by users.
9002274.33	3P CLAIM PENDING STATUS	Table of reasons for putting claims in PENDING status
9002274.34	3P CONDITION INDICATORS	Table of reasons for ambulance transport
9002274.35	3P REFERENCE LAB LOCATIONS	Table used for Reference Lab data. Site will select from Vendor file and enter CLIA number for Vendor
9002274.37	3P CPT TABLE	CPT table to be used by background checker to allow removal of all CPT codes from background checker returns.
9002274.4	3P BILL	Entry into this file is created when the claim is approved. This data is not changed through the Claim Editor.
9002274.41	3P UFMS INSURER TYPE/BUDGET ACTIVITY	Table of insurer type to budget activity mapping.
9002274.42	3P UFMS CLINIC/COST CENTER	Table of clinic to cost center mapping.
9002274.44	3P UFMS EXCLUSION TABLE	Entries into this file will cause exclusion of data being sent to UFMS. Any combination of Location/Insurer Type/Clinic may be entered with an effective date range.
9002274.45	3P UFMS CASHIERING SESSIONS	Captures daily user sessions containing all approved/cancelled claims/bills.
9002274.46	3P UFMS EXPORTS	Capture of when transmissions were done to UFMS and what sessions/bills were in each one.
9002274.47	3P CANCEL BILL REASONS	Table of reasons for canceling bills.
9002274.5	3P PARAMETERS	Contains site-specific system parameters used to uniquely create claims. File may be populated or modified through Table Maintenance, Site Parameters.

File #	Filename	Description
9002274.55	3P MU Parameters	MU reports setup parameters
9002274.6	3P TX STATUS	This file is used to keep track of the individual bills that are exported.
9002274.7	3P DENIAL REASONS	Contains denial codes and descriptions for not billing (or paying) on a claim.
9002274.75	3P CHARGE MASTER	Contains items that may be placed on the Charge Master Page in the Claim Editor.
9002274.8	3P VISIT TYPE	3PB Visit Types
9002274.9	3P AREA OFFICE EXPORT	Obsolete
9002274.93	3P ENVOY PAYER	Obsolete
9002274.94	3P ENVOY PROVIDER SPECIALTY	Obsolete
9002274.95	3P PROVIDER TAXONOMY	Mapping of taxonomy codes to person and provider class.

6.2   File Access

The following table indicates access security for each ABM file, where

GL = Global, RD = Read, WR = Write, LYG = Laygo, DD = Data Dictionary, DEL = Delete

File #	Filename	GL	RD	WR	LYG	DD	DEL
9002274.01	3P FEE TABLE	^ABMDFEE(	V	V	V	@	@
9002274.02	3P PCC VISIT BILLING STATUS	^ABMDCS(	V	V	V	@	@
9002274.03	3P CODES	^ABMDCODE(	V	V	V	@	@
9002274.04	3P ERROR CODE	^ABMDERR(	V	V	V	@	@
9002274.05	3P PAGE 3 QUESTIONS	^ABMQUES(	@	@	@	@	@
9002274.06	3P ANESTHESIA CHARGE LIST	Obsolete					
9002274.07	3P MODIFIERS	^ABMDMOD(	V	V	V	@	@
9002274.08	3P EXPORT MODE	^ABMDEXP(	V	V	V	@	@
9002274.09	3P INSURER	^ABMNINS(DUZ(2),	V	V	V	@	@
9002274.095	3P RECEIVER	^ABMRECVR(	MVL#	MVL#	MVL#	@	MVL#
9002274.1	3P DENTAL RECODE	^ABMDREC(	V	V	V	@	@
9002274.11	3P EMC REFERENCE ID	^ABMREFID(	V	V	V	@	V

File #	Filename	GL	RD	WR	LYG	DD	DEL
9002274.12	3P CLAIM GENERATOR PRODUCTIVITY	^ABMCGAUD(	V	V	V	@	@
9002274.125	3P CLAIM GENERATOR PRODUCTIVITY VISITS	^ABMCGV(	V	V	V	@	@
9002274.2	3P EXP LOCAL MOD	^ABMEXLM(	@	@	@	@	@
9002274.3	3P CLAIM DATA	^ABMDCLM(DUZ(2),	V	V	V	@	@
9002274.301	3P CLOSED CLAIM REASON	^ABMCLCLM(	VML	@	@	@	@
9002274.31	3P CANCEL CLAIM REASONS	^ABMCCLMR(	@	@	@	@	@
9002274.32	3P CANCELLED CLAIM DATA	^ABMCCLMS(DUZ(2),	@	@	@	@	@
9002274.33	3P CLAIM PENDING STATUS	^ABMPSTAT(	@	@	@	@	@
9002274.34	3P CONDITION INDICATORS	^ABMCNDIN(	V	@	@	@	@
9002274.35	3P REFERENCE LAB LOCATIONS	^ABMRLABS(	V	V	V	@	V
9002274.37	3P CPT TABLE	^ABMDCPT(	@	@	@	@	@
9002274.4	3P BILL	^ABMDBILL(DUZ(2),	V	V	V	@	@
9002274.41	3P UFMS INSURER TYPE/BUDGET ACTIVITY	^ABMUITBA(	@	@	@	@	@
9002274.42	3P UFMS CLINIC/COST CENTER	^ABMUCTCC(	@	@	@	@	@
9002274.44	3P UFMS EXCLUSION TABLE	^ABMUXCLD(	V	V	V	@	@
9002274.45	3P UFMS CASHIERING SESSIONS	^ABMUCASH(	MVL#Pp[]~	MVL#Pp[]~	MVL#Pp[]~	@	@
9002274.46	3P UFMS EXPORTS	^ABMUTXMT(	V	V	V	@	@
9002274.47	3P CANCEL BILL REASONS	^ABMCBILR(	@	@	@	@	@
9002274.5	3P PARAMETERS	^ABMDPARM(DUZ(2),	V	V	V	@	@
9002274.55	3P MU PARAMETERS	^ABMMUPRM(	V	V	V	@	@
9002274.6	3P TX STATUS	^ABMDTXST(DUZ(2),	V	V	V	@	@
9002274.7	3P DENIAL REASONS	^ABMDDENI(	V	V	V	@	@
9002274.75	3P CHARGE MASTER	^ABMCM(	V	V	V	@	V
9002274.8	3P VISIT TYPE	^ABMDVTYP(	V	V	V	@	@
9002274.9	3P AREA OFFICE EXPORT	^ABMDAOTX(DUZ(2),	V	V	V	@	@
9002274.93	3P ENVOY PAYER	^ABMENVOY(	V	V	@	@	@
9002274.94	3P ENVOY PROVIDER SPECIALTY	^ABMENVPS(	@	@	@	@	@
9002274.95	3P PROVIDER TAXONOMY	^ABMPTAX(	V	@	@	@	@

6.3   Cross References

6.3.1   3P FEE TABLE (9002274.01)

.01 SCHEDULE NUMBER
   B Regular

1 UPDATED
   .01 Updated
      B Regular

11 SURGICAL (CPT CODE)
   .01 Surgical (CPT Code)
      B Regular
      C MUMPS

   .02 Charge
      #1 TRIGGER
         When new value is created, set TODAY into field #.03
         Deleting the value has no effect

   1 EFFECTIVE DATE
      .01 Effective Date
         B Regular

11 MODIFIERS
   .01 Modifiers
      B Regular

13 HCPCS CODE
   .01 HCPCS Code
      B Regular
      C MUMPS

   .02 Charge
      #1 TRIGGER
         When new value is created, set TODAY into field #.03
         Deleting the value has no effect

   1 EFFECTIVE DATE
      .01 Effective Date
         B Regular

15 RADIOLOGY (CPT CODE)
   .01 Radiology (CPT Code)
      B Regular
      C MUMPS

   .02 Charge
      #1 TRIGGER
         When new value is created, set TODAY into field #.03
         Deleting the value has no effect

1 EFFECTIVE DATE

    .01 Effective Date
      B Regular
    11 MODIFIER
      .01 Modifiers
        B Regular

17 LABORATORY (CPT CODE)

    .01 LABORATORY (CPT CODE)
      B Regular
      C MUMPS

    .02 Charge
      #1 TRIGGER
        When new value is created, set TODAY into field #.03
        Deleting the value has no effect

    1 EFFECTIVE DATE

      .01 Effective Date
        B Regular
      11 MODIFIER
        .01 Modifier
          B Regular

19 MEDICAL (CPT CODE)

    .01 Medical (CPT Code)
      B Regular
      C MUMPS

    .02 Charge
      #1 Trigger
        When new value is created, set TODAY into field #.03
        Deleting the value has no effect

    1 EFFECTIVE DATE

      .01 Effective Date
        B Regular

21 DENTAL (ADA CODE)

    .01 Dental (ADA Code)
      B Regular

    .02 Charge
      #1 Trigger
        When new value is created, set TODAY into field #.04
        Deleting the value has no effect

    1 EFFECTIVE DATE

      .01 Effective Date
        B Regular

23 ANESTHESIA (CPT CODE)

    .01 Anesthesia (CPT Code)
      B Regular
      C MUMPS

.02 Charge
#1 Trigger
When new value is created, set TODAY into field #.03
Deleting the value has no effect

1 EFFECTIVE DATE

.01 Effective Date
B Regular

25 DRUG

.01 Drug
B Regular

.02 Price Per Dispense Unit
#1 Trigger
When new value is created, set TODAY into field #.03
Deleting the value has no effect

1 EFFECTIVE DATE

.01 Effective Date
B Regular

31 REVENUE CODE

.01 Revenue Code
B Regular

.02 Charge
#1 Trigger
When new value is created, set TODAY into field #.03
Deleting the value has no effect

1 EFFECTIVE DATE

.01 Effective Date
B Regular

32 CHARGE MASTER

.01 Charge Master
B Regular
.02 Charge
#1 Trigger
When new value is created, set TODAY into field #.03
Deleting the value has no effect

1 EFFECTIVE DATE

.01 Effective Date
B Regular

33 CONVERSION FACTORS
.01 Year
B Regular

6.3.2   3P PCC VISIT BILLING STATUS (9002274.02)

.01 DESCRIPTION
   B Regular

6.3.3   3P CODES (9002274.03)

.01 CODE
   B Regular
.02 CODE TYPE
   AC MUMPS
.03 SHORT DESCRIPTION
   C Regular
   D KWIC

6.3.4   3P ERROR CODE (9002274.04)

.01 ERROR
   B Regular
   C KWIC
11 REQUIRED BY INSURER
   .01 Required by Insurer
       B Regular
       AB Regular
11 REQD FOR EXPORT FORM
   .01 Reqd for export form
       B Regular
31 SITE
   .01 Site
       B Regular

6.3.5   3P PAGE 3 QUESTIONS (9002274.05)

.01 NAME
   B Regular

6.3.6   3P ANESTHESIA CHG LIST (9002274.06)

.01 CODE
   B Regular
.02 Obstetrically Related
   C MUMPS

6.3.7   3P MODIFIERS (9002274.07)

.01 CODE
>   B Regular

.02 *DESCRIPTION
>   C Regular

6.3.8   3P EXPORT MODE (9002274.08)

.01 FORMAT
>   B Format

6.3.9   3P INSURER (9002274.09)

.01 INSURER
>   B Regular

1 VISIT TYPE
>   .01 Visit Type
>   >   B Regular
>   5 HISTORY OF FEE SCEHDULES
>   >   .01 Fee Schedule
>   >   >   B Regular
>   11 Start Date
>   >   .01 Start Date
>   >   >   B Regular
>   >   12 Replacement Insurer Effective Date
>   >   >   .01 Replacement Insurer Effective Date
>   >   >   >   B Regular

2 FORM LOCATOR OVERRIDE
>   .01 Form Locator Override
>   >   B Regular
>   .05 Data Value
>   >   AOVR MUMPS
>   .06 Visit Type
>   >   AOVR2^MUMPS

2.5 SEGMENT OVERRIDE
>   .01 Segment Override
>   >   B Regular
>   .07 Data Value
>   >   A837 MUMPS
>   .08 Send/Don't Send
>   >   ASEND MUMPS
>   >   ASEND2 MUMPS

3 PROVIDER
>   .01 Provider

        B Regular

    3.5 837 PROV QUALIFIER/NUMBERS

      .01 Prov qualifier/numbers
        B Regular

      .02 Provider
        B Regular

    4 LAB CPT/HCPCS REQ'ING RESULTS

      .01 Lab CPT/HCPCS Req'ing results
        B Regular

    5 CPTS REQ'ING NARRATIVE

      .01 CPTs req'ing narrative
        B Regular

    6 SPLIT PAGE(S)

      .01 Split page(s)
        B Regular

    7 AUTO-SPLIT CLAIM RUNS

      .01 Auto-split claim runs
        B Regular

6.3.10   3P RECEIVER (9002274.095)

    .01 Clearinghouse

      B Regular

    1 INSURERS

      .01 Insurers
        B Regular
        C Regular

6.3.11   3P DENTAL RECODE (9002274.1)

    .01 TABLE NAME (INSURER)

      B Regular

    1 Codes

      .01 IHS Codes
        B Regular

6.3.12   3P EMC REFERENCE ID (9002274.11)

    .01 ID QUALIFIER

      B Regular

6.3.13   3P CLAIM GENERATOR PRODUCTIVITY (9002274.12)

.01 DATE/TIME OF ACTION
  B Regular
1 BKMGS
  .01 BKMG Initiated Date
    B Regular

6.3.14   3P CLAIM GENERATOR PRODUCTIVITY VISITS (9002274.125)

.01 Visit
  B Regular
11 ACTION DATE/TIME
  .01 Action Date/Time
    B Regular
    AC MUMPS

6.3.15   3P EXP LOCAL MOD (9002274.2)

.01 NAME
  B Regular
.06 Line lable
  AC MUMPS
.07 Routine
  AD MUMPS

6.3.16   3P CLAIM DATA (9002274.3)

.01 PATIENT
  B Regular
.02 ENCOUNTER DATE
  #1 TRIGGER
    If new value created, only do set if #.71="" is true; When new value created,
      set #.02 into field #.71
    Deleting the field has no effect
  AD Regular
.026 Pending Date/Time
  AH Regular
.04 CLAIM STATUS
  AS Regular
.1 DATE LAST EDITED
  AC Regular

.12 BILL TYPE

    AE MUMPS

.14 MODE OF EXPORT

    AF MUMPS

.54 PRO APPROVAL CODE

    #1 TRIGGER

.59 ADMITTING DIAGNOSIS

    AINP Regular

.61 ADMISSION DATE

    #1 TRIGGER
        When new value created, set #.61 into field #.73
        Deleting the value has no effect

.71 SERVICE DATE FROM

    #1 TRIGGER
        If new value created, only do set if #.03]"" is true. When new value created,
            set #.71 into field #.02
        Deleting the value has no effect

.72 SERVICE DATE TO

    #1 TRIGGER
        If new value created, only do set if #.71]"" is true. When new value created,
            set $S(#.71=#.72:1,1:#.72-#.71) into field #.73
        Deleting the value has no effect

.82 INJURY DATE

    #1 TRIGGER
        If new value created, only do set if #.71]"" is true. When new value created,
            set #.82 into field #.86. If value deleted, only do following action if
            #.86=#.82 is true
        When the value is deleted, the value in field # .86 is also deleted

8.5 VISION CONDITION INDICATORS

    .01 Vision Condition Indicators

        B Regular

11 PCC VISIT

    .01 PCC Visit
        AV Regular
    .02 Visit Status
        AC Regular

13 INSURER

    .01 Insurer
        B Regular

    .02 Priority Order
        C Regular

    .03 Status
        ACTIVE MUMPS

11 Coverage Type

    .01 Coverage Type
        B Regular

14 MED NECESSITY COND

    .01 Med Necessity Cond
        B Regular

15 APC VISIT

    .01 APC Visit
        APC Regular

17 DIAGNOSIS

    .02 Priority Order
        C Regular

19 ICD PROCEDURE

    .01 ICD Procedure
        B Regular

    .02 Priority Order
        C Regular

    .17 Data Source
        ASRC MUMPS

21 SURGICAL PROCEDURE

    .01 Surgical
        B Regular

    .02 Priority Order
        C Regular

    .17 Data Source
        ASRC21 MUMPS
        ASRCS MUMPS

    .18 Service Line Provider
        .01 Service Line Provider
            B Regular
        .02 Type
            C Regular

    .23 Print Order
        C MUMPS

23 PHARMACY

    .01 Medication

            B Regular

     .06 Prescription
            C Regular

     .17 Data Source
            ASRC23 MUMPS

     .18 Service Line Provider
          .01 Service Line Provider
               B Regular
          .02 Type
               C Regular

     .3 Print Order
            D MUMPS

25 REVENUE CODE

     .17 Data Source
            ASRC25 MUMPS

     .23 Print Order
            E MUMPS

27 MEDICAL PROCEDURE

     .01 Medical
            AC MUMPS

     .07 Service From Date/Time
            C Regular

     .17 Data Source
            ASRC27 MUMPS

     .18 Service Line Provider
          .01 Service Line Provider
               B Regular
          .02 Type
               C Regular

     .23 Print Order
            F MUMPS

33 DENTAL

     .01 Dental (ADA Code)
            B Regular
            #1 TRIGGER
     .07 Date of Service
            C Regular

     .17 Data Source
            AG MUMPS

     .18 Service Line Provider
          .01 Service Line Provider
               B Regular
     .23 Print Order
            G MUMPS

35 RADIOLOGY

.01 Radiology (CPT Code)
AC MUMPS

.17 Data Source
asrc MUMPS

.18 Service Line Provider
.01 Service Line Provider
B Regular
.02 Type
C Regular

.23 Print Order
H MUMPS

37 LABORATORY

.01 Laboratory (CPT Code)
AC MUMPS

.17 Data Source
ASRC37 MUMPS

.18 Service Line Provider
.01 Service Line Provider
B Regular
.02 Type
C Regular

.23 Print Order
I MUMPS

39 ANESTHESIA

.01 Anesthesia (CPT Code)
B Regular

.07 Start Date/Time
#1 TRIGGER
When new value created, set S X=$$C^ ABMDANTC (D0,D1) into field #.03
When the value is deleted, the value in field #.03 is also deleted

.08 Stop Date/Time
#1 TRIGGER
When new value created, set S X=$$C^ ABMDANTC (D0,D1) into field #.03
When the value is deleted, the value in field #.03 is also deleted

.17 Data Source
ASRC39 MUMPS
ASRCA Regular

.18 Service Line Provider
.01 Service Line Provider
B Regular
.02 Type
C Regular

.23 Print Order

J MUMPS

41 PROVIDERS

.01 Provider
B Regular

.02 Type
C Regular

43 MISC. SERVICES

.01 Misc Service (CPT Code)
B Regular

.17 Data Source
ASRC43 MUMPS

.18 Service Line Provider
.01 Service Line Provider
B Regular
.02 Type
C Regular

.23 Print Order
K MUMPS

45 CHARGE MASTER

.01 Item
B Regular

.23 Print Order
L MUMPS

47 AMBULANCE SERVICES

.01 Misc Service (CPT Code)
B Regular

.17 Data Source
ASRC47 MUMPS

.18 Service Line Provider
.01 Service Line Provider
B Regular

.23 Print Order
M MUMPS

51 OCCURANCE CODE

.01 Occurance
AB MUMPS

53 CONDITION CODE

.01 Condition Code
AB MUMPS

55 VALUE CODE

.01 Value Codes
AB MUMPS

57 OCCURANCE SPAN CODE

 .01 Occurance Span Code
  B Regular
  AB MUMPS

59 SPECIAL PROGRAM CODE

 .03 Referral Reason

  .01 Referral Reason
   B Regular

63 DATES OF SIMILAR SYMPTOMS

 .01 Dates of Similar Symptoms
  B Regular

65 ACTIVE BILLS

 .01 Active Bills
  B Regular

67 DATE STMT WAS PRINTED

 .01 Pt Stmt Message
  B Regular

69 OPEN/CLOSED STATUS DATE

 .01 Open/Closed Status Date
  B Regular
  AB Regular

71 CLAIM ATTACHMENTS

 .01 Clm Attch Report Type Code
  B Regular

6.3.17 3P CLOSED CLAIM REASON (9002274.301)

 .01 REASON
  B Regular

6.3.18 3P CANCEL CLAIM REASONS (9002274.31)

 .01 REASON
  B Regular

6.3.19 3P CANCELLED CLAIM DATA (9002274.32)

 .01 Patient
  B Regular
 .02 Encounter Date
  AD Regular
 .115 Date/Time Cancelled
  AC Regular

Technical Manual   Files and Tables
August 2023

55

11 PCC VISIT

.01 PCC Visit
AV Regular
B Regular

17 DIAGNOSIS

.01 Diagnosis
B Regular

.02 Priority Order
C Regular

21 SURGICAL

.01 Surgical
B Regular

23 PHARMACY

.01 Pharmacy
B Regular

25 REVENUE CODE

.01 Revenue Code
B Regular

27 MEDICAL (CPT)

.01 Medical (CPT)
B Regular

33 DENTAL (ADA CODE)

.01 Dental (ADA Code)
B Regular

35 RADIOLOGY (CPT CODE)

.01 Radiology (CPT code)
B Regular

37 Laboratory (CPT CODE)

.01 Laboratory (CPT Code)
B Regular

39 ANESTHESIA (CPT CODE)

.01 Anesthesia (CPT Code)
B Regular

41 PROVIDERS

.01 Provider
B Regular

.02 Type
C Regular

43 MISC. SERVICE (CPT)

.01 Misc. Service (CPT)
B Regular

47 AMBULANCE SERVICE
 .01 Ambulance Service
     B Regular

6.3.20   3P CLAIM PENDING STATUS (9002274.33)

.01 Status
    B Regular

6.3.21   3P CONDITION INDICATORS (9002274.34)

.01 Number
    B Regular

6.3.22   3P REFERENCE LAB LOCATIONS (9002274.35)

.01 Vendor name
    B Regular
.02 CLIA#
    C Regular

6.3.23   3P CPT TABLE (9002274.37)

