



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Third Party Billing

(ABM)

Addendum to User Manual

Version 2.6 Patch 14
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1.0 Introduction

1.1 Summary of Changes

Patch 14 provides enhancements and minor corrections to Version 2.6 of the Third Party Billing application.

1.1.1 Patch 14

Patch 14 contains the following modifications:

- During the install, ICD-10 Effective Date will be changed from 10/1/14 to 10/1/15.

1.1.1.1 Claim Generator

- (CR3451) Updated checks for uncoded DX (.9999) to include ICD-10 uncoded DX (ZZZ.999). The claim will not generate if this DX code exists on visit until the lag time is met. Modified the V-files that are checked for uncoded DX. Now it is only checking the V POV file for uncoded DX. Before this patch it would check the following V files:
 - V POV (.01 Diagnosis)
 - V Procedure (.05 Diagnosis)
 - V Hospitalization (.12 Admitting Dx)
 - Visit (1107 Coded Chief Complaint)
 - V Lab (1112 Lab POV Ptr or 1213 Ancillary POV)
 - V Immunization (1213 Ancillary POV)
 - V Skin Test (1213 Ancillary POV)
 - V Exam (1213 Ancillary POV)
 - V CPT (.05 Diagnosis)
 - V Radiology (.09 ICD Diagnosis or 1213 Ancillary POV)
 - V Pathology (1112 Lab POV or 1213 Ancillary POV)
 - V Microbiology (1112 Lab POV ptr or 1213 Ancillary POV)
 - V Blood Bank (1112 Lab POV or 1213 Ancillary POV)
- If V POV has SNOMED or dual coding fields populated, those will come over onto the claim as well. The following fields will be viewable on page 5A using the view option:
 - Dual ICD-9 code
 - SNOMED Preferred Term
 - SNOMED Desc ID Preferred Term

- Primary SNOMED Preferring Term
- If the Dual ICD-9 code is populated and the insurer still wants ICD-9 coding, the dual code field will display as the ICD code instead of the ICD-10 code on page 5A.
- If V PROCEDURE has SNOMED fields populated, the first SNOMED for each procedure will be brought over and placed on the claim, and can be seen in the view option of page 5B.
- (CR3445) Correction to sequencing when ICD9 E-codes are present on claim. Changes made for ICD10 caused issues with sequencing, causing two codes to end up with sequencing error.

1.1.1.2 Page 0 (Reference ICD_ABM_002B)

- Added warning 249 to let user know that Service Dates cross over ICD Indicator Date.
- Added warning 250 to let user know DOS is after ICD Indicator Date.
- Added warning 251 if claim is coded with wrong code set based on ICD Indicator Date. If claim is coded with only ICD-9s and the insurer wants ICD-10, or if claim is coded with only ICD-10s and the insurer wants ICD-9s.

1.1.1.3 Page 3

- Error 245 will display if the admitting DX is coded with an ICD-10 code but the insurer expects ICD-9.
- Error 246 will display if the admitting DX is coded with an ICD-9 code but the insurer expects ICD-10.
 - Note: there is no filter on the admitting DX so the user will be able to enter any code, but they will see either error 245 or 246 if the wrong code set is used.

1.1.1.4 Page 5A (Reference ICD_ABM_002F)

- Updated to display the ICD Indicator message for both ICD9 and ICD10. Added active insurer's name to message.
- Based on the ICD-10 EFFECTIVE DATE entered for the insurer, screen will display either ICD9 or ICD10 codes on page. The codes displayed will be considered the required codes for that claim. The user will be able to add any codes they want, but will only be able to edit/delete/sequence the required codes.
- View option will allow user to see everything entered in PCC, both ICD9 and ICD10.

- Error 245 will display if the claim is coded with ICD-10 codes but the insurer expects ICD-9.
- Error 246 will display if the claim is coded with ICD-9 codes but the insurer expects ICD-10.
- Warning 247 will display to let the user know that both code sets exist on the claim, because only one will be displayed on page 5A.
- A new option Rfsh is available on page 5A. This option will basically run the RBCL option for the diagnosis codes but in real time (not tasked). This option is meant for use when the ICD Indicator has been changed from ICD-9 to ICD-10, or vice-versa because the ICD Dx codes will have to be reloaded from PCC. If the user selected the Rfsh option and there isn't at least one visit associated with the claim the user will get the message "There aren't any visits associated with this claim to refresh from."
- A new option Ind is available on page 5A. This option will give the user the ability to change the ICD Indicator from ICD-9 to ICD-10 (or vice-versa) for that one claim. It acts as an override to the ICD-10 Effective Date located in the Add/Edit Insurer option. There is a new field ICD INDICATOR that will be populated on both the claim and the bill to record what ICD code set was used on that claim.

1.1.1.5 Page 5B (Reference ICD_ABM_002H)

- Same display and logic changes as 5A.
- Warning 248 added, if Uncoded PX (ZZZ999) exists on claim.

1.1.1.6 Reports (Reference ICD_ABM_009)

- If site doesn't have ICD-10 installed, they will only be able to select ICD-9 codes on all reports.
- If site has ICD-10 installed, they will be able to select ICD-9, ICD-10, or both code sets on all reports.
- Updated EDCO Add/Edit a Coverage Type so UNBILLABLE DIAGNOSIS (ICD-9) prompt will no longer say (ICD-9). ABMDTCOV
- Removed option EMPR Recreate Batch of ICD-9 Bills option from the Print Bills Menu.

