



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Third Party Billing

(ABM)

Addendum to User Manual

Version 2.6 Patch 13
April 2014

Office of Information Technology
Division of Information Technology
Albuquerque, New Mexico

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Preface

The Third Party Billing System (ABM) is designed to automate the creation of a claim using existing Resource and Patient Management System (RPMS) data. This document describes updates to Third Party Billing system.

Please review and distribute this addendum to your Third Party Billing staff *prior to* installation of the patch.

1.0 Introduction

1.1 Summary of Changes

Patch 13 provides enhancements and minor corrections to v2.6 of the Third Party Billing application.

1.1.1 Patch 13

Modifications

- CMS-1500 (02/12) export mode (#35) added. The CMS-1500(02/12) is a new export mode with an internal number of 35 and works the same as the CMS-1500(08/05) with the following exceptions:
 - Form Locator 8, previously PATIENT STATUS, will be blank.
 - Form Locator 9b, previously OTHER INSURED'S DATE OF BIRTH AND SEX will be blank.
 - Form Locator 9c, previously EMPLOYER'S NAME OR SCHOOL NAME will be blank.
 - Form Locator 11, GROUP NAME, wasn't printing for the workmen's compensation insurer.
 - Form Locator 11b was previously labeled as EMPLOYER'S NAME OR SCHOOL NAME but has been replaced with OTHER CLAIM ID and will now populate with "Y4" and the PROPERTY AND CASUALTY CLAIM NUMBER from page 3B of the claim editor, if populated.
 - Form Locator 14 will populate with one of the following (and in this order):
 - Last Menstrual Period Date from Page 9A followed by four spaces and "484."
 - Onset of Symptoms/Illness Date from Page 9A followed by four spaces and "431".
 - Page 3 question DATE OF FIRST SYMPTOM will now be populated by Page 9A if occurrence code 11 ONSET OF SYMPTOMS/ILLNESS is entered. If page 3 DATE OF FIRST SYMPTOM is populated, it will create an entry on Page 9A with occurrence code 11. The two dates should match when added, edited, or both should be deleted.
- FL15 can be populated with one of several things. The below list is all the options, listed in order:
 - Initial Treatment Date is a new question on page 3. It will show up with qualifier 454. The 5010 837P was also updated to include this segment.

- On Page 3, if there is a Supervising Provider (FL19) the user will get prompted for DATE LAST SEEN. The date will show up with qualifier 304.
- If SPINAL MANIPULATION COND COD IND is answered with either 'A' for Acute Condition or 'M' for Acute Manifestation of a Chronic Condition, now the user will be prompted for ACUTE MANIFESTATION DATE. It will show up with qualifier 453. The 5010 837P was also updated to include this segment.
- On Page 3, if the accident date is populated, it will show up with qualifier 439.
- On Page 3, if the Date of Last X-Ray is populated, it will show up with qualifier 455.
- On Page 3, if question HEARING/VISION PRESCRIPTION DATE is populated it will show up with qualifier 471.
- On Page 3, if ASSUMED CARE DATE is populated it will show up with qualifier 090.
- On Page 3, if RELINQUISHED CARE DATE is populated it will show up with qualifier 091.
- Moved PROPERTY/CASUALTY DATE OF 1ST CONTACT from Page 3 to Page 3B. If this field is populated it will show up with qualifier 444.
- Form Locator 17 Added a new question to page3 of claim editor, Ord/Ref/Sup Phys (FL17). The user will be prompted for the provider name, which is a free text field but will try to look up the name entered in the New Person file. If the name entered wasn't found, the user will be prompted for the National Provider Identifier (NPI). If the name was found, the NPI is automatically populated. The user will then be prompted for what type of provider it is, ordering, referring, or supervising.
- Form Locator 21 Added a new prompt in EDIN Add/Edit Insurer called DECIMAL IN 1500 BOX 21 (DX). If answered NO, it will remove the decimal point from all DXs in box 21. If export mode 35 is selected, the user will no longer get the prompt regarding 4 or 8 DX printing on the claim. Now up to twelve DX codes will print on the claim, printing in billing sequence left to right, top to bottom.
- FL24E Allowed only 4 coordinating DX to print. It will print without commas, and will print letters instead of numbers where 1 is A, 2 is B, etc., with L being the highest letter that will print. In the claim editor, all the 8-pages that prompt for coordinating diagnoses will allow up to 12 DX to be entered even though only the first 4 will print on the 1500 (02/12).
- FL30 will be blank.
- AWPR Bills Awaiting Export Report will display the new 1500 format if any bills have been approved using that format.