.01 LEVEL
    B Regular
2 TYPE
    C Regular
3 SUBTYPE
    D Regular
        Required by claim generator

6.3.24   3P BILL (9002274.4)

.01 BILL NUMBER
    B Regular
.04 BILL STATUS
    AC Regular
    AS MUMPS
    AF MUMPS
    AG MUMPS
.05 PATIENT
    D Regular

.08 ACTIVE INSURER

AJ Regular

.11 CHART REVIEWED (Y/N)

#1 TRIGGER

If new value created, only do set if #.12="" is true. When new value created,
set S X=$S($D(DUZ):DUZ,1:"") into field #.12

Deletion of the value has no effect

#2 TRIGGER

If new value created, only do set if #.13="" is true. When new value
created, set S X=DT into field #.13

Deletion of the value has no effect

.112 BILL CANCELLATION DATE

AH Regular

.115 OTHER BILL IDENTIFIER

G Regular

.15 DATE/TIME APPROVED

AP Regular

.16 EXPORT STATUS

AA Regular

.17 EXPORT NUMBER

AX Regular

.175 BATCHED DATE/TIME

.01 BATCHED DATE/TIME

B Regular

AX MUMPS

.18 DATE TX'ED TO AR

AZ Regular

.71 SERVICE DATE FROM

AD Regular

ADR MUMPS

3 PAYMENT

.01 Payment Date
B Regular
AE Regular

.02 Amount
C Regular

8.5 VISION CONDITION INDICATORS

.01 Vision Condition Indicators
B Regular

11 PCC VISIT

.01 PCC Visit

        AV Regular

13 INSURER

  .01 Insurer
     B Regular

  .02 Priority
     C Regular

    11 Coverage Type

      .01 Coverage Type
        B Regular

14 MED NECESSITY COND

  .01 Med Necessity Cond
     B Regular

15 APC VISIT

  .01 APC Visit
     APC Regular

17 DIAGNOSIS

  .02 Priority Order
     C Regular

19 ICD PROCEDURE

  .02 Priority Order
     C Regular

21 MED/SURG PROCEDURE

  .01 Surgical
     B Regular

  .02 Priority Order
     C Regular

  .18 Service Line Provider
     .01 Service Line Provider
       B Regular
     .02 Type
       C Regular

23 PHARMACY

  .06 Prescription
     F MUMPS

  .18 Service Line Provider
     .01 Service Line Provider
       B Regular
     .02 Type
       C Regular

27 MEDICAL PROCEDURE

  .18 Service Line Provider
     .01 Service Line Provider
       B Regular
     .02 Type

C Regular

33 DENTAL

.01 Dental (ADA Code)
B Regular

.07 Date of Service
C Regular

.18 Service Line Provider
.01 Service Line Provider
B Regular
.02 Type
C Regular

35 RADIOLOGY

.18 Service Line Provider
.01 Service Line Provider
B Regular
.02 Type
C Regular

37 LABORATORY

.18 Service Line Provider
.01 Service Line Provider
B Regular
.02 Type
C Regular

39 ANESTHESIA

.01 Anesthesia (CPT Code)
B Regular

.18 Service Line Provider
.01 Service Line Provider
B Regular
.02 Type
C Regular

41 PROVIDERS

.01 Provider
B Regular

.02 Type
C Regular

43 MISC. SERVICES

.01 Misc. Service (CPT)
B Regular

.18 Service Line Provider
.01 Service Line Provider
B Regular
.02 Type
C Regular

45 SUPPLIES

    .01 Item
      B Regular

47 AMBULANCE SERVICES

    .01 Ambulance Service (CPT Code)
      B Regular

    .17 Data Source
      ASRC47 MUMPS

    .18 Service Line Provider
      .01 Service Line Provider
        B Regular
      .02 Type
        C Regular

57 OCCURANCE SPAN CODE

    .01 Occurance Span Code
      B Regular

59 SPECIAL PROGRAM CODE

    .03 Referral Reason

      .01 Referral Reason
        B Regular

65 ACTIVE BILLS

    .01 Active Bills
      B Regular

67 DATE STMT WAS PRINTED

    .01 Pt Stmt Message
      B Regular

69 UFMS TRANSMISSION DATE

    .01 UFMS Transmission Date
      B Regular

    .02 UFMS Invoice Number
      UINV MUMPS

73 POS REJECTIONS

    .01 POS Rejection Code
      B Regular

710 CLAIM ATTACHMENTS

    .01 Clm Attch Report Type Code
      B Regular

6.3.25   3P UFMS INSURER TYPE/BUDGET ACTIVITY (9002274.41)

    .01 Insurer Type
      B Regular

.05 Area
C MUMPS

6.3.26   3P UFMS CLINIC/COST CENTER (9002274.42)

.01 Clinic Code
B Regular

6.3.27   3P UFMS EXCLUSION TABLE (9002274.44)

.01 Location
B Regular
.02 Effective Date
.01 Effective Date
B Regular

6.3.28   3P UFMS CASHIERING SESSIONS (9002274.45)

.01 LOCATION
B Regular
.02 USER
.01 User
B Regular
.02 SIGN IN DATE
.01 Sign In Date
B Regular
.04 Session Status
AC MUMPS
11 BUDGET ACTIVITY
.01 Budget Activity
B Regular
1 CANCELLED CLAIMS
.01 Cancelled Claims
B Regular
2 APPROVED BILLS
.01 Approved Bills
B Regular
3 CANCELLED BILLS
.01 Cancelled Bills
B Regular
12 REQUEUED BILLS
.01 Requeued Bills
B Regular
13 REQUEUED BATCHES
.01 Requeued Batches
B Regular

.03 POS CLAIMS
 .01 POS Claims
  B Regular
 .02 SIGN IN DATE
  .01 Sign In Date
   B Regular
  .04 Session Status
   AD MUMPS
  11 BUDGET ACTIVITY
   .01 Budget Activity
    B Regular
   2 APPROVED BILLS
    .01 Approved Bills
     B Regular

6.3.29   3P UFMS EXPORTS (9002274.46)

.01 Export Date
 B Regular
1 USER
 .01 User
  B Regular
 .02 SIGN IN DATE
  .01 Sign In Date
   B Regular
  3 RE-EXPORTS
   .01 Re-Exports
    B Regular
  11 BUDGET ACTIVITY
   .01 Budget Activity
    B Regular
   2 BILLS
    .01 Bills
     B Regular
2 POS CLAIMS
 .01 POS Claims
  B Regular
 .02 SIGN IN DATE
  .01 Sign In Date
   B Regular
  11 BUDGET ACTIVITY
   .01 Budget Activity
    B Regular
   2 BILLS
    .01 Bills
     B Regular

6.3.30   3P CANCEL BILL REASONS (9002274.47)

.01 Reason
   B Regular

6.3.31   3P PARAMETERS (9002274.5)

.01 FACILITY
   B Regular
6 DISPLAY UNBILLABLE INSURER(S)
   .01 Display Unbillable Insurer(s)
      B Regular
11 CLAIM PAGE(S) TO BE SKIPPED
   .01 Claim Page(s) to be Skipped
      B Regular
15 DEFAULT UNBILLABLE CLINICS
   .01 Default Unbillable Clinics
      B Regular
17 DFLT INVALID PRV DISCIPLINES
   .01 Dflt Invalid PRV Disciplines
      B Regular
19 INSURERS W/O 837 PRV SEGMENT
   .01 Insurers w/o 837 PRV segment
      B Regular

6.3.32   3P MU PARAMETERS (9002274.55)

.01 PATIENT VOLUME
   B Regular
1 FQHC/RHC FACILITIES
   .01 FQHC/RHC Facilities
      B Regular
2 PROVIDER CLASS
   .01 Provider Class
      B Regular

6.3.33   3P TX STATUS (9002274.6)

.01 EXPORT DATE
   B Regular
.06 DATE TRANSMITTED TO AREA
   AX Regular

.07 LABELS PRINTED
>   AM Regular

.08 TRANSMITTAL PRINTED
>   AT Regular

.14 EMC FILE NAME
>   D Regular

.16 GROUP CONTROL NUMBER
>   C Regular

1 BILLS
>   .01 Bills
>   >   B Regular
>
>   .02 Attending Provider
>   >   APROV Regular
>
>   .03 Subscriber
>   >   ASBR MUMPS

3 SUBMISSION DATE
>   .01 Submission Date
>   >   B Regular
>
>   .02 Group Control Number
>   >   E MUMPS

6.3.34   3P DENIAL REASONS (9002274.7)

.01 REASON
>   B Regular

.03 CODE
>   C Regular

6.3.35   3P CHARGE MASTER (9002274.75)

.01 ITEM DESCRIPTION
>   B Regular

.04 UPC
>   C Regular

.05 OTHER IDENTIFIER
>   D Regular

6.3.36   3P VISIT TYPE (9002274.8)

.01 NAME
>   B Regular

1 CLINIC
.01 Clinic
B Regular
2 AUTO-LINK TO PCC
.01 Auto-Link to PCC
B Regular
3 HOSPTIAL LOCATION
.01 Hospital Location
B Regular

6.3.37   3P AREA OFFICE EXPORT (9002274.9)

.01 DATE
B Regular

6.3.38   3P ENVOY PAYER (9002274.93)

.01 ID
B Regular
.02 PAYER NAME
C KWIC

6.3.39   3P ENVOY PROVIDER SPECIALTY (9002274.94)

.01 NAME
B Regular
.02 Envoy 1500 PP Code
C Regular
1 EXCEPTIONS
.01 Envoy E-Claim Type
B Regular

6.3.40   3P PROVIDER TAXONOMY (9002274.95)

.01 TAXONOMY CODE
B Regular
.02 PROVIDER CLASS CODE
A7 MUMPS
.03 PERSON CLASS
AUSC MUMPS
.04 PROV CLASS CODE 2
AC MUMPS

.05 PROV CLASS CODE 3
    AD MUMPS

6.4 Table File

6.4.1 3P FEE TABLE FILE

Global: ^ABMDFEE(
File#: 9002274.01

.01 SCHEDULE NUMBER (RNJ3,0X), [0;1]

.02 TITLE (RF), [0;2]

.03 ADJUSTMENT FACTOR (NJ5,2), [0;3]

.04 OWNER (facility) (P9999999.06'), [0;4]

.05 FEE TABLE EFFECTIVE DATE (D), [0;5]

.06 P27 CLEANUP (S), [0;6]

1 UPDATED (Multiple-9002274.011), [1;0]

.01 UPDATED (D), [0;1]

.02 UPDATED BY (P200'), [0;2]

.03 PERCENTILE (NJ3,0), [0;3]

.04 INCREASE/DECREASE (S), [0;4]

.05 PERCENT INCREASE/DECREASE (NJ6,2), [0;5]

.06 ASC PAYMENT GROUP CHANGES (S), [0;6]

11 SURGICAL (CPT CODE) (Multiple-9002274.0111), [11;0]
   .01 SURGICAL (CPT CODE) (M*P81'X), [0;1]
   .02 *CHARGE (RNJ8,2), [0;2]
   .03 *LAST UPDATE (D), [0;3]
   .04 FOLLOW UP DAYS (NJ3,0), [0;4]
   .05 P27 REVIEW DT (D), [0;5]
   .06 P27 REVIEWED BY (P200'), [0;6]
     1 EFFECTIVE DATE (Multiple-9002274.1111), [1;0]
      .01 EFFECTIVE DATE (D), [0;1]
      .02 GLOBAL CHARGE (NJ10,2), [0;2]
      .03 TECHNICAL CHARGE (NJ10,2), [0;3]
      .04 PROFESSIONAL CHARGE (NJ10,2), [0;4]

        .05 LAST UPDATED (D), [0;5]
        .06 UPDATED BY (P200'), [0;6]
     11 *MODIFIERS (Multiple-9002274.011111), [11;0]
        .01 *MODIFIERS (MP9002274.07'X), [0;1]
        .02 *UNITS (NJ5,1), [0;2]
        .03 *CHARGE (NJ8,2), [0;3]
        .04 *DESCRIPTION (F), [0;4]
13 HCPCS CODE (Multiple-9002274.0113), [13;0]
  .01 HCPCS CODE (M*P81'X), [0;1]
  .02 *CHARGE (NJ8,2), [0;2]
  .03 *LAST UPDATE (D), [0;3]
  .05 P27 REVIEW DT (D), [0;5]
  .06 P27 REVIEWED BY (P200'), [0;6]
     1 EFFECTIVE DATE (Multiple-9002274.1131), [1;0]
        .01 EFFECTIVE DATE (D), [0;1]
        .02 GLOBAL CHARGE (NJ10,2), [0;2]
        .03 TECHNICAL CHARGE (NJ10,2), [0;3]
        .04 PROFESSIONAL CHARGE (NJ10,2), [0;4]
        .05 LAST UPDATED (D), [0;5]
        .06 UPDATED BY (P200'), [0;6]
15 RADIOLOGY (CPT CODE) (Multiple-9002274.0115), [15;0]
  .01 RADIOLOGY (CPT CODE) (M*P81'X), [0;1]
  .02 *CHARGE (RNJ7,2), [0;2]
  .03 *LAST UPDATE (D), [0;3]
  .05 P27 REVIEW DT (D), [0;5]
  .06 P27 REVIEWED BY (P200'), [0;6]
     1 EFFECTIVE DATE (Multiple-9002274.1151), [1;0]
        .01 EFFECTIVE DATE (D), [0;1]
        .02 GLOBAL CHARGE (NJ10,2), [0;2]
        .03 TECHNICAL CHARGE (NJ10,2), [0;3]
        .04 PROFESSIONAL CHARGE (NJ10,2), [0;4]
        .05 LAST UPDATED (D), [0;5]
        .06 UPDATED BY (P200'), [0;6]
     11 *MODIFIER (Multiple-9002274.011511), [11;0]
        .01 *MODIFIER (MP9002274.07'X), [0;1]
        .02 *UNITS (NJ3,0), [0;2]
        .03 *CHARGE (RNJ7,2), [0;3]
        .04 *DESCRIPTION (F), [0;4]
17 LABORATORY (CPT CODE) (Multiple-9002274.0117), [17;0]
  .01 LABORATORY (CPT CODE) (M*P81'X), [0;1]
  .02 *CHARGE (RNJ7,2), [0;2]
  .03 *LAST UPDATE (D), [0;3]
  .05 P27 REVIEW DT (D), [0;5]
  .06 P27 REVIEWED BY (P200'), [0;6]
     1 EFFECTIVE DATE (Multiple-9002274.1171), [1;0]
        .01 EFFECTIVE DATE (D), [0;1]
        .02 GLOBAL CHARGE (NJ10,2), [0;2]
        .03 TECHNICAL CHARGE (NJ10,2), [0;3]
        .04 PROFESSIONAL CHARGE (NJ10,2), [0;4]
        .05 LAST UPDATED (D), [0;5]

.06 UPDATED BY (P200'), [0;6]

11 *MODIFIER (Multiple-9002274.011711), [11;0]

.01 *MODIFIER (MP9002274.07'X), [0;1]

.03 *CHARGE (RNJ8,2), [0;3]

.04 *DESCRIPTION (F), [0;4]

19 MEDICAL (CPT CODE) (Multiple-9002274.0119), [19;0]

.01 MEDICAL (CPT CODE) (M*P81'X), [0;1]

.02 *CHARGE (RNJ7,2), [0;2]

.03 *LAST UPDATE (D), [0;3]

.05 P27 REVIEW DT (D), [0;5]

.06 P27 REVIEWED BY (P200'), [0;6]

1 EFFECTIVE DATE (Multiple-9002274.1191), [1;0]

.01 EFFECTIVE DATE (D), [0;1]

.02 GLOBAL CHARGE (NJ10,2), [0;2]

.03 TECHNICAL CHARGE (NJ10,2), [0;3]

.04 PROFESSIONAL CHARGE (NJ10,2), [0;4]

.05 LAST UPDATED (D), [0;5]

.06 UPDATED BY (P200'), [0;6]

21 DENTAL (ADA CODE) (Multiple-9002274.0121), [21;0]

.01 DENTAL (ADA CODE) (MP9999999.31'X), [0;1]

.02 *CHARGE (RNJ7,2), [0;2]

.03 *FREE TXT CODE (F), [0;3]

.04 *LAST UPDATE (D), [0;4]

1 EFFECTIVE DATE (Multiple-9002274.1211), [1;0]

.01 EFFECTIVE DATE (D), [0;1]

.02 GLOBAL CHARGE (NJ9,2), [0;2]

.03 TECHNICAL CHARGE (NJ9,2), [0;3]

.04 PROFESSIONAL CHARGE (NJ9,2), [0;4]

.05 LAST UPDATED (D), [0;5]

.06 UPDATED BY (P200'), [0;6]

23 ANESTHESIA (CPT CODE) (Multiple-9002274.0123), [23;0]

.01 ANESTHESIA (CPT CODE) (M*P81'X), [0;1]

.02 *CHARGE (RNJ7,2), [0;2]

.03 *LAST UPDATE (D), [0;3]

.05 P27 REVIEW DT (D), [0;5]

.06 P27 REVIEWED BY (P200'), [0;6]

1 EFFECTIVE DATE (Multiple-9002274.1231), [1;0]

.01 EFFECTIVE DATE (D), [0;1]

.02 GLOBAL CHARGE (NJ10,2), [0;2]

.03 TECHNICAL CHARGE (NJ10,2), [0;3]

.04 PROFESSIONAL CHARGE (NJ10,2), [0;4]

.05 LAST UPDATED (D), [0;5]

.06 UPDATED BY (P200'), [0;6]

25 DRUG (Multiple-9002274.0125), [25;0]

.01 DRUG (MP50'X), [0;1]

.02 PRICE PER DISPENSE UNIT (NJ11,5), [0;2]

.03 *LAST UPDATE (D), [0;3]

1 EFFECTIVE DATE (Multiple-9002274.1251), [1;0]

          .01 EFFECTIVE DATE (D), [0;1]
          .02 PRICE PER DISPENSE UNIT (NJ9,2), [0;2]
          .05 LAST UPDATED (D), [0;5]
          .06 UPDATED BY (P200'), [0;6]
31 REVENUE CODE (Multiple-9002274.0131), [31;0]
    .01 REVENUE CODE (MP9999999.72'X), [0;1]
    .02 *CHARGE (RNJ7,2), [0;2]
    .03 *LAST UPDATE (D), [0;3]
    1 EFFECTIVE DATE (Multiple-9002274.1311), [1;0]
        .01 EFFECTIVE DATE (D), [0;1]
        .02 GLOBAL CHARGE (NJ9,2), [0;2]
        .03 TECHNICAL CHARGE (NJ9,2), [0;3]
        .04 PROFESSIONAL CHARGE (NJ9,2), [0;4]
        .05 LAST UPDATED (D), [0;5]
        .06 UPDATED BY (P200'), [0;6]
32 CHARGE MASTER (Multiple-9002274.0132), [32;0]
    .01 CHARGE MASTER (MP9002274.75X), [0;1]
    .02 *CHARGE (NJ8,2), [0;2]
    .03 *LAST UPDATE (D), [0;3]
    1 EFFECTIVE DATE (Multiple-9002274.1321), [1;0]
        .01 EFFECTIVE DATE (D), [0;1]
        .02 GLOBAL CHARGE (NJ9,2), [0;2]
        .03 TECHNICAL CHARGE (NJ9,2), [0;3]
        .04 PROFESSIONAL CHARGE (NJ9,2), [0;4]
        .05 LAST UPDATED (D), [0;5]
        .06 UPDATED BY (P200'), [0;6]
33 *CONVERSION FACTORS (Multiple-9002274.0133), [33;0]
    .01 *YEAR (MNJ4,0X), [0;1]
    .02 *MEDICAL CONVERSION FACTOR (NJ7,2), [0;2]
    .03 *SURGICAL CONVERSION FACTOR (NJ7,2), [0;3]
    .04 *ANESTHESIA CONVERSION FACTOR (NJ7,2), [0;4]
    .05 *RADIOLOGY CONVERSION FACTOR (NJ7,2), [0;5]
    .06 *LABORATORY CONVERSION FACTOR (NJ7,2), [0;6]

6.4.2   3P PCC VISIT BILLING STATUS

Global: ^ABMDCS(
File#: 9002274.02

.001 STATUS NUM (NJ3,0), [ ]
.01 DESCRIPTION (RF), [0;1]

6.4.3   3P CODES FILE

Global: ^ABMDCODE(
File#: 9002274.03

.01 CODE (RFX), [0;1]
.02 CODE TYPE (RS), [0;2]
.03 SHORT DESCRIPTION (RFX), [0;3]
.04 INACTIVE FLAG (S), [0;4]
.05 VALUE CODE TYPE (S), [0;5]
.06 PAYER CODE (S), [0;6]
11 LONG DESCRIPTION (F), [1;1]

6.4.4   3P ERROR CODE FILE

Global: ^ABMDERR(
File#: 9002274.04

.001 NUMBER (NJ3,0), [ ]
.01 ERROR (RFX), [0;1]
.02 CORRECTIVE ACTION (F), [0;2]
.03 ERROR STATUS (S), [0;3]
.04 *DISPLAY ONLY WHEN IN ERROR (S), [0;4]
.05 RESTRICT LOCAL EDITING (S), [0;5]
11 REQUIRED BY INSURER (Multiple-9002274.411), [11;0]
    .01 REQUIRED BY INSURER (P9999999.18'X), [0;1]
21 REQD FOR EXPORT FORM (Multiple-9002274.421), [21;0]
    .01 REQD FOR EXPORT FORM (P9002274.08'X), [0;1]
31 SITE (Multiple-9002274.0431), [31;0]
    .01 SITE (P9999999.06'X), [0;1]
    .03 ERROR STATUS (S), [0;3]
    .04 DISPLAY ONLY WHEN IN ERROR (S), [0;4]

6.4.5   3P PAGE 3 QUESTIONS

Global: ^ABMQUES(
File#: 9002274.05

.001 NUMBER (NJ3,0), [ ]
.01 NAME (RF), [0;1]
.02 DISPLAY LINE TAG (F), [0;2]
.03 DISPLAY ROUTINE (F), [0;3]
.04 EDIT LINE TAG (F), [0;4]
1 EDIT ROUTINE (F), [0;5]

