



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Third Party Billing

(ABM)

Addendum to User Manual

Version 2.6 Patch 22
September 2017

Office of Information Technology
Division of Information Technology

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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 the Third Party Billing System.

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

1.0 Introduction

1.1 Summary of Changes

Patch 22 provides enhancements and minor corrections to v2.6 of the Third Party Billing application.

1.1.1 Patch 22

1.1.1.1 HEAT Fixes

- HEAT313777 (CR8895) – A field was added to the insurer file to allow for having a decimal print in the dollar amounts of the ADA-2012. This field is available only when the default mode of export is set to ADA-2012.
- HEAT329144 (CR8879) – A field was added to the insurer file to allow for having the medication name print on a claim, or for having the medication National Drug Code (NDC) print with ‘UN’ for units. This field is available only when the default mode of export is set to CMS-1500(02/12) or to UB-04.
- HEAT335246 (CR9021) – A field was added to the insurer file to allow for having the medication NDC print when billing the All Inclusive Rate. When this new field is set to Yes, and itemized charges are being billed, and there is more than one charge on the claim, the first line of a claim will print the flat rate amount and the rest of the line items will print a zero dollar amount. This change was made for the 5010 837I, the 5010 837P, the UB-04 and the CMS-1500(02/12).

1.1.1.2 Split Claim Billing

- (CR9021) – New split claim billing functionality was added to allow for manually or automatically splitting each charge on a page of the claim editor onto its own claim, or for splitting each page of the claim editor onto its own claim. This new functionality also allows for setting up the claim generator to automatically split claims during new claim generation.
- (CR9021) - The 3P Claim Data file and the 3P Bill file were updated to reflect whether a claim was automatically split by the new functionality or manually split either by the new functionality or by the existing Split Claim option (SCMG).

2.0 Patch 22

2.1 Insurer File

ABM > TMTP > INTM > EDIN

Several fields were added to the insurer file to allow for having data print a certain way on paper claims, or to populate a certain way in 837 files, or both.

2.1.1 Print Decimal on ADA-2012

A field was added to the Add/Edit Insurer option in Table Maintenance to allow for having a decimal print in the dollar amounts of the ADA-2012. This new field is displayed in the Visit Type portion of the insurer file only when the default export mode is set to ADA-2012, as shown in the first example below. To have a decimal print in the dollar amounts of the ADA-2012, set this field to Yes (see second example). If this field is left blank, a decimal will not print. Either way, this field will not have any effect on the 837D electronic export mode.

Visit Type	Description	Mode of Export	Mult Form	Fee Sched	----- Flat Rate ----- Start Stop Rate
998	DENTAL	ADA-2012	NO		

```

Select VISIT TYPE...: 998 DENTAL
    ...OK? Yes// (Yes)

Billable (Y/N/E)....: YES//
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....: ADA//
Fee Schedule.....:
Add Zero Fees?...:
Multiple Forms.....:
Payer Assigned Provider Number.....:
EMC Submitter ID #...:
EMC Reference ID....:
Auto Approve?.....:
Mode of Export.....: ADA-2012//
Print decimal in dollar amount?: ??
  Choose from:
    Y      YES
Print decimal in dollar amount?:
DME Contractor?.....:

```

Figure 2-1: New field in insurer file to print decimal on the ADA-2012.

05/02/2017		D0190 A	1	PATIENT REVISIT	21.00
05/02/2017	02 MS	D1352 A	1	PREVENTIVE RESIN RESTOR	100.00
05/02/2017		D2161	1	Amalgam 4 or > surfaces	50.00
05/02/2017		D2720	1	Crown resin w/ high nob	0.50
05/02/2017		D3320	1	End thxpy, bicuspids too	150.00
				AB	
				K02.7	
					321.50

Figure 2-2: Dollar amounts printing with a decimal on the ADA-2012.

2.1.2 Print Medication Name or NDC and Units

A field was added to the Add/Edit Insurer option in Table Maintenance to allow for having the medication name print on a claim or for having the medication NDC print with 'UN' for units. This field is displayed in the Visit Type portion of the insurer file only when the default export mode is set to CMS-1500(02/12) or to UB-04, as shown in the first example below. If this field is left blank or is set to NAM, the medication name will print on the claim (see second example). If this field is set to UNT, the medication NDC will print with Units (see third example). Either way, this field will have no effect on the 837I and 837P electronic export modes.

Visit Type	Description	Mode of Export	Mult Form	Fee Sched	----- Flat Rate ----- Start Stop Rate
111	INPATIENT	UB-82	NO		
131	OUTPATIENT	CMS-1500 (02/12)	NO		
997	PHARMACY	UB-04	NO		
998	DENTAL	UB-82	NO		

Select VISIT TYPE..: 997 PHARMACY
 ...OK? Yes// (Yes)

Billable (Y/N/E)....: YES//
 Reporting purposes only:
 Do you want to replace with another insurer/visit type?
 Start Billing Date (create no claims with visit date before)..: JAN 1,2015
 //

Procedure Coding....: CPT//
 Fee Schedule.....:
 Add Zero Fees?...:
 Multiple Forms?.....:
 Payer Assigned Provider Number.....:
 EMC Submitter ID #..:
 EMC Reference ID....:
 Auto Approve?.....:
 Mode of Export.....: UB-04//
 Should Medication Name print?: ??
 Choose from:
 NAM PRINT MED NAME
 UNT PRINT NDC WITH UNITS
 Should Medication Name print?:

Relationship Code?:

Figure 2-3: New field in insurer file for printing medication name or NDC with units.