- REPR Reprint Bill option has been updated to remove formats 1500 B and 1500 Y2K when reprinting an 837P to paper. Export mode 1500 (02/12) has been added.
- Fixed paging in claim editor so if the export mode is one of the HCFAs it will allow the user to see pages 9A and 9E. ABMDE, ABMDE9.

Heat Fixes

- NOHEAT1 - Made change to data being passed to Accounts Receivable. If there is no export date it will pass the date/time approved for the 3P Print Date. ABMAPASS.
- HEAT117086 - Made changes to put T1015 on top line for all Medicaid insurer types. Changes were made in a previous patch but the way it was done was making revenue codes wrong on some line items. ABMERGRV, ABMEHGRV, ABMDF28Y, ABMDF27X.
- HEAT135507 - Made change to resolve error <SUBSCR>P1+39^ABMERGRV that occurs when they are either approving a claim or when they are printing patient statements. ABMERGRV, ABMEHGRV, ABMPTSMT.

VA Billing Changes

- ADA export modes (RQMT_95).
- Updated export modes ADA-2006 and ADA-2012 to print the VA STATION NUMBER in box 2, and the VA CONTRACT NUMBER in box 35. ABMDF29B, ABMDF29X, ABMDF34B, ABMDF34X.
- Updates made to changes from patch 11 for VA Station Number and VA Contract Number to print on UB-04, CMS-1500 (08/05), and the CMS-1500(02/12). Now it will check for either the insurer type 'V' or the insurer name to contain VMBP, and either the VA Contract Number or the VA Station Number to be populated. ABMDF29B.

2.0 Patch 13

2.1 Claim Editor

ABM > EDTP > EDCL

The new CMS-1500 version February 2012 (02/12) has been added to the Third Party Billing system and is accessible via the Claim Editor. Type 'CMS-1500 (02/12) or '35' when selecting the export mode. The following details modifications related to the addition of the new export mode.

2.1.1 Page 1 – Claim Identifiers

The **Claim Identifiers** page allows selection of the mode of export used to bill. If the CMS-1500 (02/12) is needed for billing, it can be selected when editing Option #7 – **Mode of Export**. The CMS-1500 (02/12) can also be added as the default export mode in the Visit Type of the Insurer file in Table Maintenance.

```

~~~~~ PAGE 1 ~~~~~
Patient: DEMO,PATIENT [HRN:2948] Claim Number: 31174
..... (CLAIM IDENTIFIERS) .....

[1] Clinic.....: GENERAL
[2] Visit Type.....: OUTPATIENT
[3] Bill Type.....: 131
[4] Billing From Date..: 01/07/2014
[5] Billing Thru Date..: 01/07/2014
[6] Super Bill #.....:
[7] Mode of Export.....: CMS-1500 (08/05)
[8] Visit Location.....: INDIAN HEALTH HOSPITAL

-----
WARNING:071 - EMPLOYMENT INFORMATION UNSPECIFIED
-----

Desired ACTION (Edit/View/Next/Jump/Back/Quit): N// E
Desired FIELDS: (1-8): 1-8// 7

[7] Mode of Export..: CMS-1500 (08/05)// CMS

  1  CMS-1500 (02/12)      OMB No. 0938-1197
  2  CMS-1500 (08/05)      OMB No. 0938-0999

CHOOSE 1-2:

```

Figure 2-1: Display of Page 1 of the Claim Editor Displaying the **Mode of Export**

2.1.2 Page 3 – Questions

The CMS-1500 (02/12) claim form utilizes the following questions from Page 3 of the Claim Editor:

#	Description
1	RELEASE OF INFORMATION
2	ASSIGNMENT OF BENEFITS
3	ACCIDENT RELATED
4	EMPLOYMENT RELATED
5	EMERGENCY ROOM REQUIRED
7	OUTSIDE LAB CHARGES
9	DATE FIRST SYMPTOM
10	DATE SIMILAR SYMPTOM
15	RESUBMISSION (CONTROL) NUMBER
20	HCFA-1500B BLOCK 19
22	ADMISSION SOURCE
26	DATE OF LAST X-RAY
28	PRIOR AUTHORIZATION NUMBER
34	REFERENCE LAB CLIA#
35	IN-HOUSE CLIA#
36	HEARING/VISION RX DATE
38	Assumed/Relinquished Care Date
19	PRO NUMBER
41	Spinal Manipulation Cond Code
43	INITIAL TREATMENT DATE
44	ORD/REF/SUP PHYS FL17

The **Questions** page displays as follows:

~~~~~ PAGE 3 ~~~~~	
Patient: DEMO,PATIENT [HRN:9999]	Claim Number: 31333
..... (QUESTIONS) .....	
[1] Release of Information..: YES	From: 02/09/2009
[2] Assignment of Benefits..: YES	From: 02/09/2009
[3] Accident Related.....: NO	
[4] Employment Related.....: NO	
[5] Emergency Room Required.: NO	
[6] Outside Lab Charges.....: NO	\$0.00
[7] Date of First Symptom...: 04/15/2008	
[8] Date of Similar Symptom.:	
[9] Resubmission(Control) No:	
[10] PRO Approval Number.....:	
[11] HCFA-1500B Block 19.....:	
[12] Source of Admission.....: 1	NON-HEALTH CARE FACILITY POINT OF ORIGIN

```

[13] Date of Last X-Ray.....:
[14] Prior Authorization #...:
[15] Reference Lab CLIA#.....: 12T1234567   THE REFERENCE LAB INC.
[16] In-House CLIA#.....: 12A3456789
[17] Hearing/Vision Prescription Date.....:
[18] Assumed/Relinquished Care Dates:
[19] Initial Treatment Date..:
[20] Ord/Ref/Sup Phys (FL17)..:

Desired ACTION (Edit/Next/View/Jump/Back/Quit): N//

```

Figure 2-2: Display of the Page 3 - Questions page

### 2.1.3 Accident Related Question

The **Accident Related** field was modified to transmit on the 837 Professional export mode and displays with qualifier 439 plus the date in Form Locator 15 of the CMS-1500 (02/12) claim form.

When the **Accident Related** field is populated, the **Date of First Symptom** on Page 3 will also populate with the date value. Occurrence Code 01- Accident/ Medical Coverage will populate with the date that has been entered on page 3 (Questions).

Editing the date on any of the aforementioned fields will edit the dates on all populated entries. If the date has been deleted the **Occurrence Code** on page 9A is deleted.

```

Desired FIELDS: (1-28): 1-28// 3

[3] Was the Visit Related to an Accident? N// YES

    Select one of the following:

        1          AUTO ACCIDENT
        2          AUTO-NO FAULT INSURANCE INVOLVED
        3          COURT ACTION POSSIBLE
        5          OTHER ACCIDENT

Type of Accident: 5  OTHER ACCIDENT

Accident Date:  01/01/2014  (JAN 01, 2014)
Accident Hour:  (0-23): 4
ACCIDENT STATE: NM  NEW MEXICO

```

Figure 2-3: Editing the Accident Related Field on Page 3 of the Claim Editor

Once populated, the field displays the following:

```

[3] Accident Related.....: YES  OTHER ACCIDENT 01/01/2014 400HRS  ST: NM

```

Figure 2-4: Display of the **Accident Related** field on Page 3 of the Claim Editor Once Populated

The **Date of First Symptom**, question #8, on Page 3 of the Claim Editor will also populate:

```
[8] Date of First Symptom...: 01/01/2014
```

Figure 2-5: Display of the populated **Date of First Symptom** field on Page 3 of the Claim Editor

Regardless of the export mode, Occurrence Code 01-Accident/Medical Coverage will populate:

```

~~~~~ PAGE 9A ~~~~~
Patient: DEMO,DARLA [HRN:34636] Claim Number: 31327
..... (OCCURRENCE CODES)

OCCR
CODE OCCURRENCE DESCRIPTION DATE
====
[1] 01 Accident/Medical Coverage 01-01-2014

Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit): N//

```

Figure 2-6: Page 9A of the Claim Editor Displaying the **Occurrence Code**

## 2.1.4 Date of First Symptom

The **Date of First Symptom** field was modified to transmit on the 837 Professional and will display with qualifier 431 along with the date in Form Locator 14 of the CMS-1500 (02/12) claim form.

When populated, the Date of First Symptom field, will also populate Occurrence Code 11 – Onset of Symptoms/Illness along with the date that was entered from The Date of First Symptom. The **Occurrence Code** displays on Page 9 of the Claim Editor.

If the date is edited on any of the two fields, the date will automatically be updated. If the date is deleted the **Occurrence Code** will be deleted on page 9A.