6.4.6   3P ANESTHESIA CHARGE LIST

Global: ^ABMDANST
File#: 9002274.06

(Obsolete)

6.4.7   3P MODIFIERS

Global: ^ABMDMOD(
File#: 9002274.07

.01 CODE (RP9999999.88'), [0;1]
.02 *DESCRIPTION (FX), [0;2]
.03 CATEGORY (NJ5,0X), [0;3]
.04 UNIT VALUE (NJ5,2), [0;4]

6.4.8   3P EXPORT MODE

Global: ^ABMDEXP(
File#: 9002274.08

.001 NUMBER (NJ4,0), [ ]
.01 FORMAT (RF), [0;1]
.02 LEFT MARGIN (NJ2,0), [0;2]
.03 TOP MARGIN (NJ2,0), [0;3]
.04 EXPORT ROUTINE (F), [0;4]
.05 ALIGNMENT ROUTINE (F), [0;5]
.06 DENTAL SCREEN (S), [0;6]
.07 DESCRIPTION (F), [0;7]
.08 QUESTIONS (F), [0;8]
.09 STATUS (S), [0;9]
.11 CHARGE SUMMARY ROUTINE (F), [1;1]
.12 ONLY APPLIES TO (S), [1;2]
.13 CONTAINS MULTIPLE BILLS (S), [1;3]
.135 UPPER LIMIT (NJ13,2), [1;6]
.14 PRINT ON PLAIN PAPER (S), [1;4]
.15 EXPORT TYPE (S), [1;5]
.17 TEST? (S), [1;7]

1   PAGE 9 REMARKS (Multiple-9002274.081), [2;0]
      .01 PAGE 9 REMARKS (WL), [0;1]
11 INACTIVE FLAG (S), [0;11]

6.4.9   3P INSURER

Global: ^ABMNINS(DUZ(2),
File#: 9002274.09

.01 INSURER (RP9999999.18'X), [0;1]
.02 EMC SUBMITTER ID (F), [0;2]
.03 EMC PASSWORD (F), [0;3]
.04 EMC TEST INDICATOR (F), [0;4]
.05 USE PLAN NAME? (S), [0;5]
.06 GROUP NUMBER (F), [0;6]
.07 AUTO SEND? (S), [0;7]
.08 72 HOUR RULE (S), [0;8]
.09 NPI USAGE (S), [0;9]
.11 TRIBAL SELF-INSURED? (S), [0;11]
.12 ICD-10 EFFECTIVE DATE (RD), [0;12]
.13 DECIMAL IN 1500 BOX 21 (DX) (S), [0;13]
.14 *ALL INCLUSIVE PRINT NDC (S), [0;14]
1 VISIT TYPE (Multiple-9002274.091), [1;0]
    .01 VISIT TYPE (MP9002274.8'X), [0;1]
    .02 PROCEDURE CODING METHOD (S), [0;2]
    .03 REVENUE CODE (*P9999999.72'), [0;3]
    .04 MODE OF EXPORT (P9002274.08'), [0;4]
    .05 FEE SCHEDULE (P9002274.01'), [0;5]
    .06 MULTIPLE FORMS? (S), [0;6]
    .07 BILLABLE STATUS (S), [0;7]
    .08 INSURER ASSIGNED NUMBER (F), [0;8]
    .09 REVENUE DESCRIPTION (F), [0;9]
    .11 UB92 BILL TYPE (*P9002274.03'), [0;11]
    .12 ITEMIZED UB-92? (S), [0;12]
    .13 AUTO APPROVE? (S), [0;13]
    .14 START BILLING DATE (D), [0;14]
    .15 HCFA FIELD 24K (S), [0;15]
    .16 CPT CODE (P81'), [0;16]
    .17 BLOCK 29 (S), [0;17]
    .18 UB RELATIONSHIP CODE (S), [0;18]
    .19 EMC SUBMITTER ID (F), [0;19]
    .2 BLOCK 33 PIN# (S), [0;20]
    .21 SEND PARAMETER (P9999999.93'), [0;21]
    .22 STOP BILLING DATE (D), [0;22]
    .23 AUTO-SPLIT THIS ENTRY (S), [0;23]
    .24 RX IN FL44? (S), [0;24]
    .25 REPORTING PURPOSES ONLY (S), [0;25]
    5 HISTORY OF FEE SCHEDULES (Multiple-9002274.915), [5;0]
        .01 FEE SCHEDULE (P9002274.01'), [0;1]
        .02 LAST UPDATED (D), [0;2]
        .03 UPDATED BY (P200'), [0;3]
    11 START DATE (Multiple-9002274.09111), [11;0]
        .01 START DATE (D), [0;1]
        .02 RATE ($) (RNJ7,2), [0;2]
        .03 STOP DATE (D), [0;3]
    12 REPLACE INSURER EFFECTIVE DATE (Multiple-9002274.09112), [12;0]
        .01 REPLACE INSURER EFFECTIVE DATE (D), [0;1]
        .02 END DATE (D), [0;2]
        .03 REPLACEMENT INSURER (P9002274.09'X), [0;3]

.04 REPLACEMENT VISIT TYPE (P9002274.8'), [0;4]
18 SUBPART NPI (P4'), [1;8]
101 EMC REFERENCE ID (P9002274.11), [1;1]
102 X12 TRADING PARTNER NAME (F), [1;2]
103 DME GROUP NUMBER/NAME (F), [1;3]
104 DME CONTRACTOR (S), [1;4]
105 CLIA# REQ'D FOR ALL VISITS? (S), [1;5]
106 WHICH CLIA SHOULD PRINT? (S), [1;6]
107 DASH IN BLOCK 1A? (S), [1;7]
109 ICD PX ON CLAIM (S), [1;9]
111 CONTRACT CODE TYPE (S), [1;11]
112 CONTRACT CODE (F), [1;12]
113 CONTRACT CODE REQ'D (S), [1;13]
114 ADD ZERO FEES (S), [1;14]
115 UB-04 FORM LOCATOR 38 (S), [1;15]
116 4 OR 8 DXS ON 1500 (S), [1;16]
117 INCLUDE SERVICE FACILITY LOC (S), [1;17]
118 CONT OR TOTAL EACH 1500 PAGE (S), [1;18]
119 PHYS. OR MAIL. ADDR ON ADA (S), [1;19]
120 UB FORM LOCATOR 44 BLANK? (S), [1;20]
121 PRINT MED NAME ON PAPER CLAIM (S), [1;21]
122 DECIMAL IN ADA-2012 AMTS (S), [1;22]
123 BILLING PROVIDER TAXONOMY (S), [1;23]
124 DISPLAY PRINT ORDER PAGE (S), [1;24]
2 FORM LOCATOR OVERRIDE (Multiple-9002274.092), [2;0]
.01 FORM LOCATOR OVERRIDE (MF), [0;1]
.02 MODE OF EXPORT (FORM) (RP9002274.08'), [0;2]
.03 FORM LINE (RNJ2,0), [0;3]
.04 LINE PIECE (RNJ2,0), [0;4]
.045 VISIT TYPE (P9002274.8'), [0;6]
.05 DATA VALUE (Fa), [0;5]
.06 VISIT TYPE (P9002274.8'), [0;6]
2.5 837 SEGMENT OVERRIDE (Multiple-9002274.0925), [2.5;0]
.01 837 SEGMENT OVERRIDE (MF), [0;1]
.02 MODE OF EXPORT (FORM) (RP9002274.08'), [0;2]
.03 LOOP (RF), [0;3]
.04 SEGMENT (RF), [0;4]
.05 ELEMENT (F), [0;5]
.06 VISIT TYPE (P9002274.8'), [0;6]
.07 DATA VALUE (F), [0;7]
.08 SEND/DON'T SEND (S), [0;8]
3 PROVIDER (Multiple-9002274.093), [3;0]
.01 PROVIDER (MP200'X), [0;1]
.02 PIN # (F), [0;2]
3.5 837 PROV QUALIFIER/NUMBERS (Multiple-9002274.0935), [3.5;0]
.01 837 PROV QUALIFIER/NUMBERS (S), [0;1]
.02 PROVIDER (Multiple-9002274.09351), [1;0]
.01 PROVIDER (P200'), [0;1]
.02 STATE (LICENSE NUMBER) (P5'), [0;2]

4 LAB CPT/HCPCS REQ'ING RESULTS (Multiple-9002274.094), [4;0]
    .01 LAB CPT/HCPCS REQ'ING RESULTS (*P81'), [0;1]
    .02 REQ'D FOR INSURER? (S), [0;2]
    .03 CLIA# REQ'D? (S), [0;3]
5 CPTS REQ'ING NARRATIVE (Multiple-9002274.0905), [5;0]
    .01 CPTS REQ'ING NARRATIVE (P81'), [0;1]
    .02 REQ'D FOR INSURER (S), [0;2]
    .03 DESCRIPTION TYPE (S), [0;3]
    .04 USE CPT DESC IF NO MEDICATION (S), [0;4]
6 SPLIT PAGE(S) (Multiple-9002274.096), [6;0]
    .01 SPLIT PAGE(S) (Sa), [0;1]
    .02 START DATE (Da), [0;2]
    .03 SPLIT CLAIM HOW (Sa), [0;3]
    .04 END DATE (Da), [0;4]
    .05 ENTRY CREATED DATE (Da), [0;5]
    .06 ENTRY CREATED BY (P200'a), [0;6]
    .07 ENTRY END DATE ENTERED DATE (Da), [0;7]
    .08 ENTRY END DATE ENTERED BY (P200'a), [0;8]
7 AUTO-SPLIT CLAIM RUNS (Multiple-9002274.097), [7;0]
    .01 AUTO-SPLIT CLAIM RUNS (D), [0;1]
    .02 USER (P200'), [0;2]
    .03 PAGES SPLIT (F), [0;3]
    .04 DATE TYPE (S), [0;4]
    .05 START DATE (D), [0;5]
    .06 END DATE (D), [0;6]
    .07 CLAIM STATUS (F), [0;7]
    .08 SPLIT HOW (S), [0;8]

6.4.10   3P RECEIVER

Global: ^ABMRECVR(
File#: 9002274.095

.01 CLEARINGHOUSE (RFX), [0;1]
.02 INTERCHANGE SENDER ID (ISA06) (F), [0;2]
.03 RECEIVER ID (ISA08/GS03) (F), [0;3]
.04 APPLICATION SENDER CODE (GS02) (F), [0;4]
.05 INTERCHANGE ID QUAL (ISA07) (S), [0;5]
.06 SEPARATE LOCATIONS? (S), [0;6]
1 INSURERS (Multiple-9002274.0951), [1;0]
    .01 INSURERS (P9999999.18'X), [0;1]
    .02 PAYER ID (NM109) (F), [0;2]
    .03 RECEIVER NAME (F), [0;3]

6.4.11   3P DENTAL RECODE

Global: ^ABMDREC(
File#: 9002274.1

.01 TABLE NAME (INSURER) (RP9999999.18'X), [0;1]
.02 CODE PREFIX (S), [0;2]
.03 TOOTH NUMBER LEADING ZERO (S), [0;3]
1 CODES (Multiple-9002274.101), [1;0]
    .01 IHS CODE (MFX), [0;1]
    .02 REMAP TO CODE (FX), [0;2]

6.4.12   3P EMC REFERENCE ID

Global: ^ABMREFID(
File#: 9002274.11

.01 ID QUALIFIER (RF), [0;1]
.02 DESCRIPTION (F), [0;2]

6.4.13   3P CLAIM GENERATOR PRODUCTIVITY

Global: ^ABMCGAUD(
File#: 9002274.12

.01 DATE/TIME OF ACTION (RDX), [0;1]
.02 WHAT OPTION WAS RUN? (S), [0;2]
.03 WHO RAN OPTION (P200'), [0;3]
.04 FINISH DATE/TIME OF GENERATOR (D), [0;4]
.05 PATIENT (if CG1P) (P2'), [0;5]
1 BKMGS (Multiple-9002274.121), [1;0]
    .01 BKMG INITIATED DATE (D), [0;1]
    .02 VISIT LOCATION (P9999999.06'), [0;2]
    .03 BKMG INITIATED BY (P200'), [0;3]
    .04 BKMG INITIATED USING DATE (D), [0;4]

6.4.14   3P CLAIM GENERATOR PRODUCTIVITY VISITS

Global: ^ABMCGV(
File#: 9002274.125

.01 VISIT (RP9000010'), [0;1]
.02 VISIT LOCATION (P9999999.06'), [0;2]
11 ACTION DATE/TIME (Multiple-9002274.12511), [1;0]
    .01 ACTION DATE/TIME (DX), [0;1]
    .02 REASON CLAIM DIDN'T GENERATE (P9002274.02'), [0;2]
    .03 #Claims Created (NJ2,0), [0;3]
    .04 ACTIVE INSURER (P9999999.18'), [0;4]
    11 BKMG'D (S), [1;1]

6.4.15   3P EXP LOCAL MOD

Global: ^ABMEXLM(
File#: 9002274.2

.01 NAME (RF), [0;1]
.02 INSURER (P9999999.18'), [0;2]
.03 EXPORT MODE (P9002274.08'), [0;3]
.04 RECORD (F), [0;4]
.05 FIELD (NJ3,0), [0;5]
.06 LINE LABEL (F), [0;6]
.07 ROUTINE (F), [0;7]

6.4.16   3P CLAIM DATA

Global: ^ABMDCLM(DUZ(2),
File#: 9002274.3

.001 CLAIM NUMBER (NJ8,0), [ ]
.01 PATIENT (P9000001'), [0;1]
.02 ENCOUNTER DATE (RD), [0;2]
.021 ICD INDICATOR (S), [0;21]
.022 MANUAL,SPLIT CLAIM (S), [0;22]
.023 SPLIT BY (P200'), [0;23]
.024 SPLIT ON DATE (D), [0;24]
.025 SPLIT PAGES DONE (F), [0;25]
.026 PENDING DATE/TIME (D), [0;20]
.03 VISIT LOCATION (RP9999999.06'), [0;3]
.04 CLAIM STATUS (S), [0;4]
.05 NUMBER ERRORS FOUND (NJ3,0), [0;5]
.06 CLINIC (P40.7'), [0;6]
.07 VISIT TYPE (RP9002274.8'), [0;7]
.08 ACTIVE INSURER (P9999999.18'), [0;8]
.081 ACTIVE INSURER PI MULTIPLE (NJ6,0), [0;26]
.09 QUESTIONS ANSWERED (S), [0;9]
.1 DATE LAST EDITED (D), [0;10]
.11 SUPER BILL # (F), [0;11]
.12 BILL TYPE (NJ3,0), [0;12]
.1211 PATIENT WEIGHT (LBS) (NJ3,0), [12;11]
.1212 TYPE OF TRANSPORT (S), [12;12]
.1213 TRANPORTED TO/FOR (S), [12;13]
.1214 POINT OF PICKUP MODIFIER (S), [12;14]
.1215 MEDICAL NECESSITY IND (S), [12;15]
.1216 DEST MODIFIER (S), [12;16]
.122 POINT OF PICKUP ORIGIN (F), [12;2]
.123 POINT OF PICKUP ADDRESS (F), [12;3]
.124 POINT OF PICKUP CITY (F), [12;4]
.125 POINT OF PICKUP STATE (P5'), [12;5]
.126 POINT OF PICKUP ZIP (FX), [12;6]
.127 DESTINATION (V), [12;7]
.128 COVERED MILEAGE (NJ4,0), [12;8]
.129 NON-COVERED MILEAGE (NJ3,0), [12;9]
.13 BILLING LOCATION (P9999999.06'), [0;13]
.14 MODE OF EXPORT (P9002274.08'), [0;14]
.15 AUTO APPROVE DATE (D), [0;15]
.16 HOSPITAL LOCATION (P44'), [0;16]
.17 DATE CREATED (D), [0;17]
.18 PENDING STATUS (P9002274.33'), [0;18]
.19 PENDING STATUS UPDATER (P200'), [0;19]
.41 NO CORRESPONDING CPT (S), [4;1]
.42 PCC EDITED W/O CLM UPDATE (S), [4;2]
.43 NUMBER X-RAYS INCLUDED (NJ2,0), [4;3]
.44 ORTHODONTIC RELATED (S), [4;4]
.45 ORTHODONTIC PLACEMENT DATE (D), [4;5]
.46 PROSTHESIS INCLUDED (S), [4;6]
.47 PRIOR PLACEMENT DATE (D), [4;7]
.48 CASE NUMBER (F), [4;8]
.49 RESUBMISSION (CONTROL) NUMBER (F), [4;9]

.51 ADMISSION TYPE (*P9002274.03'XO), [5;1]
.511 REFERRAL NUMBER (F), [5;11]
.512 PRIOR AUTHORIZATION NUMBER (F), [5;12]
.513 DRG (P80.2'), [5;13]
.52 ADMISSION SOURCE/NEWBORN CODE (*P9002274.03'OX), [5;2]
.525 NEWBORN DAYS (NJ2,0), [5;10]
.53 DISCHARGE STATUS (*P9002274.03'XO), [5;3]
.54 PRO APPROVAL CODE (*P9002274.03'OX), [5;4]
.55 PRO APPROVED STAY FROM (DX), [5;5]
.56 PRO APPROVED STAY THRU (DX), [5;6]
.57 PROF COMP DAYS (NJ3,0X), [5;7]
.58 PRO AUTHORIZATION NUMBER (F), [5;8]
.59 ADMITTING DIAGNOSIS (P80'), [5;9]
.61 ADMISSION DATE (D), [6;1]
.62 ADMISSION HOUR (NJ2,0), [6;2]
.63 DISCHARGE DATE (DX), [6;3]
.64 DISCHARGE HOUR (NJ2,0), [6;4]
.66 NON-COVERED DAYS (NJ3,0), [6;6]
.67 CO-INSURANCE DAYS (NJ2,0), [6;7]
.68 LIFETIME RESERVE DAYS (NJ2,0), [6;8]
.69 NUMBER OF OUTPATIENT VISITS (NJ2,0), [6;9]
.71 SERVICE DATE FROM (DX), [7;1]
.711 RELEASE OF INFORMATION DATE (D), [7;11]
.712 ASSIGNMENT OF BENEFITS DATE (D), [7;12]
.713 PROPERTY/CASUALTY CLAIM NUMBER (F), [7;13]
.714 HEARING/VISION RX DATE (D), [7;14]
.715 START DISABILITY DATE (D), [7;15]
.716 END DISABILITY DATE (D), [7;16]
.717 DATE LAST WORKED (D), [7;17]
.718 DATE AUTH TO RETURN TO WORK (D), [7;18]
.719 ASSUMED CARE DATE (D), [7;19]
.72 SERVICE DATE TO (DX), [7;2]
.721 RELINQUISHED CARE DATE (D), [7;21]
.722 PROP/CASUALTY DT 1ST CONTACT (D), [7;22]
.723 PATIENT PAID AMOUNT (NJ9,2), [7;23]
.724 SPINAL MANIPULATION COND CODE (S), [7;24]
.725 PROP/CASUAL PATIENT ID (S), [7;25]
.726 PROP/CASUAL PATIENT NUMBER (F), [7;26]
.727 ACUTE MANIFESTATION DATE (D), [7;27]
.73 COVERED DAYS (NJ3,0X), [7;3]
.74 RELEASE OF INFORMATION (S), [7;4]
.75 ASSIGNMENT OF BENEFITS (S), [7;5]
.76 PINTS OF BLOOD FURNISHED (NJ2,0), [7;6]
.77 PINTS OF BLOOD REPLACED (NJ2,0), [7;7]
.78 PINTS OF BLOOD NOT REPLACED (NJ2,0), [7;8]
.79 BLOOD DEDUCTIBLE PINTS (NJ1,0), [7;9]
.81 OUTSIDE LAB CHARGES (NJ8,2), [8;1]
.816 ACCIDENT STATE (P5'), [8;16]
.82 INJURY DATE (D), [8;2]
.821 VISION CONDITION INFO (S), [8;21]

.822 VISION CERT. CONDITION IND (S), [8;22]
.823 INITIAL TREATMENT DATE (D), [8;23]
.824 *EXP35 FL 17 PROVIDER NAME (FX), [8;24]
.825 EXP35 FL17 PROVIDER TYPE (S), [8;25]
.826 *EXP35 FL17 PROVIDER NPI (FX), [8;26]
.83 ACCIDENT TYPE (S), [8;3]
.84 ACCIDENT HOUR (NJ2,0), [8;4]
.85 EMERGENCY (Y/N) (S), [8;5]
.855 *EMERGENCY ROOM SUR-CHARGE (NJ6,2), [8;10]
.857 E-CODE (P80'X), [8;12]
.858 E-CODE (2) (P80'X), [8;19]
.859 E-CODE (3) (P80'X), [8;20]
.86 DATE OF FIRST SYMPTOM (D), [8;6]
.87 DATE OF FIRST CONSULTATION (D), [8;7]
.88 REFERRING PHYSICIAN (FX), [8;8]
.884 REFERRING PHYS ID QUALIFIER (S), [8;18]
.885 REFER PHYSICIAN ID NO. (F), [8;11]
.886 REFER PHYSICIAN PERSON CLASS (P8932.1'), [8;13]
.887 REFER PHYSICIAN PROVIDER CLASS (P7'), [8;14]
.888 REFER PHYSICIAN TAXONOMY CODE (P9002274.95'), [8;15]
.889 REFER PROV NPI (FX), [8;17]
.89 DATE OF SIMILIAR SYMPTOM (D), [8;9]
.91 EMPLOYMENT RELATED (Y/N) (S), [9;1]
.911 DATE LAST SEEN (D), [9;11]
.912 SUPERVISING PROV(FL19) (F), [9;12]
.913 DATE OF LAST X-RAY (D), [9;13]
.914 HOMEBOUND INDICATOR (S), [9;14]
.915 HOSPICE EMPLOYED PROVIDER (S), [9;15]
.916 DELAYED REASON CODE (*P9002274.03'), [9;16]
.918 ORAL IMAGES (NJ2,0), [9;18]
.919 MODEL(S) (NJ2,0), [9;19]
.92 DATE ABLE TO WORK (D), [9;2]
.921 OTHER DENTAL CHARGES (NJ8,2), [9;21]
.922 IN-HOUSE CLIA# (F), [9;22]
.923 REFERENCE LAB CLIA# (P9002274.35'), [9;23]
.93 UNABLE TO WORK FROM DATE (D), [9;3]
.94 UNABLE TO WORK THRU DATE (D), [9;4]
.95 PARTIAL DISABILITY FROM DATE (D), [9;5]
.96 PARTIAL DISABILITY TO DATE (D), [9;6]
.97 *REVENUE CODE (P9999999.72'), [9;7]
.98 *REVENUE CHARGE (NJ7,2), [9;8]
.99 PRE-PAYMENT AMOUNT (NJ7,2), [9;9]
8.5 VISION CONDITION INDICATORS (Multiple-9002274.3085), [8.5;0]
.01 VISION CONDITION INDICATORS (MS), [0;1]
10 HCFA 1500-B LINE 19 (F), [10;1]
11 PCC Visit (Multiple-9002274.3011), [11;0]
.01 PCC VISIT (M*P9000010'X), [0;1]
.02 VISIT STATUS (S), [0;2]
13 Insurer (Multiple-9002274.3013), [13;0]
.01 INSURER (MP9999999.18'X), [0;1]

