



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Third Party Billing System (ABM)

Patch 8 Addendum

Version 2.5 Patch 8
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Information Technology Support Center
Division of Information Resources
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1.0 Introduction

Please review these changes, and add a copy of them to any printed documentation your site may be using for ABM 2.5. These changes will be integrated into future versions of the software and user manuals and will no longer be considered an addendum at the time of the next release. This addendum only contains changes made in patches that are relevant to the user. To see a list of all changes made in a patch, please refer to the patch notes of each of the respective patches.

1.1 Summary of Changes

Patch 8

Patch 8 provides corrections and enhancements to version 2.5 of the Third Party Billing system. It is inclusive of modifications implemented by previous patches (1 through 7). Patch 8 contains modifications to the following:

- Addition of new dental billing format labeled ADA-2002
- Addition of a modified ADA-99 format to comply with certain payer requirements for alignment.
- Ability to enter a new Pending claim category into the claim editor.
- Addition of a Third Party Revenue Accounts Management and Internal Controls policy report entitled Pending Claims Status Report
- Modifications have been made to the claim editor to not allow visits with an uncoded diagnosis code (.9999) to generate a claim.
- Modifications have been made to the claim editor to not allow visits with a visit status other than Reviewed in the PCC RPMS Application to generate a claim.
- Addition of new claim editor screens and export mode modifications to allow for billing for Ambulance services.
- Modification to the Cancel Claims option that requires a user to enter a reason when cancelling claims.
- Addition of a Third Party Revenue Accounts Management and Internal Controls Policy Report entitled Cancelled Claims Report
- Addition of new CLIA Number fields to allow for proper CLIA number entry to be entered in the claim editor and on electronic claim formats.
- Ability to split claims for different payers by set up Replacement Insurers for or other types of billing rules.
- Addition of a Third Party Accounts Management and Internal Controls policy report entitled Table Maintenance Site Parameter Report
- Addition of 837 Corrections such as:

- REF Segment – New Mexico Medicaid
- Provider Number Fix for Satellite Facilities
- Incorrect Amounts on 837 Export Modes
- Correction to Accident Date and Time
- Inclusion of modifications to the accommodate the IHS Pharmacy-Automated Dispensing Interface System

Patch 6

Patch 6 of ABM v2.5 is inclusive of modifications implemented by previous patches (1 through 5). Patch 6 contains the following modifications:

- Removed Type of Service auto-population from 837. (Section 3.5)
- Correction to make Discharge Status default on page 3 of claim editor. (Section 3.6)
- Changed functionality of Referring Provider prompts on page 3 of claim editor. User now has option to populate either:
 - Person Class
 - Provider Class
 - Taxonomy Code

One of the three must be populated for 837. An error message will display if none of the above are populated or it is not linked to a provider taxonomy code (required for 837). (Sections 3.1 and 3.2)

- Fixed to remove QTY segment from Medicare 837 file if not inpatient. (Section 3.7)

Patch 5

Patch 5 of the Third Party Billing (ABM) system version 2.5 contains the following changes:

- The Health Record Number can be populated under the Parent Billing location. (Section 4.1)
- The entry of “Unknown” was removed from all 837 formats (837-I, 837-P and 837-D) for Medicare Payers. (Section 4.2)
- Surgical Procedure Codes (ICD-9) will be removed from all 837 formats. (Section 4.3)
- The current 837 formats did not populate the 6th diagnosis piece on the 837. The ABM system has been programmed to ensure the 6th diagnosis piece has been populated. (Section 4.4)
- Trailing space in addresses was removed from all 837 formats only. (Section 4.5)

- If you elect to link more than four diagnosis codes and are billing using the 837 P, then the electronic batch will only transmit the first four diagnosis codes that were sequenced to the charge. (Section 4.6)
- An error displays on Page 3 of the claim editor to prevent approving a claim if the injury date is incomplete. (Section 4.7)
- You can no longer delete or cancel claims that have been billed. (Section 4.8)
- The system now prompts you to complete the Admission Source, Admission Type and the Discharge Status when the mode of export is UB-92 (paper), UB-92 (NSF) or 837 Institutional. The system also has defaults for any field left blank. (Section 4.9)
- Two fields have been added when accessing the CPT pages (Pages 8A to 8H) that allow you to edit the Place of Service and Type of Service codes by line item. (Section 4.10)
- You can now enter the appropriate provider taxonomy for the Referring/Ordering provider. (Section 4.11)
- Medicare Provider Number will populate correctly on Page 4.

Patches 2-4

To see a list of changes included in patches 2-4 please refer to the patch notes file of the appropriate patch.

Patch 1

This document also contains Patch 1 Addendum information for ease of use. Patch 1, released in December 2002, contained the following changes:

- Three new 837-compliant modes of export (Section 5.1)
- A need for person class data on file for each provider (Section 5.2)

2.0 Patch 8

Patch 8 includes modifications to the Third Party Billing System v.2.5.

2.1 Dental Billing

2.1.1 ADA-2002

Patch 8 contains a new export form that is labeled “ADA-2002.” This export mode is available for use on Page 2 of the claim editor. Users are also allowed to print this export mode as well.

The internal entry number for this export mode is 25.

```

~~~~~ PAGE 1 ~~~~~
Patient: PATIENT,JANE [HRN:6484] Claim Number: 28900
..... (CLAIM IDENTIFIERS) .....

[1] Clinic.....: DENTAL
[2] Visit Type.....: DENTAL
[3] Bill Type.....: 131
[4] Billing From Date..: 08/20/2005
[5] Billing Thru Date..: 08/20/2005
[6] Super Bill #.....:
[7] Mode of Export.....: ADA-99
[8] Visit Location.....: INDIAN HEALTH HOSPITAL
-----
WARNING:071 - EMPLOYMENT INFORMATION UNSPECIFIED
-----
Desired ACTION (Edit/View/Next/Jump/Back/Quit): N// E
Desired FIELDS: (1-8): 1-8// 7

[7] Mode of Export...: ADA-99// 25 ADA-2002 Dental Claim Form Dated 2002

```

Figure 2-1: Form ADA-2002

If the payer requires the use of this form for claims submission, the form may be placed as a default in the Insurer File in Table Maintenance. Please refer to Pages 8-29, Action 9 in the Third Party Billing system User Guide.

2.1.2 ADA 99 Version 2000

A newer version of ADA-99 has been released under the export mode number 26. This export mode allows for slight alignment changes when printing the newer version of the ADA-99. This form may also be referred to as the “ADA-2000.”

2.2 Pending Claims Status and Reports

A new option has been added to the claim editor to allow the billing staff to place a claim into the Pending status if the biller determines that the claim is unbillable due to incomplete items. The billing clerk may place the claim into a Pending status for any reason listed below.

- Claim not coded with ICD codes
- Claim not coded with CPT codes
- Claim not coded with HCPCS codes
- Provider signature missing
- Missing POV
- Lab not final or on file
- Verify Eligibility
- PIN# License Missing
- Cannot locate Medical Record to verify Services
- Record not legible
- Coordination of Benefits from Patient Missing
- Incomplete Policy Holder information
- Transcode missing
- Missing Referring Provider information
- Outpatient Claims - two billing dates
- Out of Date Assignment of Benefits
- Other

Keep in mind that by changing the status, the claim is still open but does not appear on the Brief Claims Listing Report (BRRP). The claim will remain in a pending status until approved or cancelled.

2.2.1 Set Up

There is no current set up to be performed at this time. The list of reasons is from a table that cannot be edited at this time.

2.2.2 Claim Editor

The Pending option is located within the claim editor on Page 0 of the Claim Summary Page. The billing clerk will see a new action on the bottom of the screen labeled "Pend." The clerk can choose this option and type in a type of status for Pending.