0259	N400904-1982-60	368.00	030516	90
	ACETAMINOPHEN 325MG TAB			
0259	N400603-0857-94		030516	1
	GUAIFENESIN 100MG/5ML SY			
0259	N460793-0600-10		030516	45
	PENICILLIN G BENZATHINE			
0259	N400071-0156-23		030516	34
	ATORVASTATIN CALCIUM 20M			
0259	N400904-6345-40		030516	90
	METFORMIN HCL 1000MG TAB			

Figure 2-4: UB-04 when new field is set to NAM PRINT MED NAME

0259	N400904-1982-60	368.00	030516	90
	PHARMACY ENCOUNTER			
0259	N400603-0857-94		030516	1
	PHARMACY ENCOUNTER			
0259	N460793-0600-10		030516	45
	PHARMACY ENCOUNTER			
0259	N400071-0156-23		030516	34
	PHARMACY ENCOUNTER			
0259	N400904-6345-40		030516	90
	PHARMACY ENCOUNTER			

Figure 2-5: UB-04 when new field is set to UNT PRINT NDC WITH UNITS

2.1.3 Print NDC When Billing All-Inclusive Rate

A field was added to the Add/Edit Insurer option in Table Maintenance to allow for having the medication NDC number print when billing the All-Inclusive Rate. The new field is only displayed when the All Inclusive Mode field is set to Yes (see first example below). When this new field is set to Yes, and the itemized charges are being billed, and there is more than charge on a claim, the first line of a claim will print the flat rate amount and the rest of the line items will print a zero dollar amount. How data populates on each export mode is also dependent on whether a default CPT code is set up in the visit type.

```
Select INSURER:    NEW MEXICO MEDICAID    NEW MEXICO    87666
...OK? Yes//    (Yes)

<----- MAILING ADDRESS ----->
Street...: PO BOX 10000//
City.....: SANTA FE//
State....: NEW MEXICO//
Zip Code.: 87666//

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

```

        (if Different than Mailing Address)
Billing Office.:

Phone Number.....:
Contact Person.....:
Federal Tax ID#....: 850123443//
AO Control Number..:
Insurer Status....: BILLABLE//
All Inclusive Mode.: NO// YES  YES
For All Inclusive print the NDC: ??

        Choose from:
            Y          YES
For All Inclusive print the NDC:
Backbill Limit (months):
    
```

Figure 2-6: New field in insurer file to printing the NDC when billing All Inclusive

2.1.3.1 837P and CMS-1500(02/12)

For the 837P and the CMS-1500(02/2012), if the new field is set to yes and there is a default CPT set up in the visit type, the first line of a claim will print the default CPT with the flat rate dollar amount and each additional charge on the claim will print with a dollar amount of zero. In the examples below, a default CPT of 99211 has been set up in the insurer visit type.

```

CLM*123456A-DH-111*391.00***22:B:1*Y*A*N*I~
REF*EA*101111~
HI*ABK:R079~
NMI*82*1*DOCTOR*M***XX*1083610646~
PRV*PE*PXC*208600000X~
LX*1~
SV1*HC:99211*391.00*UN*1***1~
DTP*472*D8*20170623~
REF*6R*000000000060000000~
LX*2~
SV1*HC:J3490*0*UN*0***1~
DTP*472*D8*20170623~
LIN**N4*00904580980~
CTP***0*UN~
REF*XZ*5412256~
LX*3~
SV1*HC:J3490*0*UN*0***1~
DTP*472*D8*20170623~
LIN**N4*55111068405~
CTP***0*UN~
REF*XZ*635224~
    
```

Figure 2-7: 837P when new field is set to Yes and a default CPT exists

06 23 17 06 23 17 22	99211	A	391.00	1	1083610646
N400904-5809-80 LISINOPRIL 20MG TAB					
06 23 17 06 23 17 22		A	0.00	0	1083610646
N455111-0684-05 IBUPROFEN 800MG TAB					

06 23 17 06 23 17 22	A	0.00	0	1083610646
----------------------	---	------	---	------------

Figure 2-8: CMS-1500(02/12) when new field is set to Yes and a default CPT exists

If the new field is set to Yes and there is *not* a default CPT set up in the visit type, the first line of a claim will print the first charge on the claim with the flat rate dollar amount and each additional charge will print with a zero-dollar amount.

```

CLM*123456A-DH-111*391.00***22:B:1*Y*A*N*I~
REF*EA*101111~
HI*ABK:R079~
NM1*82*1*DOCTOR*M***XX*1083610646~
PRV*PE*PXC*208600000X~
LX*1~
SV1*HC:J3490*391.00*UN*1***1~
DTP*472*D8*20170623~
LIN**N4*00904580980~
CTP***1*UN~
REF*XZ*5412256~
LX*2~
SV1*HC:J3490*0*UN*0***1~
DTP*472*D8*20170623~
LIN**N4*55111068405~
CTP***0*UN~
REF*XZ*635224~

```

Figure 2-9: 837P when there is no default CPT in the visit type

N400904-5809-80 LISINOPRIL 20MG TAB				
06 23 17 06 23 17 22	A	391.00	1	1083610646
N455111-0684-05 IBUPROFEN 800MG TAB				
06 23 17 06 23 17 22	A	0.00	0	1083610646

Figure 2-10: CMS-1500(02/12) when there is no default CPT in the visit type

2.1.3.2 837I and UB-04

For the 837I and the UB-04, charges print in numerical order by revenue code with the lowest number printing first. If the new field is set to Yes and there is a default CPT set up in the visit type, the first revenue code on the claim will print with the flat rate dollar amount and each additional revenue code on the claim will print in numerical order with a dollar amount of zero. Charges print in numerical order by revenue code regardless of whether a default CPT was set up in the visit type.

```

CLM*987654A-DH-111*391.00***13:A:1**A*N*I~
DTP*434*RD8*20170719-20170719~
REF*EA*101111~
HI*ABK:R079~
NM1*71*1*GREENE*M***XX*1083610646~
PRV*AT*PXC*208600000X~
LX*1~
SV2*0250*HC:0*391.00*UN*1~
DTP*472*D8*20170719~
LIN**N4*55111068405~
CTP***60*UN~
LX*2~
SV2*0259*HC:0*.00*UN*0~
DTP*472*D8*20170719~
LIN**N4*00006020782~
CTP***90*UN~
LX*3~
SV2*0519*HC:99211*.00*UN*1~
DTP*472*D8*20170719~
REF*6R*000000000055000000~
    
```

Figure 2-11: 837I when new field is set to Yes and a default CPT exists

0250	55111-0684-05	IBUPROFEN	071917	1	39100
0259	00006-0207-82	LISINOPRIL	071917	0	000
0519	PHARMACEUTICAL ENCOUNTER 99211		071917	0	000

Figure 2-12: UB-04 when new field is set to Yes and a default CPT exists