.011 REPLACEMENT INSURER (P9999999.18'), [0;11]
.013 VETERANS (VAMB) ELIGIBLE (NJ7,0), [0;13]
.02 PRIORITY ORDER (NJ2,0), [0;2]
.03 STATUS (RS), [0;3]
.04 MEDICARE MULTIPLE (NJ6,0), [0;4]
.05 RAILROAD MULTIPLE (NJ6,0), [0;5]
.06 MEDICAID ELIG POINTER (*P9000004'), [0;6]
.07 MEDICAID MULTIPLE (NJ4,0), [0;7]
.08 PRIVATE INSURANCE MULTIPLE (NJ6,0), [0;8]
.09 MANUALLY ADDED INSURER (S), [0;9]
11 COVERAGE TYPE (Multiple-9002274.301311), [11;0]
   .01 COVERAGE TYPE (M*P9999999.65'X), [0;1]
14 MED NECESSITY COND (Multiple-9002274.314), [14;0]
.01 MED NECESSITY COND (P9002274.34'), [0;1]
15 APC Visit (Multiple-9002274.3015), [15;0]
.01 APC Visit (P1800018'X), [0;1]
17 Diagnosis (Multiple-9002274.3017), [17;0]
.01 DIAGNOSIS (M*P80'X), [0;1]
.02 PRIORITY ORDER (NJ2,0), [0;2]
.03 PROVIDER'S NARRATIVE (R*P9999999.27), [0;3]
.04 E-CODE (P80'), [0;4]
.05 PRESENT ON ADMISSION INDICATOR (S), [0;5]
.06 ICD INDICATOR (S), [0;6]
.07 EXTERNAL CAUSE 2 (P80'X), [0;7]
.08 EXTERNAL CAUSE 3 (P80'X), [0;8]
.09 PLACE OF OCCURRENCE (P80'X), [0;9]
11 SNOMED CONCEPT ID (F), [1;1]
12 SNOMED PREFERRING TERM (CJ60), [;]
13 SNOMED DESCRIPTION ID (F), [1;3]
14 SNOMED DESC ID PERFERRED TERM (CJ60), [;]
15 PRIMARY SNOMED (F), [1;5]
16 PRIMARY SNOMED PREFERRED TERM (CJ60), [;]
21 DUAL CODING ICD-9 CODE (P80'), [2;1]
22 DUAL CODING ICD-9 NARRATIVE (CJ60), [;]
23 DUAL CODING CAUSE (E-CODE) (P80'), [2;3]
24 DUAL CODING CAUSE (E-CODE) #2 (P80'), [2;4]
25 DUAL CODING CAUSE (E-CODE) #3 (P80'), [2;5]
26 PLACE OF OCCURRENCE (E849) (P80'X), [2;6]
19 ICD Procedure (Multiple-9002274.3019), [19;0]
.01 ICD Procedure (MP80.1'X), [0;1]
.02 PRIORITY ORDER (NJ2,0), [0;2]
.03 DATE of SERVICE (RD), [0;3]
.04 PROVIDER'S NARRATIVE (R*P9999999.27), [0;4]
.06 ICD INDICATOR (S), [0;6]
.17 DATA SOURCE (F), [0;17]
11 SNOMED CT (F), [1;1]
12 SNOMED CT PREFERRED TERM (CJ60), [;]
21 DUAL CODING ICD-9 PROCEDURE (P80.1'), [2;1]
22 DUAL CODING ICD-9 DX CODE (P80'), [2;2]

21 Surgical Procedure (Multiple-9002274.3021), [21;0]
.01 SURGICAL (M*P81'X), [0;1]
.02 PRIORITY ORDER (NJ2,0), [0;2]
.03 REVENUE CODE (P9999999.72'), [0;3]
.04 CORRESPONDING DIAGNOSOIS (F), [0;4]
.05 SERVICE FROM DATE/TIME (RD), [0;5]
.06 PROVIDER NARRATIVE (R*P9999999.27), [0;6]
.07 UNIT CHARGE (RNJ8,2O), [0;7]
.08 AUTO ICD-CORRELATOR UNRESOLVED (S), [0;8]
.09 MODIFIER (FX), [0;9]
.11 SECOND MODIFIER (FX), [0;11]
.12 THIRD MODIFIER (FX), [0;12]
.13 UNITS (NJ3,0), [0;13]
.14 *PROVIDER (P200'), [0;14]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.302118), [P;0]
   .01 SERVICE LINE PROVIDER (MP200'X), [0;1]
   .02 TYPE (S), [0;2]
.19 SERVICE TO DATE/TIME (D), [0;19]
.23 PRINT ORDER (NJ5,0), [0;23]
22 CPT NARRATIVE (F), [2;2]
23 Pharmacy (Multiple-9002274.3023), [23;0]
.01 MEDICATION (MP50'X), [0;1]
.02 REVENUE CODE (P9999999.72'), [0;2]
.03 UNITS (RNJ5,0), [0;3]
.04 UNIT COST (RNJ15,5), [0;4]
.05 DISPENSE FEE (NJ6,2), [0;5]
.06 PRESCRIPTION (F), [0;6]
.07 IV ADDITIVE (P52.6'), [0;7]
.08 IV SOLUTION (P52.7'), [0;8]
.09 IV NARRATIVE (F), [0;9]
.1 NON-RX PROVIDER (P200'), [0;10]
.11 NON-RX DAYS SUPPLY (NJ3,0), [0;11]
.12 NON-RX REFILL NUMBER (NJ2,0), [0;12]
.13 CORRESPONDING DIAGNOSIS (F), [0;13]
.14 SERVICE FROM DATE/TIME (D), [0;14]
.15 IV TYPE (S), [0;15]
.16 TIMES DISPENSED (NJ3,0), [0;16]
.17 DATA SOURCE (F), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.302318), [P;0]
   .01 SERVICE LINE PROVIDER (MP200'X), [0;1]
   .02 TYPE (S), [0;2]
.19 NEW/REFILL CODE (NJ2,0), [0;19]
.2 DAYS SUPPLY (NJ3,0), [0;20]
.21 NON-RX PHARMACIST (P200'), [0;21]
.22 RX FILE POINTER (P52'), [0;22]
.23 *PRESCRIBER (P200'), [0;23]
.24 NDC (F), [0;24]

.25 DATE WRITTEN (D), [0;25]
.26 DATE DISCONTINUED (D), [0;26]
.27 RETURNED TO STOCK (D), [0;27]
.28 SERVICE TO DATE/TIME (D), [0;28]
.29 CPT CODE (P81'), [0;29]
.3 PRINT ORDER (NJ5,0), [0;30]
.31 MODIFIER (FX), [2;3]
.32 SECOND MODIFIER (FX), [2;4]
.33 THIRD MODIFIER (FX), [2;5]
15 IMMUNIZATION LOT/BATCH NUMBER (F), [1;5]
22 CPT NARRATIVE (F), [3;2]
25 REVENUE CODE (Multiple-9002274.3025), [25;0]
.01 REVENUE CODE (P9999999.72'), [0;1]
.02 UNITS (RNJ3,0), [0;2]
.03 UNIT CHARGE (RNJ7,2O), [0;3]
.04 DATE/TIME (D), [0;4]
.07 CPT CODE (P81'), [0;7]
.17 DATA SOURCE (F), [0;17]
.19 NDC (F), [0;19]
.23 PRINT ORDER (NJ5,0), [0;23]
15 IMMUNIZATION LOT/BATCH NUMBER (F), [1;5]
22 CPT NARRATIVE (F), [2;2]
27 Medical Procedure (Multiple-9002274.3027), [27;0]
.01 MEDICAL (CPT) (M*P81'X), [0;1]
.02 REVENUE CODE (P9999999.72'), [0;2]
.03 UNITS (NJ3,0), [0;3]
.04 UNIT CHARGE (NJ8,2O), [0;4]
.05 MODIFIER (FX), [0;5]
.06 CORRESPONDING DIAGNOSIS (F), [0;6]
.07 SERVICE FROM DATE/TIME (D), [0;7]
.08 SECOND MODIFIER (FX), [0;8]
.09 THIRD MODIFIER (FX), [0;9]
.1 *PROVIDER (P200'), [0;10]
.12 SERVICE TO DATE/TIME (D), [0;12]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.302718), [P;0]
.01 SERVICE LINE PROVIDER (P200'X), [0;1]
.02 TYPE (S), [0;2]
.19 NDC (F), [0;19]
.23 PRINT ORDER (NJ5,0), [0;23]
15 IMMUNIZATION LOT/BATCH NUMBER (F), [1;5]
22 CPT NARRATIVE (F), [2;2]
33 Dental (Multiple-9002274.3033), [33;0]
.01 DENTAL (ADA CODE) (P9999999.31'), [0;1]
.02 REVENUE CODE (*P9999999.72'), [0;2]
.03 DENTAL (CPT CODE) (*P81'), [0;3]
.04 CORRESPONDING DIAGNOSIS (F), [0;4]
.05 OPERATIVE SITE (P9002010.03'), [0;5]

.06 SURFACE (FX), [0;6]
.07 DATE of SERVICE (RD), [0;7]
.08 CHARGE (RNJ7,2O), [0;8]
.09 UNITS (NJ2,0), [0;9]
.11 AREA OF ORAL CAVITY (S), [0;11]
.12 TOOTH SYSTEM (S), [0;12]
.13 MODIFIER (FX), [0;13]
.14 SECOND MODIFIER (FX), [0;14]
.15 THIRD MODIFIER (FX), [0;15]
.17 DATA SOURCE (F), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.303318), [P;0]
   .01 SERVICE LINE PROVIDER (P200'), [0;1]
   .02 TYPE (S), [0;2]
.23 PRINT ORDER (NJ5,0), [0;23]
35 Radiology (Multiple-9002274.3035), [35;0]
.01 RADIOLOGY (CPT CODE) (M*P81'X), [0;1]
.02 REVENUE CODE (*P9999999.72'X), [0;2]
.03 UNITS (RNJ2,0), [0;3]
.04 UNIT CHARGE (RNJ7,2O), [0;4]
.05 MODIFIER (FX), [0;5]
.06 SECOND MODIFIER (FX), [0;6]
.07 THIRD MODIFIER (FX), [0;7]
.08 CORRESPONDING DIAGNOSIS (F), [0;8]
.09 SERVICE FROM DATE/TIME (D), [0;9]
.1 *PROVIDER (P200'), [0;10]
.12 SERVICE TO DATE/TIME (D), [0;12]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.303518), [P;0]
   .01 SERVICE LINE PROVIDER (MP200'X), [0;1]
   .02 TYPE (S), [0;2]
.23 PRINT ORDER (NJ5,0), [0;23]
22 CPT NARRATIVE (F), [2;2]
37 Laboratory (Multiple-9002274.3037), [37;0]
.01 LABORATORY (CPT CODE) (M*P81'X), [0;1]
.02 REVENUE CODE (*P9999999.72'), [0;2]
.03 UNITS (RNJ2,0), [0;3]
.04 UNIT CHARGE (RNJ7,2O), [0;4]
.05 SERVICE FROM DATE/TIME (D), [0;5]
.06 MODIFIER (FX), [0;6]
.07 SECOND MODIFIER (FX), [0;7]
.08 THIRD MODIFIER (FX), [0;8]
.09 CORRESPONDING DIAGNOSIS (F), [0;9]
.11 *PROVIDER (P200'), [0;11]
.12 SERVICE TO DATE/TIME (D), [0;12]
.13 IN-HOUSE CLIA# (F), [0;13]
.14 REFERENCE LAB CLIA# (P9002274.35'), [0;14]
.15 HCFA POS (*P9002274.03'), [0;15]

.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.303718), [P;0]
    .01 SERVICE LINE PROVIDER (MP200'X), [0;1]
    .02 TYPE (S), [0;2]
.19 TYPE OF TEST RESULT (S), [0;19]
.21 TEST RESULT (NJ4,1), [0;21]
.22 TEST DATE (D), [0;22]
.23 PRINT ORDER (NJ5,0), [0;23]
22 CPT NARRATIVE (F), [2;2]
39 Anesthesia (Multiple-9002274.3039), [39;0]
.01 ANESTHESIA (CPT CODE) (M*P81'X), [0;1]
.02 REVENUE CODE (*P9999999.72'X), [0;2]
.03 TIME CHARGE (NJ8,2X), [0;3]
.04 BASE CHARGE (RNJ7,2O), [0;4]
.06 MODIFIER (FX), [0;6]
.07 START DATE/TIME (D), [0;7]
.08 STOP DATE/TIME (D), [0;8]
.09 OBSTETRICAL? (S), [0;9]
.1 CORRESPONDING DIAGNOSIS (F), [0;10]
.11 *PROVIDER (P200'), [0;11]
.12 UNITS (NJ3,0), [0;12]
.13 UNIT CHARGE (NJ8,2), [0;13]
.14 SECOND MODIFIER (FX), [0;14]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.303918), [P;0]
    .01 SERVICE LINE PROVIDER (MP200'X), [0;1]
    .02 TYPE (S), [0;2]
.19 THIRD MODIFIER (FX), [0;19]
.23 PRINT ORDER (NJ5,0), [0;23]
22 CPT NARRATIVE (F), [2;2]
41 Providers (Multiple-9002274.3041), [41;0]
.01 PROVIDER (MP200'X), [0;1]
.02 TYPE (RS), [0;2]
.03 OLD NAME FROM FILE 16 (F), [0;3]
43 Misc. Services (Multiple-9002274.3043), [43;0]
.01 MISC. SERVICE (CPT) (M*P81'X), [0;1]
.02 REVENUE CODE (P9999999.72'), [0;2]
.03 UNITS (RNJ3,0), [0;3]
.04 UNIT CHARGE (RNJ7,2), [0;4]
.05 MODIFIER (FX), [0;5]
.06 CORRESPONDING DIAGNOSIS (F), [0;6]
.07 SERVICE FROM DATE/TIME (D), [0;7]
.08 SECOND MODIFIER (FX), [0;8]
.09 THIRD MODIFIER (FX), [0;9]
.11 *PROVIDER (P200'), [0;11]
.12 SERVICE TO DATE/TIME (D), [0;12]
.13 IN-HOUSE CLIA# (F), [0;13]

.14 REFERENCE LAB CLIA# (P9002274.35'), [0;14]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.304318), [P;0]
    .01 SERVICE LINE PROVIDER (MP200'X), [0;1]
    .02 TYPE (S), [0;2]
.19 NDC (F), [0;19]
.23 PRINT ORDER (NJ5,0), [0;23]
11 QTY/LENGTH MEDICAL NECESSITY (NJ15,0), [1;1]
12 MONETARY AMT/DME RENTAL PRICE (NJ18,2), [1;2]
13 MONETARY AMT/DME PURCH. PRICE (NJ18,2), [1;3]
14 FRQ CODE/RENTAL UNIT PRICE IND (S), [1;4]
15 IMMUNIZATION LOT/BATCH NUMBER (F), [1;5]
22 CPT NARRATIVE (F), [2;2]
45 Charge Master (Multiple-9002274.3045), [45;0]
.01 ITEM (MP9002274.75'), [0;1]
.02 CHARGE DATE (D), [0;2]
.03 QUANTITY (NJ3,0), [0;3]
.04 UNIT PRICE (NJ8,2), [0;4]
.05 REVENUE CODE (P9999999.72'), [0;5]
.06 CORRESPONDING DX (F), [0;6]
.07 HCPCS CODE (P81'), [0;7]
.17 DATA SOURCE (F), [0;17]
.23 PRINT ORDER (NJ5,0), [0;23]
22 CPT NARRATIVE (F), [2;2]
47 AMBULANCE SERVICE (Multiple-9002274.3047), [47;0]
.01 AMBULANCE SERVICE (P81'X), [0;1]
.02 REVENUE CODE (P9999999.72'), [0;2]
.03 UNITS (RNJ3,0), [0;3]
.04 UNIT CHARGE (RNJ7,2), [0;4]
.05 MODIFIER (FX), [0;5]
.06 CORRESPONDING DIAGNOSIS (F), [0;6]
.07 SERVICE FROM DATE/TIME (D), [0;7]
.08 SECOND MODIFIER (FX), [0;8]
.09 THIRD MODIFIER (FX), [0;9]
.12 SERVICE TO DATE/TIME (D), [0;12]
.13 IN-HOUSE CLIA# (F), [0;13]
.14 REFERENCE LAB CLIA# (P9002274.35'), [0;14]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.304718), [P;0]
    .01 SERVICE LINE PROVIDER (P200'X), [0;1]
    .02 TYPE (S), [0;2]
.23 PRINT ORDER (NJ5,0), [0;23]
22 CPT NARRATIVE (F), [2;2]
51 Occurance Code (Multiple-9002274.3051), [51;0]
.01 OCCURANCE (M*P9002274.03'), [0;1]
.02 OCCURANCE DATE (RD), [0;2]

53 Condition Code (Multiple-9002274.3053), [53;0]
　　.01 CONDITION CODE (M*P9002274.03'X), [0;1]
55 Value Codes (Multiple-9002274.3055), [55;0]
　　.01 VALUE CODES (M*P9002274.03'), [0;1]
　　.02 MOUNT (RNJ9,2O), [0;2]
57 Occurance Span Code (Multiple-9002274.3057), [57;0]
　　.01 OCCURANCE SPAN CODE (M*P9002274.03'), [0;1]
　　.02 FROM DATE (RD), [0;2]
　　.03 TO DATE (RD), [0;3]
59 Special Program Code (Multiple-9002274.3059), [59;0]
　　.01 SPECIAL PROGRAM CODE (M*P9002274.03'X), [0;1]
　　.02 EPSDT REFERRAL? (S), [0;2]
　　.03 REFERRAL REASON (Multiple-9002274.305901), [1;0]
　　　　.01 REFERRAL REASON (S), [0;1]
61 REMARKS (Multiple-9002274.3061), [61;0]
　　.01 REMARKS (WL), [0;1]
63 Dates of Similar Symptoms (Multiple-9002274.3063), [63;0]
　　.01 Dates of Similar Symptoms (MD), [0;1]
65 ACTIVE BILLS (Multiple-9002274.3065), [65;0]
　　.01 ACTIVE BILLS (P9002274.4'X), [0;1]
67 DATE STMT WAS PRINTED (Multiple-9002274.3067), [67;0]
　　.01 PT STMT MESSAGE (D), [0;1]
　　.02 USER WHO PRINTED STMT (P200'), [0;2]
　　.03 STMT NOTE (F), [0;3]
69 OPEN/CLOSED STATUS DATE (Multiple-9002274.3069), [69;0]
　　.01 OPEN/CLOSED STATUS DATE (D), [0;1]
　　.02 USER (P200'), [0;2]
　　.03 STATUS (S), [0;3]
　　.04 CLOSED REASON (RP9002274.301'), [0;4]

71 MODE OF EXPORT PAGE 8A (P9002274.08'), [70;1]
72 MODE OF EXPORT PAGE 8B (P9002274.08'), [70;2]
73 MODE OF EXPORT PAGE 8C (P9002274.08'), [70;3]
74 MODE OF EXPORT PAGE 8D (P9002274.08'), [70;4]
75 MODE OF EXPORT PAGE 8E (P9002274.08'), [70;5]
76 MODE OF EXPORT PAGE 8F (P9002274.08'), [70;6]
77 MODE OF EXPORT PAGE 8G (P9002274.08'), [70;7]
78 MODE OF EXPORT PAGE 8H (P9002274.08'), [70;8]
79 MODE OF EXPORT PAGE 8I (P9002274.08'), [70;9]
80 MODE OF EXPORT PAGE 8J (P9002274.08'), [70;10]
81 MODE OF EXPORT PAGE 8K (P9002274.08'X), [70;11]
411 RESUBMISSION (CONTROL) NOTE (F), [4;11]
412 PT STMT MESSAGE (F), [4;12]
413 ORTHO TRTMT MTHS REMAINING (NJ2,0), [4;13]
710 CLAIM ATTACHMENTS (Multiple-9002274.3071), [71;0]
    .01 CLM ATTACH REPORT TYPE CODE (*P9002274.03'), [0;1]
    .02 REPORT TRANS CODE (RS), [0;2]
    .03 ATTACHMENT CONTROL NUMBER (F), [0;3]
924 SUPERVISING PROVIDER (F), [9;24]
925 SUPERVISING PRV NPI (FX), [9;25]
1217 ORIGINAL MSP REASON (F), [12;17]
1218 AMBULANCE PATIENT COUNT (NJ3,0), [12;18]
1601 DESTINATION NAME (F), [16;1]
1602 DESTINATION ADDRESS (F), [16;2]
1603 DESTINATION CITY (F), [16;3]
1604 DESTINATION STATE (P5'), [16;4]
1605 DESTINATION ZIP (FX), [16;5]