1.1.1.7 Heat Tickets:

- HEAT136149 - Made change to ADA-2012 for box 34 to print 'B' for ICD-9 codes. ABMDF34

- HEAT156735 - Added code to populate box 19 on 1500 (02/12) with claim attachments if any exist on page 9G. This will print only if the claim is not related to VA billing, in which case box 19 will contain the VA CONTRACT NUMBER. It will print PWK, the 2-digit report type, the 2-digit transmission type, and the reference number, all without delimiters. ABMDF35B
- HEAT163277 - Made change to ADA charge summary screen so medications will show up and be included in the billed amount. Previously, they weren't showing up on the charge summary or in A/R, but where printing on the claim form. ABMDES4
- HEAT163697 - Changed message for Ord/Ref/Sup Phys (FL17) question on page3 when the name entered is not in the New Person file. Now the message will say Entry NOT found. Also made it so user can '^' at NPI prompt without entering a number. ABMDFUTL, ABMDE3C, ABMDE301
- HEAT163711 - Corrected claim editor so page 9G would be available for export mode 35 CMS-1500 (02/12) in addition to page 9A and 9E. ABMDEPG, ABMDE9
- HEAT163734 - Corrected misspelling of occurrence on page 9A. ABMDE9C
- HEAT163737 - Made change so if Ord/Ref/Sup Phys (FL17) provider is deleted that all associated fields are deleted as well. Was leaving Provider type on claim when provider was deleted. ABMDE3C
- HEAT163740 - Made change to add default if user is editing the Admitting Diagnosis on page3. Before it was without default even if it had been previously populated. ABMDE3C
- HEAT163742 - Made correction to page 5A regarding sequencing. If anything other than a number followed by a comma is entered, the user will now receive a message that invalid data was entered and they will be prompted again for the sequencing. ABMDEMLA
- HEAT163747 - Correction to error 217 in claim editor. When it displays the line item that needs to have a coordinating DX, it was displaying the line number once for each coordinating DX on the line instead of each line number once. ABMDE6X, ABMDE8X, ABMDE8X1, ABMDE8X3
- HEAT164158 - Made change to the 1500(02/12) so the complete CLIA number will print. Was only printing the first 7 characters. ABMDF35X
- HEAT165197 - Made change to diagnosis range selection in all TPB reports. Will now let user select a range of alpha codes or a mix of alpha-numeric codes. Also shortened the desc on the DXRP report to stop it from wrapping onto second line. ABMCVAPI, ABMDRCHK, ABMDRHD, ABMDRSL2, ABMDRSEL, ABMDRDX1

- HEAT165301 - Removed link between page 9A and the questions on page 3. This link was added in patch 13 and will now function as it did in patch 12. Also changed claim editor error 155 from an error to a warning. ABMDE3A, ABMDE3C, ABMDEML, ABMDEMLB, ABMDEMLE, ABMDE, ABMDEVAR, ABMDEPG, ABMP2614
- HEAT165324 - On page 3 of the claim editor for question Ord/Ref/Sup Phys (FL17).: updated NPI prompt to only allow 10 numeric characters. User will receive a message and be prompted again if they enter anything else. ABMDFUTL

2.0 Patch 14

2.1 Claim Generator

2.1.1 Uncoded Diagnosis Code

The Claim Generator was updated to check for uncoded ICD-9 and ICD-10 diagnosis codes. If a visit has been coded with the ICD-9 code (.9999) or ICD-10 code (ZZZ.999) the claim will not generate in the Third Party Billing package until the lag time is met.

2.2 Claim Editor

(ABM > EDTP > EDCL)

2.2.1 Page 0 – Summary Screen

The claim Summary Screen was updated to display three new warning messages to alert the user when ICD-9, ICD-10 or if dual coding exists on the claim.

2.2.1.1 Warning 249 – Service date Cross Over ICD-10 Effective Date

Warning # 249 - Service Dates Cross over ICD-10 Effective Date was added to alert users when the Billing from Date and the Billing Thru Date overlap the ICD-10 Effective date. This scenario may occur when the visit type Inpatient or Observation is used which span from one month to the next.

Corrective Action: The user will need to split the claim to separate the charges that will be bill with ICD-9 and ICD-10 diagnosis codes.

~~~~~ PAGE 0 ~~~~~	
Patient: CONDA,ANNA [HRN:22589]	Claim Number: 31376
..... (CLAIM SUMMARY) .....	
_____ Pg-1 (Claim Identifiers) _____	_____ Pg-5A (Diagnosis) _____
Location..: INDIAN HOSP	1) RESPIRATORY ABNORM NEC
Clinic....: GENERAL	2) CH OBST ASTH W/AC EXAC
Visit Type: INPATIENT	3) SHORTNESS OF BREATH
Bill From: 03-05-2014 Thru: 03-07-2014	4) DMII RENL NT ST
_____ Pg-2 (Billing Entity) _____	5) END STAGE RENAL DISEASE
CIGNA CORPORATION ACTIVE	_____ Pg-8 (CPT Procedures) _____
BCBS OF NEW MEXICO PENDING	1) HOSPITAL DISCHARGE DAY
BENEFICIARY PATIENT (INDIAN) PENDING	2) INITIAL HOSPITAL CARE
_____ Pg-3 (Questions) _____	3) INITIAL HOSPITAL CARE
Release Info: YES Assign Benef: YES	4) INITIAL HOSPITAL CARE
_____ Pg-4 (Providers) _____	5) MEASURE BLOOD OXYGEN LEVEL
Attn: ALEXIS,ALEXANDRA	*** additional procedures exist ***

```

WARNING:249 - Service Dates cross over ICD-10 Effective Date
-----
*** Claim File ERRORS exist use the VIEW command to list them. ***

Desired ACTION (View/Aprr/Pend/Next/Jump/Quit): N//
    
```

Figure 2-1: Display of Inpatient Claim in the Claim Editor Showing Warning 249

### 2.2.1.2 Warning 250 – DOS After ICD Indicator Date

*Warning # 250 – DOS after ICD Indicator Date* was added to page 0 of the claim editor to alert the user when the date of service falls after the ICD effective date.

**Corrective Action:** The user will need to change the ICD-10 Effective Date after the date of service in the Insurer File Menu (EDIN). The user also has the option to change the ICD Indicator on page 5A of the claim editor.

**Note:** If the ICD indicator is changed on page 5A the page will need to be refreshed so that the appropriate code set will display.

### 2.2.1.3 Warning 251 – Wrong Diagnosis Coding Version Used

*Warning # 251 – Wrong Diagnosis Coding Version Used* was added to alert the user if the incorrect coding version is used on the claim based on ICD Indicator Date. If claim is coded with only ICD-9 diagnosis codes and the indicator is set to ICD-10, or if claim is coded with only ICD-10 diagnosis codes and the indicator is set to ICD-9.

**Corrective Action:** The user will need to change the ICD Effective Date in the Insurer File Menu (EDIN) or change the ICD indicator on page 5A.

**Note:** If the ICD indicator is changed on page 5A the page will need to be refreshed so that the appropriate code set will display.