```

~~~~~ PAGE 0 ~~~~~
Patient: DEMO,JOHN  [HRN:123567]                      Claim Number: 26545
..... (CLAIM SUMMARY) .....

_____ Pg-1 (Claim Identifiers) _____ Pg-4 (Providers) _____
Location..: INDIAN HOSP                               Attn: DOCTOR,TRUDEL
Clinic....: GENERAL                                   _____ Pg-5A (Diagnosis) _____
Visit Type: PROFESSIONAL COMPONENT                     1) HTN
Bill From: 07-24-2004 Thru: 07-24-2004                 2) DM II
                                                         3) ROUTINE EXAM
_____ Pg-2 (Billing Entity) _____ Pg-8 (CPT Procedures) _____
MEDICARE                                     ACTIVE      1) OFFICE/OUTPATIENT VISIT, EST
NEVERPAY INSURANCE                           PENDING     2) OFFICE/OUTPATIENT VISIT, EST

_____ Pg-3 (Questions) _____
Release Info: YES   Assign Benef: YES

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

Desired ACTION (View/Appr/Pend/Next/Jump/Quit): N// P
PENDING STATUS: ??

Choose from:
1          Claim not coded with ICD codes
2          Claim not coded with CPT codes
3          Claim not coded with HCPCS codes
4          Provider signature missing
5          Missing POV
6          Lab not final or on file
7          Verify Eligibility
8          PIN# License Missing
9          Cannot locate Medical Record to verify Services
10         Record not legible
11         Coordination of Benefits from Patient Missing
12         Incomplete Policy Holder information
13         Trancode missing
14         Missing Referring Provider information
15         Outpatient Claims - two billing dates
16         Out of Date Assignment of Benefits
17         Other

PENDING STATUS: 4   Provider signature missing

```

Figure 2-2: Claim editor screen for the new "Pend" option

When the status has been entered, the user will be able to see the claim status right away. When accessing the claim editor, the user may also see the current status of the claim as noted on the bottom of the example screen below.

```

~~~~~ PAGE 0 ~~~~~
Patient: DEMO,JOHN  [HRN:123567]                      Claim Number: 26545
..... (CLAIM SUMMARY) .....

_____ Pg-1 (Claim Identifiers) _____ Pg-4 (Providers) _____

```

Location..: INDIAN HOSP	Attn: DOCTOR,TRUDEL
Clinic....: GENERAL	_____ Pg-5A (Diagnosis) _____
Visit Type: PROFESSIONAL COMPONENT	1) HTN
Bill From: 07-24-2004 Thru: 07-24-2004	2) DM II
_____ Pg-2 (Billing Entity) _____	3) ROUTINE EXAM
MEDICARE	_____ Pg-8 (CPT Procedures) _____
NEVERPAY INSURANCE	1) OFFICE/OUTPATIENT VISIT, EST
ACTIVE	2) OFFICE/OUTPATIENT VISIT, EST
PENDING	
_____ Pg-3 (Questions) _____	
Release Info: YES Assign Benef: YES	
*** Claim File ERRORS exist use the VIEW command to list them. ***	
Pending for Provider signature missing by AL	
Desired ACTION (View/Appr/Pend/Next/Jump/Quit): N//	

Figure 2-3: Claim editor screen displaying current status of example claim

2.2.3 Running the Pending Report

A new report has been added to the Reports Menu. This report allows the user to print a listing of claims that currently have a status of Pending. This management report can be used as a mechanism to monitor claims that are not approved because of missing or inaccurate data. These claims should be followed up by the billing clerk in a timely manner to make sure claims are submitted within the Payer's timely filing limit.

The user may access the reports using the "Pending Claims Status Reports" option. After accessing the menu option, the user will see the following Exclusion Parameters:

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.5          |
+-----+
|          Pending Claims Status Report                  |
+-----+
|          INDIAN HEALTH HOSPITAL                        |
+-----+
User: LUJAN,ADRIAN M                                19-DEC-2005 1:40 PM

EXCLUSION PARAMETERS Currently in Effect for RESTRICTING the EXPORT to:
=====
- Claim Status.....: PENDING STATUS
- Report Type.....: BRIEF LISTING (80 Width)

Select one of the following:

1          LOCATION
2          BILLING ENTITY
3          DATE RANGE
4          STATUS UPDATER
5          PROVIDER
6          ELIGIBILITY STATUS

```

7	REPORT TYPE
Select ONE or MORE of the above EXCLUSION PARAMETERS:	

Figure 2-4: Claim editor screen displaying exclusion parameters

The user is able to choose #4 (Status Updater) to see his or her list of Pending claims. Once the selection criteria have been defined, the user also has the option to see one or more Pending categories to report. The user may select the default of All or indicate the Pending status number that they want to display on the report:

Select Reason: ALL// 3	Claim not coded with HCPCS codes
Select Another Reason: 5	Missing POV
Select Another Reason: 7	Verify Eligibility
Select Another Reason: 8	PIN# License Missing
Select Another Reason:	

Figure 2-5: List of pending categories available

2.2.3.1 Detailed Report

The following example displays the detailed report:

=====					
PENDING CLAIMS STATUS LISTING				DEC 19, 2005	Page 1
for ALL BILLING SOURCES					
=====					
Patient	HRN	Claim Number	Visit Date	Clinic	Reason

Visit Location: INDIAN HEALTH HOSPITAL					
Status Updater: LUJAN, ADRIAN M					
Visit Type: OUTPATIENT					
Active Insurer: NON-BENEFICIARY PATIENT					
GOODY, THELMA	3644	25665	06/17/2004	GENERAL	Claim not coded with ICD codes

Subtotal: 1					
Visit Type: PROFESSIONAL COMPONENT					
Active Insurer: MEDICARE					
PATIENT, PAULA	1072	28819	05/22/2005	GENERAL	Provider signature missing
DEMO, JOHN	123567	26545	07/24/2004	GENERAL	Provider signature missing
Status Updater: RUNNELS, LETHA					
FUSON, TAMMY JEAN	63336	28872	08/31/2005	GENERAL	Other

Subtotal: 3					

Total: 4					

Figure 2-6: Example of detailed report

2.2.3.2 Summary Report

The following displays the summary report:

=====	
PENDING CLAIMS STATUS LISTING	DEC 19, 2005 Page 1
for ALL BILLING SOURCES	
=====	
Reason	Number of Claims

Visit Location: INDIAN HEALTH HOSPITAL	
Status Updater: LUJAN, ADRIAN M	
Visit Type: OUTPATIENT	
Active Insurer: NON-BENEFICIARY PATIENT	
Claim not coded with ICD codes	1

Subtotal:	1
Visit Type: PROFESSIONAL COMPONENT	
Active Insurer: MEDICARE	
Provider signature missing	2
Status Updater: RUNNELS, LETHA	
Other	1

Subtotal:	3

Total:	4
E N D O F R E P O R T	

Figure 2-7: Example of summary report

2.3 Un-Coded ICD-9 Code

Depending on the facility's coding process, there may be instances where an ancillary package or the data entry clerk enters the un-coded diagnosis code of .9999. If the code is populated into PCC, then the claim generator in the Third Party Billing system will not generate a claim for these visits. These visits are found with an ICD-9 code of .9999 (Uncoded Diagnosis) as the Purpose of Visit.

-----		V POV	-----
POV: 585.		PATIENT NAME: BLUEBIRD, BONNIE	
VISIT: SEP 03, 2005@10:00		PROVIDER NARRATIVE: ESRD	
FIRST/REVISIT: REVISIT			
ICD NARRATIVE (c): CHRONIC RENAL FAILURE			
POV: .9999		PATIENT NAME: BLUEBIRD, BONNIE	
VISIT: SEP 03, 2005@10:00		PROVIDER NARRATIVE: BKA-LRT	
FIRST/REVISIT: REVISIT			
ICD NARRATIVE (c): UNCODED DIAGNOSIS			

Figure 2-8 Un-coded ICD-9

As a result, the Third Party Billed field will display the reason "Uncoded DX Exists on Visit."

```

----- VISIT FILE -----
VISIT/ADMIT DATE&TIME: SEP 03, 2005@10:00
DATE VISIT CREATED: SEP 08, 2005      TYPE: IHS
THIRD PARTY BILLED: UNCODED DX EXISTS ON VISIT
PATIENT NAME: BLUEBIRD,BONNIE
LOC. OF ENCOUNTER: INDIAN HEALTH HOSPITAL
SERVICE CATEGORY: AMBULATORY          CLINIC: NEPHROLOGY

```

Figure 2-9: Visit file

Due to insurance filing limits and other payer requirements, every effort should be made to clean up the list of uncoded diagnosis codes.