6.4.17   3P CLOSED CLAIM REASON

Global: ^ABMCLCLM(
File#: 9002274.301

.001 NUMBER (NJ10,0), [ ]
.01 REASON (RF), [0;1]

6.4.18   3P CANCEL CLAIM REASONS

Global: ^ABMCCLMR(
File#: 9002274.31

.001 ENTRY NUMBER (NJ6,0), [ ]
.01 REASON (RF), [0;1]

6.4.19   3P CANCELLED CLAIM DATA

Global: ^ABMCCLMS(DUZ(2)
File#: 9002274.32

.001 CLAIM NUMBER (NJ10,0), [ ]
.01 PATIENT (RP9000001'), [0;1]
.02 ENCOUNTER DATE (D), [0;2]
.03 VISIT LOCATION (P9999999.06'), [0;3]
.04 CLAIM STATUS (S), [0;4]
.05 NUMBER ERRORS FOUND (NJ3,0), [0;5]
.06 CLINIC (P40.7'), [0;6]
.07 VISIT TYPE (P9002274.8'), [0;7]
.08 ACTIVE INSURER (P9999999.18'), [0;8]
.1 DATE LAST EDITED (D), [0;10]
.114 CANCELLING OFFICIAL (P200'), [1;4]
.115 DATE/TIME CANCELLED (D), [1;5]
.118 CANCEL REASON (P9002274.31'), [1;8]
.12 BILL TYPE (NJ3,0), [0;12]
.13 BILLING LOCATION (P9999999.06'), [0;13]
.14 EXPORT MODE (P9002274.08'), [0;14]
.17 DATE CREATED (D), [0;17]
11 PCC VISIT (Multiple-9002274.3211), [11;0]
   .01 PCC VISIT (P9000010'), [0;1]
   .02 VISIT STATUS (S), [0;2]
17 DIAGNOSIS (Multiple-9002274.3217), [17;0]
   .01 DIAGNOSIS (*P80'X), [0;1]
   .02 PRIORITY ORDER (NJ2,0), [0;2]
   .06 ICD INDICATOR (S), [0;6]
21 SURGICAL (Multiple-9002274.3221), [21;0]
   .01 SURGICAL (P81'), [0;1]
23 PHARMACY (Multiple-9002274.3223), [23;0]
   .01 PHARMACY (P50'), [0;1]
   .29 CPT CODE (P81'), [0;29]
25 REVENUE CODE (Multiple-9002274.3225), [25;0]
   .01 REVENUE CODE (P9999999.72'), [0;1]
   .07 CPT CODE (P81'), [0;7]
27 MEDICAL (CPT) (Multiple-9002274.3227), [27;0]
   .01 MEDICAL (CPT) (P81'), [0;1]
33 DENTAL (ADA CODE) (Multiple-9002274.3233), [33;0]
   .01 DENTAL (ADA CODE) (P9999999.31'), [0;1]
   .03 DENTAL (CPT CODE) (P81'), [0;3]
35 RADIOLOGY (CPT CODE) (Multiple-9002274.3235), [35;0]
   .01 RADIOLOGY (CPT CODE) (P81'), [0;1]
37 LABORATORY (CPT CODE) (Multiple-9002274.3237), [37;0]
   .01 LABORATORY (CPT CODE) (P81'), [0;1]
39 ANESTHESIA (CPT CODE) (Multiple-9002274.3239), [39;0]
   .01 ANESTHESIA (CPT CODE) (P81'), [0;1]
41 PROVIDER (Multiple-9002274.3241), [41;0]
   .01 PROVIDER (P200'), [0;1]
   .02 TYPE (S), [0;2]
   .03 OLD NAME FROM FILE (F), [0;3]
43 MISC. SERVICE (CPT) (Multiple-9002274.3243), [43;0]
   .01 MISC. SERVICE (CPT) (P81'), [0;1]

47 AMBULANCE SERVICE (Multiple-9002274.3247), [47;0]
      .01 AMBULANCE SERVICE (P81'), [0;1]

6.4.20   3P CLAIM PENDING STATUS

Global: ^ABMPSTAT(
File#: 9002274.33

.001 STATUS NUMBER (NJ4,0), [ ]
.01 STATUS (RF), [0;1]

6.4.21   3P CONDITION INDICATORS

Global: ^ABMCNDIN(
File#: 9002274.34

.01 NUMBER (RNJ2,0X), [0;1]
.02 DESCRIPTION (F), [0;2]

6.4.22   3P REFERENCE LAB LOCATIONS

Global: ^ABMRLABS(
File#: 9002274.35

.01 VENDOR NAME (RP9999999.11'), [0;1]
.02 CLIA# (RF), [0;2]

6.4.23   3P CPT TABLE

Global: ^ABMDCPT(
File#: 9002274.37

.01 LEVEL (RF), [0;1]
2 TYPE (RF), [0;2]
3 SUBTYPE (F), [0;3]
4 CPT LOW (NJ5,0), [0;4]
5 CPT HIGH (NJ5,0), [0;5]

6.4.24   3P BILL

Global: ^ABMDBILL(DUZ(2),
File#: 9002274.4

.01 BILL NUMBER (RFI), [0;1]
.02 BILL TYPE (FXa), [0;2]
.021 ICD INDICATOR (S), [0;21]
.022 MANUAL,SPLIT CLAIM (S), [0;22]
.03 VISIT LOCATION (*P9999999.06'), [0;3]
.04 BILL STATUS (S), [0;4]
.05 PATIENT (P9000001'), [0;5]
.06 EXPORT MODE (P9002274.08'), [0;6]
.07 VISIT TYPE (P9002274.8'), [0;7]
.08 ACTIVE INSURER (P9999999.18'), [0;8]
.081 ACTIVE INSURER PI MULTIPLE (NJ5,0), [0;26]
.09 PROCEDURE CODING METHOD (S), [0;9]
.1 CLINIC (P40.7'), [0;10]
.11 CHART REVIEWED (Y/N) (S), [1;1]
.111 BILL CANCELLED BY (P200'), [1;11]
.112 BILL CANCELLATION DATE (D), [1;12]
.113 REASON FOR CANCELLATION (P9002274.47'), [1;13]
.114 MASTER TAX ID# (F), [1;14]
.115 OTHER BILL IDENTIFIER (F), [1;15]
.12 REVIEWING OFFICIAL (P200'), [1;2]
.1211 PATIENT WEIGHT (LBS) (NJ3,0), [12;11]
.1212 TYPE OF TRANSPORT (S), [12;12]
.1213 TRANSPORTED TO/FOR (S), [12;13]
.1214 POINT OF PICKUP MODIFIER (S), [12;14]
.1215 MEDICAL NECESSITY IND (S), [12;15]
.1216 DEST MODIFIER (S), [12;16]
.122 POINT OF PICKUP ORIGIN (F), [12;2]
.123 POINT OF PICKUP ADDRESS (F), [12;3]
.124 POINT OF PICKUP CITY (F), [12;4]
.125 POINT OF PICKUP STATE (P5'), [12;5]
.126 POINT OF PICKUP ZIP (FX), [12;6]
.127 DESTINATION (V), [12;7]
.128 COVERED MILEAGE (NJ3,0), [12;8]
.129 NON-COVERED MILEAGE (NJ3,0), [12;9]
.13 DATE REVIEWED (D), [1;3]
.14 APPROVING OFFICIAL (P200'), [1;4]
.15 DATE/TIME APPROVED (D), [1;5]
.16 EXPORT STATUS (S), [1;6]
.17 EXPORT NUMBER (P9002274.6'), [1;7]
.172 EXPORT DATE (D), [1;18]
.175 BATCHED DATE/TIME (Multiple-9002274.4074), [74;0]
   .01 BATCHED DATE/TIME (P9002274.6'), [0;1]
   .02 STATUS (S), [0;2]
   .03 GROUP CONTROL NUMBER (NJ6,0), [0;3]
   .04 EXPORT DATE/TIME (D), [0;4]
.18 DATE TX'ED TO AR (P9002274.9'), [1;8]
.19 BILLING LOCATION (P9999999.06'), [1;9]
.21 BILL AMOUNT (NJ9,2), [2;1]
.22 INSURER TYPE (S), [2;2]
.23 GROSS AMOUNT (NJ9,2), [2;3]

.24 REBILL WRITE-OFF (S), [2;4]
.25 *UNCOLLECTED BALANCE (NJ8,2), [2;5]
.26 A/R BILL LOCATION (F), [2;6]
.27 ORIGINAL BILL AMOUNT (NJ9,2), [2;7]
.28 FLAT RATE AMOUNT (NJ8,2), [2;8]
.29 LINE ITEM CONTROL# - FLAT RATE (F), [2;9]
.31 FLAT RATE CPT (P81'), [2;11]
.32 FLAT RATE REV CODE (P9999999.72'), [2;12]
.33 FLAT RATE REV DESCRIPTION (F), [2;13]
.43 NUMBER X-RAYS INCLUDED (NJ2,0), [4;3]
.44 ORTHODONTIC RELATED (S), [4;4]
.45 ORTHODONTIC PLACEMENT DATE (D), [4;5]
.46 PROTHESIS INCLUDED (S), [4;6]
.47 PRIOR PLACEMENT DATE (D), [4;7]
.48 CASE NUMBER (F), [4;8]
.49 RESUBMISSION (CONTROL) NUMBER (Fa), [4;9]
.51 ADMISSION TYPE (*P9002274.03'), [5;1]
.511 REFERRAL NUMBER (F), [5;11]
.512 PRIOR AUTHORIZATION NUMBER (F), [5;12]
.513 DRG (P80.2'), [5;13]
.52 ADMISSION SOURCE/NEWBORN CODE (*P9002274.03'), [5;2]
.525 NEWBORN DAYS (NJ2,0), [5;10]
.53 DISCHARGE STATUS (*P9002274.03'), [5;3]
.54 PSRO APPROVAL CODE (*P9002274.03'), [5;4]
.55 PSRO APPROVED STAY FROM (D), [5;5]
.56 PSRO APPROVED STAY THRU (D), [5;6]
.57 PROF COMP DAYS (NJ3,0), [5;7]
.58 PRO AUTHORIZATION NUMBER (F), [5;8]
.59 ADMITTING DIAGNOSIS (P80'), [5;9]
.61 ADMISSION DATE (DX), [6;1]
.62 ADMISSION HOUR (NJ2,0), [6;2]
.63 DISCHARGE DATE (DX), [6;3]
.64 DISCHARGE HOUR (NJ2,0), [6;4]
.66 NON-COVERED DAYS (NJ3,0), [6;6]
.67 CO-INSURANCE DAYS (NJ2,0), [6;7]
.68 LIFETIME RESERVE DAYS (NJ2,0), [6;8]
.69 NUMBER OF OUTPATIENT VISITS (NJ2,0), [6;9]
.71 SERVICE DATE FROM (DX), [7;1]
.711 RELEASE OF INFORMATION DATE (D), [7;11]
.712 ASSIGNMENT OF BENEFITS DATE (D), [7;12]
.713 PROPERTY/CASUALTY CLAIM NUMBER (F), [7;13]
.714 HEARING/VISION RX DATE (D), [7;14]
.715 START DISABILITY DATE (D), [7;15]
.716 END DISABILITY DATE (D), [7;16]
.717 DATE LAST WORKED (D), [7;17]
.718 DATE AUTH TO RETURN TO WORK (D), [7;18]
.719 ASSUMED CARE DATE (D), [7;19]
.72 SERVICE DATE TO (D), [7;2]
.721 RELINQUISHED CARE DATE (D), [7;21]
.722 PROP/CASUALTY DT 1ST CONTACT (D), [7;22]

.723 PATIENT PAID AMOUNT (NJ9,2), [7;23]
.724 SPINAL MANIPULATION COND CODE (S), [7;24]
.725 PROP/CASUAL PATIENT ID (S), [7;25]
.726 PROP/CASUAL PATIENT NUMBER (F), [7;26]
.727 ACUTE MANIFESTATION DATE (D), [7;27]
.73 COVERED DAYS (NJ3,0), [7;3]
.74 RELEASE OF INFORMATION (S), [7;4]
.75 ASSIGNMENT OF BENEFITS (S), [7;5]
.76 PINTS OF BLOOD FURNISHED (NJ2,0), [7;6]
.77 PINTS OF BLOOD REPLACED (NJ2,0), [7;7]
.78 PINTS OF BLOOD NOT REPLACED (NJ2,0), [7;8]
.79 BLOOD DEDUCTIBLE PINTS (NJ1,0), [7;9]
.81 OUTSIDE LAB CHARGES (NJ8,2), [8;1]
.816 ACCIDENT STATE (P5'), [8;16]
.82 INJURY DATE (D), [8;2]
.821 VISION CONDITION INFO (S), [8;21]
.822 VISION CERT. CONDITION IND (S), [8;22]
.823 INITIAL TREATMENT DATE (D), [8;23]
.824 *EXP35 FL 17 PROVIDER NAME (FX), [8;24]
.825 EXP35 FL17 PROVIDER TYPE (S), [8;25]
.826 *EXP35 FL17 PROVIDER NPI (FX), [8;26]
.83 ACCIDENT TYPE (S), [8;3]
.84 ACCIDENT HOUR (NJ2,0), [8;4]
.85 EMERGENCY (Y/N) (S), [8;5]
.855 EMERGENCY ROOM SUR-CHARGE (NJ6,2), [8;10]
.857 E-CODE (P80'X), [8;12]
.858 E-CODE (2) (P80'X), [8;19]
.859 E-CODE (3) (P80'X), [8;20]
.86 DATE OF FIRST SYMPTOM (D), [8;6]
.87 DATE OF FIRST CONSULTATION (D), [8;7]
.88 REFERRING PHYSICIAN (FX), [8;8]
.884 REFERRING PHYS ID QUALIFIER (S), [8;18]
.885 REFER PHYSICIAN ID NO. (F), [8;11]
.886 REFER PHYSICIAN PERSON CLASS (P8932.1'), [8;13]
.887 REF PHYSICIAN PROVIDER CLASS (P7'), [8;14]
.888 REFER PHYSICIAN TAXONOMY CODE (P9002274.95'), [8;15]
.889 REFER PROV NPI (FX), [8;17]
.89 DATE OF SIMILIAR SYMPTOM (D), [8;9]
.91 EMPLOYMENT RELATED (Y/N) (S), [9;1]
.911 DATE LAST SEEN (D), [9;11]
.912 SUPERVISING PROV(FL19) (F), [9;12]
.913 DATE OF LAST X-RAY (D), [9;13]
.914 HOMEBOUND INDICATOR (S), [9;14]
.915 HOSPICE EMPLOYED PROVIDER (S), [9;15]
.916 DELAYED REASON CODE (*P9002274.03'), [9;16]
.918 ORAL IMAGES (NJ2,0), [9;18]
.919 MODEL(S) (NJ2,0), [9;19]
.92 DATE ABLE TO WORK (D), [9;2]
.921 OTHER DENTAL CHARGES (NJ8,2), [9;21]
.922 IN-HOUSE CLIA# (F), [9;22]

.923 REFERENCE LAB CLIA# (P9002274.35'), [9;23]
.93 TOTAL DISABILITY FROM DATE (D), [9;3]
.94 TOTAL DISABILITY TO DATE (D), [9;4]
.95 PARTIAL DISABILITY FROM DATE (D), [9;5]
.96 PARTIAL DISABILITY TO DATE (D), [9;6]
.97 *REVENUE CODE (P9999999.72'), [9;7]
.98 *REVENUE CHARGE (NJ7,2), [9;8]
.99 PRE-PAYMENT AMOUNT (NJ7,2), [9;9]
3 PAYMENT (Multiple-9002274.403), [3;0]
 .001 PAYMENT NUMBER (NJ2,0), [ ]
 .01 PAYMENT DATE (D), [0;1]
 .02 AMOUNT (RNJ8,2), [0;2]
 .03 DEDUCTIBLE AMOUNT (NJ7,2), [0;3]
 .04 CO-INSURANCE AMOUNT (NJ7,2), [0;4]
 .05 DENIAL REASON (*P9002274.7'), [0;5]
 .06 WRITE OFF (NJ8,2), [0;6]
 .07 NON-COVERED (NJ8,2), [0;7]
 .08 IMPORTED FROM AO TRK (S), [0;8]
 .09 PENALTY AMOUNT (NJ8,2), [0;9]
 .1 PAYMENTS FROM A/R (NJ8,2), [0;10]
 .11 PREVIOUS PAYMENTS FROM 3PB (NJ8,2), [0;11]
 .12 GROUPER ALLOWANCE (NJ9,2), [0;12]
 .13 REFUND (NJ8,2), [0;13]
 .14 PAYMENT ADJUSTMENTS FROM A/R (NJ8,2), [0;14]
 .15 ADJUSTMENT CATEGORY (P90052.01'), [0;15]
 .16 ADJUSTMENT TYPE (P90052.02'), [0;16]
 .17 STD ADJUSTMENT REASON (P90056.06'), [0;17]
 .18 INCLUDE AMT IN BILL BALANCE? (S), [0;18]
8.5 VISION CONDITION INDICATORS (Multiple-9002274.4085), [8.5;0]
 .01 VISION CONDITION INDICATORS (MS), [0;1]
10 HCFA 1500-B LINE 19 (F), [10;1]
11 PCC Visit (Multiple-9002274.4011), [11;0]
 .01 PCC VISIT (M*P9000010'X), [0;1]
 .02 VISIT STATUS (S), [0;2]
13 Insurer (Multiple-9002274.4013), [13;0]
 .01 INSURER (MP9999999.18'X), [0;1]
 .011 REPLACEMENT INSURER (P9999999.18'), [0;11]
 .013 VETERANS (VAMB) ELIGIBLE (NJ7,0), [0;13]
 .02 PRIORITY (NJ2,0), [0;2]
 .03 STATUS (S), [0;3]
 .04 MEDICARE MULTIPLE (NJ6,0), [0;4]
 .05 RAILROAD MULTIPLE (NJ6,0), [0;5]
 .06 MEDICAID ELIG POINTER (*P9000004'), [0;6]
 .07 MEDICAID MULTIPLE (NJ4,0), [0;7]
 .08 PRIVATE INSURANCE MULTIPLE (NJ6,0), [0;8]
 .12 CLAIM CHECK OR REMIT DATE (D), [0;12]
 11 COVERAGE TYPE (Multiple-9002274.401311), [11;0]
  .01 COVERAGE TYPE (M*P9999999.65'X), [0;1]
14 MED NECESSITY COND (Multiple-9002274.414), [14;0]
 .01 MED NECESSITY COND (P9002274.34'), [0;1]

15 APC Visit (Multiple-9002274.4015), [15;0]
    .01 APC Visit (P1800018'X), [0;1]
17 Diagnosis (Multiple-9002274.4017), [17;0]
    .01 DIAGNOSIS (M*P80'X), [0;1]
    .02 PRIORITY ORDER (NJ2,0), [0;2]
    .03 PROVIDER'S NARRATIVE (RP9999999.27), [0;3]
    .04 EXTERNAL CAUSE (P80'), [0;4]
    .05 PRESENT ON ADMISSION INDICATOR (S), [0;5]
    .06 ICD INDICATOR (S), [0;6]
    .07 EXTERNAL CAUSE 2 (P80'X), [0;7]
    .08 EXTERNAL CAUSE 3 (P80'X), [0;8]
    .09 PLACE OF OCCURRENCE (P80'X), [0;9]
    11 SNOMED CONCEPT ID (F), [1;1]
    12 SNOMED PREFERRED TERM (CJ60), [;]
    13 SNOMED DESCRIPTION ID (F), [1;3]
    14 SNOMED DESC ID PREFERRED TERM (CJ60), [;]
    15 PRIMARY SNOMED (F), [1;5]
    16 PRIMARY SNOMED PREFERRED TERM (CJ60), [;]
    21 DUAL CODING ICD-9 CODE (P80'), [2;1]
    22 DUAL CODING ICD-9 NARRATIVE (CJ60), [;]
    23 DUAL CODING CAUSE (E-CODE) (P80'), [2;3]
    24 DUAL CODING CAUSE (E-CODE) #2 (P80'), [2;4]
    25 DUAL CODING CAUSE (E-CODE) #3 (P80'), [2;5]
    26 PLACE OF OCCURRENCE (E849) (P80'X), [2;6]
19 ICD Procedure (Multiple-9002274.4019), [19;0]
    .01 ICD Procedure (MP80.1'X), [0;1]
    .02 PRIORITY ORDER (NJ2,0), [0;2]
    .03 DATE of SERVICE (RD), [0;3]
    .04 PROVIDER'S NARRATIVE (RP9999999.27), [0;4]
    .06 ICD INDICATOR (S), [0;6]
    .17 DATA SOURCE (F), [0;17]
    11 SNOMED CT (F), [1;1]
    12 SNOMED CT PREFERRED TERM (CJ60), [;]
    21 DUAL CODING ICD-9 PROCEDURE (P80.1'), [2;1]
    22 DUAL CODING ICD-9 DX CODE (P80'), [2;2]
21 Med/Surg Procedure (Multiple-9002274.4021), [21;0]
    .01 SURGICAL (M*P81'X), [0;1]
    .02 PRIORITY ORDER (NJ2,0), [0;2]
    .03 REVENUE CODE (P9999999.72'), [0;3]
    .04 CORRESPONDING DIAGNOSOIS (F), [0;4]
    .05 SERVICE FROM DATE/TIME (RD), [0;5]
    .06 PROVIDER NARRATIVE (RP9999999.27), [0;6]
    .07 UNIT CHARGE (RNJ8,2O), [0;7]
    .08 AUTO ICD-CORRELATOR UNRESOLVED (S), [0;8]
    .09 MODIFIER (FX), [0;9]
    .11 SECOND MODIFIER (FX), [0;11]
    .12 THIRD MODIFIER (FX), [0;12]
    .13 UNITS (NJ3,0), [0;13]
    .14 *PROVIDER (P200'), [0;14]
    .15 HCFA POS (*P9002274.03'), [0;15]

