



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Third Party Billing

(ABM)

Addendum to User Manual

Version 2.6 Patch 23
October 2017

Office of Information Technology
Division of Information Technology

Table of Contents

1.0	Introduction.....	1
1.1	Summary of Changes	1
1.1.1	Patch 23	1
2.0	Patch 23.....	2
2.1	New Place of Service Codes	2
2.2	New NDC Prompt for HCPCS Codes	4
2.3	Medi-Cal Code Conversion.....	5
2.3.1	New Claim Editor Charge Print Order Screen	6
	Acronym List	10
	Contact Information	11

Preface

The purpose of this addendum is to provide information about the Third Party Billing (ABM) package. The system is designed to automate the creation of a claim using existing Resource and Patient Management System (RPMS) data.

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

Refer to the notes file released with this patch for all other technical documentation.

1.0 Introduction

Patch 23 was released with critical system changes reported by field staff to fulfil claim submission requirements.

1.1 Summary of Changes

A detail of changes is outlined in this addendum. Please distribute this document to field staff responsible for using the Third Party Billing system.

1.1.1 Patch 23

Patch 23 contains modifications.

Table 1-1: HEAT tickets

HEAT Ticket	Change Request	Description	Affects
269872	8904	Add 15-Mobile Unit as a Place of Service Code	Claim Editor 837 Professional Export Mode CMS-1500 Paper Export Mode
247169	8932	Add the NDC prompt to Page 8H	Claim Editor All Export Modes
	9261	Add 02-Telemedicine as a Place of Service Code	Claim Editor 837 Professional Export Mode CMS-1500 Paper Export Mode
	9730	Modifications to allow itemized billing to Medi-Cal	Claim Editor 837 Institutional Export Mode UB-04 Paper Export Mode

2.0 Patch 23

The items in this patch will be detailed in this section.

2.1 New Place of Service Codes

Two new Place of Service codes have been added to the POS codes list:

- 02 – Telemedicine
- 15 – Mobile Unit

The Third Party Billing application stores the Place of Service (POS) code by division or Location. This means that the POS code may be updated in Site Parameters (ABM→TMTP→SITM).

```

+-----+-----+-----+-----+-----+-----+-----+-----+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p23          |
+          Site Parameter Maintenance                       +
|          DEMO DISTANT SITE                               |
+-----+-----+-----+-----+-----+-----+-----+-----+
User: LUJAN,ADRIAN                                     13-OCT-2017 9:59 AM

EMC File Preference.....: HOST FILE//
DEFAULT EMC PATH.....: c:\pub\//
Facility to Receive Payments....: 2011 DEMO HOSPITAL//
Printable Name of Payment Site...: 2011 DEMO HOSPITAL INC   Replace
Current Default Fee Schedule....: 15//
Create Bills for all Patients...: ALL//
Always Display Beneficiary Patient: YES//
Require that Queing be Forced...: YES//
Display Long ICD/CPT Description: YES//
Backbilling Limit (months).....: 48//
Block 31 (HCFA 1500) print.....: ATTENDING/OPERATING PROVIDERS//
UB-92 SIGNATURE.....:
Place of Service Code.....: 11// ??

Choose from:
11      OFFICE
12      PATIENT'S HOME
15      Mobile Unit
19      Off Campus-Outpatient Hospital
21      INPATIENT HOSPITAL
22      OUTPATIENT HOSPITAL
23      EMERGENCY ROOM - HOSPITAL
24      ABMULATORY SURGICAL CENTER
25      BIRTHING CENTER
26      MILITARY TREATMENT CENTER
31      SKILLED NURSING FACILITY
32      NURSING FACILITY
33      CUSTODIAL CARE FACILITY
34      HOSPICE
41      AMBULANCE - LAND
42      AMBULANCE - AIR OR WATER
50      Federally Qualified Health Center
51      INPATIENT PSYCHIATRIC FACILITY
52      PSYCHIATRIC FACILITY PARTIAL HOSPITALIZATION
53      COMMUNITY MENTAL HEALTH CENTER