This process is outlined in the PCC Data Entry manual. Refer to the section on fixing uncoded diagnosis outlined in the Supervisor section of the manual.

2.4 Ambulance Billing

Patch 8 allows for billing of Ambulance-based services. A claim can be generated to send to Medicare, Medicaid, or any Private Insurance plan that accepts claims for these services. New features to this billing type include the addition of a new Visit type, and two new pages to the claim editor.

2.4.1 Table Maintenance Setup

2.4.1.1 Visit Type File

A new Visit Type has been added with reference number "902." The user must set up the visit type in the Insurer File along with a default export mode and provider numbers.

2.4.2 Claim Generator

The claim generator has been modified to check for a clinic entry in the Visit File that contains a Clinic Type of Ambulance which utilizes a clinic type of "A3." If the clinic type equals "A3," then only *one* claim is generated, regardless of the payer. The ambulance claim will generate with a visit type of AMBULANCE (902).

```

VISIT IEN: 36817
----- VISIT FILE -----
VISIT/ADMIT DATE&TIME: MAY 01, 2005@13:00
DATE VISIT CREATED: MAY 09, 2005      TYPE: IHS
THIRD PARTY BILLED: CLAIM CREATED     PATIENT NAME: DEMO,DONNA
LOC. OF ENCOUNTER: UNSPECIFIED SERVICE UNIT
SERVICE CATEGORY: AMBULATORY          CLINIC: AMBULANCE
DEPENDENT ENTRY COUNT: 6               DATE LAST MODIFIED: MAY 31, 2005

```

WALK IN/APPT: UNSPECIFIED	CREATED BY USER: ENTRY,DIANA
USER LAST UPDATE: ENTRY,DIANA	UNIQUE VISIT ID: 2021010000036817
ORIGINAL DATA ENTRY DATE: MAY 09, 2005	
DATE/TIME LAST MODIFIED: MAY 09, 2005@18:34:36	

Figure 2-10: Screenshot displayed for visit type: AMBULANCE

Note: For Medicare purposes, only one claim shall be generated with a visit type of Ambulance (902). This is due to:

- Hospital-based ambulance services are billed to Part A *only*.
- Free-standing or Tribally-owned services are billed to Part B *only*.

2.4.3 Claim Editor

Changes have been made in the claim editor that require the user to enter additional information that the payer may require.

2.4.3.1 Page 3A – Ambulance Questions

A new page has been added to allow the billing clerk to enter detailed information for the following:

- Point of Pickup – Exact location of where the patient was transported from. The entries for these fields are free-text but can default to the patient's home.
 - **ZIP Codes:** The originating ZIP Code of the exact location is required since payment is based on the location of pick up. Upon entry, the ZIP Code is populated in certain places on the HCFA-1500 and UB92 export modes
 - HCFA-1500: Populates the ZIP Code in Form Locator 23:

19 RESERVED FOR LOCAL USE					20. OUTSIDE LAB? \$ CHARGES					
					<input type="checkbox"/> YES <input type="checkbox"/> NO					
21. DIAGNOSIS OR NATURE OF ILLNESS ON INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)					22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.					
1. _____.										
2. _____.					23. PRIOR AUTHORIZATION NUMBER					
4. _____.					87114					
24. A	B	C	D	E	F	G	H	I	J	K

Figure 2-11: ZIP Code in Form Locator 23

- UB92: Populates the ZIP Code in Form Locator 39 with a condition code of A0:

	39	VALUE CODES	40	VALUE CODES	41	VALUE CODES
	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
	a	A0 87114				
	b					
	c					
	d					

Figure 2-12: Populated ZIP Code in Form Locator 39

- Destination – Exact location of where the patient was transported to. Entries for this field are obtained from the Vendor File. This allows the user to quickly enter a location of transport.
- Modifiers – Modifiers that detail ambulance transport are entered on this page. The modifier entry is made when the billing clerk enters the *Point of Pickup* or the *Destination*. The user must enter a single code to designate the following:
 - **D** Diagnostic or therapeutic site/freestanding facility (i.e., radiation therapy center) other than P or H
 - **E** Residential/domiciliary/custodial facility (i.e., non-skilled facility)
 - **G** Hospital-based dialysis facility (hospital or hospital-related)
 - **H** Hospital (i.e., inpatient or outpatient)
 - **I** Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport
 - **J** Non-hospital-based dialysis facility
 - **N** Skilled Nursing Facility (SNF) (swingbed is considered an SNF)
 - **P** Physician's Office (includes HMO and non-hospital facility)
 - **R** Residence (patient's home or any residence)
 - **S** Scene of accident or acute event
 - **X** Intermediate stop at physician's office en route to the hospital (destination code only)

When entering Modifiers, it is important to remember:

The first alpha character of the modifier represents the point of origin followed by the alpha character for the destination. Modifiers should be used with every ambulance procedure code. **All ambulance codes, drugs, supplies and mileage should have an origin/destination modifier.** Complete the full names and address of all origins and destinations. If the origin is the scene of an accident without an address, please submit the distance for the closest town (i.e., two miles north of Houston).

In the third party billing system, the modifiers entered will be grouped together and will append to the HCPCS code billed.

- Medical Necessity must be established. If the transport was considered medically necessary (per payer guidelines), a reason must be entered. This field is required to be answered and the user must answer with a Yes or No. If the billing clerk indicates that the services were medically necessary, he or she must provide reason for medical necessity. The reasons supplied are referred to as Condition Indicators. The following are indicators that are contained in Patch 8. The billing clerk may enter more than one reason as it applies:

- 60 Transportation was to the nearest facility
 - 01 Patient was admitted to a hospital
 - 02 Patient was bed confined before the ambulance service
 - 03 Patient was bed confined after the ambulance service
 - 04 Patient was moved by stretcher
 - 05 Patient was unconscious or in shock
 - 06 Patient was transported in an emergency situation
 - 07 Patient had to be physically restrained
 - 08 Patient had visible hemorrhaging
 - 09 Ambulance service was medically necessary
- Mileage – Numerical value that indicates the number of miles the patient was transported. This value may or may not be covered by the payer but needs to be recorded. According to some payers, only one transport is billed per claim. The mileage entered must reflect that transport. Entries on this field may also require the HCPCS mileage code to be entered on the Ambulance Page (Page 8K).
- Patient Weight – Patient weight is a numerical value that the third party billing system will pick up if the information is entered into the PCC RPMS application. When billing, it is important to remember that patient weight is used to justify the billing for an additional attendant.
- Type of Transport may be used to identify when a patient may be transferred. Please refer to your payer's guidelines for identifying when a patient needs to be transferred. If a patient is transferred, one of the following reasons must be entered:
 - Initial Trip (I)
 - Return Trip (R)
 - Transfer Trip (T)
 - Round Trip (X)
- A reason for transport must be entered. The user may choose from the following:
 - Patient was transported to the nearest facility for care of symptoms, complains, or both. Can be used to indicate that the patient was transferred to residential facility
 - Patient was transported for the benefit of a preferred physician
 - Patient was transported for the nearness of family members

- Patient was transported for the care of a specialist or for availability of specialized equipment
- Patient transferred to rehabilitation facility

The following shows values entered for Ambulance data. This page displays after Page 3 in the claim editor and displays if the clinic type is Ambulance. The user may also be able to access this page by typing in 3A while jumping throughout the claim editor.

```

~~~~~ PAGE 3A ~~~~~
Patient: DAUGHTERS,ANN [no HRN] Claim Number: 29032
..... (AMBULANCE QUESTIONS) .....