```

~~~~~ PAGE 0 ~~~~~
Patient: KNOTSUN,WILBURN RUFUS [HRN:34195] Claim Number: 31391
..... (CLAIM SUMMARY)

_____ Pg-1 (Claim Identifiers) _____ Pg-4 (Providers) _____
Location..: INDIAN HOSP | Atn: ALEXIS,ALEXANDRA
Clinic....: GENERAL
Visit Type: OUTPATIENT
Bill From: 04-03-2014 Thru: 04-03-2014 | _____ Pg-5A (Diagnosis) _____
| 1) DMII
_____ Pg-2 (Billing Entity) _____ | 2) COUGH
MONTANA MEDICAID ACTIVE | 3) HEADACHE

_____ Pg-3 (Questions) _____ | _____ Pg-5B (ICD Procedures) _____
Release Info: NO Assign Benef: NO

```

```

-----|-----
WARNING:250 - DOS after ICD Indicator Date
WARNING:251 - Wrong Diagnosis Coding Version Used

*** Claim File ERRORS exist use the VIEW command to list them. ***

Desired ACTION (View/Appr/Pend/Next/Jump/Quit): N//

```

Figure 2-2: Display of Outpatient Claim in the Claim Editor Showing Warning 250 and 251

## 2.2.2 Page 3 – Questions

### 2.2.2.1 Error 245 – Active Insurer Requires ICD-9 Codes, not ICD-10

*Error # 245- Active Insurer requires ICD-9 Codes, not ICD-10* was added to page 3 – Questions if the Admitting Diagnosis is coded with an ICD-10 diagnosis code but the ICD indicator is set to ICD-9.

**Corrective Action:** User will need to change the admitting diagnosis code to an ICD-9 code or change the ICD Effective Date in the Insurer File Menu (EDIN) or change the ICD indicator on page 5A.

**Note:** If the ICD indicator is changed on page 5A the page will need to be refreshed so that the appropriate code set will display.

```

~~~~~ PAGE 3 ~~~~~
Patient: DEMO,PATIENT      [HRN:121061]      Claim Number: 1069139
..... (QUESTIONS) .....

[1] Release of Information..: YES      From: 07/30/2012
[2] Assignment of Benefits..: YES      From: 05/17/2011
[3] Accident Related.....: NO
[4] Employment Related.....: NO
[5] Emergency Room Required.:
[6] Special Program.....: NO
[7] Outside Lab Charges.....:
[8] Date of First Symptom...:
[9] Date of Similar Symptom.:
[10] Date of 1st Consultation:
[11] Referring Phys. (FL17)  :
[12] Case No. (External ID)..:
[13] Resubmission(Control) No:
[14] PRO Approval Number.....:
[15] HCFA-1500B Block 19.....:
[16] Admitting Diagnosis.....: I10.  Essential (primary) hypertension
[17] Supervising Prov.(FL19)..:      NPI:
      Date Last Seen:
[18] Date of Last X-Ray.....:
[19] Prior Authorization #...:
[20] Homebound Indicator.....:
[21] Hospice Employed Prov...:
[22] Delayed Reason Code.....:
[23] In-House CLIA#.....: 03D0641953

```

```

[24] Hearing/Vision Prescription Date.....:
[25] Start/End Disability Dates.....:
[26] Assumed/Relinquished Care Dates:
[27] Patient Paid Amount.....:
[28] Initial Treatment Date..:
-----

```

```

ERROR:245 - Active Insurer requires ICD-9 codes, not ICD-10
-----

```

```

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

```

Figure 2-3: Display of Page 3 - Questions in the Claim Editor Showing Error 245

### 2.2.2.2 Error 246 – Active Insurer Requires ICD-10 Codes, Not ICD-9

*Error # 246- Active Insurer requires ICD-10 Codes, not ICD-9* was added to page 3 – Questions if the Admitting Diagnosis is coded with an ICD-9 diagnosis code but the ICD indicator is set to ICD-10.

**Corrective Action:** User will need to change the admitting diagnosis code to an ICD-10 code or change the ICD Effective Date in the Insurer File Menu (EDIN) or change the ICD indicator on page 5A.

**Note:** If the ICD indicator is changed on page 5A the page will need to be refreshed so that the appropriate code set will display.

```

~~~~~ PAGE 3 ~~~~~
Patient: DEMO,PATIENT [HRN:121061] Claim Number: 1069139
..... (QUESTIONS)

[1] Release of Information..: YES From: 07/30/2012
[2] Assignment of Benefits..: YES From: 05/17/2011
[3] Accident Related.....: NO
[4] Employment Related.....: NO
[5] Emergency Room Required.:
[6] Special Program.....: NO
[7] Outside Lab Charges.....:
[8] Date of First Symptom...:
[9] Date of Similar Symptom.:
[10] Date of 1st Consultation:
[11] Referring Phys. (FL17) :
[12] Case No. (External ID)..:
[13] Resubmission(Control) No:
[14] PRO Approval Number.....:
[15] HCFA-1500B Block 19.....:
[16] Admitting Diagnosis.....: 401.9 HYPERTENSION NOS
[17] Supervising Prov.(FL19)..: NPI:
 Date Last Seen:
[18] Date of Last X-Ray.....:
[19] Prior Authorization #...:
[20] Homebound Indicator.....:
[21] Hospice Employed Prov...:
[22] Delayed Reason Code.....:
[23] In-House CLIA#.....: 03D0641953
[24] Hearing/Vision Prescription Date.....:

```

```
[25] Start/End Disability Dates.....:
[26] Assumed/Relinquished Care Dates:
[27] Patient Paid Amount.....:
[28] Initial Treatment Date...:

ERROR:246 - Active Insurer requires ICD-10 codes, not ICD-9

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

Figure 2-4: Page 3 – Questions of the Claim Editor Displaying Error 246

### 2.2.3 Page 5A – Diagnosis

New action items, warnings, and errors have been added to page 5A - Diagnosis to allow the user to determine what diagnosis code set (ICD-9 or ICD-10) will be used on a claim.

#### 2.2.3.1 ICD Indicator Message

The ICD indicator message was updated to display the active insurer along with the ICD-9 or ICD-10 indicator depending on what the ICD Effective Date is set to in the Insurer File Menu (EDIN).

Depending on what the ICD indicator is set to will determine what code set will display on page 5A – Diagnosis. Only one code set can be used but the user will be able to change the ICD indicator if the other code set is required.

