RESOURCE AND PATIENT MANAGEMENT SYSTEM

Third Party Billing

(ABM)

Addendum to User Manual

Version 2.6 Patch 28
March 2019

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

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1.0 Introduction

1.1 Summary of Changes

Patch 28 provides enhancements and minor corrections to Version 2.6 of the Third Party Billing application. This patch is not cumulative of prior released patches. Please refer to those patch addendums for additional information.

1.1.1 Patch 28

Change Request 8340 – HEAT 290585

In the claim editor, there are Modifier fields added to page 6 (Dental Services). Up to three different modifiers can now be added to a dental charge. The modifiers will populate in the 837D, the 837I, and the 837P. No changes were made to the ADA-2012 paper form.

Change Request 8341 – HEAT 293871

The following changes were made to the 837I when a claim's bill type is 12# to make it work like bill type 11#:

- The discharge hour, if present, will be populated in segment DTP*096
- The admission date, if present, will be populated in segment DTP*435
- The admitting diagnosis will be sent in segment HI*ABJ

If a claim's bill type is not 12# (or 11#), the admitting diagnosis will be sent in segment HI*APR.

Change Request 8718 – HEAT 278514

A change was made to the 837D for WA MEDICAID DENTAL to populate the number of units for dental procedures in the SV306 segment all the time, even when the number of units is one. The 837D implementation guide only requires the number of units be sent when that number is greater than one. WA MEDICAID DENTAL insurers require the number of units always.

Change Request 10338 – HEAT 410630

A change was made to the 837I and 837P electronic export modes to ensure that every parent location on a site's database is checked for a patient's Health Record Number. This change was made to accommodate situations where there is more than one parent location on a database and patients are only being registered at one of those locations. Prior to patch 28, if a patient was registered at one parent location but seen at another parent location on the same database, the user would get kicked out with a programming error when exporting the 837 file.

Change Request 10387 – HEAT 414046

A change was made to box 42 on line 23 of the UB-04 for California Medicaid to ensure that a four-digit number (0001) prints for dates of service on or after January 1, 2019. For dates of service prior to January 2019, a three-digit number (001) will continue to print in box 42 on line 23 of the UB-04. This is dependent on the AO Control Number containing 61044 in the insurer file.

Change Request 10551 – HEAT 424344

Added an NDC prompt to page 8A (Medical Services) and page 8C (Revenue Codes) of the claim editor. Added a new field called IMMUNIZATION LOT/BATCH NUMBER to the following pages of the claim editor: 8A (Medical Services), 8C (Revenue Codes), 8D (Medications) and 8H (Misc. Services). This new field will be displayed when the CPT DESCRIPTION or the CPT CATEGORY contains the word 'Immunization' or 'Vaccine.'

Change Request 10648 – HEAT 411797

A field was added to the NARR option (NOC NEC Required for 5010 Submissions) to allow a CPT narrative to default to the CPT code description. If the new field (USE CPT DESCRIPTION) is set to Yes, the CPT narrative in the claim editor will default to the CPT code description, but the narrative can be manually edited by the user if needed. In addition, Warning 241 in the claim editor was updated to display for claims that have an export mode of CMS-1500 (02/12), based on the set-up in the NARR option. The CPT narrative will now print on the CMS-1500(02/12) if present on the claim, and finally, a correction was made to ensure that the CPT narrative(s) from page 8C of the claim editor will populate in the 837I and 837P export modes.

2.0   Patch 28

2.1   CPT Narratives

2.1.1   Table Maintenance

TMTP > NARR

In patch 28, the USE CPT DESCRIPTION field is added to the NARR option (NOC NEC Required for 5010 Submissions). When this field is set to Yes, the "CPT Narrative" prompt will display in the claim editor and will populate with the CPT code description.