[01] Point of Pickup.....: WHITE FENCE CONV CTR
                           3293 NORTHBERRY ROAD
                           ALBUQUERQUE, NEW MEXICO 87113
[02] Modifier.....: N SNF
[03] Destination.....: PRIVATE-PAY HOSPITAL
                           1303 CENTRAL AVE NE
                           ALBUQUERQUE, NEW MEXICO 87125-7888
[04] Modifier.....: H HOSPITAL

[05] Mileage (Covered).....: 3
[06] Mileage (Non-Covered)...:
[07] Medical Necessity Ind...: Y
      Condition Indicator...: 06 Patient was transported in an emergency
[08] Patient Weight (lbs)...:

Transfers Only:
[09] Type of Transport.....: INITIAL TRIP
[10] Transported To/For.....: NEAREST FAC-CARE OF SYMPTOMS/COMPLAINTS/BOTH

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

```

Figure 2-13: Values for ambulance data

2.4.3.2 Page 8K – Ambulance Services

A new page has been added to the claim editor to allow the addition and/or modification of HCPCS codes related to Ambulance services. This page will appear if the clinic type is Ambulance. Keep the following properties in mind when using this page:

- The fee schedule must be populated. The user may enter charges into the HCPCS portion of the fee schedule.
- Even though the modifiers are entered onto Page 3, the billing clerk also has the ability to enter the modifier for each charge. The 2-digit modifier can only be used. If the 2-digit modifier is used, such as “GA,” then “GA” will be used for the charge.
- The place of service code will default to 41 – Ambulance Services.

```

~~~~~ PAGE 8K ~~~~~
Patient: DAUGHTERS,ANN [no HRN] Claim Number: 29032
Mode of Export: 837 PROF (HCFA)
..... (AMBULANCE SERVICES) .....

      REVN                                UNIT      TOTAL
      CODE      HCPCS - AMBULANCE SERVICES  CHARGE QTY  CHARGE
=====
[1] CHARGE DATE: 05/29/2005@00:08
    540 A0422 AMBULANCE (ALS OR BLS) OXYGEN AND OXYGEN 75.00 1 75.00
        SUPPLIES, LIFE SUSTAINING SITUATION
[2] CHARGE DATE: 05/29/2005@00:08
    540 A0396 ALS SPECIALIZED SERVICE DISPOSABLE 100.00 1 100.00
        SUPPLIES; ESOPHAGEAL INTUBATION
[3] CHARGE DATE: 05/29/2005@00:08
    540 A0394 ALS SPECIALIZED SERVICE DISPOSABLE 50.00 1 50.00
        SUPPLIES; IV DRUG THERAPY
                                           =====
                                           $225.00

Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit/Mode): N// E
Sequence Number to EDIT: (1-3): 1

[1] A0422

Select MODIFIER:

      DIAGNOSES
      Seq  ICD9
      Num  Code      Diagnosis Description
=====
      1    786.03    APNEA

DATE/TIME: MAY 29,2005@00:08//
UNITS: 1//
HCFA POS: 41//      AMBULANCE - LAND

```

Figure 2-14: Page 8K allows addition/modification of HCPCS codes related to Ambulance Services

2.4.3.3 Page 9D – Value Codes

The Value Codes page will need to be utilized if the user is billing using the UB92 or the 837I as the export mode for billing and if the clinic type of the claim is equal to Ambulance (A3).

The user will need to verify that the Value Code "A0" (zero) has been entered. The ZIP code value will need to be entered along with the 'A0' entry.

If applicable, the user may need to enter a value code of "32" if multiple transports were performed on the same day. The user will need to enter the number of transports along with the "32" entry.

```

~~~~~ PAGE 9D ~~~~~
Patient: CHAVEZ,HENRIETTA  [no HRN]                      Claim Number: 28887
..... (VALUE CODES) .....

      VALU
      CODE          VALUE CODE DESCRIPTION                      AMOUNT
      ====          =====
[1]   A0           Originating zip code-ambulance only        88309

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

```

Figure 2-15: Value codes for UB92 or 837I

Upon editing the claim, the billing clerk should be able to approve the claim in the same manner as with billing for other claims.

2.4.4 Exporting

Once all claims for ambulance have been approved, they may be exported in the same manner as the current export process that the facility utilizes to submit claims.

Please ensure that your claims are printing according to your payer guidelines. The system has also been modified to allow for the Ambulance data to be entered on the 837 Institutional and 837 Professional forms. Please contact the OIT Helpdesk for further assistance on setting up the electronic exports.

2.5 Canceling Claims

The Third Party Billing system allows users to cancel claims that are no longer billable or that may have been generated in error. Patch 8 adds additional functionality that requires the user to enter a reason when canceling the claim. A new report has also been added to print a report of the cancelled claims and the reasons why they were cancelled.

2.5.1 Set Up

No set up process is involved. A new menu option has been added to the Claim/Bill Management Menu (MGTP).

2.5.2 Process

The user can access this option in the Claim/Bill Management menu as illustrated.

```
Select Claim/Bill Management Menu Option: CLMG  Cancel Claim

      +---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+
      |              THIRD PARTY BILLING SYSTEM - VER 2.5              |
      +              Cancel Claim              +
      |              INDIAN HEALTH HOSPITAL              |
```

```

+++++
User: LUJAN,ADRIAN M                               13-SEP-2005 4:05 PM

Select CLAIM or PATIENT: 28883  BAGGER,ELIZABETH
                        Clm:28883  07-14-2005 OUTPATIENT  GASTROENTEROLOG  INDIAN HOSP
                        DONOTSMOKE INSURANCE                      In EDIT Mode

Correct Claim? YES// YES
WARNING: If you cancel this Claim it will be deleted and no further Editing
        or Approvals can occur.

Do you wish Claim Number 28883 DELETED (Y/N)? YES

Cancellation REASON: 5  BEYOND FILING LIMIT

OK, the claim is being deleted...

Claim Number: 28883 has been Deleted!

```

Figure 2-16: Claim/Bill Management Menu

The user will see the customary prompts when choosing to cancel a bill. However with Patch 8 the user will be prompted to select a cancellation reason. This field must be answered at the time of cancelling the claim. The system will allow the user to choose from the reasons displayed:

```

Cancellation REASON: ??

Choose from:
1          ORPHAN CLAIM CREATED IN ERROR
2          DUPLICATE CLAIM CREATED
3          ELIGIBILITY NOT FOUND
4          MANUALLY BILLED CLAIM
5          BEYOND FILING LIMIT
6          UNBILLABLE PROVIDER
7          UNBILLABLE DIAGNOSIS
8          UNBILLABLE CLINIC TYPE
9          UNBILLABLE VISIT TYPE
10         WORKMANS COMP/THIRD PARTY CASE
11         OTHER

```

Figure 2-17: List of options for Cancellation Reason

The above listed reasons may not be edited. Every effort should be made to document a specific reason a claim is cancelled rather than using the reason labeled “OTHER” (11). A report is also available to notify the user of their statistics for canceling claims.

If the user decides not to cancel a claim and types a caret (^) at the reason prompt, a message will display indicating the claim has not been cancelled.