```

CLM*987654A-DH-101111*391.00***13:A:1**A*N*I~
DTP*434*RD8*20170719-20170719~
REF*EA*101111~
HI*ABK:R079~
NM1*71*1*GREENE*M***XX*1083610646~
PRV*AT*PXC*208600000X~
LX*1~
SV2*0250*HC:0*391.00*UN*1~
DTP*472*D8*20170719~
LIN**N4*55111068405~
CTP***1*UN~
LX*2~
SV2*0259*HC:0*.00*UN*0~
DTP*472*D8*20170719~
LIN**N4*00006020782~
CTP***0*UN~
    
```

Figure 2-13: 837I when there is no default CPT in the visit type

0250	55111-0684-05	IBUPROFEN	071917	1	39100
0259	00006-0207-82	LISINOPRIL	071917	0	000

Figure 2-14: UB-04 when there is no default CPT in the visit type

2.2 Split Claim Billing

ABM > TMTP > INTM > SCIN, SVIN, SPIN, STIN

Split claim billing is a new functionality in the Insurer File Menu that allows for manually or automatically splitting each charge on a page of the claim editor into its own claim or for splitting each page of the claim editor into its own claim. Only those pages that contain charges will be available for splitting. This new functionality also allows for setting up the claim generator to automatically split claims during new claim generation. All split claims will display on the Brief (single-line) Claim Listing (BRRP) with a claim status of EDT (In Edit Mode). They will also be displayed on the Claims ID'd as Potential Split Billing Report. This is a new report introduced in patch 22.

The manual split option allows for splitting one claim at a time, similar to the existing Split Claim option (SCMG). The new functionality, however, allows for splitting each charge on a claim onto its own claim and only those pages that contain charges will be available for splitting.

The automatic split option allows for splitting a group of claims based on user-specified insurer and date range as well as claim editor page(s) to be split and whether to split each charge into its own claim or each page into its own claim. There is also an option that allows for setting up the claim generator to automatically split claims during new claim creation.

Note: The automatic split options have the potential for creating a large number of claims; they should be used with EXTREME CAUTION.

Note: Both the manual and the automatic split claim options (SCIN and STIN) are locked with the following security key: ABMDZ CLMAUTOSPLIT. Use careful consideration when assigning this security key to users.

```

+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p22          |
+          Insurer File Menu                               +
|          2011 DEMO HOSPITAL                               |
+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+
User: BILLER,SUPER                                         06-SEP-2017 5:38 PM

```

```

EDIN  Add/Edit Insurer
RPIN  Replacement Text for Insurer Lookups
LSIN  Insurer Listing
IQIN  Display Insurer Info (Inquire)
SCIN  Claim Split Setup
SVIN  Claim Split Setup Report
SPIN  Claims ID'd as Potential Split Billing Report

```



Figure 2-15: New Split Claim Billing Options

Before using the new split claim billing options, you should determine if the new functionality is something that would be useful to your facility. It was designed for insurers that require one or more of the following pages in the claim editor to be billed on its own claim: 8D (Medications), 8E (Laboratory Services), 8F (Radiology Services), or 8H (Misc. Services). It is also able to accommodate insurers that require that each charge on one of the above pages be billed onto its own claim.

There are several other important things to consider when determining if the new split claim billing options would be useful to your facility:

- If the new split claim billing functionality is used for Medicare and the insurer file is set up to automatically create a professional component claim, the automatic split options will create a new professional component claim in addition to the pages that were specified to be split (8D, 8E, 8F, or 8H). This will be changed in a future patch. Until then, the new professional component claim will need to be cancelled or closed as appropriate for your site's policies.
- Claims that have a Service Category of Hospitalization (H) or In Hospital (I) on the visit will not be split.
- Claims can only be split if there is a corresponding entry on the visit. Manual claims that were created using the Add New Claim (Manual Entry) option (NEW) cannot be split using the new functionality.
- Medications that have been discontinued or returned to stock will not be reflected on the Claims ID'd as Potential Split Billing Report (SPIN).
- The automated split options will split claims that are pharmacy only, which has the potential for creating additional pharmacy claims that will have to be cancelled or closed. This will be changed in a future patch.
- The automated split billing options currently do not recognize claims that were previously split using the existing Split Claim option (SCMG). If you choose to use the new automated split claim options for claims that were already split using the SCMG option, your previously split claims will be split again, potentially resulting in additional claims that cannot be billed. This will be changed in a future patch. Until then, your facility should choose to use one option or the other for specific insurers: the existing SCMG or the new split claim functionality.

Note: The manual option in the new split claim functionality *does* recognize claims that were previously split using SCMG. If a claim has already been split using SCMG and you try to split that claim again using the new manual split option, a message will display and you will be given the option to proceed with the split or to exit.

2.2.1 Claims ID'd as Potential Split Billing Report

ABM > TMTP > INTM > SPIN

The Claims ID'd as Potential Split Billing Report (SPIN) will help determine which claims are potentially available for split billing based on user-selected criteria and should be used as a reference when splitting claims. The report searches through the visit file and looks for claims that meet the user-selected parameters below:

- INSURER NAME
- APPROVAL DATE or VISIT DATE
- DATE RANGE
- BILL STATUS if APPROVAL DATE was selected, or CLAIM STATUS if VISIT DATE was selected
- BILL STATUS or CLAIM STATUS, as applicable. More than one may be selected.
- One or more, or all, claim editor pages (8D, 8E, 8F, 8H, or 8Z for all)
- REPORT TYPE: Brief Listing (similar output to BRRP report) or Statistical Summary (number of claims found by Visit Type)

After selecting one or more Insurer Names, a Type of Date will need to be selected (Approval Date or Visit Date) and then a date range. If Approval Date is selected, a list of Bill Statuses will be displayed. If Visit Date is selected, a list of Claim Statuses will be displayed.