```
~~~~~ PAGE 5A ~~~~~
Patient: DEMO,PATIENT [HRN:35029] Claim Number: 31394
..... (DIAGNOSIS) .....

ICD Indicator for COLORADO MEDICAID : ICD-9

BIL ICD
SEQ CODE IND Dx DESCRIPTION PROVIDER'S NARRATIVE
=== =====
1 250.00 9 DMII WO CMP NT ST UNCNTR DMII
2 786.2 9 COUGH COUGH
3 784.0 9 HEADACHE HEADACHE

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

Figure 2-5: Display of ICD Indicator on Page 5A – Diagnosis of the Claim Editor

#### 2.2.3.2 New Option – [I]ndicator

[I]ndicator is a new option that has been added to allow the user to change the ICD indicator from ICD-9 to ICD-10 or vice versa. When the indicator has been changed the user will need to use the option refresh to refresh the page to display the correct ICD diagnosis code set.

```

~~~~~ PAGE 5A ~~~~~
Patient: CONDA,ANNA [HRN:22589] Claim Number: 31376
..... (DIAGNOSIS)

ICD Indicator for CIGNA CORPORATION : ICD-9

BIL ICD
SEQ CODE IND POA Dx DESCRIPTION PROVIDER'S NARRATIVE
=== =====
1 786.09 9 Y RESPIRATORY ABNORM RESPIRATORY ABNORM NEC
 NEC
2 493.22 9 Y CH OBST ASTH W (AC) CH OBST ASTH W/AC EXAC
 EXAC
3 786.05 9 Y SHORTNESS OF BREATH SHORTNESS OF BREATH
4 250.40 9 Y DMII RENL NT ST DMII RENL NT ST
 UNCNTLD
5 585.6 9 Y END STAGE RENAL END STAGE RENAL DISEASE
 DISEASE

Desired ACTION (Add/Del/Edit/Seq/View/Next/Rfsh/Ind/Jump/Back/Quit): N// IND

What ICD code set should be used?: 9// ??

Choose from:

 9 9
 10 10

What ICD code set should be used?: 9//

```

Figure 2-6: Display of the ICD Indicator on Page 5A – Diagnosis of the Claim Editor

### 2.2.3.3 Refresh

Refresh is a new option that has been added to allow the user to be able to restore the diagnosis codes on page 5A (Diagnosis) that was entered through PCC. The Refresh option works the same way as the Rebuild Items from PCC option (RBCL) but is run in real time. If the ICD indicator has been changed from ICD-9 to ICD-10 or vice versa the user will need to refresh so that the appropriate code set displays.

**Note:** If the diagnosis codes are manually added in on page 5A (Diagnosis) and the page is refreshed the diagnosis codes will be deleted off of the page.

```

~~~~~ PAGE 5A ~~~~~
Patient: CONDA,ANNA [HRN:22589] Claim Number: 31376
..... (DIAGNOSIS) .....

ICD Indicator for CIGNA CORPORATION : ICD-9

BIL ICD
SEQ CODE IND POA Dx DESCRIPTION PROVIDER'S NARRATIVE
=== =====
1 786.09 9 Y RESPIRATORY ABNORM RESPIRATORY ABNORM NEC
   NEC
2 493.22 9 Y CH OBST ASTH W (AC) CH OBST ASTH W/AC EXAC
    
```

```

EXAC
3  786.05  9  Y  SHORTNESS OF BREATH          SHORTNESS OF BREATH
4  250.40  9  Y  DMII RENL NT ST              DMII RENL NT ST
                                UNCNTRLD
5  585.6   9  Y  END STAGE RENAL              END STAGE RENAL DISEASE
                                DISEASE

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

Note: All manually entered codes will be deleted if you continue and you may
need to relink Diagnosis codes to charges

Do you wish to continue with refresh?? Y// YES
    
```

Figure 2-7: Display of the Refresh Option on Page 5A – Diagnosis of the Claim Editor

If the page is refreshed and there are no visits associated with the claim, the user will not be allowed to refresh the page and the message, *There aren't any visits associated with this claim to refresh from*, will display.

```

~~~~~ PAGE 5A ~~~~~
Patient: DEMO,PATIENT [HRN:121061] Claim Number: 1069142
..... (DIAGNOSIS)

ICD Indicator for GREAT-WEST LIFE : ICD-9

BIL ICD
SEQ CODE IND Dx DESCRIPTION PROVIDER'S NARRATIVE
=== ===== === ===== =====
1 250.00 9 DMII WO CMP NT ST UNCNTR DMII
2 401.9 9 HYPERTENSION NOS HTN

Desired ACTION (Add/Del/Edit/Seq/View/Next/Rfsh/Ind/Jump/Back/Quit): N// RFSH

There aren't any visits associated with this claim to refresh from

```

Figure 2-8: Display of Error Message on Page 5A – Diagnosis of the Claim Editor

### 2.2.3.4 Diagnosis View

The View option was modified to now display ICD-9 and ICD-10 diagnosis codes that have been entered through PCC.

```

~~~~~ PAGE 5A ~~~~~
Patient: CONDA,ANNA [HRN:22589] Claim Number: 31376
..... (DIAGNOSIS VIEW OPTION) .....