If the USE CPT DESCRIPTION field is left blank in the NARR option, the "CPT Narrative" prompt will display in the claim editor but will not be populated. The CPT Narrative field can be manually edited within the claim, if needed.

```
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          |          THIRD PARTY BILLING SYSTEM - VER 2.6p28          |
          +          NOC NEC Required for 5010 submissions          +
          |                      2016 DEMO HOSPITAL                  |
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          User: USER,SUPER                        11-JAN-2019 2:46 PM

    An insurer and a list of CPT/HCPCS codes will be prompted for.
    Any codes entered for that insurer will send a NARRATIVE of
    "NOT OTHERWISE CLASSIFIED" in the 5010 Professional/Institutional
    export.  If no narrative is entered, an error will display in the
    claim editor.  You will also have the option to select the CPT
    description as the narrative being sent.

Select INSURER:    DEMO INSURANCE     ANYTOWN     12345
        ...OK? Yes//   (Yes)

  Current Codes   Req'd?   Use CPT Desc?
   No entries at this time

Enter CPT/HCPCS codes: A4259 Lancets per box
       LANCETS, PER BOX OF 100
  Are you adding 'A4259' as a new CPTS REQ'ING NARRATIVE (the 1ST for this
3P IN
SURER)? No// Y  (Yes)
   CPTS REQ'ING NARRATIVE REQ'D FOR INSURER: Y  YES
   CPTS REQ'ING NARRATIVE USE CPT DESCRIPTION?: ??
     Choose from:
       Y        YES
   CPTS REQ'ING NARRATIVE USE CPT DESCRIPTION?: Y  YES
```

Figure 2-1: New field added to NARR option

2.1.2   Edit Claim Data

EDTP > EDCL

When the USE CPT DESCRIPTION field is set to Yes in the NARR option, the CPT Narrative field will populate with the CPT code description in the claim editor. The CPT Narrative can be manually edited or deleted, if needed.

```
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ PAGE 8H  ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Patient: DEMO,PATIENT  [HRN:112233]                      Claim Number: 123456
Mode of Export: CMS-1500 (02/12)
.............................. (MISC. SERVICES) ...............................

    REVN                                              UNIT      TOTAL
    CODE         HCPCS - MISC. SERVICES             CHARGE QTY  CHARGE
    ==== =============================================  ====== === =========
[1]  CHARGE DATE: 12/29/2018
     0272 A4259 Lancets per box                        20.00  1     20.00
                                                                 ==========
                                                                    $20.00


Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit/Mode): N// E
[1]  A4259
Select 1st MODIFIER:
REVENUE CODE: 272//
SERVICE FROM DATE/TIME: DEC 29,2018//
SERVICE TO DATE/TIME: DEC 29,2018//
UNITS: 1//
CPT Narrative: Lancets per box//
```

Figure 2-2: CPT Narrative field when automatically populated with CPT description

If the USE CPT DESCRIPTION field is blank, the CPT Narrative field will display in the claim editor but will not be populated.

The CPT Narrative can be manually populated, if needed.

```
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ PAGE 8H  ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Patient: DEMO,PATIENT  [HRN:112233]                      Claim Number: 123456
Mode of Export: CMS-1500 (02/12)
.............................. (MISC. SERVICES) ...............................

    REVN                                              UNIT      TOTAL
    CODE         HCPCS - MISC. SERVICES             CHARGE QTY  CHARGE
    ==== =============================================  ====== === =========
[1]  CHARGE DATE: 12/29/2018
     0272 A4259 Lancets per box                        20.00  1     20.00
                                                                 ==========
                                                                    $20.00


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

[1]  A4259
Select 1st MODIFIER:
REVENUE CODE: 272//
SERVICE FROM DATE/TIME: DEC 29,2018//
SERVICE TO DATE/TIME: DEC 29,2018//
```

```
UNITS: 1//
CPT Narrative:
```

Figure 2-3: CPT Narrative is not populated

> The CPT Narrative, if populated on the claim, will print on the CMS-1500(02/12) on the line above the associated CPT/HCPCS code. Prior to patch 28, the CPT Narrative did not print on the CMS-1500(02/12).

```
 12 29 18 12 29 18 11     99213              A      120.00  1     1234567891
                          Lancets per box
 12 29 18 12 29 18 11     A4259              A       20.00  1     1234567891
```

Figure 2-4: CPT narrative printing on CMS-1500(02/12)