```

Do you wish Claim Number 28875 DELETED (Y/N)? YES

Cancellation REASON: ^

```

CLAIM NOT CANCELLED

Figure 2-18: Screenshot displayed for Claim Not Cancelled message

2.6 Cancelled Claims Report

This report is used to track the number of claims cancelled by one or by multiple users, by cancelled date range, etc.

Any claims cancelled prior to the installation of Patch 8 will not display on the Cancelled Claims Report.

2.6.1 Set Up

There is no set up involved in using this option. The user can access the Cancelled Claims Report through the Reports Menu (RPTP).

2.6.2 Process Example

When printing a Cancelled Claims Report is run, your screen may look like the following example.

The following example displays a Summary Report:

=====		
CANCELLED CLAIMS LISTING for ALL BILLING SOURCES		OCT 6, 2005 Page 1
with CANCELLATION DATES from 10/05/2005 to 10/06/2005		
=====		
Location	Visit Type	Number of Claims

Cancelling Official: LUJAN, ADRIAN M		
INDIAN HEALTH HOSPITAL	OUTPATIENT	3
	LABORATORY	1
	PROFESSIONAL COMPONENT	4

	Subtotal:	8

	Total:	8
Cancelling Official: FRAZIER, TIM		
INDIAN HEALTH HOSPITAL	OUTPATIENT	1
	PROFESSIONAL COMPONENT	1

	Subtotal:	2

	Total:	2

```
(REPORT COMPLETE):
```

Figure 2-19: Screenshot display showing claims listing is cancelled

The following example displays a Detailed Report

```
=====
CANCELLED CLAIMS LISTING for ALL BILLING SOURCES          OCT 6,2005   Page 1
with CANCELLATION DATES from 10/03/2005 to 10/03/2005
=====
```

Patient	HRN	Active Insurer	Claim Number	Visit Date	Reason

Cancelling Official: LUJAN,ADRIAN M					
Visit Location: INDIAN HEALTH HOSPITAL					
Visit Type: OUTPATIENT					
GOMEZ,THELMA	12759	MUTUAL OF OM	28875	08/07/2005	UNBILLABLE VISIT T

Count: 1					
(REPORT COMPLETE):					

Figure 2-20: Example of Detailed Cancelled Claims Report

2.7 CLIA Numbers

If a payer requirement states that a CLIA number is needed when submitting claims for laboratory services performed whether in-house and/or sent to a reference lab, a CLIA number must be submitted on the claim form. If your facility bills for both types of services, there will be two different numbers that must be populated in the third party package. Contact your laboratory personnel or administrator to obtain the numbers. You also must obtain the reference lab location(s) information where the laboratory specimens are being sent.

Patch 8 allows the entry of a default CLIA number but there are a few set up procedures that must be completed.

2.7.1 Set Up

When Patch 8 is installed, the CLIA number is entered into the Site Parameters option located in Table Maintenance. These fields are not required to be completed but the user is strongly encouraged to enter default values into these fields to save time when editing the claim. If the numbers are not entered at this level, the biller will have to manually enter the information on each claim form.

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.5          |
+-----+
|          Site Parameter Maintenance                    |
+-----+
|          INDIAN HEALTH HOSPITAL                        |
+-----+
User: LUJAN,ADRIAN M                                     12-SEP-2005 3:44 PM

```

```

EMC File Preference.....: HOST FILE//
DEFAULT EMC PATH.....: c:/rpms//
Facility to Receive Payments....: ALBUQUERQUE ADMINISTRATION
//
Printable Name of Payment Site..: INDIAN HEALTH HOSPITAL
    Replace
Current Default Fee Schedule....: 9//
Create Bills for all Patients...: NO//
Require that Queing be Forced...: YES//
Display Long ICD/CPT Description: NO//
Backbilling Limit (months).....: 48//
Block 31 (HCFA 1500) print.....: ATTENDING/OPERATING PROVIDERS
//
UB-92 SIGNATURE.....:
Place of Service Code.....: 22//
Bill Number Suffix (fac-code)...: IH//
Append HRN to Bill Number.....: YES//
Allow for CPT Modifiers Prompt..: YES//
Set Prof. Comp. Automatically...: NO//
Days Inactive before Purging....: 730//
Default Version of HCFA-1500....: Y2K Version dated 10-98
//
Default Form for Dental Billing.: ADA-94//
Select DEFAULT UNBILLABLE CLINICS: TELEPHONE CALL
//
Select DFLT INVALID PRV DISCIPLINES: ADMINISTRATION
//
Select DISPLAY UNBILLABLE INSURER(S):
UB-92 Form Locator 38: INSURER ADDRESS//
IN-HOUSE DEFAULT CLIA#:
REFERENCE LAB DEFAULT CLIA#:
ORPHAN VISIT LAG TIME (DAYS)....: 30//

```

Figure 2-21: Example of default values as entered into fields

2.7.2 In-House CLIA Numbers

If you choose to populate the “IN-HOUSE DEFAULT CLIA#” field, the system allows the CLIA number to be recorded for all facilities that perform CLIA covered laboratory services. These are normally for lab services performed by the billing or rendering provider of the CLIA number. This field requires a 10-character response. The response must be in an “NNLNNNNNNN” format where “N” is a numeric character and “L” is an alpha character.

```

IN-HOUSE DEFAULT CLIA#: ?
    Answer must be 10 characters in length with a format of ##A#####

```

Figure 2-22: Example of 10-character CLIA number format

2.7.3 Reference Lab Numbers

Choosing the “REFERENCE LAB DEFAULT CLIA#” field allows the CLIA number to be recorded for any laboratory that has referred tests to another laboratory

covered by the CLIA Act. A facility may have more than one Reference Lab location to which they send tests.

2.7.3.1 Set Up

Prior to entering the CLIA number into the Reference Lab field of Site Parameters, the user must first go into the “Add/Edit Reference Lab Locations” option to add the CLIA numbers for those locations to which labs are sent.

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.5          |
+          Add/Edit Reference Lab Locations              +
|          INDIAN HEALTH HOSPITAL                        |
+-----+
User: LUJAN,ADRIAN M                                     14-SEP-2005 11:45 AM
Select 3P REFERENCE LAB LOCATIONS VENDOR NAME: THE REFERENCE LAB INC.
EIN.....: 1850444170      SUFFIX: A1
                                MAIL TO.: PO BOX 26688, ALBUQUERQUE
Are you adding 'THE REFERENCE LAB INC.' as
a new 3P REFERENCE LAB LOCATIONS (the 1ST)? No// YES  (Yes)
CLIA#: 12B3456789

```

Figure 2-23: Example of screen for adding/editing reference lab locations

The Reference Lab location must be an entry that already exists in the Vendor File. The user may search through the Vendor File to retrieve the appropriate entry. Once the new entry is added, the system will prompt for the CLIA number. This field requires a 10-character response. The response must be in an “NNLNNNNNNNN” format where “N” is a numeric character and “L” is an alpha character.

2.7.4 Adding to Site Parameters

Once the entries have been added to the Reference Lab CLIA file, the entry may be used as a default for all Laboratory claims. To do this, enter the Site Parameter file and enter the default Reference Lab location.

```

REFERENCE LAB DEFAULT CLIA#: THE REFERENCE LAB INC.      EIN.....: 1850444170
SUFFIX: A1
                                MAIL TO.: PO BOX 26688, ALBUQUERQUE#####.

```

Figure 2-24: Example of how to create a default entry for all Laboratory claims

2.7.5 The Claim Editor – Page 3

The default entered from the Site Parameters option will display on Page 3 of the Claim Editor.

```

~~~~~ PAGE 3 ~~~~~
Patient: PATIENT,DEMO      [HRN:7667]      Claim Number: 28883
..... (QUESTIONS) .....
[1] Release of Information...: YES      From: 04/27/2004      Thru:

```



```

[2] Assignment of Benefits...: YES      From: 04/27/2004   Thru:
[3] Accident Related.....: NO
[4] Employment Related.....: NO
[5] Emergency Room Required.:
[6] Outside Lab Charges.....:
[7] Date of First Symptom...:
[8] Date of Similar Symptom.:
[9] Referring Phys. (FL17)  :
[10] Medicaid Resubmission No:
[11] PRO Approval Number.....:
[12] HCFA-1500B Block 19.....:
[13] Admitting Diagnosis.....:
[14] Reference Lab CLIA#.....:
[15] In-House CLIA#.....: 12A3456789
-----

```

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

Figure 2-25: Example of display with defaults entered

If the claim lacks a CLIA number, the system will display the following error:

```
ERROR:200 - CLIA NUMBER MISSING
```

Figure 2-26: Example of error 200 message

This error will disappear if a valid CLIA number is typed into Field #14 or #15.

2.7.6 The Claim Editor – Page 8E

The following is a display that Page 8E demonstrating the new fields in Patch 8 in which the biller will populate the CLIA # and the necessary CPT modifier for Reference Lab services.

```

~~~~~ PAGE 8E ~~~~~
Patient: GOMEZ,THELMA [HRN:3644] Claim Number: 28911
Mode of Export: 837 INST (UB)
..... (LABORATORY SERVICES) .....