```
Desired FIELDS: (1-28): 1-28// 8
```

```
[7] Date of First Symptom: 04/15/2008
```

Figure 2-7: Editing the Date of First Symptom on Page 3 of the Claim Editor

```
[7] Date of First Symptom...: APR 15,2008//
```

Figure 2-8: Display of **Date of First Symptom** once Populated

```

~~~~~ PAGE 9A ~~~~~
Patient: DEMO,PATIENT [HRN:9999] Claim Number: 31333
..... (OCCURRENCE CODES) .....

OCCR
CODE OCCURRENCE DESCRIPTION DATE
=====
[1] 11 ONSET OF SYMPTOMS/ILLNESS 04-15-2008

Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit): N//
    
```

Figure 2-9: Display of **Onset of Symptoms/Illness** on Page 9A of the Claim Editor

### 2.1.5 Initial Treatment Date

The **Initial Treatment Date** is required to indicate the date of the initial treatment, or the date that the provider first saw the patient, made a diagnosis, and initiated the treatment plan for chiropractic care. The **Date of Initial Treatment** can also be the date of exacerbation of an existing condition for a patient already under chiropractic care. This is not necessarily the date of injury or onset of a new condition.

The **Initial Treatment Date** transmits on the 837 Professional with qualifier 454 along with the date. Form Locator 15 of the CMS-1500 (02/12) claim form will print the qualifier and the date if printed hardcopy.

```

Desired FIELDS: (1-28): 1-20// 19

[19] Initial Treatment Date: JAN 5,2014
    
```

Figure 2-10: Adding the Date to Indicate the Initial Treatment Date

### 2.1.6 Spinal Manipulation Condition Code

The option of editing the **Spinal Manipulation Condition Code** has been slightly modified. Two date fields are added if either option **A - Acute Condition** or **M - Acute Manifestation of a Chronic Condition** is selected. The system prompts for the **Acute Manifestation Date**.

If the Clinic on Page 1 of the Claim Editor is set to Chiropractic, the Spinal Manipulation appears allowing the values for that field to be added or edited.

The **Acute Condition** and **Acute Manifestation of a Chronic Condition** displays on the 837 Professional and prints with qualifier 453. Form Locator 15 of the CMS-1500 (02/12) claim form prints the qualifier and date, if populated.

```

Desired FIELDS: (1-29): 1-29// 28

[28] Spinal Manipulation Cond Code Ind: ??

Choose from:
  A ACUTE CONDITION
    
```

C	CHRONIC CONDITION
D	NON-ACUTE
E	NON-LIFE THREATENING
F	ROUTINE
G	SYMPTOMATIC
M	ACUTE MANIFESTATION OF A CHRONIC CONDITION

[28] Spinal Manipulation Cond Code Ind: A ACUTE CONDITION

**Acute Manifestation Date: 011414 (JAN 14, 2014)**

Figure 2-11: Editing the **Spinal Manipulation Code** on Page 3 of the Claim Editor

### 2.1.7 Date of Last X-Ray

The **Date of Last X-Ray** question has been modified to transmit on the 837 Professional with qualifier 455 along with the date. Form Locator 15 of the CMS-1500 (02/12) claim form also prints the qualifier and the date.

[18] Date of Last X-Ray.....: 01/05/2014
------------------------------------------

Figure 2-12: Display of **Date of Last X-Ray** question on Page 3 of the Claim Editor

### 2.1.8 Hearing/Vision Prescription Date

This field is required on claims where a prescription has been written for hearing devices, vision frames, lenses, or drug(s) that is being billed on the claim.

The **Hearing/Vision Prescription Date** transmits on the 837 Professional with qualifier 471 and the Hearing/Vision Date. Form Locator 15 of the CMS-1500 (02/12) claim form prints the qualifier and date if populated.

[24] Hearing/Vision Prescription Date.....: 01/05/2014
--------------------------------------------------------

Figure 2-13: Display of **Hearing/Vision Prescription Date** on Page 3 of the Claim Editor

### 2.1.9 Assumed/Relinquished Care Dates

Medicare provides guidance to report for Assumed and Relinquished care where, in some cases, the postoperative care of a surgical procedure is transferred to another physician. When this occurs, the date indicated by the relinquishing physician in field 19 of the CMS-1500 (08/05) claim form should reflect the last date that physician was responsible for the care of the patient. The date indicated by the receiving physician in field 19 of the CMS-1500 (08/05) should reflect the first date that physician was responsible for the care of the patient. The dates indicated by the relinquishing physician and the receiving physician may not overlap and may not be the same date. The dates must be sequential.