2.2   NDC and Immunization Lot/Batch Number

EDTP > EDCL

> An "NDC" prompt was added to page 8A (Medical Services) and page 8C (Revenue Codes) of the claim editor. The "NDC" prompt will always display on these pages. In addition, a new field called IMMUNIZATION LOT/BATCH NUMBER was added to the following pages of the claim editor: 8A (Medical Services), 8C (Revenue Codes), 8D (Medications) and 8H (Misc. Services).
>
> The IMMUNIZATION LOT/BATCH NUMBER field will only display when the CPT DESCRIPTION or the CPT CATEGORY contains the word 'Immunization' or 'Vaccine.'
>
> Prior to patch 28, the "NDC" prompt only displayed on page 8D (Medications) and page 8H (Misc. Services). In patch 28, the "NDC" prompt was added to page 8A (Medical Services) and page 8C (Revenue Codes). The "NDC" prompt will not contain data if the associated CPT/Revenue Code does not have an NDC number, but the field may be edited if needed.

```
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  PAGE 8A  ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Patient: DEMO,PATIENT  [HRN:112233]                     Claim Number: 987654
Mode of Export: 837P (HCFA) 5010
.............................. (MEDICAL SERVICES) ..............................

    REVN                                              UNIT      TOTAL
    CODE         CPT - MEDICAL SERVICES               CHARGE QTY CHARGE
    ==== ========================================== ====== === =========
[1]  CHARGE DATE: 12/20/2018 (DOCTOR,DOCTOR MD)
     **** 99213 OFFICE/OUTPATIENT VISIT EST          120.00  1    120.00
                                                               ==========
                                                                  $120.00


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

[1]  99213
```

```
Select 1st MODIFIER:

                    DIAGNOSES
      Seq    ICD
      Num    Code                 Diagnosis Description
      ===  ========  ==========================================
       1    R07.9      Chest pain, unspecified


SERVICE FROM DATE/TIME: DEC 20,2018//
SERVICE TO DATE/TIME: DEC 20,2018//
UNITS: 1//
PLACE OF SERVICE: 11//
UNIT CHARGE: 120.00//
NDC:
SERVICE LINE PROVIDER: DOCTOR,DOCTOR//
TYPE: RENDERING//
```

Figure 2-5: The NDC field always displays, regardless of the CPT code

When a CPT code contains the word 'Immunization' or 'Vaccine' in the CPT
DESCRIPTION or CPT CATEGORY, the new IMMUNIZATION LOT/BATCH
NUMBER field will display on pages 8A (Medical Services), 8C (Revenue Codes),
and/or 8H (Misc. Services). This is a free-text field that can be manually populated
but is not required.

```
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ PAGE 8C  ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Patient: DEMO,PATIENT  [HRN:112234]                      Claim Number: 246810
Mode of Export: 837I (UB) 5010
.............................. (REVENUE CODE) ...............................

                                                            TOTAL
      REVENUE CODE                     CPT    CHARGE   DAYS   UNITS    CHARGE
      ============================     ===    ======   ====   =====    =========
[1]  CHARGE DATE: 12/20/2018
      0250 PHARMACY                            36.00      0     1        36.00
                                                        ====           =========
                                                          0             $36.00


Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit/Mode): N// E
UNITS: 1//
UNIT CHARGE: 36.00//
DATE/TIME: DEC 20,2018//
CPT CODE: 90460    IM ADMIN 1ST/ONLY COMPONENT
      IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF
      ADMINISTRATION, WITH COUNSELING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CA
RE
IMMUNIZATION LOT/BATCH NUMBER: ABC123
NDC: 0003-4567-8910
```

Figure 2-6: Immunization Lot/Batch Number field in the claim editor

The NDC and/or the IMMUNIZATION LOT/BATCH NUMBER information will be
stored on the 3P Claim and on the 3P Bill and can be viewed using the IQMG option
(Inquire about an Approved Bill) after the claim is approved.

```
                       *** BILL FILE INQUIRY ***
```

```
================================================================================
BILL NUMBER: 246810A                      BILL TYPE: 131
  VISIT LOCATION: 2016 DEMO HOSPITAL      BILL STATUS: BILLED
  PATIENT: DEMO,PATIENT                   EXPORT MODE: 837P (HCFA) 5010
  VISIT TYPE: OUTPATIENT                  ACTIVE INSURER: DEMO INSURANCE
  PROCEDURE CODING METHOD: CPT            CLINIC: GENERAL
  ICD INDICATOR: 10                       APPROVING OFFICIAL: BILLER,SUPER
  DATE/TIME APPROVED: DEC 29, 2018@13:58:21
  EXPORT STATUS: AWAITING TRANSFER TO AR
  EXPORT NUMBER: JAN 29, 2019@14:02:36  OTHER BILL IDENTIFIER: 246810A-DH-112233
  BILL AMOUNT: 156                        INSURER TYPE: PRIVATE
  GROSS AMOUNT: 156                       *UNCOLLECTED BALANCE: 156
  ORIGINAL BILL AMOUNT: 0                 SERVICE DATE FROM: DEC 20, 2018
  SERVICE DATE TO: DEC 20, 2018           COVERED DAYS: 1
  RELEASE OF INFORMATION: YES             ASSIGNMENT OF BENEFITS: YES
INSURER: DEMO INSURANCE                   PRIORITY: 1
  STATUS: INITIATED
DIAGNOSIS: Z00.8                          PRIORITY ORDER: 1
  PROVIDER'S NARRATIVE: ENCOUNTER FOR OTHER GENERAL EXAM
  ICD INDICATOR: ICD-10
REVENUE CODE: 250                         UNITS: 1
  UNIT CHARGE: 36.00                      OR START DATE/TIME: DEC 20, 2018
  CPT CODE: 90460                         NDC: 0003-4567-8910
  IMMUNIZATION LOT/BATCH NUMBER: ABC123
  LINE ITEM CONTROL NUMBER: 000000036213250001
```