```

54	INTERMEDIATE CARE FACILITY/MENTAL RETARDED
55	RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
56	PSYCHIATRIC RESIDENTIAL TREATMENT CENTER
60	Mass Immunization Center
61	COMPREHENSIVE INPATIENT REHABILITATION FACILITY
62	COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY
65	END STAGE RENAL DISEASE TREATMENT FACILITY
71	STATE OR LOCAL PUBLIC HEALTH CLINIC
72	RURAL HEALTH CLINIC
81	INDEPENDENT LABORATORY
87	GINAS TEST CODE
99	OTHER UNLISTED FACILITY
02	Telemedicine
03	SCHOOL
05	INDIAN HEALTH SERVICE FREE-STANDING FACILITY
06	INDIAN HEALTH SERVICE PROVIDER-BASED FACILITY
07	TRIBAL 638 FREE-STANDING FACILITY
08	TRIBAL 638 PROVIDER-BASED FACILITY

Place of Service Code.....: 11// 02 Telemedicine

Figure 2-1: Display of Site Parameters showing Place of Service field

The Place of Service (POS) code may also be changed while adding or editing charges in the Claim Editor.

```

~~~~~ PAGE 8A ~~~~~
Patient: DEMO,DEMO [HRN:999999] Claim Number: 103638
Mode of Export: 837P (HCFA) 5010
..... (MEDICAL SERVICES) .....

      REVN          UNIT          TOTAL
      CODE          CHARGE QTY    CHARGE
=====
[1] CHARGE DATE: 09/13/2017 (LAHI,DAN-R)
     **** 99202 OFFICE/OUTPATIENT VISIT NEW          218.00  1    218.00
                                           =====
                                           $218.00

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

[1] 99202
Select 1st MODIFIER:

          DIAGNOSES
      Seq   ICD
      Num   Code          Diagnosis Description
=====
       1   R03.0    Elevated blood-pressure reading, w/o diagnosis of htn

SERVICE FROM DATE/TIME: SEP 13,2017//
SERVICE TO DATE/TIME: SEP 13,2017//
UNITS: 1//

PLACE OF SERVICE: 22// 02 Telemedicine

UNIT CHARGE: 218.00//
    
```

Figure 2-2: Claim Editor Charge Edit Displaying Place of Service Code

The Place of Service code will also print on the paper CMS-1500 on Form Locator 24B or the electronic 837 Professional in Loop 2300, CLM05-1 or Loop 2400, SV105.

2.2 New NDC Prompt for HCPCS Codes

A new field was added to the Claim Editor to allow for the addition of the NDC code on Page 8H – Miscellaneous Services Page.

This change was made because of the need to allow the NDC to be added to the HCPCS code that is used to bill for medications that are not billed using the Pharmacy Page (Page 8D).

The user may access the prompt when adding or editing a charge on Page 8H. No checks are done on the format of the NDC and it may be added to any code on Page 8H.

```

~~~~~ PAGE 8H ~~~~~
Patient: BLOODSUGAR,DIABETTY [HRN:99999] Claim Number: 102322
Mode of Export: CMS-1500 (02/12)
..... (MISC. SERVICES) .....

      REVN                                UNIT      TOTAL
      CODE      HCPCS - MISC. SERVICES    CHARGE QTY  CHARGE
=====
[1] CHARGE DATE: 09/14/2017@10:49-09/14/2017
      0250 J1815 Insulin injection                47.00  1      47.00
                                           =====
                                           $47.00

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

[1] J1815
Select 1st MODIFIER:

              DIAGNOSES
      Seq   ICD
      Num   Code           Diagnosis Description
=====
       1   E08.3552  Diabetes with stable proliferative diabetic retinopathy, left

SERVICE FROM DATE/TIME: SEP 14,2017@10:49//

SERVICE TO DATE/TIME: SEP 14,2017//
UNITS: 1//
UNIT CHARGE: 47//
NDC: 00002-8715-01
Select SERVICE LINE PROVIDER:
  
```

Figure 2-3: Adding or editing a charge on Page 8H

The NDC will appear below the charge date but above the HCPCS/CPT code description.

```

~~~~~ PAGE 8H ~~~~~
Patient: BLOODSUGAR,DIABETTY [HRN:99999] Claim Number: 102322
Mode of Export: CMS-1500 (02/12)
..... (MISC. SERVICES) .....