.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.402118), [P;0]
    .01 SERVICE LINE PROVIDER (MP200'), [0;1]
    .02 TYPE (S), [0;2]
.19 SERVICE TO DATE/TIME (D), [0;19]
.23 PRINT ORDER (NJ5,0), [0;23]
21 LINE ITEM CONTROL NUMBER (F), [2;1]
22 CPT NARRATIVE (F), [2;2]
23 Pharmacy (Multiple-9002274.4023), [23;0]
.01 MEDICATION (MP50'X), [0;1]
.02 REVENUE CODE (P9999999.72'), [0;2]
.03 UNITS (RNJ5,0), [0;3]
.04 UNIT COST (RNJ10,5), [0;4]
.05 DISPENSE FEE (NJ6,2), [0;5]
.06 PRESCRIPTION (F), [0;6]
.07 IV ADDITIVE (P52.6'), [0;7]
.08 IV SOLUTION (P52.7'), [0;8]
.09 IV NARRATIVE (F), [0;9]
.1 NON-RX PROVIDER (P200'), [0;10]
.11 NON-RX DAYS SUPPLY (NJ3,0), [0;11]
.12 NON-RX REFILL NUMBER (NJ2,0), [0;12]
.13 CORRESPONDING DIAGNOSIS (F), [0;13]
.14 SERVICE FROM DATE/TIME (D), [0;14]
.15 IV TYPE (S), [0;15]
.16 TIMES DISPENSED (NJ3,0), [0;16]
.17 DATA SOURCE (FX), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.402318), [P;0]
    .01 SERVICE LINE PROVIDER (MP200'), [0;1]
    .02 TYPE (S), [0;2]
.19 NEW/REFILL CODE (NJ2,0), [0;19]
.2 DAYS SUPPLY (NJ3,0), [0;20]
.21 NON-RX PHARMACIST (P200'), [0;21]
.22 RX FILE POINTER (P52'), [0;22]
.24 NDC (F), [0;24]
.25 DATE WRITTEN (D), [0;25]
.26 DATE DISCONTINUED (D), [0;26]
.27 RETURNED TO STOCK (D), [0;27]
.28 SERVICE TO DATE/TIME (D), [0;28]
.29 CPT CODE (P81'), [0;29]
.3 PRINT ORDER (NJ5,0), [0;30]
.31 MODIFIER (FX), [2;3]
.32 SECOND MODIFIER (FX), [2;4]
.33 THIRD MODIFIER (FX), [2;5]
15 IMMUNIZATION LOT/BATCH NUMBER (F), [1;5]
21 LINE ITEM CONTROL NUMBER (F), [2;1]
22 CPT NARRATIVE (F), [3;2]
25 Revenue Code (Multiple-9002274.4025), [25;0]
.01 REVENUE CODE (MP9999999.72'X), [0;1]
.02 UNITS (RNJ3,0), [0;2]

.03 UNIT CHARGE (RNJ7,2O), [0;3]
.04 OR START DATE/TIME (D), [0;4]
.05 OR STOP TIME (D), [0;5]
.06 OR TIME CHARGE (NJ8,2), [0;6]
.07 CPT CODE (P81'), [0;7]
.17 DATA SOURCE (F), [0;17]
.19 NDC (F), [0;19]
.23 PRINT ORDER (NJ5,0), [0;23]
15 IMMUNIZATION LOT/BATCH NUMBER (F), [1;5]
21 LINE ITEM CONTROL NUMBER (F), [2;1]
22 CPT NARRATIVE (F), [2;2]
27 Medical Procedures (Multiple-9002274.4027), [27;0]
.01 MEDICAL (CPT) (M*P81'X), [0;1]
.02 REVENUE CODE (P9999999.72'), [0;2]
.03 UNITS (NJ3,0), [0;3]
.04 UNIT CHARGE (NJ6,2O), [0;4]
.05 MODIFIER (P9002274.07'X), [0;5]
.06 CORRESPONDING DIAGNOSIS (F), [0;6]
.07 SERVICE FROM DATE/TIME (D), [0;7]
.08 SECOND MODIFIER (FX), [0;8]
.09 THIRD MODIFIER (FX), [0;9]
.1 *PROVIDER (P200'), [0;10]
.12 SERVICE TO DATE/TIME (D), [0;12]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.402718), [P;0]
.01 SERVICE LINE PROVIDER (MP200'), [0;1]
.02 TYPE (S), [0;2]
.19 NDC (F), [0;19]
.23 PRINT ORDER (NJ5,0), [0;23]
15 IMMUNIZATION LOT/BATCH NUMBER (F), [1;5]
21 LINE ITEM CONTROL NUMBER (F), [2;1]
22 CPT NARRATIVE (F), [2;2]
33 Dental (Multiple-9002274.4033), [33;0]
.01 DENTAL (ADA CODE) (MP9999999.31'), [0;1]
.02 REVENUE CODE (*P9999999.72'), [0;2]
.03 DENTAL (CPT CODE) (*P81'), [0;3]
.04 CORRESPONDING DIAGNOSIS (F), [0;4]
.05 OPERATIVE SITE (P9002010.03'), [0;5]
.06 SURFACE (FX), [0;6]
.07 DATE of SERVICE (RD), [0;7]
.08 CHARGE (RNJ7,2O), [0;8]
.09 UNITS (NJ2,0), [0;9]
.11 AREA OF ORAL CAVITY (S), [0;11]
.12 TOOTH SYSTEM (S), [0;12]
.13 MODIFIER (FX), [0;13]
.14 SECOND MODIFIER (FX), [0;14]
.15 THIRD MODIFIER (FX), [0;15]
.17 DATA SOURCE (F), [0;17]

.18 SERVICE LINE PROVIDER (Multiple-9002274.403318), [P;0]
    .01 SERVICE LINE PROVIDER (P200'), [0;1]
    .02 TYPE (S), [0;2]
.23 PRINT ORDER (NJ5,0), [0;23]
21 LINE ITEM CONTROL NUMBER (F), [2;1]
35 Radiology (Multiple-9002274.4035), [35;0]
.01 RADIOLOGY (CPT CODE) (M*P81'X), [0;1]
.02 REVENUE CODE (*P9999999.72'X), [0;2]
.03 UNITS (RNJ2,0), [0;3]
.04 UNIT CHARGE (RNJ7,2O), [0;4]
.05 MODIFIER (FX), [0;5]
.06 SECOND MODIFIER (FX), [0;6]
.07 THIRD MODIFIER (FX), [0;7]
.08 CORRESPONDING DIAGNOSIS (F), [0;8]
.09 SERVICE FROM DATE/TIME (D), [0;9]
.1 *PROVIDER (P200'), [0;10]
.12 SERVICE TO DATE/TIME (D), [0;12]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.403518), [P;0]
    .01 SERVICE LINE PROVIDER (MP200'), [0;1]
    .02 TYPE (S), [0;2]
.23 PRINT ORDER (NJ5,0), [0;23]
21 LINE ITEM CONTROL NUMBER (F), [2;1]
22 CPT NARRATIVE (F), [2;2]
37 Laboratory (Multiple-9002274.4037), [37;0]
.01 LABORATORY (CPT CODE) (M*P81'X), [0;1]
.02 REVENUE CODE (*P9999999.72'), [0;2]
.03 UNITS (RNJ2,0), [0;3]
.04 UNIT CHARGE (RNJ7,2O), [0;4]
.05 SERVICE FROM DATE/TIME (D), [0;5]
.06 MODIFIER (FX), [0;6]
.07 SECOND MODIFIER (FX), [0;7]
.08 THIRD MODIFIER (FX), [0;8]
.09 CORRESPONDING DIAGNOSIS (F), [0;9]
.11 *PROVIDER (P200'), [0;11]
.12 SERVICE TO DATE/TIME (D), [0;12]
.13 IN-HOUSE CLIA# (F), [0;13]
.14 REFERENCE LAB CLIA# (P9002274.35'), [0;14]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.403718), [P;0]
    .01 SERVICE LINE PROVIDER (MP200'), [0;1]
    .02 TYPE (S), [0;2]
.19 TYPE OF TEST RESULT (S), [0;19]
.21 TEST RESULT (NJ4,1), [0;21]
.22 TEST DATE (D), [0;22]
.23 PRINT ORDER (NJ5,0), [0;23]

21 LINE ITEM CONTROL NUMBER (F), [2;1]
22 CPT NARRATIVE (F), [2;2]
39 Anesthesia (Multiple-9002274.4039), [39;0]
.01 ANESTHESIA (CPT CODE) (M*P81'X), [0;1]
.02 REVENUE CODE (*P9999999.72'), [0;2]
.03 TIME CHARGE (NJ8,2), [0;3]
.04 BASE CHARGE (RNJ7,2O), [0;4]
.05 DATE/TIME (D), [0;5]
.06 MODIFIER (FX), [0;6]
.07 START DATE/TIME (D), [0;7]
.08 STOP DATE/TIME (D), [0;8]
.09 OBSTETRICAL? (S), [0;9]
.1 CORRESPONDING DIAGNOSIS (F), [0;10]
.11 *PROVIDER (P200'), [0;11]
.12 UNITS (NJ3,0), [0;12]
.13 UNIT CHARGE (NJ8,2), [0;13]
.14 SECOND MODIFIER (FX), [0;14]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.403918), [P;0]
　　.01 SERVICE LINE PROVIDER (MP200'), [0;1]
　　.02 TYPE (S), [0;2]
.19 THIRD MODIFIER (F), [0;19]
.23 PRINT ORDER (NJ5,0), [0;23]
21 LINE ITEM CONTROL NUMBER (F), [2;1]
22 CPT NARRATIVE (F), [2;2]
41 Providers (Multiple-9002274.4041), [41;0]
.01 PROVIDER (MP200'), [0;1]
.02 TYPE (RS), [0;2]
.03 OLD NAME FROM FILE 16 (F), [0;3]
43 Misc. Services (Multiple-9002274.4043), [43;0]
.01 MISC. SERVICE (CPT) (MP81'), [0;1]
.02 REVENUE CODE (P9999999.72'), [0;2]
.03 UNITS (RNJ3,0), [0;3]
.04 UNIT CHARGE (RNJ6,2), [0;4]
.05 MODIFIER (FX), [0;5]
.06 CORRESPONDING DIAGNOSIS (F), [0;6]
.07 SERVICE FROM DATE/TIME (D), [0;7]
.08 SECOND MODIFIER (FX), [0;8]
.09 THIRD MODIFIER (FX), [0;9]
.11 *PROVIDER (P200'), [0;11]
.12 SERVICE TO DATE/TIME (D), [0;12]
.13 IN-HOUSE CLIA# (F), [0;13]
.14 REFERENCE LAB CLIA# (P9002274.35'), [0;14]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.404318), [P;0]
　　.01 SERVICE LINE PROVIDER (MP200'), [0;1]

.02 TYPE (S), [0;2]
.19 NDC (F), [0;19]
.23 PRINT ORDER (NJ5,0), [0;23]
11 QTY/LENGTH MEDICAL NECESSITY (NJ15,0), [1;1]
12 MONETARY AMT/DME RENTAL PRICE (NJ18,2), [1;2]
13 MONETARY AMT/DME PURCH. PRICE (NJ18,2), [1;3]
14 FRQ CODE/RENTAL UNIT PRICE IND (S), [1;4]
15 IMMUNIZATION LOT/BATCH NUMBER (F), [1;5]
21 LINE ITEM CONTROL NUMBER (F), [2;1]
22 CPT NARRATIVE (F), [2;2]
45 Charge Master (Multiple-9002274.4045), [45;0]
.01 ITEM (MP9002274.75'), [0;1]
.02 CHARGE DATE (D), [0;2]
.03 QUANTITY (NJ3,0), [0;3]
.04 UNIT PRICE (NJ8,2), [0;4]
.05 REVENUE CODE (P9999999.72'), [0;5]
.06 CORRESPONDING DX (F), [0;6]
.07 HCPCS CODE (P81'), [0;7]
.17 DATA SOURCE (F), [0;17]
.23 PRINT ORDER (NJ5,0), [0;23]
21 LINE ITEM CONTROL NUMBER (F), [2;1]
22 CPT NARRATIVE (F), [2;2]
47 AMBULANCE SERVICE (Multiple-9002274.4047), [47;0]
.01 AMBULANCE SERVICE (P81'), [0;1]
.02 REVENUE CODE (P9999999.72'), [0;2]
.03 UNITS (RNJ3,0), [0;3]
.04 UNIT CHARGE (RNJ7,2), [0;4]
.05 MODIFIER (FX), [0;5]
.06 CORRESPONDING DIAGNOSIS (F), [0;6]
.07 SERVICE FROM DATE/TIME (D), [0;7]
.08 SECOND MODIFIER (FX), [0;8]
.09 THIRD MODIFIER (FX), [0;9]
.11 PROVIDER (P200'), [0;11]
.12 SERVICE TO DATE/TIME (D), [0;12]
.13 IN-HOUSE CLIA# (F), [0;13]
.14 REFERENCE LAB CLIA# (P9002274.35'), [0;14]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.404718), [P;0]
.01 SERVICE LINE PROVIDER (P200'), [0;1]
.02 TYPE (S), [0;2]
.23 PRINT ORDER (NJ5,0), [0;23]
21 LINE ITEM CONTROL NUMBER (F), [2;1]
22 CPT NARRATIVE (F), [2;2]
51 Occurance Code (Multiple-9002274.4051), [51;0]
.01 OCCURANCE (M*P9002274.03'), [0;1]
.02 OCCURANCE DATE (RD), [0;2]
53 Condition Code (Multiple-9002274.4053), [53;0]
.01 CONDITION CODE (M*P9002274.03'X), [0;1]

55 Value Codes (Multiple-9002274.4055), [55;0]
    .01 VALUE CODES (M*P9002274.03'), [0;1]
    .02 AMOUNT (RNJ9,2O), [0;2]

57 Occurance Span Code (Multiple-9002274.4057), [57;0]
    .01 OCCURANCE SPAN CODE (M*P9002274.03'), [0;1]
    .02 FROM DATE (RD), [0;2]
    .03 TO DATE (RD), [0;3]

59 Special Program Code (Multiple-9002274.4059), [59;0]
    .01 SPECIAL PROGRAM CODE (M*P9002274.03'X), [0;1]
    .02 EPSDT REFERRAL? (S), [0;2]
    .03 REFERRAL REASON (Multiple-9002274.405901), [1;0]
        .01 REFERRAL REASON (S), [0;1]

61 REMARKS (Multiple-9002274.4061), [61;0]
      .01 REMARKS (MF), [0;1]

65 ACTIVE BILLS (Multiple-9002274.4065), [65;0]
    .01 ACTIVE BILLS (MP9002274.4'X), [0;1]

67 DATE STMT WAS PRINTED (Multiple-9002274.4067), [67;0]
    .01 DATE STMT WAS PRINTED (D), [0;1]
    .02 USER WHO PRINTED STMT (P200'), [0;2]
    .03 STMT NOTE (F), [0;3]

69 UFMS TRANSMISSION DATE (Multiple-9002274.469), [69;0]
    .01 UFMS TRANSMISSION DATE (P9002274.46'), [0;1]
    .02 UFMS INVOICE NUMBER (F), [0;2]
    .03 EXCLUDED FROM EXPORT (S), [0;3]

73 POS REJECTIONS (Multiple-9002274.4073), [73;0]
    .01 POS REJECTION CODE (FX), [0;1]
    .02 POS REJECTION REASON (F), [0;2]
    .03 REJECTION DATE (D), [0;3]

121 MSP REASON (S), [12;1]
411 RESUBMISSION (CONTROL) NOTE (Fa), [4;11]
412 PT STMT MESSAGE (F), [4;12]
413 ORTHO TRTMT MTHS REMAINING (NJ2,0), [4;13]
710 CLAIM ATTACHMENTS (Multiple-9002274.4071), [71;0]
    .01 CLM ATTACH REPORT TYPE CODE (P9002274.03'), [0;1]
    .02 REPORT TRANS CODE (S), [0;2]
    .03 ATTACHMENT CONTROL NUMBER (F), [0;3]
924 SUPERVISING PROVIDER (F), [9;24]
925 SUPERVISING PRV NPI (FX), [9;25]
1217 ORIGINAL MSP REASON (F), [12;17]
1218 AMBULANCE PATIENT COUNT (NJ3,0), [12;18]
1601 DESTINATION NAME (F), [16;1]
1602 DESTINATION ADDRESS (F), [16;2]
1603 DESTINATION CITY (F), [16;3]
1604 DESTINATION STATE (P5'), [16;4]
1605 DESTINATION ZIP (FX), [16;5]

6.4.25   3P UFMS INSURER TYPE/BUDGET ACTIVITY

Global: ^ABMUITBA(
File#: 9002274.41

.01 INSURER TYPE (RS), [0;1]
.02 BUDGET ACTIVITY (F), [0;2]
.03 EFFECTIVE DATE (D), [0;3]
.04 END DATE (D), [0;4]
.05 AREA (P9999999.21'), [0;5]

6.4.26   3P UFMS CLINIC/COST CENTER

Global: ^ABMUCTCC(
File#: 9002274.42

.01 CLINIC CODE (RF), [0;1]
.02 CLINIC DESCRIPTION (F), [0;2]
.03 COST CENTER (F), [0;3]
.04 EFFECTIVE DATE (D), [0;4]
.05 END DATE (D), [0;5]
.06 COST CENTER DESCRIPTION (F), [0;6]

6.4.27   3P UFMS EXCLUSION TABLE

Global: ^ABMUXCLD(
File#: 9002274.44

.01 LOCATION (RP9999999.06'X), [0;1]
.02 EFFECTIVE DATE (Multiple-9002274.441), [1;0]
    .01 EFFECTIVE DATE (MD), [0;1]
    .02 END DATE (D), [0;2]
    .03 CLINIC (P40.7'), [0;3]
    .04 INSURER TYPE (S), [0;4]

6.4.28   3P UFMS CASHIERING SESSIONS

Global: ^ABMUCASH(
File#: 9002274.45

.01 LOCATION (RP9999999.06'X), [0;1]
.02 USER (Multiple-9002274.4502), [10;0]
    .01 USER (P200'X), [0;1]
    .02 SIGN IN DATE (Multiple-9002274.45102), [20;0]
        .01 SIGN IN DATE (DX), [0;1]
        .02 SESSION NUMBER (NJ9,0), [0;2]
        .03 SIGN OUT DATE (D), [0;3]
        .04 SESSION STATUS (S), [0;4]
        .05 SESSION TOTAL BILLS (F), [0;5]
        .06 SESSION TOTAL AMOUNT (NJ12,2), [0;6]
        .07 RECONCILED DATE (D), [0;7]
        .08 TRANSMITTED DATE (D), [0;8]
        .09 REOPENED DATE (D), [0;9]
        .11 BENEFICIARY CLAIM/BILL COUNT (F), [0;11]
        11 BUDGET ACTIVITY (Multiple-9002274.4510211), [11;0]
            .01 BUDGET ACTIVITY (S), [0;1]
            1 CANCELLED CLAIMS (Multiple-9002274.45102111), [1;0]
                .01 CANCELLED CLAIMS (F), [0;1]
                .02 DUZ(2) (P9999999.06'), [0;2]
                .03 IEN (NJ9,0), [0;3]
            2 APPROVED BILLS (Multiple-9002274.45102112), [2;0]
                .01 APPROVED BILLS (F), [0;1]
                .02 DUZ(2) (P9999999.06'), [0;2]
                .03 IEN (NJ11,0), [0;3]
            3 CANCELLED BILLS (Multiple-9002274.45102113), [3;0]
                .01 CANCELLED BILLS (F), [0;1]
                .02 DUZ(2) (P9999999.06'), [0;2]
                .03 IEN (NJ11,0), [0;3]
        12 REQUEUED BILLS (Multiple-9002274.4510212), [12;0]
            .01 REQUEUED BILLS (F), [0;1]
            .02 DUZ(2) (P9999999.06'), [0;2]
            .03 IEN (NJ11,0), [0;3]
        13 REQUEUED BATCHES (Multiple-9002274.4510213), [13;0]
            .01 REQUEUED BATCHES (P9002274.46'), [0;1]
.03 POS CLAIMS (Multiple-9002274.4503), [20;0]
    .01 POS CLAIMS (F), [0;1]
    .02 SIGN IN DATE (Multiple-9002274.45302), [20;0]

.01 SIGN IN DATE (DX), [0;1]
.03 SIGN OUT DATE (D), [0;3]
.04 SESSION STATUS (S), [0;4]
.05 SESSION TOTAL BILLS (F), [0;5]
.06 SESSION TOTAL AMOUNT (NJ11,0), [0;6]
.07 RECONCILED DATE (D), [0;7]
.08 TRANSMITTED DATE (D), [0;8]
.09 REOPENED DATE (D), [0;9]
11 BUDGET ACTIVITY (Multiple-9002274.4530211), [11;0]
    .01 BUDGET ACTIVITY (S), [0;1]
    .02 APPROVED BILLS (Multiple-9002274.45302112), [2;0]
        .01 APPROVED BILLS (F), [0;1]
        .02 DUZ(2) (P9999999.06'), [0;2]
        .03 IEN (NJ11,0), [0;3]

6.4.29   3P UFMS EXPORTS

Global: ^ABMUTXMT(
File#: 9002274.46

.001 EXPORT NUMBER (NJ12,0), [ ]
.01 EXPORT DATE (RD), [0;1]
.02 FILE NAME (F), [0;2]
.03 EXPORTING PERSON (P200'), [0;3]
.04 LOCATION (P9999999.06'), [0;4]
1 USER (Multiple-9002274.461), [1;0]
    .01 USER (P200'), [0;1]
    .02 SIGN IN DATE (Multiple-9002274.46102), [2;0]
        .01 SIGN IN DATE (D), [0;1]
        3 RE-EXPORTS (Multiple-9002274.461023), [3;0]
            .01 RE-EXPORTS (P9002274.46'), [0;1]
            11 BUDGET ACTIVITY (Multiple-9002274.461211), [11;0]
                .01 BUDGET ACTIVITY (S), [0;1]
                2 BILLS (Multiple-9002274.4612112), [2;0]
                    .01 BILLS (F), [0;1]
                    .02 DUZ(2) (P9999999.06'), [0;2]
                    .03 IEN (NJ11,0), [0;3]
                    .04 BILL AMOUNT (NJ14,2), [0;4]
                    .05 EXCLUDED FROM EXPORT (S), [0;5]
2 POS CLAIMS (Multiple-9002274.462), [2;0]
    .01 POS CLAIMS (F), [0;1]
    .02 SIGN IN DATE (Multiple-9002274.46202), [2;0]
        .01 SIGN IN DATE (D), [0;1]
        11 BUDGET ACTIVITY (Multiple-9002274.462211), [11;0]
            .01 BUDGET ACTIVITY (S), [0;1]
            .02 BILLS (Multiple-9002274.4622112), [2;0]
               .01 BILLS (F), [0;1]
               .02 DUZ(2) (P9999999.06'), [0;2]
               .03 IEN (NJ11,0), [0;3]