```

+-----+-----+-----+-----+-----+-----+-----+-----+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p22          |
+   Claims ID'd as Potential Split Billing Report           +
|                   2011 DEMO HOSPITAL                   |
+-----+-----+-----+-----+-----+-----+-----+-----+
User: BILLER,SUPER                                     07-SEP-2017 1:35 PM

```

This report will look through claims/bills based on the selection criteria chosen and report any claims that match. This report is meant as a tool for the user to identify potential bills that can be split for further billing due to multiple entries in V-files.

NOTE: all prompts are required

Insurers selected here MUST be the active insurer in order for claims/bills to display on the report!

Select INSURER NAME: ARIZONA MEDICAID
(ARIZONA MEDICAID)

ARIZONA MEDICAID - PO BOX 26669 Domain: AZ
PHOENIX, AZ 46512

OK? Y//

Select INSURER NAME:

Select one of the following:

- 1 Approval Date
- 2 Visit Date

Select TYPE of DATE Desired: 2 Visit Date

=====
Entry of VISIT DATE Range
=====

Enter STARTING VISIT DATE: 8/1/17 (AUG 01, 2017)

Enter ENDING DATE: 8/30/17 (AUG 30, 2017)

Select one of the following:

- F Flagged as Billable
- E In Edit Mode
- O ROLLED-In Edit Mode
- P Pending
- C Completed
- U Uneditable (Billed)
- X Closed

Select TYPE of CLAIM STATUS to Display: Flagged as Billable

Select one of the following:

- F Flagged as Billable
- E In Edit Mode
- O ROLLED-In Edit Mode
- P Pending
- C Completed
- U Uneditable (Billed)
- X Closed

Select TYPE of CLAIM STATUS to Display: E In Edit Mode

Select one of the following:

- F Flagged as Billable
- E In Edit Mode
- O ROLLED-In Edit Mode
- P Pending

```

C      Completed
U      Uneditable (Billed)
X      Closed

Select TYPE of CLAIM STATUS to Display:

```

Figure 2-16: Running the SPIN by Visit Date and Claim Status

```

Select one of the following:

1      Approval Date
2      Visit Date

Select TYPE of DATE Desired: 1 Approval Date

===== Entry of APPROVAL DATE Range =====

Enter STARTING APPROVAL DATE:  8/1/17  (AUG 01, 2017)

Enter ENDING DATE:  8/30/17  (AUG 30, 2017)

Select one of the following:

A      Approved
B      Billed
C      Completed
X      Cancelled

Select TYPE of BILL STATUS to Display:

```

Figure 2-17: Running the SPIN by Approval Date and Bill Status

After one or more Bill Status(es) or Claim Status(es) has been selected, you will choose one or more or all pages of the claim editor.

```

Select one of the following:

8D     MEDICATIONS
8E     LABORATORY
8F     RADIOLOGY
8H     HCPCS
8Z     ALL

Move Which Section(s)? : 8D  MEDICATIONS

Select one of the following:

8D     MEDICATIONS
8E     LABORATORY
8F     RADIOLOGY
8H     HCPCS
8Z     ALL

Move Which Section(s)? : 8E  LABORATORY

```

```

Select one of the following:

      8D      MEDICATIONS
      8E      LABORATORY
      8F      RADIOLOGY
      8H      HCPCS
      8Z      ALL

Move Which Section(s)? :
```

Figure 2-18: Selecting pages of the claim editor

Finally, select which type of report to display. The Brief Listing provides claim status, split status, patient name and HRN, active insurer, claim number, visit date, and a count of how many charges are on each page of the claim editor. The Statistical Summary provides a number of claims found by Visit Type. After the type of report is selected, a summary of user-selected parameters will be displayed. If the selections are correct, type **Yes** and press Enter to continue. If the selection is not correct, type **No** and press Enter to be taken back to the “Select INSURER NAME” prompt to re-enter the report parameters. None of the previous selections will be saved.

```

Select one of the following:

      1      BRIEF LISTING (80 Width)
      2      STATISTICAL SUMMARY ONLY

Select TYPE of LISTING to Display: 1//  BRIEF LISTING (80 Width)

You selected:
Insurers:
  ARIZONA MEDICAID
Visit Dates: 08/01/2017 to 08/31/2017
Claim Status:
  Flagged as Billable
  In Edit Mode
Check pages: 8D,8E
Report Type: Brief Listing

Do you wish to continue? YES
DEVICE: HOME//  VIRTUAL
```

Figure 2-19: Selecting the Brief Listing and accepting the parameters

```

Select one of the following:

      1      BRIEF LISTING (80 Width)
      2      STATISTICAL SUMMARY ONLY

Select TYPE of LISTING to Display: 1//  BRIEF LISTING (80 Width)

You selected:
Insurers:
```

```

ARIZONA MEDICAID
Visit Dates: 08/01/2017 to 08/31/2017
Claim Status:
  Flagged as Billable
  In Edit Mode
Check pages: 8D, 8E
Report Type: Brief Listing

Do you wish to continue? N NO

This report will look through claims/bills based on the selection criteria
chosen and report any claims that match. This report is meant as a tool for the
user to identify potential bills that can be split for further billing due to
multiple entries in V-files.

NOTE: all prompts are required

Insurers selected here MUST be the active insurer in order for claims/bills
to display on the report!

Select INSURER NAME:
    
```

Figure 2-20: Selecting the Brief Listing and not accepting the parameters

The Brief Listing is very similar to the Brief (single-line) Listing, or BRRP report but has some additional columns that are not seen on the BRRP. Those new columns are defined below:

- **O/S (Original/Split):** Indicates a claim that has never been split (N/A), the original claim that was used for splitting (Orig), a claim that was automatically split by the STIN option or by the claim generator (Auto), or a claim that was manually split by using the STIN option (Splt) or the existing SCMG option.
- **PAGE:** These are the pages of the claim editor that are available for splitting (8D Medications, 8E Laboratory, 8F Radiology, and 8H Miscellaneous). The number in each column represents the number of charges on that page of the claim editor.