The Assumed Care Date displays with qualifier 090 and the date care was assumed by the physician. The Relinquished Care Date displays with qualifier 091 and the date care was relinquished. The Assumed Care Date or Relinquished Care Date transmits on the 837 Professional. Form Locator 19 is no longer used to report the Assumed or Relinquished Care dates. Form Locator 15 of the CMS-1500 (02/12) claim form is used to print the qualifier and date if populated.

```
[ 26] Assumed/Relinquished Care Dates: Assumed:01/02/2014 Relinq'ed:
01/05/2014
```

Figure 2-14: Display of Assumed/Relinquished Dates on Page 3 of the Claim Editor

### 2.1.10 Ordering/Referring/Supervising Physician

The Ordering/Referring/Supervising Physician is a new question added to display for if the export mode is set to CMS-1500 (02/12). The user can enter the providers name (Last Name, First Name, Middle Initial) followed by the credentials of the professional who referred, ordered, or referred the services or supplies on the claim.

This new question replaces the following questions for the CMS-1500 (02/12) only:

- #9 – Referring Phys. (FL17)
- #15 – Supervising Prov. (FL19)

The Type of Provider will display with the two alpha character qualifier in Form Locator 17 of the CMS-1500 (02/12) claim form.

Entering the provider's name allows for a free-text (Last Name, First Name) format and looks for a corresponding entry in the New Person file. If the name entered isn't located, the system prompts for the providers NPI and the provider type such as ordering, referring, or supervising.

```
Desired FIELDS: (1-20): 1-20// 20

Enter Provider Name: ALEXIS,ALEXANDRIA ?? Name not in New Person file

Enter Provider NPI: 1033213467

Physician Type: ??

    Choose from:
    DN          REFERRING PROVIDER
    DK          ORDERING PROVIDER
    DQ          SUPERVISING PROVIDER

Physician Type: DN REFERRING PROVIDER
```

Figure 2-15: Displaying the Entry of the Referring Provider on Page 3 of the Claim Editor

**Note:** If the warning “?? Name not in New Person file” displays after typing the provider name, this means the entry wasn’t found but is being added. If added in error, re-edit the field and retype the correct provider name.

If the name was located, the NPI is populated and a prompt asks for the provider type to be specified. If the NPI hasn’t been populated for the provider, the display will be blank to the right of the provider type.

```
Enter Provider Name: brooks   BROOKS,KENNETH H       KHB       SURGEON
Physician Type: ??

Choose from:
  DN       REFERRING PROVIDER
  DK       ORDERING PROVIDER
  DQ       SUPERVISING PROVIDER

Physician Type: DK  ORDERING PROVIDER
```

Figure 2-16: Display of Entry of the Ordering Provider

### 2.1.11 Referring Phys. (FL17)

If the Referring Physician is populated, the entry currently transmits on the 837 Professional. Form Locator 17 of the CMS-1500 (02/12) claim form also prints the qualifier DK along with the provider name and NPI number.

```
Desired FIELDS: (1-28): 1-28// 11

[11] Name of Referring Physician: BROOKS,KENNETH

Referring Physician NPI: 1608954875

[11] Referring Phys. (FL17) : BROOKS,KENNETH   NPI: 1608954875
```

Figure 2-17: Display of Referring Physician Entry on Page 3 of the Claim Editor

## 2.1.12 Page 3B – Workmen’s Compensation

Page 3B allows for additional information related to Worker’s Compensation or Third Party Liability claims to be added for billing purposes:

```

~~~~~ PAGE 3B ~~~~~
Patient: BOXER,BOBBY [HRN:221133] Claim Number: 31239
..... (THIRD PARTY LIABILITY/WORKER'S COMP QUESTIONS)

[1] Property and Casualty Claim Number:
 Patient Identifier/Number: /
[2] Date Last Worked:
[3] Date Authorized to Return to Work:
[4] Property/Casualty Date of 1st Contact:

Desired ACTION (Edit/Next/View/Jump/Back/Quit): N//

```

Figure 2-18: Display of Page 3 – Third Party Liability/Workers Compensation Information

## 2.1.13 Property/Casualty Date of 1st Contact

The **Property/Casualty Date of 1st Contact** field has been moved from page 3 (questions) to page 3B (Workmen’s Compensation). This field was modified to transmit on the 837 Professional with qualifier 444 and the date of first contact. Form Locator 15 of the CMS-1500 (02/12) claim form prints the qualifier and date if printed hardcopy.

```
[4] Property/Casualty Date of 1st Contact: 01/01/2014
```

Figure 2-19: Display of Property/Casualty Date of 1st Contact on Page 3B of the Claim Editor

## 2.1.14 Property and Casualty Claim Number

The Property and Casualty Claim Number has been modified to display qualifier Y4 on the 837 Professional and in Form Locator 11B of the new CMS-1500 (02/12) claim form if populated.