***** DIAGNOSIS INFORMATION ENTERED THROUGH PCC *****
PRI ICD CD  IND POA  PROVIDER'S NARRATIVE          CAUSE OF INJURY
=====  =====  =====  =====  =====
P  786.09  9  Y  RESPIRATORY ABNORM NEC
      (Modifier: CONSIDER)
      (Cause of Dx: HOSPITAL ACQUIRED)
S  493.22  9  Y  CH OBST ASTH W/AC EXAC
      (Modifier: CONSIDER)
    
```

```

(Cause of Dx: HOSPITAL ACQUIRED)
-----
Enter ERROR/WARNING NUMBER for CORRECTIVE ACTION (if Desired):
    
```

Figure 2-9: Display of the ICD Code from Page 5A – Diagnosis View of the Claim Editor

If SNOMED is used the user will be able to see the preferred term, description ID preferred term, and primary SNOMED preferring term. If the Dual ICD-9 code is populated and the insurer still wants ICD-9 coding, the dual code field will display as the ICD code instead of the ICD-10 code on page 5A.

```

~~~~~ PAGE 5A ~~~~~
Patient: DEMO,GENERIKA [HRN:108559] Claim Number: 1069105
..... (DIAGNOSIS VIEW OPTION)

***** DIAGNOSIS INFORMATION ENTERED THROUGH PCC *****
PRI ICD CD IND PROVIDER'S NARRATIVE CAUSE OF INJURY
=== =====
P V70.0 9 History and physical
examination, annual for health
maintenance | testing testing
ICD INTEGRATED testing
SNOMED Preferred Term: History and physical examination,
annual for health maintenance
SNOMED Desc ID Preferred Term: History and physical
examination, annual for
health maintenance
Primary SNOMED Preferred Term: Principal
S 240.0 9 Simple goiter | testing testing
testing ICD INTEGRATION testing
SNOMED Preferred Term: Simple goiter
SNOMED Desc ID Preferred Term: Simple goiter

WARNING:154 - PRIMARY DIAGNOSIS IS A V-CODE

Enter ERROR/WARNING NUMBER for CORRECTIVE ACTION (if Desired):

```

Figure 2-10: Display the SNOMED Identifiers on Page 5a – Diagnosis View of the Claim Editor

### 2.2.3.5 Warning 245 – Active Insurer Requires ICD-9 Codes, Not ICD-10

*Warning 245 – Active Insurer requires ICD-9 codes, not ICD-10* was added to alert the user when the claim is coded with ICD-10 diagnosis codes but the ICD indicator is set to ICD-9.

**Corrective Action:** User will need to change the change the ICD Effective Date in the Insurer File Menu (EDIN) or change the ICD indicator from ICD-10 to ICD-9 on page 5A (Diagnosis).

```

~~~~~ PAGE 5A ~~~~~
Patient: DEMO,GENERIKA [HRN:121061] Claim Number: 1069139
..... (DIAGNOSIS) .....

ICD Indicator for GREAT-WEST LIFE : ICD-9
    
```

```

BIL      ICD
SEQ      CODE   IND   Dx DESCRIPTION          PROVIDER'S NARRATIVE
===      =====
-----
ERROR:077 - PRINCIPAL DIAGNOSIS CODE UNSPECIFIED
ERROR:245 - Active Insurer requires ICD-9 codes, not ICD-10
-----
Desired ACTION (Add/Del/Edit/Seq/View/Next/Rfsh/Ind/Jump/Back/Quit): A//

```

Figure 2-11: Display of Error 245 on Page 5A – Diagnosis of the Claim Editor

### 2.2.3.6 Warning 246 – Active Insurer Requires ICD-10 Code, Not ICD-9

*Warning 246 – Active Insurer Requires ICD-10 Code, Not ICD-9* has been added to alert the user when the claim was coded with ICD-9 diagnosis codes only but the insurance requires ICD-10 diagnosis codes.

**Corrective Action:** The user can change the ICD-10 Effective Date in the Insurer File Menu (EDIN) or the user can change the ICD indicator from ICD-10 to ICD-9 on page 5A (Diagnosis).

```

~~~~~ PAGE 5A ~~~~~
Patient: CONDA,ANNA [HRN:22589] Claim Number: 31376
..... (DIAGNOSIS)
ICD Indicator for CIGNA CORPORATION : ICD-10

BIL ICD
SEQ CODE IND POA Dx DESCRIPTION PROVIDER'S NARRATIVE
=== =====

ERROR:077 - PRINCIPAL DIAGNOSIS CODE UNSPECIFIED
ERROR:246 - Active Insurer requires ICD-10 codes, not ICD-9

Desired ACTION (Add/Del/Edit/Seq/View/Next/Rfsh/Ind/Jump/Back/Quit): A//

```

Figure 2-12: Display of Error 246 on Page 5A – Diagnosis of the Claim Editor

### 2.2.3.7 Warning 247 – Multiple ICD Code Sets Used on Claim

*Warning #247 – Multiple ICD code sets used on claim* was added to alert the user when both ICD-9 and ICD-10 diagnosis codes exist on the claim. Only one code set can be used on the claim.

**Corrective Action:** The user will need to select the View option on page 5A - Diagnosis to determine which code set to use.

```

~~~~~ PAGE 5A ~~~~~
Patient: DEMO,GENERIKA [HRN:121061] Claim Number: 1069139
..... (DIAGNOSIS) .....

```

```

ICD Indicator for GREAT-WEST LIFE : ICD-10

BIL      ICD
SEQ      CODE  IND  Dx DESCRIPTION                PROVIDER'S NARRATIVE
=====  ===  =====
  1  I10.      10  Essential (primary)          HTN
               10  hypertension
  2  E10.10    10  Type 1 diabetes mellitus    DMI W/KETOACIIDOSIS
               10  with ketoacidosis
               10  without coma

-----
WARNING:247 - Multiple ICD code sets used on claim
-----

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

Figure 2-13: Display of Warning 247 on Page 5A – Diagnosis of the Claim Editor

### 2.2.4 Page 5B – ICD Procedures

The ICD procedures page was updated with the same functionality as page 5A.

```

~~~~~ PAGE 5B ~~~~~
Patient: DEMOPATIENT,TOM [HRN:2222] Claim Number: 31426
..... (ICD PROCEDURES)

ICD Indicator for CIGNA CORPORATION : ICD-9

BIL SERV ICD
SEQ DATE IND CODE - PROCEDURE DESCRIPTION PROVIDER'S NARRATIVE
===== === =====
 1 CHARGE DATE: 05/22/2014
 9 86.23 -NAIL REMOVAL REMOVAL OF NAIL BED
 2 CHARGE DATE: 05/22/2014
 9 86.27 -DEBRIDEMENT OF NAIL REMOVAL OF NAIL PLATE

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

```

Figure 2-14: Display of ICD Indicator on Page 5B – Procedures in the Claim Editor

### 2.2.5 Page 8A – Medical Services

#### 2.2.5.1 Error 217

*Error #217 – DX has been deleted that is being referenced* will display on all procedure code pages if the refresh option has been done on page 5A – Diagnosis. All diagnosis codes that were previously linked before the refresh was done will need to be re-linked again.