      REVN                                UNIT      TOTAL
      CODE      CPT - LABORATORY SERVICES  CHARGE QTY  CHARGE
      ====      =====
Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit/Mode): N// A

===== ADD MODE - LABORATORY SERVICES =====
Select Laboratory (CPT Code): 81007 (81007)
    URINE SCREEN FOR BACTERIA
        Urinalysis; bacteriuria screen, except by culture or dipstick

Select 1st MODIFIER:

    Laboratory UNITS: 1//

```

```

Laboratory PROVIDER:      WHIGHAM,THOMAS E

Laboratory REVENUE CODE: 307//          LAB/UROLOGY          UROLOGY

Laboratory IN-HOUSE CLIA#:

~~~~~ PAGE 8E ~~~~~
Patient: GOMEZ,THELMA [HRN:3644]          Claim Number: 28911
Mode of Export: 837 INST (UB)
..... (LABORATORY SERVICES) .....

      REVN          UNIT          TOTAL
      CODE          CHARGE QTY    CHARGE
=====
[1] CHARGE DATE: 09/24/2005 (WHIGHAM,THOMAS E)
    307 81007 URINE SCREEN FOR BACTERIA          22.00  1  22.00
                                           =====
                                           $22.00

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

===== ADD MODE - LABORATORY SERVICES =====
Select Laboratory (CPT Code): 87040 (87040)
  BLOOD CULTURE FOR BACTERIA
    Culture, bacterial; blood, with isolation and presumptive identification
    of isolates (includes anaerobic culture, if appropriate)

Select 1st MODIFIER: 90          REFERENCE (OUTSIDE) LABORATORY
    ...OK? Yes// (Yes)

Select 2nd MODIFIER:

  Laboratory UNITS: 1//
  Laboratory PROVIDER: LAB,DARREN
  Laboratory REVENUE CODE: 306//          LAB/BACT-MICRO          BACTERIOLOGY & MICRO
  BIOLOGY

Laboratory REFERENCE LAB CLIA#:

```

Figure 2-27: Example of Claim Editor screen

2.7.7 Exporting

The CLIA number entry will appear on the following Export Modes:

HCFA-1500 Y2K (Paper) (Form Locator 23.)

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE	17a. I.D. NUMBER OF REFERRING PHYSICIAN	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY MM DD YY FROM TO \$ CHARGES
19 RESERVED FOR LOCAL USE		20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO
21. DIAGNOSIS OR NATURE OF ILLNESS ON INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. _____		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER		

2. _____ 4. _____					1 2 A 3 4 5 6 7 8 9					
24. A	B	C	D	E	F	G	H	I	J	K
DATE(S) OF SERVICE From To	Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	DIAGNOSIS CODE	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	EMG	COB	RESERVED FOR LOCAL USE

Figure 2-28: Example of FCFA-1500 Y2K form

2.8 Splitting Claims

It may be necessary, at times, to split a claim while editing. Claims may be split and sent to the same insurer, or they may be sent to multiple payers—depending on the payer’s claims submission requirements. Charges may be split out to different claims. Claims that are split in RPMS are usually provided with a new claim reference number.

Patch 8 contains new functionality that will allow the user to set up the claims to automatically split. The user is also provided with the functionality to set up the Insurer File with the properties of the split claim.

2.8.1 Set Up

There are several ways to set up the manner in which the system splits out the charges from the original claim. Once the system is set up, the user will be prompted to manually split out the claim.

Insurer File

The user must set up the following:

- Determine to what payer the claim will be split-out
- Add billing properties for that payer in the Insurer File
 - Set the properties for the Visit Type entry while setting up the insurer
- Replace the insurer name in Table Maintenance
- Provide the effective date of the change and the name of the insurer
- Provide the visit type

The process is illustrated below. Bold text indicates responses made by the user in this example. This example shows Palmetto GBA being set up to bill for DME services, since Palmetto GBA is the supplier for Region C.

```

Select INSURER:    PALMETTO GBA      SOUTH CAROLINA      29202-3141
                  ...OK? Yes//      (Yes)

<----- MAILING ADDRESS ----->
Street...: PO BOX 100141//
City.....: COLUMBIA//
State....: SOUTH CAROLINA//
Zip Code.: 29202-3141//

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

```

```

      (if Different than Mailing Address)
Billing Office.: MEDICARE DMERC OPERATIONS  Replace
      Street.:
      City...:
      State..:
      Zip....:

Phone Number.....: (866)238-9650//
Contact Person.....:
AO Control Number..:
Insurer Status.....: BILLABLE//
All Inclusive Mode.:
Backbill Limit (months):
Dental Bill Status.:
Rx Billing Status...:
ENVOY ID MEDICAL:
ENVOY ID HOSPITAL:
ENVOY ID DENTAL:

Select CLINIC UNBILLABLE:

EMC SUBMITTER ID:
EMC PASSWORD:
EMC TEST INDICATOR:
USE PLAN NAME?:
72 HOUR RULE:

GROUP NUMBER:

PROVIDER PIN#
Select PROVIDER:

```

Figure 2-29-a: Example of process for setting up an insurer

Add the appropriate billing properties for the replacement insurer. The *visit type* entry is required as it will be necessary later during the billing process.

Visit Type - Description	Mode of Export	Mult Fee Form Sched	----- Start	Flat Rate Stop	----- Rate
=====					
Select VISIT TYPE... ??					
You may enter a new VISIT TYPE, if you wish					
Choose from:					
121	ANCILLARY (MCR PART B ONLY)				
131	OUTPATIENT				
831	AMBULATORY SURGERY				
837	PROFESSIONAL				
901	Pharmacy POS				
902	AMBULANCE				
990	MEDICAL/SURGICAL				
991	ACCOMMODATIONS				
992	ANESTHESIA				
993	MEDICAL SUPPLY				
994	OPTOMETRY				

```

995          RADIOLOGY
996          LABORATORY
997          PHARMACY
998          DENTAL
999          PROFESSIONAL COMPONENT

Select VISIT TYPE...: 993 MEDICAL SUPPLY
  Are you adding 'MEDICAL SUPPLY' as a new VISIT TYPE (the 1ST for this 3P
INSUR
ER)? No// YES (Yes)
Billable (Y/N/E)....: Y YES
Auto-Split this entry?:
Do you want to replace with another insurer/visit type?
Start Billing Date (create no claims with visit date before)...:
Procedure Coding....: CPT//
Fee Schedule.....:
Multiple Forms?.....:
Payer Assigned Provider Number.....:
EMC Reference ID....:
Auto Approve?.....:
Mode of Export.....: 837 PROF (HCFA)          837 4010 PROFESSIONAL

Visit
Type - Description          Mode of      Mult Fee    ----- Flat Rate -----
                           Export      Form Sched  Start      Stop      Rate
=====
  993  MEDICAL SUPPLY      837 PROF (HCFA)NO

Select VISIT TYPE...:

```

Figure 2-29b: Example of process for setting up an insurer

Proceed to the insurer file and select the insurer entry you want to edit. This entry will be the insurer that will be “replaced.” Type in the name of the insurer.

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.5          |
+-----+
|          Insurer File Menu          |
+-----+
|          INDIAN HEALTH HOSPITAL          |
+-----+
User: LUJAN,ADRIAN M                      6-DEC-2005 10:39 AM

EDIN  Add/Edit Insurer
RPIN  Replacement Text for Insurer Lookups
LSIN  Insurer Listing
IQIN  Display Insurer Info (Inquire)
MRIN  Merge Duplicate Insurers

Select Insurer File Menu Option: edin Add/Edit Insurer

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.5          |
+-----+

```

```

+                               Add/Edit Insurer                               +
|                               INDIAN HEALTH HOSPITAL                           |
+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+
User: LUJAN,ADRIAN M                                     6-DEC-2005 10:39 AM

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: MEDICARE
( MEDICARE )
...