```
[1] Property and Casualty Claim Number: CLAIM NUMBER ABC1234
```

Figure 2-20: Display of the Property and Casualty Claim Number on Page 3B of the Claim Editor

## 2.1.15 Page 9A – Occurrence Codes

### 2.1.15.1 Last Menstrual Period Date

Occurrence Code 10 - Last Menstrual Period displays in the Claim Editor and if populated, transmits data on the 837 Professional with qualifier 484 and the last menstrual period date. Form Locator 14 of the CMS-1500 (02/12) claim form prints the qualifier and the date if populated.

```

~~~~~ PAGE 9A ~~~~~
Patient: BOXER,BOBBY [HRN:221133] Claim Number: 31239
..... (OCCURRENCE CODES) .....

OCCR
CODE OCCURRENCE DESCRIPTION DATE
=====
[1] 10 LAST MENSTRUAL PERIOD 01-05-2014

Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit): N//

```

Figure 2-21: Display of the Last Menstrual Period on Page 9A of the Claim Editor

## 2.2 Table Maintenance

```
ABM > TM > INTM > EDIN
```

### 2.2.1 Decimal in 1500 Box 21 (DX)

A new parameter labeled Decimal in 1500 Box 21 (DX) has been added in the 3P Insurer file and is meant to be used for every insurer using the CMS-1500 (02/12) claim form. If the prompt is answered YES, the decimal point prints on all diagnosis codes in box 21. If the prompt is answered NO, the decimal points will not print on diagnosis codes in box 21.

```

+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p13          |
+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
|          Add/Edit Insurer          |
+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
|          INDIAN HEALTH HOSPITAL          |
+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
User: STOUT,CINDY                               31-MAR-2014 8:49 PM

WARNING: Before ADDING a new INSURER you should ensure that it
does not already exist!

Select one of the following:

1          EDIT EXISTING INSURER
2          ADD NEW INSURER

Select DESIRED ACTION: 1//  EDIT EXISTING INSURER

Screen-out Insurers with status of Unselectable? Y// YES

Select INSURER: BCBS OF NEW MEXICO                - POST OFFICE BOX 27630
                                                    ALBUQUERQUE, NM 87125-7630

<----- MAILING ADDRESS ----->
Street...: POST OFFICE BOX 27630
City.....: ALBUQUERQUE
State....: NM
Zip Code.: 87125-7630

<----- BILLING ADDRESS ----->
(if Different than Mailing Address)
Billing Office.:

```

```

Phone Number.....:
.
.
TRIBAL SELF-INSURED?:
ICD-10 EFFECTIVE DATE: OCT 1,2014

DECIMAL IN 1500 BOX 21 (DX): ??

    Choose from:
        Y          YES, PRINT DECIMAL
        N          NO, NO DECIMAL

DECIMAL IN 1500 BOX 21 (DX): Y YES, PRINT DECIMAL

GROUP NUMBER:
PROVIDER PIN#
Select PROVIDER:
    
```

Figure 2-22: Adding the Decimal Point to the Diagnosis Code in the Insurer File

### 2.2.2 New CMS-1500 Export: Mode CMS-1500 (02/12)

The new CMS-1500 (02/12) paper export mode is accessible via the insurer file menu. Users will be able to approve, export and reprint bills to the CMS-1500 (02/12) form.

To set the default mode of export to CMS-1500 (02/12),

1. Select the Insurer File menu (EDIN).
2. Enter the Insurance Name and press Enter until at the “Visit Type” prompt.
3. Enter the Visit Type and press Enter until at the “Mode of Export” prompt.
4. Type CMS-1500 or 35 and select the form that is dated (02/12).

**Note:** The field 4 or 8 diagnosis isn removed if the mode of export is set to 837 P 5010 or CMS-1500 (02/12).

```

Visit      Mode of      Mult Fee      ----- Flat Rate -----
Type - Description      Export      Form Sched      Start      Stop      Rate
=====
 131  GENERAL                CMS-1500(08/05)      NO

Select VISIT TYPE..: 131  GENERAL
...OK? Yes// (Yes)
Billable (Y/N/E)...:
Reporting purposes only:
Do you want to replace with another insurer/visit type?
Start Billing Date (create no claims with visit date before)..:
Procedure Coding...:
Fee Schedule.....:
Add Zero Fees?...:
Multiple Forms?...:
Payer Assigned Provider Number.....:
    
```

```

EMC Submitter ID #..:
EMC Reference ID....:
Auto Approve?.....:
Mode of Export.....: CMS-1500 (08/05)// CMS

Choose from:

35  CMS-1500 (02/12)      OMB No. 0938-1197
27  CMS-1500 (08/05)      OMB No. 0938-0999
    
```