```

~~~~~ PAGE 8A ~~~~~
Patient: DEMO,GENERICA [HRN:121061]          Claim Number: 1069139
Mode of Export: 837P (HCFA) 5010
..... (MEDICAL SERVICES) .....
    
```

REVN CODE	CPT - MEDICAL SERVICES	UNIT CHARGE	QTY	TOTAL CHARGE
[1]	CHARGE DATE: 05/10/2014@10:0-05/10/2014 (CROZIER,PENNIE-R) 0510 90389 TETANUS IG IM	222.00	1	222.00
[2]	CHARGE DATE: 05/10/2014@10:0-05/10/2014 (CROZIER,PENNIE-R) 0500 99212 OFFICE/OUTPATIENT VISIT EST	122.00	1	122.00
[3]	CHARGE DATE: 05/10/2014@10:0 0500 90471 IMMUNIZATION ADMIN	51.00	1	51.00
[4]	CHARGE DATE: 05/10/2014@10:0 0500 90472 IMMUNIZATION ADMIN EACH ADD	31.00	1	31.00
[5]	CHARGE DATE: 05/10/2014@10:0 0510 90633 HEP A VACC PED/ADOL 2 DOSE	113.00	1	113.00
[6]	CHARGE DATE: 05/10/2014@10:0 0510 90646 HIB VACCINE PRP-D IM	90.00	1	90.00
				=====
				\$629.00
-----				
ERROR:122 - PROCEDURE(S) MISSING CORRESPONDING DIAGNOSIS(SES) (3,4,5,6)				
ERROR:217 - DX HAS BEEN DELETED THAT IS BEING REFERENCED (1,2)				
-----				
Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit/Mode): N//				

Figure 2-15: Display of Error 217 on Page 8A – Medical Services in the Claim Editor

## 2.2.6 Page 9A – Codes

### 2.2.6.1 Occurrence Code

Page 9A (Occurrence Code) has been removed from the 837P 5010 mode of export. Although page 9A (Occurrence Code) is available for the CMS-1500(02/12) mode of export, this information will not print on the claim form.

The link between page 9A (Occurrence Code) and page 3 (Questions) has been removed. Page 9A (Occurrence code) will still display the Occurrence code 01 – Accident Medical Coverage if the Accident Related filed is populated on page 3 (Questions).

If the Occurrence code 01 on page 9A (Occurrence Code) is edited or deleted, the Accident Related field will remain populated on page 3 (Questions).

~~~~~ PAGE 3 ~~~~~				
Patient: DEMOPATIENT,TOM	[HRN:2222]	Claim Number: 31435		
..... (QUESTIONS)				
[1]	Release of Information..:	YES	From: 01/01/2014	
[2]	Assignment of Benefits..:	YES	From: 01/01/2014	
[3]	Accident Related.....:	YES	OTHER ACCIDENT 02/05/2014 100HRS	ST: NM
[4]	Employment Related.....:	NO		
[5]	Emergency Room Required..:	NO		
[6]	Special Program.....:	NO		
[7]	Blood Furnished.(pints)..:	NO		
[8]	Referring Phys. (FL17) :			

```

[9] Case No. (External ID)..:
[10] PRO Approval Number.....:
[11] Type of Admission.....: 1 EMERGENCY
[12] Source of Admission.....: 1 NON-HEALTH CARE FACILITY POINT OF ORIGIN
[13] Discharge Status.....: 01 Discharged to Home or Self Care (Routine
    Discharge)
[14] Admitting Diagnosis.....: 786.52 PAINFUL RESPIRATION
[15] Prior Authorization #...:
[16] Delayed Reason Code.....:

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

Desired FIELDS: (1-16): 1-16// 3

[3] Was the Visit Related to an Accident? Y// ES

    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: 02/05/2014// (FEB 05, 2014)
Accident Hour: (0-23): 1//
ACCIDENT STATE: NEW MEXICO//
    
```

Figure 2-16: Display of Accident Related Information on Page 3 – Questions of the Claim Editor

```

~~~~~ PAGE 9A ~~~~~
Patient: DEMOPATIENT,TOM [HRN:2222] Claim Number: 31435
..... (OCCURRENCE CODES) .....

OCCR
CODE          OCCURRENCE DESCRIPTION          DATE
====          =====          =====
[1] 01  Accident/Medical Coverage          02-05-2014

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

Figure 2-17: Display of Occurrence Code on Page 9A – Occurrence Codes in the Claim Editor

2.2.7 Page 9G – Claim Attachments

Page 9G has been added to the CMS-1500(02/12) mode of export. If page 9G (Claim Attachments) is populated this will print on the CMS-1500(02/12) in box 19 with the qualifier PWK, the 2-digit report type, the 2-digit transmission type, and the reference number, all without delimiters. If double question marks (??) are entered at the prompts, the user will be able to select from a list of available options.

If the active insurer is Veterans Administration and page 9G (Claim Attachments) is populated, the Claim Attachment information will be excluded and the VA Contract Number will print in box 19 of the CMS-1500(02/12) claim form.

```

~~~~~ PAGE 9G ~~~~~
Patient: DEMOPATIENT,TOM [HRN:2222] Claim Number: 31416
..... (CLAIM ATTACHMENTS) .....

```

```

REPORT TYPE          TRNS TYPE          CONTROL NUMBER
=====
[1] M1 Medical Record At AA Avail On Req  DOC1234

```

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

===== ADD MODE - CLAIM ATTACHMENTS =====

Select Claim Attachment: ??