The following matches were found:

1: MEDICARE                - PO BOX 660159
                           DALLAS, TX 75266-0159
2: MEDICARE PART B         - P.O. 500
                           CHICO, CA 960030
3: MEDICARE-CAHABA         - PO BOX 22545
                           JACKSON, MS 39225-2545

Select 1-3: 1

```

Figure 2-29c: Example of process for setting up an insurer

The user will then see the following prompts, which shall be bypassed. Proceed to the Visit Type section.

```

<----- MAILING ADDRESS ----->
Street...: PO BOX 660159//
City.....: DALLAS//
State....: TEXAS//
Zip Code.: 75266-0159//

<----- BILLING ADDRESS ----->
(if Different than Mailing Address)
Billing Office.: TRAILBLAZER HEALTH ENT  Replace
Street.: PO BOX 660030//
City...: DALLAS//
State..: TEXAS//
Zip....: 75266-0030//

Phone Number.....: (888)763-9836//
Contact Person.....: CHERYL COWMAN-SWEETIN  Replace
AO Control Number..: 400//
All Inclusive Mode.: YES//

```

```

Backbill Limit (months): 24//
Dental Bill Status.:
Rx Billing Status..: UNBILLABLE//
ENVOY ID MEDICAL:
ENVOY ID HOSPITAL:
ENVOY ID DENTAL:

Select CLINIC UNBILLABLE:

EMC SUBMITTER ID: V00233//
EMC PASSWORD: IHS233//
EMC TEST INDICATOR:
USE PLAN NAME?: NO//
72 HOUR RULE:

GROUP NUMBER: HSZ000//

PROVIDER PIN#
Select PROVIDER: CHIODO,ANTHONY//
  PROVIDER: CHIODO,ANTHONY//
  PIN #: S61007//
Select PROVIDER:

```

Figure 2-29d: Example of process for setting up an insurer

Visit Type - Description	Mode of Export	Mult Form	Fee Sched	----- Start	Flat Rate Stop	----- Rate
24 AUDIOLOGY	UB-92-E V4	NO		01/01/1999		138.00
110 NON COVERED	UB-92	NO		01/01/2003		0.00
				01/01/2005		1548.00
111 INPATIENT	UB-92	NO		01/01/1999	12/31/1999	1065.00
				01/01/2000	12/31/2000	1157.00
				01/01/2001	12/31/2001	1306.00
				01/01/2002		1507.00
				01/01/2003		1526.00
				01/01/2004		1512.00
121 ANCILLARY (MCR PA	***** (UNBILLABLE)	*****				
131 OUTPATIENT	837 INST (UB)	NO	1	08/09/1989	12/31/1989	72.00
				01/01/1990	12/31/1990	76.00
				12/31/1997	12/31/1997	78.00
				01/01/1998	12/31/1999	138.00
				01/01/2000	12/31/2000	139.00
				01/01/2001	01/31/2001	157.00
				01/01/2002	12/31/2002	160.00
				01/01/2003	12/31/2003	175.00
				01/01/2004		178.00

Enter RETURN to continue or '^' to exit:

Figure 2-29e: Example of process for setting up an insurer

Setting up the Replacement Insurer

In the Visit Type, Add or select the visit type entry you wish to replace. This will be used later in the claim editor when replacing the insurer. The system will prompt the user with Do you want to replace with another insurer/visit type? Type in YES and press the Enter key. The system will display the Effective Date. Type in the date the insurer can be replaced. The date will correspond to the visit date. Press the Enter key. Next, enter the name of the replaced insurer. This is the insurer that will appear when the visit type is changed in the claim editor. Press the Enter key.

Visit Type - Description	Mode of Export	Mult Form	Fee Sched	----- Start	Flat Rate Stop	----- Rate
200 PI PRIMARY	UB-92	NO	1			
831 AMBULATORY SURGER	UB-92-E V6	NO	2	01/01/1990		76.00
902 AMBULANCE	HCFA-1500	NO				
994 OPTOMETRY	UB-92-E V4	NO				
996 LABORATORY	HCFA-1500	NO	1			
999 PROFESSIONAL COMP	837 PROF (HCFA)N/A					

Select VISIT TYPE...: MEDICAL
 1 MEDICAL SUPPLY
 2 MEDICAL/SURGICAL
 CHOOSE 1-2: 1 MEDICAL SUPPLY
 Are you adding 'MEDICAL SUPPLY' as a new VISIT TYPE (the 7TH for this 3P INSURER)? No// **Y** (Yes)
 Billable (Y/N/E)....: **Y** YES
 Do you want to replace with another insurer/visit type? **YES**
 Select REPLACE INSURER EFFECTIVE DATE: **010105** JAN 01, 2005
 REPLACE INSURER EFFECTIVE DATE END DATE:
 REPLACE INSURER EFFECTIVE DATE REPLACEMENT INSURER: **PALMETTO**(PALMETTO)
 .
 PALMETTO GBA - PO BOX 100141
 COLUMBIA, SC 29202-3141
 OK? **Y**//
 REPLACE INSURER EFFECTIVE DATE REPLACEMENT VISIT TYPE: **MED**
 1 MEDICAL SUPPLY
 2 MEDICAL/SURGICAL
 CHOOSE 1-2: 1 MEDICAL SUPPLY

Visit Type - Description	Mode of Export	Mult Form	Fee Sched	----- Start	Flat Rate Stop	----- Rate
24 AUDIOLOGY	UB-92-E V4	NO		01/01/1999		138.00
110 NON COVERED	UB-92	NO		01/01/2003		0.00
				01/01/2005		1548.00
111 INPATIENT	UB-92	NO		01/01/1999	12/31/1999	1065.00
				01/01/2000	12/31/2000	1157.00
				01/01/2001	12/31/2001	1306.00
				01/01/2002		1507.00
				01/01/2003		1526.00

					01/01/2004		1512.00
121	ANCILLARY (MCR PA	***** (UNBILLABLE)	*****				
131	OUTPATIENT	837 INST (UB) NO	1	08/09/1989	12/31/1989	72.00	
				01/01/1990	12/31/1990	76.00	
				12/31/1997	12/31/1997	78.00	
				01/01/1998	12/31/1999	138.00	
				01/01/2000	12/31/2000	139.00	
				01/01/2001	01/31/2001	157.00	
				01/01/2002	12/31/2002	160.00	
				01/01/2003	12/31/2003	175.00	
				01/01/2004		178.00	
200	PI PRIMARY	UB-92	NO	1			
831	AMBULATORY SURGER	UB-92-E V6	NO	2	01/01/1990	76.00	
902	AMBULANCE	HCFA-1500	NO				
993	MEDICAL SUPPLY	** Replace with: PALMETTO GBA **					
994	OPTOMETRY	UB-92-E V4	NO				
996	LABORATORY	HCFA-1500	NO	1			
999	PROFESSIONAL COMP	837 PROF (HCFA)N/A					
Select VISIT TYPE..:							

Figure 2-29f: Example of process for setting up an insurer

Notice that the insurer has been changed. You will note that in the following example, the screen shows the former insurer, Medical Supply, has been replaced with *Palmetto GBA*.

2.8.2 Claim Editor

Splitting claims is a function that the user must perform manually. Please refer to Section 5.11 in the Third Party Billing manual for more information on splitting claims.

From the Third Party Billing Menu, select EDTP, then EDCL to navigate the Claim Editor. In the next example you will see that the patient has several claims. The user had split the first claim entry (Claim #29063) which will be used to bill to the replaced insurer.

PATIENT: DRIP,JIM M 03/23/1949 505-03-2319 HRN: 88199					
=====					
(1)	Claim# 29063	11/20/2005 OUTPATIENT	URGENT CARE		
	INDIAN HOSP	MEDICARE	Status: In EDIT Mode		
(2)	Claim# 29062	11/20/2005 PROFESSIONAL COMPONENT	URGENT CARE		
	INDIAN HOSP	MEDICARE	Status: In EDIT Mode		
(3)	Claim# 29061	11/20/2005 OUTPATIENT	URGENT CARE		
	INDIAN HOSP	MEDICARE	Status: Flagged as Billable		
(4)	Claim# 27383	06/09/2004 INPATIENT	INTERNAL MEDICINE		
	INDIAN HOSP	BC/BS OF ARIZONA INC	Status: Uneditable (Billed)		

Select 1 to 4: 1

...<< Processing, Claim Error Checks >>...

...<< Checking Eligibility Files for Potential Coverage >>...

Release of Information...: YES From: 05/26/2004 Thru: Assignment of
Benefits...: NO