.04 BILL AMOUNT (NJ14,2), [0;4]

6.4.30   3P CANCEL BILL REASONS

Global: ^ABMCBILR(
File#: 9002274.47

.001 NUMBER (NJ6,0), [ ]
.01 REASON (RF), [0;1]

6.4.31   3P PARAMETERS

Global: ^ABMDPARM(DUZ(2),
File#: 9002274.5

.01 FACILITY (RP9999999.06'X), [0;1]
.02 *EMERGENCY ROOM FEE (RNJ6,2), [0;2]
.03 OP RX DISPENSE FEE (RNJ5,2), [0;3]
.04 UB-82 LEFT MARGIN (NJ2,0), [0;4]
.05 UB-82 TOP MARGIN (NJ2,0), [0;5]
.06 HCFA-1500 LEFT MARGIN (NJ2,0), [0;6]
.07 HCFA-1500 TOP MARGIN (NJ2,0), [0;7]
.08 SUPERVISORY APPROVAL REQ'D (S), [0;8]
.09 CURRENT DEFAULT FEE SCHEDULE (RP9002274.01'), [0;9]
.11 LABEL LEFT MARGIN (NJ2,0), [0;11]
.12 LABEL TOP MARGIN (NJ2,0), [0;12]
.13 REQUIRE FORCED QUEUEING (S), [0;13]
.14 DISPLAY LONG ICD/CPT NARRATIVE (S), [0;14]
.15 SETUP COMPLETED (S), [0;15]
.16 BACKBILLING LIMIT (MONTHS) (RNJ2,0), [0;16]
.17 HCFA 1500 - BLCK 31 (S), [0;17]
.18 BILL ALL PATIENTS (S), [0;18]
.185 SHOW BENE PAT ALL BILLS? (S), [0;10]
.19 INIT BACK BILL DATE (D), [0;19]
.191 WHO INIT BACK BILL CHK (P200'), [0;21]
.192 INIT BACK BILL DONE ON (D), [0;22]
.193 END DATE BACK BILL CHECK (D), [0;23]
.21 DATE LAST VISIT-ELIG CHK (D), [2;1]
.22 AO EXPORT MODE (S), [2;2]
.23 FACILITY TO RECEIVE PAYMENT (RP9999999.06'a), [2;3]
.24 BILL NUMBER SUFFIX (F), [2;4]
.25 PROMPT FOR MODIFIERS (S), [2;5]
.26 PRINTABLE NAME OF PAYMENT SITE (Fa), [2;6]
.27 AUTO SET LEVEL OF SERVICE (S), [2;7]
.28 INACTIVE DAYS BEFORE PURGE (NJ3,0), [2;8]
.29 DEFAULT HCFA-1500 (S), [2;9]
.3 UB-92 Form Locater 38 (S), [2;10]
.31 INSTALL LEVEL (NJ2,0), [3;1]
.311 DEFAULT DENTAL CODE PREFIX (S), [3;11]

.312 VA STATION NUMBER (F), [3;12]
.313 VA CONTRACT NUMBER (F), [3;13]
.32 DEFAULT DENTAL FORM (*P9002274.08'), [3;2]
.33 APPEND HRN TO BILL NUMBER (S), [3;3]
.34 EMC FILE PREFERENCE (S), [3;4]
.35 EXPORT INSURER TYPES (FX), [3;5]
.36 PLACE OF SERVICE CODE (*P9002274.03'), [3;6]
.37 HCFA-1500 SIGNATURE (P200'), [3;7]
.38 UB-92 SIGNATURE (P200'), [3;8]
.39 EMC MM DOMAIN (P4.2'), [3;9]
.41 IV DISPENSE FEE ADMIXTURE (NJ6,2), [4;1]
.411 IN-HOUSE DEFAULT CLIA# (F), [4;11]
.412 REFERENCE LAB DEFAULT CLIA# (P9002274.35'), [4;12]
.42 IV DISPENSE FEE PIGGYBACK (NJ6,2), [4;2]
.43 IV DISPENSE FEE HYPERAL (NJ6,2), [4;3]
.44 IV DISPENSE FEE SYRINGE (NJ6,2), [4;4]
.45 IV DISPENSE FEE CHEMOTHERAPY (NJ6,2), [4;5]
.46 INPATIENT RX DISPENSE FEE (NJ6,2), [4;6]
.47 DEFAULT EMC PATH (FX), [4;7]
.48 ORPHAN LAG TIME (NJ3,0), [4;8]
.49 USE A/R PARENT/SATELLITE? (S), [4;9]
.51 MEDICARE B (S), [5;1]
.52 UNCODED DX LAG TIME (DAYS) (NJ3,0), [5;2]
.53 ISA08 VALUE (S), [5;3]
.54 MAMMOGRAPHY CERTIFICATION (F), [5;4]
.55 SERV CAT TELECOMM BILLABLE (Sa), [5;5]
6 DISPLAY UNBILLABLE INSURER(S) (Multiple-9002274.56), [6;0]
    .01 DISPLAY UNBILLABLE INSURER(S) (MP9999999.18'X), [0;1]
11 CLAIM PAGE(s) TO BE SKIPPED (Multiple-9002274.511), [11;0]
    .01 CLAIM PAGE(s) TO BE SKIPPED (MSX), [0;1]
15 DEFAULT UNBILLABLE CLINICS (Multiple-9002274.515), [15;0]
    .01 DEFAULT UNBILLABLE CLINICS (MP40.7'X), [0;1]
17 DFLT INVALID PRV DISCIPLINES (Multiple-9002274.517), [17;0]
    .01 DFLT INVALID PRV DISCIPLINES (MP7'X), [0;1]
19 INSURERS W/O 837 PRV SEGMENT (Multiple-9002274.519), [19;0]
    .01 INSURERS W/O 837 PRV SEGMENT (P9999999.18'X), [0;1]

211 STATEMENT HEADER PRINT (F), [2;11]
212 USE NPI OF (*P4'X), [2;12]
213 USE POA INDICATOR? (S), [2;13]
214 PRINT STATEMENT DATE (S), [2;14]
215 UPPER LIMIT BILL APPROVAL AMT (NJ13,2), [2;15]
413 UFMS DIRECTORY (F), [4;13]
414 UFMS EXPORT (S), [4;14]
415 UFMS CASHIERING (S), [4;15]
416 UFMS DISPLAY DEFAULT NUMBER (NJ3,0), [4;16]
417 UFMS USE ASUFAC OF (P9999999.06'X), [4;17]

6.4.32   3P MU PARAMETERS

Global: ^ABMMUPRM(
File#: 9002274.55

.01 PATIENT VOLUME (RF), [0;1]
.02 SETUP COMPLETE (S), [0;2]
1 FQHC/RHC FACILITIES (Multiple-9002274.551), [1;0]
    .01 FQHC/RHC FACILITIES (MP9999999.06'), [0;1]
    .02 FQHC facility led by a PA (S), [0;2]
2 PROVIDER CLASS (Multiple-9002274.552), [2;0]
    .01 PROVIDER CLASS (MP7'O), [0;1]

6.4.33   3P TX STATUS

Global: ^ABMDTXST(DUZ(2),
File#: 9002274.6

.001 EXPORT NUMBER (NJ9,0), [ ]
.01 EXPORT DATE (RDI), [0;1]
.011 ALLOWANCE CATEGORY (S), [0;11]
.02 EXPORT MODE (P9002274.08'), [0;2]
.03 INSURER TYPE (S), [0;3]
.04 INSURER (P9999999.18'), [0;4]
.05 BILLING CLERK (P200'), [0;5]
.06 DATE TRANSMITTED TO AREA (D), [0;6]
.07 LABELS PRINTED (S), [0;7]
.08 TRANSMITTAL PRINTED (S), [0;8]
.09 NUMBER OF FORMS (NJ4,0), [0;9]
.11 TOTAL CHARGES (NJ9,2), [1;1]
.12 NUMBER OF INSURERS (NJ3,0), [1;2]
.13 MULTIPLE PROVIDERS? (S), [1;3]
.14 EMC FILE NAME (F), [1;4]
.15 BILL TYPE (NJ3,0), [1;5]
.16 GROUP CONTROL NUMBER (NJ6,0), [1;6]
.17 TRANS SET CONTROL# (ST02) (NJ4,0), [1;7]
1 BILLS (Multiple-9002274.61), [2;0]
    .01 BILLS (MP9002274.4'X), [0;1]

> .02 ATTENDING PROVIDER (P200'), [0;2]
> .03 SUBSCRIBER (F), [0;3]
> **3 SUBMISSION DATE (Multiple-9002274.63), [3;0]**
>> .01 SUBMISSION DATE (D), [0;1]
>> .02 GROUP CONTROL NUMBER (NJ6,0), [0;2]
>> .03 STATUS (S), [0;3]
>> .04 USER (P200'), [0;4]
>> .05 REASON (F), [0;5]
>> .06 TRANS SET CONTROL NUM (ST02) (NJ1,0), [0;6]
>> .07 3P RECEIVER (P9002274.095'), [0;7]

6.4.34   3P DENIAL REASONS

Global: ^ABMDDENI(
File#: 9002274.7

.01 REASON (RF), [0;1]
.02 TYPE OF INSURER (RS), [0;2]
.03 CODE (FX), [0;3]

6.4.35   3P CHARGE MASTER

Global: ^ABMCM(
File#: 9002274.75

.01 ITEM DESCRIPTION (RF), [0;1]
.02 REVENUE CODE (P9999999.72'), [0;2]
.03 HCPCS CODE (P81'), [0;3]
.04 UPC (F), [0;4]
.05 OTHER IDENTIFIER (F), [0;5]
.06 START DATE (D), [0;6]
.07 STOP DATE (D), [0;7]
.08 COST CENTER (P9999999.58'), [0;8]

6.4.36   3P VISIT TYPE

Global: ^ABMDVTYP(
File#: 9002274.8

.001 NUMBER (NJ3,0), [ ]
.01 NAME (RF), [0;1]
.02 UB-92 BILL TYPE (S), [0;2]
1 CLINIC (Multiple-9002274.81), [1;0]
> .01 CLINIC (MP40.7'), [0;1]
2 AUTO-LINK TO PCC (Multiple-9002274.82), [2;0]
> .01 AUTO-LINK TO PCC (S), [0;1]
> .02 DELETE FROM ORIGINAL CLAIM (*S), [0;2]
3 HOSPITAL LOCATION (Multiple-9002274.83), [3;0]
> .01 HOSPITAL LOCATION (MMP44'), [0;1]

6.4.37   3P AREA OFFICE EXPORT

Global: ^ABMDAOTX(DUZ(2),
File#: 9002274.9

.01 DATE (RDX), [0;1]
.02 RECORD COUNT (NJ4,0), [0;2]
.03 ERROR DESCRIPTION (F), [0;3]
.04 AMOUNT (NJ10,2), [0;4]

6.4.38   3P ENVOY PAYER

Global: ^ABMENVOY(
File#: 9002274.93

.01 ID (RF), [0;1]
.02 PAYER NAME (F), [0;2]
.03 CLAIM TYPE (F), [0;3]
.04 STATE (F), [0;4]
.05 PAYER TYPE (S), [0;5]

6.4.39   3P ENVOY PROVIDER SPECIALTY

Global: ^ABMENVPS(
File#: 9002274.94

.01 NAME (RP7'X), [0;1]
.02 ENVOY 1500 PP CODE (F), [0;2]
1 EXCEPTIONS (Multiple-9002274.941), [1;0]
      .01 ENVOY E-CLAIM TYPE (MF), [0;1]
      .02 CODE TO USE (F), [0;2]

6.4.40   3P PROVIDER TAXONOMY

Global: ^ABMPTAX(
File#: 9002274.95

.01 TAXONOMY CODE (RF), [0;1]
.02 PROVIDER CLASS CODE (F), [0;2]
.03 PERSON CLASS (P8932.1'X), [0;3]
.04 PROV CLASS CODE 2 (F), [0;4]
.05 PROV CLASS CODE 3 (F), [0;5]

7.0   External Relations

The ABM system makes extensive use of the documented entry points into
FileMan, the device handler, and TaskMan.

7.1   Callable Routines

The following table lists the external calls made by the system to other RPMS
packages.

This application uses the "AUPN DISPLAY PPN" parameter functionality and is
defaulted to OFF until Patient Preferred Name (PPN) is available across the
enterprise. NOTE: While this parameter is turned off, the Patient Preferred Name
will not display in this application. This allows the Patient Preferred Name
display to be turned on at once without requiring a coordinated release of all
applications. Once all applications support the display of the PPN, instructions
will be sent out on how to enable this parameter system-wide.

Routine Called	Description
KILL^AG	Used to clean up AG and FileMan variables
AGED4	Obsolete; the routine contains this call, but the option that calls the routine isn't used anymore
AGED5	Obsolete; the routine contains this call, but the option that calls the routine isn't used anymore
AGED6	Obsolete; the routine contains this call, but the option that calls the routine isn't used anymore
AGED7	Obsolete; the routine contains this call, but the option that calls the routine isn't used anymore
AGEDIT	Obsolete; the routine contains this call, but the option that calls the routine isn't used anymore
AGVAR	Obsolete; the routine contains this call, but the option that calls the routine isn't used anymore
EN^APCHS	PCC Health Summary
GETPREF^AUPNSOGI	Returns Preferred Name for Patient (PPN)
VALI^BARVPM	Get VIP Insurer Type Code
BCMDVS01	Chargemaster call
BCMZINHO	Chargemaster call
XBGSAVE	Write UFMS global to file for transmission

7.2   Published Entry Points

Routine	Description
BLDMLT^ABMAPAS2	Continuation of data passed to BAR

Routine	Description
BLD^ABMAPASS	Data passed to BAR
LKUP^ABMAROLL	Look up bill using IEN (ABMP("BDFN"))
FILE^ABMAROLL	FILE PAYMENT INFORMATION
EN^ABMCGAPI	Create audit entry for claim generator
EDIT^ABMCGAPI	Edit existing claim generator audit entry
VISIT^ABMCGAPI	Add visit to claim generator audit entry
CLAIM^ABMCGAPI	Add claim to claim generator audit entry
CPTCHK^ABMCPTCK	Check if CPT codes exist on visit
CPTLIST^ABMCPTCK	Create list of CPTs on visit
CPT^ABMCVAPI	returns info about requested CPT entry
IHSCPTD^ABMCVAPI	returns info about requested ICD entry
DX^ABMCVAPI	returns info about requested ICD DX entry
ICDDX^ABMCVAPI	returns info about requested ICD entry
ICDOP^ABMCVAPI	returns info about requested ICD PX entry
ICDDOP^ABMCVAPI	returns info about requested ICD entry
CAT^ABMCVAPI	returns CPT Category info
IHSCAT^ABMCVAPI	returns IHS specific CPT Category fields
MOD^ABMCVAPI	returns Modifier array
EXT^ABMDEI	External Entry Point for displaying CPT codes
EXT^ABMDLINK	Obsolete; Routine to account for PCC Merge
GETREV^ABMDUTL	Get rev code and format for claim editor display
START^ABMDVCK4	Build list of parent/satellite relationships
ONE^ABMFEAPI	Returns charge for one code
RANGE^ABMFEAPI	Returns range of codes with charges
DINUM^ABMFOFS	DINUM CPT for fee table
EN^ABMFPRT	Generic form printer
EN^ABMPSAPI (ABMPOS)	Called by ABSP Pharmacy POS to create 3P Bill entry (which creates the A/R Bill/IHS entry)
EP^ABMUCAPI	Returns BUDGET ACTIVITY^COST CENTER or -1 for ea. If it can't find effective entry
COSTCENT^ABMUCAPI	return cost center and cost center desc. only
INSTYP^ABMUCASH	returns insurer type name
BILL^ABMUEAPI	Checks if bill should be send to UFMS based on exclusion table entries
TRANSMIT^ABMUEAPI	Checks if bill has previously been transmitted to UFMS
APPRDTTM^ABMUEAPI	returns bill date/time approved field

Routine	Description
EN^ABMUPOSC	Finds all open POS cashiering sessions and closes them
HRN^ABMUTL8	First look at Visit Loc for HRN; If not then look at Parent Loc for HRN; If not, loop Satellite Locs for said parent until one is found.
NPIUSAGE^ABMUTLF	Returns NPI Usage in 3P Insurer file
LNM^ABMUTLN	Returns last name from specific file (2, 200, or 9000003.1)
FNM^ABMUTLN	Returns first name from specific file (2, 200, or 9000003.1)
MI^ABMUTLN	Returns middle name from specific file (2, 200, or 9000003.1)
SFX^ABMUTLN	Returns suffix from specific file (2, 200, or 9000003.1)
DOB^ABMUTLN	Returns DOB from specific file (2, 200, or 9000003.1)
SEX^ABMUTLN	Returns sex from specific file (2, 200, or 9000003.1)
SBR^ABMUTLP	Builds ABMP array containing insurer and subscriber info
EP^ABMXUS9	Obsolete

7.3   Exported Options

Option Name	Description
ABM DASH	Used as separation line on display
ABM DASH2	Used as separation line on display
ABM SET SITE	Set Site
ABM TM PRVNUMBEREDIT	Provider Number Edit
ABMD CL ADD	Add New Claim (Manual Entry)
ABMD CL CG1	Claim Generator, One Patient
ABMD CL EDIT	Edit Claim Data
ABMD CL ELIG CHECK	Check Eligibility for a Visit
ABMD CL LOOP	Claim Editor Loop
ABMD CL MENU	Add/Edit Claim Menu
ABMD CL REBUILD	Rebuild Items from PCC
ABMD CL SET ABILL	Recreate claim from PCC data
ABMD ECLAIM MENU	Electronic Claims Setup
ABMD EL MCD MAINT	Obsolete; Medicaid Eligibility Edit (Page 5)
ABMD EL MCR MAINT	Obsolete; Medicare Eligibility Edit (Page 4)

Option Name	Description
ABMD EL MENU	Eligibility Menu
ABMD EL PI MAINT	Obsolete; Private Insurance Eligibility Edit (Page 7)
ABMD EL PO EDIT	Add/Edit a Private Insurance Policy
ABMD EL PO LIST	Listing of Policies and Members by Insurer
ABMD EL PO MENU	Private Insurance Policy Maintenance Menu
ABMD EL PO MRG	Merge Duplicate Insurance Policies
ABMD EL REG MENU	Edit a PATIENT REGISTRATION Third Party Page
ABMD EL RR MAINT	RailRoad Retirement Edit (Page 6)
ABMD EX EDIT EXP MODES	Export Mode Maintenance
ABMD EX EXPORT MODE REPORT	Export Mode Report
ABMD MG ADD BILL	Add a new BILL that was Manually Submitted
ABMD MG ADD POS BILL	Add a COB Pharmacy POS bill manually
ABMD MG BACK BILL	Initiate Back Billing Check
ABMD MG CAN BILL	Cancel an Approved Bill
ABMD MG CAN CLM	Cancel Claim
ABMD MG CLAIM SPLIT	Split Claim
ABMD MG EXPORT TO AO	Export Bills to Area Office Tracking System
ABMD MG FLAT RATE ADJUST	Flat Rate Adjustment
ABMD MG INPATIENT EXPORT	Export Inpatient Bill to Excel
ABMD MG INQ BILL	Inquire about an Approved Bill
ABMD MG IPSVCS	Inpatient Physician Services
ABMD MG MENU	Claim/Bill Management Menu
ABMD MG MRG CLM	Merge Claims
ABMD MG PHARM POS CLEANUP	Pharmacy POS 3P Bill Cleanup
ABMD MG REOPEN	Open/Close Claim
ABMD MU EHR INCENTIVE REPORT	Facility EHR Incentive Report
ABMD MU FACILITY CRITERIA	Facility Criteria
ABMD MU PATIENT COUNT	PATIENT COUNTS & % BY ELIGIBILITY
ABMD MU PV DEF	Reports Definitions List
ABMD MU PV DEF 2	Reports Definitions List
ABMD MU PV ELIG HOSPITALS	Patient Volume Report for Eligible Hospitals
ABMD MU PV ELIG HOSPITALS 2	Patient Volume Report for Eligible Hospitals
ABMD MU PV ELIG PROS	Patient Volume Report for Eligible Professionals
ABMD MU PV ELIG PROS 2	Patient Volume Report for Eligible Professionals