Figure 2-23: Display of the Visit Type of the Insurer File when Editing the Default Export Mode

## 2.3 Print Bills Menu

### 2.3.1 Reprint Bill

ABM > PRTP > REPR

Reprinting a bill approved to the 837 Professional Version 5010 export mode will display the CMS-1500 (02/12) as an option to reprint.

**Note:** The claim forms 1500B and 1500 Y2K are removed from the reprint option when reprinting a bill on the 837P to paper.

```

+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p13          |
+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
|                      Reprint Bill                      |
|          INDIAN HEALTH HOSPITAL                          |
+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
User: STOUT,CINDY                                     31-MAR-2014 9:04 PM

Re-Print Bills for:

Select one of the following:

1          SELECTIVE BILL(S)
2          ALL BILLS FOR AN EXPORT BATCH
3          UNPAID BILLS

Select Desired Option: 2  ALL BILLS FOR AN EXPORT BATCH

Select EXPORT BATCH (Date): T  MAR 31, 2014
partial match to: MAR 31, 2014@18:06:30 837P (HCFA) 5010  MEDICARE
MEDICARE      STOUT,CINDY

...OK? Yes// Y  (Yes)

Select one of the following:

27          1500 (08/05)
35          1500 (02/12)
    
```

**Use the following export mode: : 1500 (08/05)//

Figure 2-24: Reprinting an Electronic Claim Form and Displaying the CMS-1500 (02/12)

### 2.3.2 Diagnosis Pointer on the CMS-1500 (02/12)

The linking of the diagnosis code did not change in the Claim Editor but the view on the CMS-1500 (02/12) has been changed to reflect alphabetical characters instead of the numerical reference. This means that if a CPT is linked to the first diagnosis, Form locator 24E will reflect “A” instead of “1”.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY <small>Relate A-L to service line below (24E)</small>										ICD Ind.		22. RESUBMISSION CODE		ORIGINAL REF. NO.							
A. 401.9		B. 250.02		C. V85.41		D. V79.0															
E. V79.1		F.		G.		H.															
I.		J.		K.		L.															
24. A. DATE(S) OF SERVICE										E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPICOT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
From		To		PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES <small>(Explain Unusual Circumstances)</small>													
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER												
02	10	14	02	10	14	22		99213				ABCD	123.00	1			NPI	999999999			

Figure 2-25: CMS-1500 (02/12) form Locator 24E reflecting the Alphabetical Diagnosis Pointer

See Appendix A: for a sample of the claim form.

## 3.0 VA Billing

### 3.1 Insurer Type

The Veterans Administration (V) insurer type was added to the Insurer Type file in a standard table update to RPMS. This newly created file replaces the existing Type of Insurer field in the insurer file and allows for additional entries to be added to better categorize insurer entries used in billed and reporting.

The Veterans Administration entry was added in the AUM Version 12, Patch 3 released in July 2012.

#### 3.1.1 Updating the Insurer File

Updating the Insurer file to reflect the VA Insurer Type can be done in Third Party Billing since Third Party has been modified to use the new Insurer Type field. Keep in mind that the Patient Registration has not yet been updated to use the Insurer Type field so changing values in 3P will not reflect in Registration.

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p13          |
+-----+-----+
|                   Add/Edit Insurer                   |
+-----+-----+
|                   INDIAN HEALTH HOSPITAL                 |
+-----+-----+
User: LUJAN,ADRIAN M                                10-APR-2014 2:33 PM

```

WARNING: Before ADDING a new INSURER you should ensure that it does not already exist!

Select one of the following:

- 1            EDIT EXISTING INSURER
- 2            ADD NEW INSURER

Select DESIRED ACTION: 1//    EDIT EXISTING INSURER

Screen-out Insurers with status of Unselectable? Y// ES

Select INSURER:    VA MEDICAL BENEFIT (VMBP)    OREGON    97207  
 ...OK? Yes//    (Yes)

<----- MAILING ADDRESS ----->

Street...: PO BOX 1035 MAILSTOP 10N20    Replace  
 City.....: PORTLAND//  
 State....: OREGON//  
 Zip Code.: 97207//

<----- BILLING ADDRESS ----->

(if Different than Mailing Address)

Billing Office.: DEPT OF VET AFFAIRS V20NPC-IHS    Replace  
 Street.: PO BOX 1035 MAILSTOP 10N20    Replace  
 City...: PORTLAND//  
 State..: OREGON//

```

Zip....: 97207//

Phone Number.....: (855)331-5560//
Contact Person.....: KERRY PAPERMAN//
Federal Tax ID#....: 931127631//
AO Control Number..: 12115//
Insurer Status....: BILLABLE//
Type of Insurer...: PRIVATE// ??