Choose from:

```

10      Continued Treatment
11      Chemical Analysis
13      Certified Test Report
15      Justification for Admission
21      Recovery Plan
77      Support Data for Verification (REFERRAL)
03      Report Justifying Treatment Beyond Utilization Guidelines
04      Drugs Administered
05      Treatment Diagnosis
06      Initial Assessment
07      Functional Goals
08      Plan of Treatment
09      Progress Report
A3      Allergies/Sensitivities Document
A4      Autopsy Report
AM      Ambulance Certification
AS      Admission Summary
B2      Prescription
B3      Physician Order
B4      Referral Form
BR      Benchmark Testing Results
BS      Baseline
BT      Blanket Test Results
CB      Chiropractic Justification
CK      Consent Form(s)
CT      Certification
D2      Drug Profile Document
DA      Dental Models
DB      Durable Medical Equipment Prescription
DG      Diagnostic Report
DJ      Discharge Monitoring Report
DS      Discharge Summary
EB      Explanation of Benefits (CoB or MSP)
HC      Health Certificate
HR      Health Clinic Records
I5      Immunization Record
IR      State School Immunization Records
LA      Laboratory Results
M1      Medical Record Attachment
MT      Models
NN      Nursing Notes
OB      Operative Note
OC      Oxygen Content Averaging Report
OD      Orders and Treatments Document
OE      Objective Physical Examination (including vital signs) Document
OX      Oxygen Therapy Certification

```

```

OZ      Support Data for Claim
P4      Pathology Report
P5      Patient Medical History Document
P6      Periodontal Chart
PE      Parenteral or Enteral Certification
PN      Physical Therapy Notes
PO      Prosthetics or Orthotic Certification
PQ      Paramedical Results
PY      Physician's Report
PZ      Physical Therapy Certification
RB      Radiology Films
RR      Radiology Reports
RT      Report of Tests and Analysis Report
RX      Renewable Oxygen Content Averaging Report
SG      Symptoms Document
V5      Death Notification
XP      Photographs

Select Claim Attachment: M1      Medical Record Attachment

CLAIM ATTACHMENTS Transmission Code: ??

Choose from:
AA      AVAILABLE ON REQUEST AT PROVIDER SITE
BM      BY MAIL
EL      ELECTRONICALLY ONLY
EM      E-MAIL
FX      BY FAX
FT      FILE TRANSFER

CLAIM ATTACHMENTS Transmission Code: AA AVAILABLE ON REQUEST AT PROVIDER SITE

CLAIM ATTACHMENTS Control Number: DOC1234
    
```

Figure 2-18: Display of Claim Attachments on Page 9G – Claim Attachments in the Claim Editor

2.3 Table Maintenance

ABM > TM > INTM > EDIN

2.3.1 ICD-10 Effective Date

The ICD-10 Effective will automatically be auto-populated with the date October 1, 2015 when Patch 14 is installed.

```

+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p14          |
+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
|          Add/Edit Insurer          |
+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
|          INDIAN HEALTH HOSPITAL          |
+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
User: STOUT,CINDY                                     3-JUN-2014 9:50 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 NM
( BLUE/BLUECHIP CROSS/CROSSBONES/CROSSE MEXICO NEW SHIELD )

The following word was not used in this search:
  OF
  .....

The following matches were found:

  1: NM BC/BS DENTAL CLASSIC          - POB 27630
                                         ALBUQUERQUE, NM 87125-7630
  2: BCBS OF NEW MEXICO (FEP)         - PO BOX 27630
                                         ALBUQUERQUE, NM 87125-7630
  3: BCBS OF NEW MEXICO               - POST OFFICE BOX 27630
                                         ALBUQUERQUE, NM 87125-7630

Select 1-3: 2

<----- MAILING ADDRESS ----->
Street...:
City.....:
State....:
Zip Code.:

<----- BILLING ADDRESS ----->
      (if Different than Mailing Address)
Billing Office.:
Phone Number.....:
.
.
.
72 HOUR RULE:
NPI USAGE: NPI ONLY//
TRIBAL SELF-INSURED?:
ICD-10 EFFECTIVE DATE: OCT 1,2015//
DECIMAL IN 1500 BOX 21 (DX):
GROUP NUMBER:
PROVIDER PIN#
Select PROVIDER:

```

Figure 2-19: Display of ICD-10 Effective Date in Table Maintenance

2.4 Reprint Bill

ABM > PRTP > REPR

The option EMPR - Recreate Batch of ICD-9 Bills was removed from the Reprint Bill menu. Users will no longer be able to select this menu.

The ADA-2012 claim form was updated to print 'B' in box 34 for all ICD-9 codes.

9. Plan/Group Number		10. Patient's Relationship to Person named in #5 <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other		BLEEDING-GUMS, BOVINA 3983 MILE AVE CRESCENT CITY, CA 39344																	
11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code				21. Date of Birth (MM/DD/CCYY) 11/20/1956	22. Gender <input type="checkbox"/> M <input checked="" type="checkbox"/> F	23. Patient ID/Account # (Assigned by Dentist) 31651A-IH 1514															
RECORD OF SERVICES PROVIDED																					
	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee											
1	08/18/2014			4		2330	1, 2, 3	1	RESIN-BASED COMPOSITE -	11400											
2	08/18/2014			5		2330	1, 2, 3	1	RESIN-BASED COMPOSITE -	11400											
3	08/18/2014			6		2330	3	1	RESIN-BASED COMPOSITE -	11400											
4	08/18/2014					0150	1	1	COMPREHENSIVE ORAL EVAL	26000											
5																					
6																					
7																					
8																					
9																					
10																					
33. Missing Teeth Information (Place an "X" on each missing tooth.)				34. Diagnosis Code List Qualifier		B1		(ICD-9 = B; ICD-10 = AB)		31a. Other Fee(s)											
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	34a. Diagnosis Code(s) (Primary diagnosis in "A")		A 172.2	C 521.81	32. Total Fee	60200
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17			B 520.6	D		
35. Remarks																					
AUTHORIZATIONS						ANCILLARY CLAIM/TREATMENT INFORMATION															
36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefits plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim. X SIGNATURE ON FILE 06/14/2003 Patient/Guardian Signature Date						38. Place of Treatment 22 (e.g. 11=office; 22=O/P Hospital) (Use "Place of Service Codes for Professional Claims") 39. Enclosures (Y or N) N															
37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity. X SIGNATURE ON FILE 09/16/2014 Subscriber Signature Date						40. Is Treatment for Orthodontics? <input checked="" type="checkbox"/> No (Skip 41-42) <input type="checkbox"/> Yes (Complete 41-42)		41. Date Appliance Placed (MM/DD/CCYY)													
						42. Months of Treatment		43. Replacement of Prosthesis <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Complete 44)		44. Date of Prior Placement (MM/DD/CCYY)											
						45. Treatment Resulting from <input type="checkbox"/> Occupational illness/injury <input type="checkbox"/> Auto accident <input type="checkbox"/> Other accident															
						46. Date of Accident (MM/DD/CCYY)		47. Auto Accident State													
BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not						TREATING DENTIST AND TREATMENT LOCATION INFORMATION															