```

=====
Claims ID'd as Potential Split Billing Report   SEP 07,2017@13:36:06   Page 1
with Visit Dates from 08/01/2017 to 08/30/2017 AND for page 8Z
for insurer ARIZONA MEDICAID
Billing Location: 2011 DEMO H
=====
                                     - - PAGE - -
ST  O/S  Patient      HRN      Active InsurerClaim#      Visit Dt  D  E  F  H
-----
Visit Location: 2011 DEMO H
Visit Type: OUTPATIENT
FAB N/A  DEMO,MISTER  112761  ARIZONA MEDI  103293      01/01/17  6  6  1  5
FAB N/A  CLAIM,DEMO      112228  ARIZONA MEDI  103289      01/07/17  3  6  1  5
FAB N/A  PRIVATE,PAT     11302   ARIZONA MEDI  103578      07/18/17  2  0  2  0
FAB N/A  CLAIM,DEMO      112228  ARIZONA MEDI  103594      07/28/17  1  0  2  0
    
```

		Subtotal:		4							
Visit Type: PHARMACY											
EDT Orig	TEST,MISTER	11302	ARIZONA	MEDI	103520	07/11/17	2	0	0	0	
EDT Auto	TEST,MISTER	11302	ARIZONA	MEDI	103592	07/11/17	2	0	0	0	
EDT Orig	CLAIM,DEMO	112228	ARIZONA	MEDI	103581	07/16/17	2	0	0	0	
EDT Splt	CLAIM,DEMO	112228	ARIZONA	MEDI	103583	07/16/17	2	0	0	0	
EDT Splt	CLAIM,DEMO	112228	ARIZONA	MEDI	103584	07/16/17	2	0	0	0	

		Subtotal:		5							
				=====							
		Total:		9							

Figure 2-21: SPIN Report – Brief Listing

The Statistical Summary provides the number of claims found by visit type.

=====		
Claims ID'd as Potential Split Billing Report SEP 07,2017@14:29:41 Page 1		
with Visit Dates from 08/01/2017 to 08/31/2017 AND for page 8Z		
for insurer ARIZONA MEDICAID		
Billing Location: 2011 DEMO H		
=====		
Location	Visit Type	# Claims

2011 DEMO H		
	OUTPATIENT	4
	PHARMACY	5
		=====
	Total:	9

Figure 2-22: SPIN Report – Statistical Summary

2.2.2 Split Claim Billing (Manual Option)

ABM > TMTP > INTM > STIN

The Split Claim Billing (STIN) option allows for splitting claims manually by entering one claim at a time. This option is similar to the existing Split Claim option (SCMG) but it also allows for splitting each charge on a page of the claim editor onto its own claim. In addition, only those pages that contain charges will be available for splitting. The manual option will check to see if a claim has already been split either by the existing SCMG option or by the new split option, but it won't stop users from splitting a claim again. Instead, a message will display that indicates the claim has already been split at least once and the user will be given the opportunity to proceed with the split or to exit.

When a claim is split manually, the following information about the split is recorded and stored in the 3P Claim Data file:

- **MANUAL,SPLIT CLAIM:** Indicates the type of claim

- ORIGINAL: Original claim that was split
- MANUAL: Split claim either from the SCMG option or the new STIN manual option
- AUTO: Split claim from the new STIN automatic option
- SPLIT BY: User who split the claim
- SPLIT ON DATE: Date and time that the claim was split
- SPLIT PAGES DONE: Which page(s) of the claim editor were split

The process for splitting a claim manually is described below:

- To begin, select the **M** option for manual splitting.
- Enter a claim number or a patient Health Record Number. If patient HRN is entered, a list of claims will be displayed to select from.
 - Review the report that is displayed. This report provides general information about the claim (Active Insurer, Visit Date, Visit Type, Clinic, and the visit's Service Category), as well as a summary of charges that are on the claim and the page number(s) that the charges are on (8D, 8E, 8F, or 8H).

Note: If the claim has already been split, the split claim number(s) will be listed along with a summary of charges on the split claim and the page number with the charges. A prompt will display, which advises that the claim has already been split at least once. You must type **Yes** and press Enter to proceed with splitting the claim again, or type **No** and press Enter to exit the option.

- Select one or more pages of the claim editor to be split. The pages that can be split from the original claim are pages 8D (Medications), 8E (Laboratory Services), 8F (Radiology Services), 8H (Misc. Services), or 8Z (all pages – 8D, 8E, 8F, and 8H).
 - Of the four pages listed above, only those pages that contain charges will be available to select for splitting. For example, if there are no radiology charges on page 8F, that page won't be listed as an option to select for splitting.
- Choose whether to create one new claim for each selected page of the claim editor or one new claim for each charge listed on the selected page of the claim editor. For example:
 - If one claim for each page is selected and there are four charges on the selected page, there will be one split claim created that contains all four charges.
 - If one claim for each charge is selected and there are four charges on the selected page, there will be four split claims created that contain one charge on each claim.

- Decide whether to delete sections from the original claim after the split. The default response to this prompt is No. To accept the default, press Enter. To have the system delete sections from the original claim, type **Yes** and press Enter.
- A message displays indicating the split is complete and a brief report is displayed that lists the original claim number, the new split claim number(s), the charge(s) that are on the newly split claim, the visit date, and the clinic.

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p22          |
+-----+-----+
|                   Split Claim Billing                   |
|                   2011 DEMO HOSPITAL                   |
+-----+-----+
User: BILLER,SUPER                               5-SEP-2017 8:55 AM

This menu option is going to take one claim and split it as many times as
necessary to get either 1) one claim with one claim editor page of line items
OR 2) one claim with 1 line item charge. The user will be prompted if they
want the system to automatically find the claims, or if they would rather do
it manually, one claim at a time. Either way, the user will get messages
to the screen telling them the new claim numbers that generated based on
their selection.

This option should be used VERY CAUTIOUSLY since it could generate a LOT of
claims based on how the prompts are answered.

Select one of the following:

A      Automatically find and split claims
M      Manually select claims one at a time to split

Select: Manually select claims one at a time to split
Select CLAIM or PATIENT: 103446  BULLWINKLE,ROCKY
                        Clm:103446  05-02-2017 DENTAL DENTAL          2011 DEMO H
                        MEDICAID                               In EDIT Mode

Correct Claim? YES//

ST  SelectedClm# HRN      Active Insurer  Visit Date VTYP Clinic   ServCat (VST)
-----
EDT 103446      11302  MEDICAI          05/02/17  998  DENTAL   A (247205)

=====
Visit Info:
PG (IEN)      REF#          DESCRIPTION
-----
8H (47336)    D2161          Amalgam 4 or > surfaces perm
8H (47337)    D2720          Crown resin w/ high noble me
8H (47338)    D3320          End thxpy, bicuspid tooth

=====
Claims:
O/S  CLM#          PG REF#          DESC
-----
Orig 103444      8H D2161          Amalgam 4 or > surfaces perm
      8H D2720          Crown resin w/ high noble me
    
```

```

      8H D3320      End thxpy, bicuspid tooth
      8H D2161      Amalgam 4 or > surfaces perm
      8H D2720      Crown resin w/ high noble me
      8H D3320      End thxpy, bicuspid tooth

Splt  103446      8H D2161      Amalgam 4 or > surfaces perm

Splt  103447      8H D2720      Crown resin w/ high noble me

Splt  103448      8H D3320      End thxpy, bicuspid tooth

This claim has already been split at least once.  Do you wish to continue? YES

  Select one of the following:

      8H      HCPCS

Move Which Section(s)? : 8H  HCPCS

  Select one of the following:

      C      1 Claim for each CHARGE
      P      1 Claim for each PAGE

Split it how? : P 1 Claim for each PAGE
Delete sections from original claim after split? NO//

Split complete.

Orig Clm#   Active Insurer           HRN   Visit Date  Clinic
           New Clm#   Ref#   Description
-----
103446     MEDICAID
           103591   D2161   Amalgam 4 or > surfaces perm
           11302   05/02/17  DENTAL

Enter RETURN to continue or '^' to exit:
Select CLAIM or PATIENT:

```

Figure 2-23: Manually splitting a claim that has already been split

2.2.3 Split Claim Billing (Automatic Option)

ABM > TMTP > INTM > STIN

The automatic option within the Split Claim Billing (STIN) option allows for splitting a group of claims all at once, based on user-selected parameters. The parameters in the STIN work the same way as the parameters in the SPIN report, which were described earlier. When using the automatic option, use *extreme* caution as it has the potential to create a large number of claims.

Before running the automatic option in the STIN, it is highly recommended that the SPIN report be run first. The SPIN report should be used as a reference of claims that are available for splitting. If there is a large number of claims on the SPIN report to be split, you should consider running the STIN for a manageable date range as the automatic split will create new claims that will have to be reviewed/edited/approved by billing staff.

Every time the automated split is run, the information below is recorded and stored in the 3P Insurer file:

- Date/Time the auto-split was run
- User who ran the option
- Pages Split
- Date Type and Date Range
- How the claims were split (one claim per charge vs. one claim per visit)

The process for splitting a claim automatically is described below:

- To begin, select the **A** option for automatic splitting.
- Enter an Insurer Name. Select more than one Insurer Name, if necessary.
- Select a Type of Date, either Approval Date or Visit Date, and enter a date range.
 - When working on current claims that are on the BRRP report, select Visit Date.
 - When working on claims that have already been approved and/or billed, select Approval Date. This date range might be used for a back-billing project.
- Select one or more Claim Statuses if Visit Date was selected, or one or more Bill Statuses if Approval Date was selected.
- Select one or more pages of the claim editor to be split: 8D (Medications), 8E (Laboratory Services), 8F (Radiology Services), 8H (Misc. Services), or 8Z (all pages – 8D, 8E, 8F, and 8H).
- A summary of the selected parameters will display. *Be sure to review your selections carefully.* If you are satisfied with the selections, type **Yes** and press Enter. If you are not satisfied, type **No** and press Enter to start over.
- Choose whether to create one new claim for each selected page of the claim editor or one new claim for each charge listed for each selected page of the claim editor. For example:
 - If one claim for each page is selected and there are four charges on the selected page, there will be one split claim created that contains all four charges.

- If one claim for each charge is selected and there are four charges on the selected page, there will be four split claims created that contain one charge on each claim.
- Choose whether to display a report that lists the original claim number and the new split claim numbers along with a summary of charges on each of the newly split claims. It is recommended that you choose to display the report and, if splitting a large number of claims, log your session so that it can be opened in Notepad or in Word for review after the split is complete.

```

+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p22          |
+          Split Claim Billing          +
|          2011 DEMO HOSPITAL          |
+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+
User: BILLER,SUPER          5-SEP-2017 9:49 AM

```

This menu option is going to take one claim and split it as many times as necessary to get either 1) one claim with one claim editor page of line items OR 2) one claim with 1 line item charge. The user will be prompted if they want the system to automatically find the claims, or if they would rather do it manually, one claim at a time. Either way, the user will get messages to the screen telling them the new claim numbers that generated based on their selection.

This option should be used VERY CAUTIOUSLY since it could generate a LOT of claims based on how the prompts are answered.

Select one of the following:

- A Automatically find and split claims
- M Manually select claims one at a time to split

Select: Automatically find and split claims

Insurers selected here MUST be the active insurer in order for claims/bills to display on the report!

Select INSURER NAME: ARIZONA MEDICAID
(ARIZONA MEDICAID)

ARIZONA MEDICAID - PO BOX 26669 Domain: AZ
PHOENIX, AZ 46512

OK? Y//

Select INSURER NAME:

Select one of the following:

- 1 Approval Date
- 2 Visit Date

Select TYPE of DATE Desired: 2 Visit Date

=====
Entry of VISIT DATE Range
=====

Enter STARTING VISIT DATE: 7/11/2017 (JUL 11, 2017)

Enter ENDING DATE: 7/11/2017 (JUL 11, 2017)

Select one of the following:

F	Flagged as Billable
E	In Edit Mode
O	ROLLED-In Edit Mode
P	Pending
C	Completed
U	Uneditable (Billed)
X	Closed

Select TYPE of CLAIM STATUS to Display: Flagged as Billable

Select one of the following:

F	Flagged as Billable
E	In Edit Mode
O	ROLLED-In Edit Mode
P	Pending
C	Completed
U	Uneditable (Billed)
X	Closed

Select TYPE of CLAIM STATUS to Display: E In Edit Mode

Select one of the following:

F	Flagged as Billable
E	In Edit Mode
O	ROLLED-In Edit Mode
P	Pending
C	Completed
U	Uneditable (Billed)
X	Closed

Select TYPE of CLAIM STATUS to Display:

Select one of the following:

8D	MEDICATIONS
8E	LABORATORY
8F	RADIOLOGY
8H	HCPCS
8Z	ALL

Move Which Section(s)? : 8D MEDICATIONS

Select one of the following:

8D	MEDICATIONS
8E	LABORATORY
8F	RADIOLOGY
8H	HCPCS
8Z	ALL

```

Move Which Section(s)? :

You selected:
  Insurers:
    ARIZONA MEDICAID
  Visit Dates: 07/11/2017 to 07/11/2017
  Claim Status:
    Flagged as Billable
    In Edit Mode
  Check pages: 8D
  Report Type: Brief Listing

Do you wish to continue? YES Be sure to review your selections carefully before
typing Yes to Continue.

Now searching for claims that meet the selected criteria . . .

OK, 1 claims were found to split.

Do you wish to continue? YES

  Select one of the following:

      C          1 Claim for each CHARGE
      P          1 Claim for each PAGE

Split it how? : P 1 Claim for each PAGE
Delete sections from original claim after split? NO//

Splitting claims...
Would you like a listing of the original claims and the new
associated claim numbers? YES
DEVICE: HOME//  VIRTUAL

=====
Split Claim Billing Report                               SEP 5,2017@09:50:41   Page 1
with Visit Dates from 07/11/2017 to 07/11/2017 AND for page 8D
for insurer ARIZONA MEDICAID
Billing Location: 2011 DEMO H
=====
Orig Clm#   Active Insurer           HRN   Visit Date  Clinic
           New Clm#   Ref#   Description
-----
103520     ARIZONA MEDICAID           11302  07/11/17   PHARMACY
           103592   504211  00904-5809-80 LISINOPRIL 20MG TAB

<End of Report>

Enter RETURN to continue or '^' to exit:

```

Figure 2-24: Running the automatic split by visit date and 1 claim for each page

2.2.4 Claim Split Setup

ABM > TMTP > INTM > SCIN

The Claim Split Setup option (SCIN) allows for setting up the claim generator to automatically split claims during new claim generation. The SCIN has the potential to generate a lot of claims, so it should be used with EXTREME caution. The parameters in the SCIN option work the same way as the options previously described for the automatic command in the STIN. When the claim generator runs, it will look for visits that match the criteria entered in the SCIN and will automatically split claims when an original claim is created. This applies only to claims that have not previously been generated. The split claims will be placed on the BRRP report with a claim status of EDT – In Edit Mode.

If the SCIN option is set up to automatically split claims, the information below is recorded and stored in the 3P Insurer file.

- Page being split
- Start Date and End Date, if an End Date has been entered
- Name of user who created the entry
- Date/time the entry was created
- How the claims will be split (one claim per charge or one claim per visit)

To create an entry in the SCIN option, follow the steps below:

- Carefully read the help text that is displayed when accessing the option. To continue, type **Yes** and press Enter. To exit the option, type **No** and press Enter.
- Enter an Insurer Name.
- Select a page of the claim editor to split: 8D (Medications), 8E (Laboratory Services), 8F (Radiology Services), or 8H (Misc. Services). Only one page may be selected when creating an entry in the SCIN option. If there is more than one page that needs to be set up for a particular insurer, you will need to go through the setup separately for each page.
- Enter a Start Date. The Start Date is equivalent to the Date of Service on a visit. The claim generator will compare the Start Date to the Date of Service on any claims that match the other selected criteria. The claim generator will not look at claims that already exist in the Third Party Billing application. It will only look at visits that have not already had a claim created in Third Party Billing.
- Choose whether to create one new claim for each selected page of the claim editor or one new claim for each charge listed for each selected page of the claim editor.
 - If one claim for each page is selected and there are four charges on the selected page, there will be one split claim created that contains all four charges.

- If one claim for each charge is selected and there are four charges on the selected page, there will be four split claims created that contain one charge on each claim.
- A summary of the selected parameters will display. *Be sure to review your selections carefully.* If you are satisfied with the selections, type **Yes** and press Enter. A message will display, indicating that the setup has been saved. If you are not satisfied, type **No** and press Enter to start over.

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p22          |
+                   Claim Split Setup                   +
|                   2011 DEMO HOSPITAL                    |
+-----+
User: BILLER,SUPER                                08-SEP-2017 5:46 PM

```

This option allows sites to have claims automatically split into multiple claims for billing. The split will occur when the claim generator runs. You can split each page of the claim editor into a new claim, or you can split each individual charge into a new claim. The pages available for splitting are 8D Medications, 8E Laboratory, 8F Radiology, or 8H HCPCS.

NOTE: This option does NOT split claims that have a Service Category of Hospitalization (H) or In Hospital (I).

For example, if you have an outpatient visit with three medications and the setup is done so each charge is on its own claim, you will end up with

```

4 claims --> 1 with the E&M code
           --> 3 with one medication each

```

A different example, if you have an outpatient visit with four labs and the setup is for a page to be on its own claim, you will end up with

```

2 claims --> 1 with the E&M code
           --> 1 with all four lab codes

```

NOTE: all prompts are required

Do you wish to continue? YES

Insurers selected here MUST be the active insurer in order for claims/bills to use this setup!

```

Select INSURER NAME: WYOMING MEDICAID
( MEDICAID WYOMING )
.

```

```

WYOMING MEDICAID          -
                          , WY

```

OK? Y//

Select one of the following:

```

8D      MEDICATIONS
8E      LABORATORY
8F      RADIOLOGY

```

```

      8H          HCPCS

Move Which Section(s)? : 8E  LABORATORY
Enter a start date.  The DOS on a claim will be compared to this date
to determine if it should be split or not.  Claims with a DOS prior
to this date will not split.
Enter START date:  8/1/2017  (AUG 01, 2017)

      Select one of the following:

      C          Yes, 1 Claim for each CHARGE
      P          Yes, 1 Claim for each PAGE
      N          No, don't split the claim

Split the claim? : N// P  Yes, 1 Claim for each PAGE

You selected:
      Insurer: WYOMING MEDICAID
      Start Date: 08/01/2017
      Split page: 8E LABORATORY
      Split claim how: 1 Claim for each PAGE

Do you wish to continue? YES Be sure to review your selections carefully before
typing Yes to Continue.

Saving setup..