      REVN          UNIT          TOTAL
      CODE          HCPCS - MISC. SERVICES    CHARGE QTY  CHARGE
=====
[1] CHARGE DATE: 09/14/2017@10:49-09/14/2017
      NDC: 00002-8715-01
      0250 J1815 Insulin injection           47.00  1      47.00
                                           =====
                                           $47.00

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

```

Figure 2-4: NDC code location

When populated, the NCD will print on the paper CMS-1500, 837 Professional, 837 Institutional and the paper UB-04 claim forms.

2.3 Medi-Cal Code Conversion

Effective October 1, 2017, the Department of Health Care Services in the state of California (or California Medicaid) implemented the Medi-Cal Code Conversion which allows billing locations to submit claims using CPT and/or HCPCS codes to bill for services rendered rather than two-digit service code.

Along with a HCPCS or CPT Code, the payer is also requiring:

- Submission of an encounter code (such as T1015) to replace the service code (01, 02, 18, etc.)
- All associated charges to that visit to be included on the claim. These charges will reflect the HCPCS or CPT charge at the Medicaid All-Inclusive Rate. Other included charges will have a zero-dollar charge amount (\$0.00). Many state Medicaid programs have switched to this style of billing.
- Multiple visits on the same day are to be billed on one claim form. For example, if a medical service was provided along with an optometry service, the billing provider will need to submit one claim with two AIR charges along with the associated charges.
- Claims with a visit date prior to October 1, 2017 will be billed using the Medi-Cal service codes and will not be itemized to the payer. This also means the Revenue Code will be not be sent on the claim forms.
- The code conversion does not apply to the Medicaid Managed Care plans or dental billing.

Additional information may be found under the FQHC/RHC/IHS-MOA category on the Medi-Cal website at

http://files.medi-cal.ca.gov/pubdoco/hipaa/hipaacorrelations_home.asp.

2.3.1 New Claim Editor Charge Print Order Screen

To allow the correct order of charges to appear on the claim, a screen was added in the Claim Editor to allow the billing technician to determine the print order of charges when itemizing to Medicaid.

2.3.1.1 Displaying the Charge Print Order Page

The charge order summary screen is set up by Visit Type in the Insurer File. The user must have access to the Add/Edit Insurer option in Table Maintenance (3P→TMTP→INTM→EDIN).

```
Select VISIT TYPE..: 131  OUTPATIENT
      ...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)..: JUL 1,2000
//
Procedure Coding....: CPT//
Fee Schedule.....: 1//
Add Zero Fees?...: YES//
Multiple Forms.....: NO//
Payer Assigned Provider Number.....:
EMC Submitter ID #..:
EMC Reference ID....:
Auto Approve?.....: NO//
Mode of Export.....: 837I (UB) 5010//
Relationship Code?:
Itemized UB?.....: YES//
UB-04 Form Locator 38:
ICD PX on Claim?:
Print meds on 2 lines?:
UB-04 Block 44 Blank?:
Display Print Order Screen in Claim Editor?:

      Choose from:
      Y           YES
Display Print Order Screen in Claim Editor?: YES
RX# IN FL44?.....: YES//
```

Figure 2-5: Display of the 'Print Order Screen' Question in the Visit Type section of the Insurer File

The Display Print Order Screen in the Claim Editor question will only display if the export mode is the paper UB-04 or the electronic 837 Institutional claim format. This allows the user to place the charge with the All-Inclusive Rate (AIR) as the first line item when billing. The question does not appear for the 837 Professional or the CMS-1500 formats because the forms are programmed to place the AIR charge first.

Setting this question to **Yes** allows the Print Order Screen to display in the Claim Editor. Leaving it blank does not display the page.

2.3.1.2 The Charge Print Order Screen

To access the Charge Print Order screen, the user will need to access the Claim Editor. The prompt to allow this page to display must be set in the Visit Type of the Insurer File.

The user will make edits to the charges according to their payer requirements. Once all charges have been added/edited/deleted, the user will type **Approve** to approve claim.