Choose from:
3P LIABILITY          T
CHAMPUS              C
CHIP (KIDSCARE)      K
FPL 133 PERCENT      FPL
FRATERNAL ORG        F
GUARANTOR            G
HMO                  H
INDIAN PATIENT        I
MCR MANAGED CARE     MMC
MCR PART C           MC
MCR PART D           MD
MEDICAID FI          D
MEDICARE FI          R
MEDICARE HMO         MH
MEDICARE SUPPL       M
NON-BEN (NON-INDIAN) N
PRIVATE              P
STATE EXCHANGE PLAN  SEP
TRIBAL SELF INSURED  TSI
VETERANS ADMINISTRATION V
WORKMEN'S COMP       W

Type of Insurer....: PRIVATE// VETERANS ADMINISTRATION V

```

Figure 3-1: Editing the Insurer Type for Veterans Administration

Questions or issues regarding the changing the insurer type should be reported to the Help Desk.

# Appendix A: CMS-1500 (02/12) Claim Form

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION



**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA <input type="checkbox"/> <input type="checkbox"/>																																			
1. MEDICARE <input type="checkbox"/> (Medicare#)                    MEDICAID <input type="checkbox"/> (Medicaid#)                    TRICARE <input type="checkbox"/> (ID#DoD#)                    CHAMPVA <input type="checkbox"/> (Member ID#)                    GROUP HEALTH PLAN <input type="checkbox"/> (ID#)                    FECA SLX (LUNG) <input type="checkbox"/> (ID#)                    OTHER <input type="checkbox"/> (ID#)				1a. INSURED'S I.D. NUMBER (For Program in Item 1)																															
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)						3. PATIENT'S BIRTH DATE MM DD YY			SEX M <input type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)																								
5. PATIENT'S ADDRESS (No., Street)						6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>			7. INSURED'S ADDRESS (No., Street)																										
CITY				STATE		8. RESERVED FOR NUCC USE				CITY		STATE																							
ZIP CODE				TELEPHONE (Include Area Code) ( )		9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO:																									
10a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO				10b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				10c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				10d. CLAIM CODES (Designated by NUCC)																							
11a. INSURED'S DATE OF BIRTH MM DD YY				11b. OTHER CLAIM ID (Designated by NUCC)				11c. INSURANCE PLAN NAME OR PROGRAM NAME				11d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO # yes, complete items 9, 8a, and 9d.																							
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.												13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize payment of medical benefits to the undersigned physician or supplier for services described below.																							
SIGNED _____												SIGNED _____																							
DATE _____												DATE _____																							
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY						15. OTHER DATE MM DD YY						16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE						17a. _____						17b. NPI _____																							
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY												19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)																							
20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO												21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E). A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____																							
22. RESUBMISSION CODE _____												23. PRIOR AUTHORIZATION NUMBER _____																							
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY												B. PLACE OF SERVICE																							
C. EMG												D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER																							
E. DIAGNOSIS POINTER												F. \$ CHARGES																							
G. DAYS OR UNITS												H. REPORT Family Plan																							
I. ID. QUAL.												J. RENDERING PROVIDER ID. #																							
1												NPI																							
2												NPI																							
3												NPI																							
4												NPI																							
5												NPI																							
6												NPI																							
25. FEDERAL TAX I.D. NUMBER				SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For gov. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL CHARGE \$				29. AMOUNT PAID \$				30. Reserved for NUCC Use													
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)												32. SERVICE FACILITY LOCATION INFORMATION												33. BILLING PROVIDER INFO & PH # ( )											
SIGNED _____												DATE _____												a. NPI				b. NPI							

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org) PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

## Acronym List

<b>NPI</b>	National Provider Identifier
<b>RPMS</b>	Resource and Patient Management System
<b>VA</b>	U.S. Department of Veterans Affairs

## Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk (IHS).

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

**Web:** <http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm>

**Email:** [support@ihs.gov](mailto:support@ihs.gov)