Enter RETURN to continue or '^' to exit:

```

Figure 2-25: Creating an entry in the SCIN option

2.2.4.1 Adding an Entry to an Existing Insurer in the SCIN

To add an entry (claim editor page) for an insurer that has already been set up in the SCIN, you will need to go through the SCIN option again. Follow these steps:

- Enter the insurer name
- A message will display indicating that data is already set up for the insurer, along with a report that displays all entries for the selected insurer. The report provides the following:
 - # – Entry number in the order that it was created (1 for the first entry created, 2 for the second entry created, etc.).
 - PAGE – Claim editor page (8D, 8E, 8F, or 8H).
 - START DT – This is the Start Date that was entered in the SCIN option. As a reminder, the Start Date is equivalent to the visit Date of Service.
 - SPLIT CLAIM HOW – This is how the entry was set up to be split (one claim per charge or one claim per page).
 - END DATE – Date that was entered to terminate an entry, if a termination date exists. Instructions on how to terminate an entry are provided in the next section.

- CREATED – Date the entry was created.
- BY –Initials of the user who created the entry.
- ENDED – Date the entry was terminated by a user, if a termination date exists.
- BY –Initials of the user who terminated the entry, if a termination date exists.
- Use the Add command to add an entry.
- Select a page of the claim editor to be split.
- Enter a start date.
- Choose whether to create one new claim for each selected page of the claim editor or one new claim for each charge listed for each selected page of the claim editor.
- A summary of the selected parameters will display. *Be sure to review your selections carefully.* If you are satisfied with the selections, type **Yes** and press Enter. A message will display, indicating that the setup has been saved. If you are not satisfied, type **No** and press Enter to start over.

```

Select INSURER NAME:      WYOMING MEDICAID      WYOMING
      ...OK? Yes//      (Yes)

There is already data setup for that insurer:

#   PAGE START DT   SPLIT CLAIM HOW   END DATE   CREATED   BY   ENDED   BY
1   8E  08/01/17     1 Clm/PAGE                09/25/17   GC

Select one of the following:

      A          ADD
      T          TERMINATE

Add or Terminate Entry?: A// DD

Select one of the following:

      8D          MEDICATIONS
      8E          LABORATORY
      8F          RADIOLOGY
      8H          HCPCS

Move Which Section(s)? : 8F  RADIOLOGY
Enter a start date.  The DOS on a claim will be compared to this date
to determine if it should be split or not.  Claims with a DOS prior
to this date will not split.
Enter START date:  8/1/2017  (AUG 01, 2017)

Select one of the following:

      C          Yes, 1 Claim for each CHARGE
      P          Yes, 1 Claim for each PAGE
      N          No, don't split the claim

```

```

Split the claim? : N// P  Yes, 1 Claim for each PAGE

You selected:
    Insurer: WYOMING MEDICAID
    Start Date: 08/01/2017
    Split page: 8F RADIOLOGY
    Split claim how: 1 Claim for each PAGE

Do you wish to continue? YES  Be sure to review your selections carefully
before typing Yes to continue.

Saving setup..

Enter RETURN to continue or '^' to exit:

```

Figure 2-26: Adding an entry to an existing insurer in the SCIN

2.2.4.2 Terminating an Entry in the SCIN

Follow these steps to terminate an entry in the SCIN:

- Enter the insurer name
- A message will display, indicating that data is already set up for the insurer along with a report that displays all entries for the selected insurer.
- Use the Terminate command to terminate an entry.
- Select an entry to be terminated. In the example below, there are two entries.
- Enter a termination date. The termination date is equivalent to the Date of Service on a visit.
- A prompt will display, asking if you are sure you wish to terminate the entry. To continue, type **Yes** and press Enter. A message will display, indicating that the setup has been saved. To quit and exit the option, press Enter to accept the default of No.

```

Select INSURER NAME:      WYOMING MEDICAID      WYOMING
...OK? Yes//      (Yes)

There is already data setup for that insurer:

#  PAGE START DT  SPLIT CLAIM HOW  END DATE  CREATED  BY  ENDED  BY
1  8E  08/01/17    1 Clm/PAGE      09/25/17  GC
2  8F  08/01/17    1 Clm/PAGE      09/25/17  GC

Select one of the following:

    A      ADD
    T      TERMINATE

Add or Terminate Entry?: A// TERMINATE

```

```

Entries that are already terminated can't be terminated again
Terminate which entry?: (1-2): 1
End date must be ON or AFTER the start date for this entry
END DATE: (8/1/2017 - 12/31/2699): 8/31/2017
Are you sure you wish to terminate this entry? N// YES

Saving setup..

Enter RETURN to continue or '^' to exit:
    
```

Figure 2-27: Terminating an entry in the SCIN

2.2.5 Claim Split Setup Report

```

ABM > TMTP > INTM > SVIN
    
```

The Claim Split Setup Report (SVIN) provides information on all entries that have been created in the SCIN option. The columns on the report are described below:

- INSURER – Insurer name that was entered in the SCIN option.
- PG – Claim editor page (8D, 8E, 8F, or 8H).
- START DT – This is the Start Date that was entered in the SCIN option. The Start Date is equivalent to the visit Date of Service.
- SPLT CLM – One claim per page or one claim per charge.
- END DATE – Date that was entered to terminate an entry, if a termination date exists.
- CREATED – Date that the entry was created by a user.
- BY –Initials of the user who created the entry.
- ENDED – Date the entry was terminated by a user, if a termination date exists.
- BY –Initials of the user who terminated the entry, if a termination date exists.

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p22          |
+-----+-----+-----+-----+-----+-----+-----+
|          Claim Split Setup Report          |
|          2011 DEMO HOSPITAL          |
+-----+-----+-----+-----+-----+-----+-----+
User: BILLER,SUPER                                08-SEP-2017 5:50 PM

This option shows any/all split claim setup that has been done
for all insurers.

Enter RETURN to continue or '^' to exit:

INSURER          PG  START DT  SPLT CLM    END DATE  CREATED  BY  ENDED  BY
MEDICARE         8D  01/01/17  1 Clm/PAGE  01/31/17  09/24/17  GC  09/24/17  GC
    
```

WYOMING MEDICAID	8E	08/01/17	1	Clm/PAGE	08/31/17	09/25/17	GC	09/25/17	GC
	8F	08/01/17	1	Clm/PAGE		09/25/17	GC		

Enter RETURN to continue or '^' to exit:

Figure 2-28: Claim Split Setup Report

Acronym List

Acronym	Term Meaning
3P	Third Party
ADA	American Dental Association
CPT	Current Procedural Terminology
CR	Change Request
HRN	Health Record Number
IHS	Indian Health Service
NDC	National Drug Code
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: <https://www.ihs.gov/helpdesk/>

Email: support@ihs.gov