```

~~~~~ PAGE 0 ~~~~~
Patient: LANTA,MAYA [HRN:8304] Claim Number: 102324
..... (CLAIM SUMMARY) .....

_____ Pg-1 (Claim Identifiers) _____ Pg-5A (Diagnosis) _____
Location..: DEMO HOSP | 1) Cough
Clinic....: GENERAL | _____ Pg-8 (CPT Procedures) _____
Visit Type: OUTPATIENT | 1) OFFICE/OUTPATIENT VISIT EST
Bill From: 10-02-2017 Thru: 10-02-2017 | 2) CHEST X-RAY 1 VIEW FRONTAL
| 3) Clinic service

_____ Pg-2 (Billing Entity) _____
O/P MEDI-CAL 9 ACTIVE

_____ Pg-3 (Questions) _____
Release Info: NO Assign Benef: NO

_____ Pg-4 (Providers) _____
Attn: WARD,JANICE

WARNING:250 - DOS after ICD Indicator Date
-----
Desired ACTION (View/Appr/Pend/Next/Jump/Quit): N// A
    
```

Figure 2-6: Claim Editor Screen Displaying the Approval of the Claim

The charge summary screen will display. The user will need to validate charge entries and proceed to <Enter> to the next screen.

```

***** 837I (UB) 5010 CHARGE SUMMARY *****
Active Insurer: O/P MEDI-CAL 9

```

Description	Rev Code	Units	Total Charges
FREESTAND CLINIC	0520		391.00
PRO FEE	0960	1	0.00
TOTAL CHARGE	0001		391.00

Enter RETURN to continue or '^' to exit:

Figure 2-7: Display of Charge Summary Screen Used to Validate Charge Entries

The system will display all charge amounts in the Charge Print Order screen. The user will need to review the list and determine if any changes need to be made to the charge order. If no change is required, the user may just <Enter> through the Select Print Order prompt.

If the print order needs to be changed, type the number to indicate the sequence order using the comma (,) to separate each entry. Confirm the selection of the entries by pressing the <Enter> key.

```

* * * CHARGE PRINT ORDER SCREEN * * *

Complete list of charges on claim for O/P MEDI-CAL 9:

Revenue      Serv      Total
Code Description  PG Code      DOS      Units  Charges
-----
1. 324 DX X-RAY/C      8E 71010      10/02/17 0      $      0.00
2. 520 FREESTAND      8H T1015      10/02/17 1      $     391.00
3. 960 PRO FEE      8A 99212      10/02/17 0      $      0.00

NOTE: all lines must be included in the printing order and separated by
commas.
      (i.e., 2,1,4,3)
Select printing order: 2,1,3

```

Figure 2-8: Entering the Display Order on the Print Order Screen

The system will display the order entered. The user will need to re-validate the charge order. If the order is correct, type **Yes** and <Enter>. If the order is not correctly, type **No** and <Enter>. The system will allow the charges to be re-ordered.

```

This is the print order you selected:

1. 520 FREESTAND      8H T1015      10/02/17 1      $     391.00
2. 324 DX X-RAY/C      8E 71010      10/02/17 0      $      0.00
3. 960 PRO FEE      8A 99212      10/02/17 0      $      0.00

Is this the correct order? YES

```

Figure 2-9: Validating the Order of Charges

Once **Yes** is typed and the <Enter> key is pressed, the system informs the user that the print order is saved.

```

This is the print order you selected:

  1. 520 FREESTAND          8H T1015          10/02/17 1      $    391.00
  2. 324 DX X-RAY/C        8E 71010          10/02/17 0      $     0.00
  3. 960 PRO FEE           8A 99212          10/02/17 0      $     0.00

Is this the correct order? YES

Saving print order
    
```

Figure 2-10: Saving the Print Order

After saving the charge order, the user can proceed to approve the claim.

```

                                SUMMARY
=====
Active Insurer: O/P MEDI-CAL  9

      Form      Charges      Previous      Write-offs      Non-cvd      Bill
      -----      -----      -----      -----      -----      -----
      837I (UB) 5010      391.00      0.00      0.00      0.00      391.00
                               =====
                               391.00      0.00      0.00      0.00      391.00

Do You Wish to APPROVE this Claim for Billing? YES

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

Figure 2-11: Approving the Claim

The user will see the print order when the claim form is printed to paper. The charges will also display in the same order when sending on the 837 Institution format.

Acronym List

Acronym	Meaning
AIR	All Inclusive Rate
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
FQHC	Federally Qualified Health Center
HCPCS	Health Care Common Procedure Coding System
IHS	Indian Health Service
MOA	Memorandum of Agreement
NCD	National Drug Code
POS	Place of Service
RHC	Rural Health Center
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