Figure 2-7: View the Lot/Batch in the IQMG option

The IMMUNIZATION LOT/BATCH NUMBER will populate in the REF02 segment
of loop 2400 for the 837P, if present on the claim.

```
SV1*HC:90460*36.00*UN*1~
DTP*472*D8*20181220~
REF*6R*000000036213250001~
REF*BT*ABC123~
LIN**N4*000345678910~
```

Figure 2-8: Lot Number populated in 837P

2.3   Dental Modifiers

EDTP > EDCL

New fields were added to page 6 (Dental Services) of the claim editor to allow for
adding up to three different modifiers to each dental charge. The modifier(s) will
populate in the 837D, the 837I, and the 837P. No changes were made to the ADA-
2012 paper form, which means modifiers will not print on that form.

```
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ PAGE 6  ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Patient: DEMO,PATIENT  [HRN:112234]                      Claim Number: 1020304
............................ (DENTAL SERVICES) ..............................

    VISIT                                        ORAL OPER
    DATE                DENTAL SERVICE           CAV  SITE SURF   CHARGE
```

```
     =====  =============================================== ==== ==== =====  ======
[1] 12/19  9992 DENTAL CASE MANAGEMENT - CARE C                              120.00
                                                                           =======
                                                                           $120.00


Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit): N// E
Select 1st MODIFIER: Q6       FEE/TIME COMP SUBST MD OR PT
Select 2nd MODIFIER: 33       PREVENTIVE SERVICES
Select 3rd MODIFIER: 52       REDUCED SERVICES

Reduced CHARGE:  (0-0): 0//
```

Figure 2-9: Modifier fields on page 6 (Dental Services)

> The system will not allow a user to enter the same modifier more than once on the same charge. If a user enters a duplicate modifier, a message will display to alert the user, and the entry will not be saved.

```
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  PAGE 6  ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Patient: DEMO,PATIENT  [HRN:112234]                     Claim Number: 1020304
.............................. (DENTAL SERVICES) ..............................

    VISIT                                           ORAL OPER
    DATE                  DENTAL SERVICE            CAV  SITE SURF   CHARGE
    =====  =============================================== ==== ==== =====  ======
[1] 12/19  9992 DENTAL CASE MANAGEMENT - CARE C                              120.00
                                                                           =======
                                                                           $120.00


Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit): N// E
Select 1st MODIFIER: Q6        FEE/TIME COMP SUBST MD OR PT
Select 2nd MODIFIER: Q6        FEE/TIME COMP SUBST MD OR PT

*** Modifier has already been entered! ***
Select 2nd MODIFIER:
```

Figure 2-10: Duplicate modifier message

> If modifiers are present for dental charges on an approved claim, they will populate in the 837D, the 837I, and the 837P. The modifiers will also print on the UB-04 and CMS-1500(02/12) paper claims as other modifiers do, but they will not print on the ADA-2012.

```
SV3*AD:9992:Q6:33:52*120.00*********1~
```

Figure 2-11: Dental modifiers populated in SV301-3 of the 837D

```
SV2*0510*HC:D0120:Q6:33:52*63.00*UN*1~
```

Figure 2-12: Dental modifiers populated in SV202-3 of the 837I

```
SV1*HC:D0120:Q6:33:52*63.00*UN*1***1~
```

Figure 2-13: Dental modifiers populated in SV101-3 of the 837P

Acronym List

Acronym	Meaning
3P	Third Party
ADA	American Dental Association
CPT	Current Procedural Terminology
EDCL	Edit Claim Data
EDTP	Add/Edit Claim Menu
HCPCS	Healthcare Common Procedural Coding
IHS	Indian Health Service
NEC	Not Elsewhere Classifiable
NDC	National Drug Code
NOC	Not Otherwise Classified
RPMS	Resource and Patient Management System
TMTP	Table Maintenance Menu
WA	Washington

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