Figure 2-20: Partial Display of Box 34 on the ADA-2012 showing the Code Qualifier

2.5 Reports

ABM > RPTP

The Third Party Billing reports that have the option Diagnosis Range were updated to allow the user to select ICD-9, ICD-10 or both code sets if ICD-10 is installed at the site. If the site does not have ICD-10 installed the user will only be able to select ICD-9 codes.

- Detailed Display of Selective Claims (DERP)
- Employee Productivity Listing (PRRP)
- Bills Listing (BLRP)
- Statistical Billed-Payment Report (STRP)
- Billing Activity for a Specific Patient (PTRP)
- Listing of Billed Primary Diagnosis (DXRP)
- Listing of Billed Procedures (PXRPP)

```

++-+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p14          |
+          Statistical Billed-Payment Report                +
|          2013 DEMO HOSPITAL                              |
++-+-----+
User: STOUT,CINDY                                         3-JUN-2014 10:17 PM

EXCLUSION PARAMETERS Currently in Effect for RESTRICTING the EXPORT to:
=====

Select one of the following:

1          LOCATION
2          BILLING ENTITY
3          DATE RANGE
4          APPROVING OFFICIAL
5          PROVIDER
6          ELIGIBILITY STATUS
7          DIAGNOSIS RANGE
8          CPT RANGE

Select ONE or MORE of the above EXCLUSION PARAMETERS: 7  DIAGNOSIS RANGE

ENTRY of ICD DIAGNOSIS RANGE:
=====

Select one of the following:

9          ICD-9
10         ICD-10
B          Both coding versions

Select ICD Version : B

```

Figure 2-21: Display of ICD Indicator on the Statistical-Billed Payment Report

If option **B - Both Coding Versions** is selected, the user will be prompted to enter the low and high ICD-9 diagnosis code range.

```

Select ICD Version: Both coding versions

Low ICD Code: 250.00

One match found

250.00    DMII WO CMP NT ST UNCNTR

OK?  Yes// YES  250.00    DMII WO CMP NT ST UNCNTR

High ICD Code: 401.9

One match found

401.9    HYPERTENSION NOS

OK?  Yes// YES  401.9    HYPERTENSION NOS

```

Figure 2-22: Display of ICD-9 Code Selection in the Inclusion Parameters of the Reports

The user can either select to run the report by A – All Diagnosis or P – Primary Diagnosis Only for the ICD-9 code range.

```
Select one of the following:

      A          ALL DIAGNOSIS
      P          PRIMARY DIAGNOSIS ONLY

For each visit, Check [A]ll Diagnosis or just the [P]rimary: A//ALL DIAGNOSIS
```

Figure 2-23: Display of the Type of Code Selection as an Exclusion Parameter in Reports

The user will be prompted to enter in the ICD-10 low and high diagnosis code range.

```
Low ICD-10 Code: I10.

One match found

I10.      Essential (primary) hypertension

  OK?  Yes// YES   I10.      Essential (primary) hypertension

High ICD-10 Code: E10

40 matches found

1.  E10.10   Type 1 diabetes mellitus w ketoacidosis without coma (Major CC)
2.  E10.11   Type 1 diabetes mellitus with ketoacidosis with coma (Major CC)
3.  E10.21   Type 1 diabetes mellitus with diabetic nephropathy
4.  E10.22   Type 1 diabetes mellitus w diabetic chronic kidney disease

Press <RETURN> for more, '^' to exit, or Select 1-4: 1  E10.10
```

Figure 2-24: Display of ICD-10 Code Matches when Running a Report

The user can either select to run the report by A – All Diagnosis or P – Primary Diagnosis Only for the ICD-10 diagnosis code range.

```
Select one of the following:

      A          ALL DIAGNOSIS
      P          PRIMARY DIAGNOSIS ONLY

For each visit, Check [A]ll Diagnosis or just the [P]rimary: A//ALL DIAGNOSIS
```

Figure 2-25: Display of the Type of Code Selection as an Exclusion Parameter in Reports

The user will be taken back to the exclusion parameters menu to select additional options to run the report. The header of the exclusion parameters page will display the ICD-9 and ICD-10 diagnosis codes that we selected.

```
EXCLUSION PARAMETERS Currently in Effect for RESTRICTING the EXPORT to:
=====
- Diagnosis (ICD-9) Code from: 250.00 to: 401.9 (Check All Diagnosis)
- Diagnosis (ICD-10) Code from: I10. to: E10.10 (Check All Diagnosis)
```

Select one of the following:

1	LOCATION
2	BILLING ENTITY
3	DATE RANGE
4	APPROVING OFFICIAL
5	PROVIDER
6	ELIGIBILITY STATUS
7	DIAGNOSIS RANGE
8	CPT RANGE

Select ONE or MORE of the above EXCLUSION PARAMETERS:

Figure 2-26: Display of Selected Inclusion Parameters and their Values when Running a Report

Acronym List

ICD	International Classification of Diseases
IHS	Indian Health Service
NPI	National Provider Identifier
OIT	Office of Information Technology
RPMS	Resource and Patient Management System

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/helpdesk/>

Email: support@ihs.gov