Option Name	Description
ABMD MU PV EP LIST	EP Class – List of Eligible Professionals
ABMD MU PV EP LIST 2	EP Class – List of Eligible Professionals
ABMD MU PV MUP VIEW	View Report Parameters
ABMD MU PV PARAMETERS	Report Parameters
ABMD MU PV PARAMETERS 2	Report Parameters
ABMD MU RP MENU	MEANINGFUL USE REPORTS
ABMD MU RP PV MENU	Patient Volume Reports
ABMD MU RP PV MENU 1	PARTICIPATION CY/FY 2011/2012 PATIENT VOLUME RPT
ABMD MU RP PV MENU 2	PARTICIPATION CY/FY 2013+ PATIENT VOLUME RPT
ABMD PAYMENT	Payment Posting
ABMD PR DISPLAY APPRVD BILLS	Bills Awaiting Export Report
ABMD PR EXPORT STATISTICAL	Bills Export Statistical Report
ABMD PR MENU	Print Bills Menu
ABMD PR PATIENT STMTS	Print Patient Statements
ABMD PR PRINT FORMS	Print Approved Bills
ABMD PR PRINT MAILING LABELS	Print Mailing Address Labels
ABMD PR PRINT WORKSHEET	Print Worksheet (Itemized CPT Data)
ABMD PR PT STMT	Print Patient Statement
ABMD PR REPRINT BILL	Reprint Bill
ABMD PR RESUB AND REPRINT	Enter Resubmission Number
ABMD PR TEST	Test Forms Alignment
ABMD PR TRANSMITTAL LIST	Transmittal Listing
ABMD PRV MENU	Provider Menu
ABMD RP AGING REPORT	Aging Report by Insurer for 30 Day Increments
ABMD RP ALL BILLS	Bills Listing
ABMD RP AO TRANS LIST	Area Office Export Log Re-Print
ABMD RP BRIEF LISTING	Brief (single-line) Claim Listing
ABMD RP CANCELLED CLAIMS	Cancelled Claims Report
ABMD RP CHARGE MASTER	Charge Master Listing
ABMD RP CLOSED CLAIMS	Closed Claims Report
ABMD RP CPT CHARGE REPORT	CPT Charge Report
ABMD RP DETAILED LISTING	Detailed Display of Selective Claims
ABMD RP DX LISTING	Listing of Billed Primary Diagnosis

Option Name	Description
`ABMD RP EL PAT ELIG CNTS`	Listing of Patient Eligibility Counts
`ABMD RP EL R VET VISITS`	Visit Counts by Veterans
`ABMD RP EMPLOYEE PROD REPORT`	Employee Productivity Report
`ABMD RP EMPLOYEE PRODUCTIVITY`	Employee Productivity Listing (OLD)
`ABMD RP MCR PROV CPT G8553`	Medicare Providers CPT Report: G8553
`ABMD RP MENU`	Reports Menu
`ABMD RP PATIENT`	Billing Activity for a Specific Patient
`ABMD RP PCC AUDIT`	PCC Visit Tracking/Audit
`ABMD RP PENDING STATUS`	Pending Claims Status Report
`ABMD RP PX LISTING`	Listing of Billed Procedures
`ABMD RP STATS REPORT`	Statistical Billed-Payment Report
`ABMD RP SUMMARIZED LISTING`	Summarized (multi-line) Claim Listing
`ABMD RP TRIBAL PYMTS`	Tribal Payment Report
`ABMD RP VIEW PCC`	View PCC Visit
`ABMD TM 837 SEGMENT OVER`	837 Segment Override
`ABMD TM ABMDSS`	Initialize New Facility
`ABMD TM CHARGE MASTER`	Charge Master Add/Edit
`ABMD TM CLEANUP FEE TABLE`	CleanUp Fee Tables
`ABMD TM CLEARINGHOUSE`	Clearinghouse Setup
`ABMD TM CLEARINGHOUSE RPT`	Clearinghouse Report
`ABMD TM COV TYPE LISTING`	Print Coverage Type Listing
`ABMD TM COV TYPE MAINTENANCE`	Add/Edit a Coverage Type
`ABMD TM COV TYPE MENU`	Coverage Type File Menu
`ABMD TM CPT INQUIRY`	Inquire to CPT File
`ABMD TM CPT LAB`	LAB CPT codes to pass to TPB
`ABMD TM CPT LISTING`	Print CPT Procedure File
`ABMD TM CPT MAINTENANCE`	CPT File Maintenance
`ABMD TM CPT MENU`	CPT File Menu
`ABMD TM CPT MODIFIERS`	Modifiers Add/Edit
`ABMD TM CPT REPLACEMENT TXT`	Replacement Text for CPT File Lookups
`ABMD TM CPT REQ'ING NARR`	NOC NEC Required for 5010 submissions
`ABMD TM DENTAL REMAP`	Dental Remap Table Maintenance
`ABMD TM DRUG INQUIRY`	Display a Drug File Entry
`ABMD TM DRUG LIST`	Drug Listing

Option Name	Description
ABMD TM DRUG MENU	Drug File Menu
ABMD TM EL R CO	Listing of Commissioned Officers and Dependents
ABMD TM EL R CO VISITS	Visits by Commissioned Officers and Dependents
ABMD TM EL R MEDCAID	Listing of Medicaid Enrollees
ABMD TM EL R MEDICARE A	Listing of Medicare Part A Enrollees
ABMD TM EL R MEDICARE B	Listing of Medicare Part B Enrollees
ABMD TM EL R MEDICARE D	Listing of Medicare Part D Enrollees
ABMD TM EL R MENU	Eligibility Reports Menu
ABMD TM EL R PRIVATE INS	Private Insurance Eligibility Listing
ABMD TM EL R VET	VA Eligibility Listing
ABMD TM EL SCHIP	Summary of SCHIP Eligibility
ABMD TM EMPLOYER DISPLAY	Employer Listing
ABMD TM EMPLOYER MAINTENANCE	Add/Edit an Employer
ABMD TM EMPLOYER MENU	Employer File Menu
ABMD TM EMPLOYER MERGE	Merge Duplicate Employers
ABMD TM EMPLOYER REPORT	List all Employees by Employer
ABMD TM ERROR CODE LISTING	Error Code Listing
ABMD TM ERROR CODE MAINTENANCE	Edit Error Codes
ABMD TM ERROR CODE MENU	Error Codes Menu
ABMD TM EX MENU	Export Modes Menu
ABMD TM FEE ASC	Update ASC Fee Schedule
ABMD TM FEE CPT VIEW	View CPT Fee
ABMD TM FEE DRUG	Transfer Drug Prices from Drug File
ABMD TM FEE FOREIGN	Import Foreign Fee Schedule
ABMD TM FEE LISTING	Print Fee Schedule Listing
ABMD TM FEE MAINT	Fee Schedule Maintenance
ABMD TM FEE MENU	Fee Schedule Menu
ABMD TM FEE PERCENT	Increase/Decrease Fee Schedule
ABMD TM FEE REPORT	CPT-Corresponding ICD-Fee Listing
ABMD TM FORM LOCATOR	Form Locator Override
ABMD TM GRP ASSIGN	Mass Group Plan Assignment for specified Employer
ABMD TM GRP EDIT	Add/Edit Group Insurance Plans
ABMD TM GRP LISTING	Group Insurance Plans Listing
ABMD TM GRP MENU	Group insurance Plans Menu

Option Name	Description
ABMD TM GRP MERGE	Merge Duplicate Group Plans
ABMD TM INS INQUIRY	Display Insurer Info (Inquire)
ABMD TM INS LISTING	Insurer Listing
ABMD TM INS MAINTENANCE	Add/Edit Insurer
ABMD TM INS MENU	Insurer File Menu
ABMD TM INS MERGE	Merge Duplicate Insurers
ABMD TM INS REPLACEMENT TEXT	Replacement Text for Insurer Lookups
ABMD TM INS SPLIT CLAIM SETUP	Claim Split Setup
ABMD TM INS SPLIT CLM	Split Claim Billing
ABMD TM INS SPLIT CLM RPT	Claims ID'd as Potential Split Billing Report
ABMD TM INS SPLT SETUP RPT	Claim Split Setup Report
ABMD TM LABS REQ'ING RESULTS	Lab CPT/HCPCS Requiring Test Results & CLIA
ABMD TM LOC INQUIRY	Display Location File Entry
ABMD TM LOC MAINT	Location File Maintenance
ABMD TM LOC MENU	Location File Menu
ABMD TM MENU	Table Maintenance Menu
ABMD TM MENU (SHORT)	Table Maintenance Menu (Short)
ABMD TM MGR CG REPORT	Claim Generator Productivity Report
ABMD TM MGR MENU	Manager Reports
ABMD TM MGR TALLY	Visit/Claim/Bill Tally Report
ABMD TM PRV INQUIRY	Inquire to Provider File
ABMD TM PRV NPI	Add/Edit NPI values for Providers
ABMD TM PRVNUMBEREDIT	Provider Number Edit
ABMD TM REF LABS	Add/Edit Reference Lab Locations
ABMD TM REVN CODE LISTING	Print Revenue Code Listing
ABMD TM REVN CODE MAINTENANCE	Revenue Code Maintenance
ABMD TM REVN CODE MENU	Revenue Codes Menu
ABMD TM SITE PARAMETERS	Site Parameter Maintenance
ABMD TM SITE PARAMETERS REPORT	Table Maintenance Site Parameters Report
ABMD TM UB92 CODE LISTING	UB-92 Codes Listing
ABMD TM UB92 CODE MENU	UB-92 Codes Menu
ABMD TM UB92 CODES	UB-92 Code Maintenance
ABMD TM VISIT TYPE EDIT	Visit Type Maintenance

Option Name	Description
ABMD TSK AO EXPORT	Automatic Data Transfer to Area Office
ABMD TSK POS SESSION CLOSER	Close POS Cashiering Sessions
ABMD TSK VISIT CHECK	Auto-PCC Visit Check/3P Claim Creation
ABME ABMEBDSP	Batch Summary
ABME ABMECS	Create EMC File
ABME ABMERSND	Recreate an EMC File
ABME DISP ABMECS	Summary of Bills Ready for Submission
ABME EMC	Electronic Media Claims
ABME EMC RE-EXPORT	Re-Export Bills
ABME REEX	Re-Export Bills
ABMMENU	Third Party Billing System
ABMU CAN VIEW	View/Print CAN crosswalk
ABMU CASHIER PRODUCTIVITY RPT	Cashiering Session Productivity Report
ABMU CASHIERING OPTIONS	Cashiering Options
ABMU CASHIERING SIGN IN/OUT	Cashiering Sign In/Sign Out
ABMU EXCLUSION TABLE	Exclude data to UFMS
ABMU PSEUDO TIN LISTING	Pseudo TIN Listing
ABMU RECONCILE SESSIONS	Reconcile All Sessions
ABMU REOPEN SESSION	Re-Open a Closed Session
ABMU REPORTS	UFMS Reports
ABMU RESEND BATCH	Resend Batch
ABMU RESEND EXPORT FILE	Resend UFMS Export File
ABMU RESEND TRANSACTION	Resend Transaction Record
ABMU RPT GRAND TOT	Grand Total All Files by Transmission Date
ABMU SETUP	UFMS Setup
ABMU SUP TRANSMIT CHECK	Bill Transmit Check Report
ABMU SUPERVISOR FUNCTIONS	Supervisory Functions
ABMU TIN LISTING	Insurer TIN Listing
ABMU VIEW BATCH	View Batch
ABMU VIEW CASHIERING SESSION	View Cashiering Session
ABMU VIEW UFMS EXPORT FILE	View UFMS Export File
ABMU VIEW UFMS HOST FILE	View UFMS Host File
ABMZ BILL ADM/DISCH EDIT	Edit Admission/Discharge Dates
ABMZ NPI ENTRY	NPI Institution Entry

8.0   Internal Relations

The only menu that should be assigned to users is ABMMENU. However, there are no options that assume that the entry/exit logic of another option has already occurred.

All files in the range 9002274.1 to 9002274.9 must be present for the software to run correctly.

9.0   Archiving and Purging

There is no provision for archiving any data from Third Party Billing.

Auto purging occurs for unapproved claims older than the number of days in field #.28, INACTIVE DAYS BEFORE PURGE in the Third Party Site Parameters file. If the field is left blank, the default is 180 days.

Entries in the 3P Bill file are never purged.

Claims with a corresponding bill are not auto purged. Auto purging is done by the Claim Generator. In addition, individual claims can be deleted from the Claim file by the user option to Cancel Claim, although these claims are not actually deleted but instead are moved to the 3P Cancelled Claims file.

Cancelled bills are marked as deleted and not actually deleted from the bill file.

Bills should not be deleted from the FileMan file.

10.0   Documentation Resources

This section describes a few methods to generate online technical documentation.

10.1   System Documentation

Online VPS system documentation can be generated through the use of several Kernel options, including, but not limited to:

- %INDEX

- Menu Management

- Inquire Option

- Print Option File

- VA FileMan

- Data Dictionary Utilities

- List File Attributes

  For more option listings and further information about other utilities that supply online technical information, see the Decentralized Hospital Computer Program (DHCP) Kernel Reference manual.

10.1.1   %INDEX

The %INDEX option analyzes the structure of a routine to determine in part, if the routine adheres to RPMS programming standards. The output can include the following components:

- Compiled list of errors and warnings

- Routine listing

- Local variables

- Global variables

- Naked globals

- Label references

- External references

- Running %INDEX for a specified set of routines allows users to discover any deviations from RPMS programming standards that exist, and to see how routines interact with one another (i.e., which routines call or are called by other routines).

- To run %INDEX for the VPS system:

- At the "Routine(s)?" prompt, type the <<CC>> namespace.

10.1.2   Inquire Options

The Inquire menu management option provides the following information about a specified option:

- Option name
- Menu text
- Option description
- Type of option
- Lock (if any)

  In addition, all items on the menu are listed for each menu option. To secure information about Third Party Billing options, specify the ABM namespace.

10.1.3   Print Option File

The Print Option File utility generates a listing of options from the Option file (#19). Users can print all of the entries or a single option or range of options.

10.1.4   List File Attributes

This VA FileMan option allows users to generate documentation pertaining to files and file structure. The standard format of this option provides the following data dictionary information for a specified file:

- File name and description
- Identifiers
- Cross-references
- Files pointed to by the file specified
- Files that point to the file specified
- Input, print, and sort templates

In addition, the following applicable data is supplied for each field in the file:

- Field name, number, title, and description
- Global location
- Help prompt
- Cross-references
- Input transform
- Date last edited
- Notes

Using the Global Map format of this option generates an output that lists the following information:

- All cross-references for the file selected

- Global location of each field in the file

- Input, print, and sort templates

  For a comprehensive listing of <<package name>> files, see Section 6.0.

10.2   Online Help

In addition to system documentation, RPMS includes special help displays for most menu options and data entry prompts. Typing **?** at the "Select . . . Option" prompt displays information related to the current option, where

Typing . . .	Displays . . .
one question mark (?)	a list of all options accessible from the current option.
two question marks (??)	a list of all accessible options and their formal names
three question marks (???)	a brief description for each option in a menu.
one question mark (?) followed by an option name (?OPTION)	extended help, if available, for that option

11.0   SAC Requirements and Exemptions

Currently, there are no exemptions for ABM.

Glossary

Accident/TORT Related Insurance

Insurance covering accidents resulting from a third party's action. A third party's action may involve a civil court process in an attempt to require payment by the third party, other than no fault liability. Also includes no fault automobile insurance.

Ambulatory Care

All types of health services that are provided on an outpatient basis, in contrast to services provided in the home or to persons who are hospital inpatients.

Ambulatory Surgery

Surgery performed as an outpatient visit at a HCFA approved facility.

Archiving

The storing of historical or little-used data off-line (often on tape).

Auto Approve

An option available in this package that automatically approves claims and generates bills without user intervention.

Banner

A line of text with a user's name and domain.

Callable Entry Points

Locations in a routine that can be called from an application program.

Caret (^)

A circumflex, also known as a "hat" or "up-hat" that is used as a delimiter in a global. The up-hat is denoted as "^" and is typed by pressing Shift+6 on the keyboard.

Claim

A set of codes and fees grouped together to bill the responsible party for services rendered.

Claim Editor

Software that allows users to make modifications to third party insurance claims and to approve those claims within the third party billing software.

Claim Generator

Software that runs in the background that gathers data from PCC and patient registration in order to generate claims.

Claim Number

Number assigned to the claim, which will be sent to a billable entity.

Claim Summary

Abbreviated summary of key information in the claim.

Coinsurance

The portion of percentage of the Medicare-approved amount that a beneficiary is responsible for paying.

Covered Days

Number of days covered by the primary payer, as qualified by the payer organization.

Cross-reference

An indexing method in which files can include pre-sorted lists of entries as part of the stored database. Cross-references (x-refs) facilitate look-up and reporting.

Deductible

The amount of expense a beneficiary must pay before insurance benefits begin payment for covered services.

Diagnosis

Identifying a disease from its signs and symptoms.

Discipline

Code indicating discipline(s) order by physician.

Drug File

List of drugs that can be dispensed to a patient during a visit. The medications available for selection are restricted to whatever entries exist in the Drug file at each site. This file is maintained by the Pharmacy and should reflect all locally prescribed take home drugs.

Electronic Media Claims (EMC)

Electronic transmissions of claims.

Eligibility

A defined period of time that a patient is enrolled in prepaid health programs.

Entry Point

Entry point within a routine that is referenced by a "DO" or "GOTO" command from a routine internal to a package.

Event Type

A message that is sent, which signifies a particular event on the system (e.g., admit, discharge, etc.).

Fee-for service

A payment system by which doctors, hospitals, and other providers are paid a specific amount for each service performed as identified by a claim for payment.

Fee Schedule

Medicare's system for paying physicians fees. The schedule, which went into effect on January 1, 1992, assigns a dollar value to each physician service based on work, medical practice costs, and malpractice insurance costs. Each of these three factors is adjusted for the geographic variation in costs.

File

A set of related records or entries treated as a single unit.

FileMan

The database management system for RPMS.

Global

In MUMPS, global refers to a variable stored on disk (global variable) or the array to which the global variable may belong (global array).

HCFA-1500

Form sent to the proper Medicare carrier requesting that Medicare Part B payment be made for covered services.

HCPCS Procedure Code

Procedure codes that identify services so that appropriate payment can be made. These codes are required for many specific types of outpatient services and a few inpatient services.

ICD-9 Code

Diagnosis code which describes the principle diagnosis (i.e., the condition established after study to be chiefly responsible for causing this hospitalization).

INDEX (%INDEX)

> A Kernel utility used to verify routines and other MUMPS code associated with a package. Checking is done according to current ANSI MUMPS standards and RPMS programming standards. This tool can be invoked through an option or from direct mode (>D ^%INDEX).

Init

> Initialization of an application package. The initialization step in the installation process builds files from a set of routines (the init routines). Init is a shortened form of initialization.

Insurer File

> File consisting of Insurance companies which IHS has authorization to bill for services provided to IHS patients.

Internal Entry Number (IEN)

> The number used to identify an entry within a file. Every record has a unique Internal Entry Number.

IRM

> Information Resource Management. The IHS personnel responsible for information systems management and security.

Itemized Bill

> A bill generated with a detailed description of each item and cost of the item.

Kernel

> The set of MUMPS software utilities that function as an intermediary between the host operating system and application packages, such as Laboratory and Pharmacy. The Kernel provides a standard and consistent user and programmer interface between application packages and the underlying MUMPS implementation. These utilities provide the foundation for RPMS.

Medicaid

> A federally aided, state operated program that provides medical benefits for certain low-income persons.

Medicare

> A national health insurance program for people 65 years of age and older, certain younger disabled people, and people with kidney failure. It is divided into two parts: Hospital Insurance (Part A) and Medical Insurance (Part B).

Medicare Part A Coverage

Insurance that pays for medically necessary inpatient hospital care, skilled nursing facility or psychiatric hospital and for hospice and home health care for eligible patients.

Medicare Part B Coverage

Insurance that pays for medically necessary doctor services and many other medical services and supplies for eligible patients.

Medicare Supplement Policy

A health insurance policy that pays certain costs not covered by Medicare such as coinsurance and deductibles.

Menu

A list of choices for computing activity. A menu is a type of option designed to identify a series of items (other options) for presentation to the user for selection. When displayed, menu-type options are preceded by the word "Select" and followed by the word "option" as in Select Menu Management option: (the menu's select prompt).

Modifier

Two position codes serving as modifiers to HCPCS procedures.

Namespace

A unique set of 2 to 4 alpha characters that are assigned by the database administrator to a software application.

Non-Beneficiary

Person not eligible to receive services at IHS or tribal facilities due to regulation, policies, and procedures.

Non-Covered Days

Days of care not covered by the primary payer.

Option

An entry in the Option file. As an item on a menu, an option provides an opportunity for users to select it, thereby invoking the associated computing activity. Options may also be scheduled to run in the background, non-interactively, by TaskMan.

Payment Posting

The entering of payment information related to a bill by category, such as payment amount, deductible amount, co-insurance amount, etc. in order to account for the entire amount billed.

Preferred Providers

Physicians, hospitals, and other health care providers who contract to provide health services to persons covered by a particular health plan.

Primary Care Provider

The provider that serves as the initial interface between the member and the medical care system. The PCP is usually a physician, selected by the member upon enrollment, who is trained in one of the primary care specialties who treats and is responsible for coordinating the treatment of members assigned to his/her panel.

Private Insurance

Health insurance other than Medicare or Medicaid. Coverage is usually based on current employment or current employment of a family member.

Procedure Codes

Codes that identify the principal procedure(s) performed during the period covered by a bill.

Revenue Code

Code used for outpatient ancillary services provided.

Routine

A program or sequence of instructions called by a program that may have some general or frequent use. MUMPS routines are groups of program lines that are saved, loaded, and called as a single unit via a specific name.

Segment

A group of elements (also known as data fields) in an HL7 message that have been defined as logically belonging to the same category. Each segment contains a three-character Segment ID, the elements, administrative information (if applicable to that segment type), and designated delimiters between each element.

Table Maintenance

Managing table files associated with the billing system.

UB-92

National Uniform Billing Form used for billing for hospital and hospital clinic services implemented in October 1993.

UCI

User Class Identification, a computing area.

Utility

A callable routine line tag or function; a universal routine usable by anyone.

Variable

A character or group of characters that refers to a value. MUMPS recognizes three types of variables: local, global, and special variables. Local variables exist in a partition of the main memory and delete when the user logs out. A global variable is stored on disk, potentially available to any user. Global variables usually exist as part of global arrays.

Acronym List

Acronym	Term Meaning
IHS	Indian Health Service
RPMS	Resource and Patient Management System
ABM	Third Party Billing
BAR	Accounts Receivable
CPT	Current Procedural Terminology (CPT) is a medical code set that is used to report medical, surgical, and diagnostic procedures and services to entities such as physicians, health insurance companies and accreditation organizations.

Contact Information

If you have any questions or comments regarding this distribution, please contact the IHS IT Service Desk.

Phone: (888) 830-7280 (toll free)

Web: https://www.ihs.gov/itsupport/

Email: itsupport@ihs.gov