~~~~~ PAGE 0 ~~~~~  
Patient: DRIP,JIM    [HRN:88199]                      Claim Number: 29063  
..... (CLAIM SUMMARY) .....

| Pg-1 (Claim Identifiers)                          | Pg-4 (Providers)       |
|---------------------------------------------------|------------------------|
| Location...: INDIAN HOSP                          | Attn: KITTYSON,NANCY E |
| Clinic....: URGENT CARE                           |                        |
| Visit Type: OUTPATIENT                            |                        |
| Bill From: 11-20-2005 Thru: 11-20-2005            |                        |
| Pg-2 (Billing Entity)                             | Pg-5A (Diagnosis)      |
| MEDICARE                      ACTIVE              | 1) ANKLE SPRAIN        |
| BC/BS OF ARIZONA INC                      PENDING | 2) ANKLE SPRAIN        |
| Pg-3 (Questions)                                  | Pg-5B (ICD Procedures) |
| Release Info: YES    Assign Benef: NO             |                        |
| Accident Rel: YES                                 |                        |

WARNING:213 - PHARMACY DATA EXISTS IN PCC THAT IS NOT ON CLAIM

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

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

~~~~~ PAGE 1 ~~~~~  
Patient: DRIP,JIM [HRN:88199] Claim Number: 29063
..... (CLAIM IDENTIFIERS)

[1] Clinic.....: URGENT CARE
[2] Visit Type.....: OUTPATIENT
[3] Bill Type.....: 131
[4] Billing From Date..: 11/20/2005
[5] Billing Thru Date..: 11/20/2005
[6] Super Bill #.....:
[7] Mode of Export.....: 837 INST (UB)
[8] Visit Location.....: INDIAN HEALTH HOSPITAL

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

Desired FIELDS: (1-8): 1-8// **2**

[2] Visit Type.....: OUTPATIENT// MED
1 MEDICAL SUPPLY
2 MEDICAL/SURGICAL

```

CHOOSE 1-2: 1  MEDICAL SUPPLY

~~~~~ PAGE 1 ~~~~~
Patient: DRIP,JIM  [HRN:88199]                      Claim Number: 29063
..... (CLAIM IDENTIFIERS) .....

      [1] Clinic.....: URGENT CARE
      [2] Visit Type.....: MEDICAL SUPPLY
      [3] Bill Type.....: 131
      [4] Billing From Date..: 11/20/2005
      [5] Billing Thru Date..: 11/20/2005
      [6] Super Bill #.....:
      [7] Mode of Export.....: 837 INST (UB)
      [8] Visit Location.....: INDIAN HEALTH HOSPITAL

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

```

Figure 2-30a: Example of split claim

In the above example the user has edited the Visit Type. The visit type selected is the visit type that was set up in the insurer file as for the replaced insurer.

Once the visit type has been changed, you will see that an asterisk appears on the screen next to the newly replaced insurer (Palmetto GBA) on Page 2 of the Billing Entity area of the screen.

The billing clerk can now proceed to edit the claim according to the billing guidelines for the active insurer.

```

~~~~~ PAGE 2 ~~~~~
Patient: DRIP,JIM  [HRN:88199]                      Claim Number: 29063
..... (INSURERS) .....

To: MEDICARE DMERC OPERATIONS          Bill Type...: 131
    PO BOX 100141                      Proc. Code..: CPT4
    COLUMBIA, SC 29202-3141            Export Mode.: 837 INST (UB)
    (866)238-9650                      Flat Rate...: N/A
.....

      BILLING ENTITY          STATUS          POLICY HOLDER
      =====
[1] *PALMETTO GBA             ACTIVE             DRIP,JIM
[2] BC/BS OF ARIZONA INC      PENDING           DRIP,JIM
-----

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

PATIENT:  DRIP,JIM      M  03/23/1949  505-03-2319  HRN: 88199
=====

```

| | | | |
|-----|--------------|-----------------------------------|-----------------------------|
| (1) | Claim# 29063 | 11/20/2005 MEDICAL SUPPLY | URGENT CARE |
| | INDIAN HOSP | PALMETTO GBA | Status: In EDIT Mode |
| (2) | Claim# 29062 | 11/20/2005 PROFESSIONAL COMPONENT | URGENT CARE |
| | INDIAN HOSP | MEDICARE | Status: In EDIT Mode |
| (3) | Claim# 29061 | 11/20/2005 OUTPATIENT | URGENT CARE |
| | INDIAN HOSP | MEDICARE | Status: Flagged as Billable |
| (4) | Claim# 27383 | 06/09/2004 INPATIENT | INTERNAL MEDICINE |
| | INDIAN HOSP | BC/BS OF ARIZONA INC | Status: Uneditable (Billed) |

Figure 2-30b: Continued example of split claim

Select the *view* action to display the replaced insurer. The *view* screen will indicate the insurer being replaced:

```

~~~~~ PAGE 2 ~~~~~
Patient: DRIP,JIM [HRN:88199] Claim Number: 29063
..... (INSURER - VIEW OPTION) .....

Insurer...: PALMETTO GBA Phone....: (866)238-9650
Prov. No.: 320057 Contact...:
**This insurer replaces MEDICARE for this claim only!
-----
Policy Number....: 505032319-A Coverage(s)....:
Group Name.....: Group Number....:
Elig date.....: FEB 01, 1999 Elig end date...:
-----
Policy Holder.: DRIP,JIM Relationship...: SELF
PO BOX 83823 Home Phone....:
SHONTO, AZ 88144

Employer....: ARIZONA ENGINEERS Empl. Status...: RETIRED
6543 W. THUNDERBIRD Work Phone....: 6029287456
PHOENIX, AZ 85241
-----

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

```

Figure 2-30c: Continued example of split claim

2.9 Table Maintenance Site Parameter Report

The Table Maintenance Site Parameter Report allows the ability to audit and print changes made to certain Table Maintenance functionality. To fulfill these requirements, certain changes were made to audit fields within the Site Parameters.

A new report has been added to Patch 8 that allows users to print changes to the following fields:

- Printable Name of Payment Site
- Facility to Receive Payments

Managers will be able to access this menu option which is located in the Table Maintenance section of the billing application. Only users with access to ABMZ SITE SETUP will be able to access this option.

The report identifies the date and time a value was changed, the old and the new value and the user that made the change.

The following steps will allow you to access this option. An example of the screen is also provided.

- Select the Reports Menu Option for Table Maintenance Site Parameters Report (TMRP).
- Select 2, the Date Range.
- Enter the beginning and ending dates for the date range you need to view.
- When prompted to again select either LOCATION or DATE RANGE, just press the return key, and a listing of audited fields will be displayed.

```
Select Reports Menu Option: TMRP Table Maintenance Site Parameters Report
```

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.5          |
+      Table Maintenance Site Parameters Report      +
|          INDIAN HEALTH HOSPITAL          |
+-----+
User: LUJAN,ADRIAN M                                15-DEC-2005 11:03 AM

```

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

```
Select one of the following:
```

- ```

1 LOCATION
2 DATE RANGE

```

```
Select ONE or MORE of the above EXCLUSION PARAMETERS: 2 DATE RANGE
```

```
===== Entry of EDIT DATE Range =====
```

```
Enter STARTING EDIT DATE for the Report: 010101 (JAN 01, 2001)
```

```
Enter ENDING DATE for the Report: T (DEC 15, 2005)
```

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

```
- Edit Date Range....:01/01/2001 to: 12/15/2005
```

```
Select one of the following:
```

- ```

1          LOCATION
2          DATE RANGE

```

```

Select ONE or MORE of the above EXCLUSION PARAMETERS:

Output DEVICE: HOME//

=====
LISTING of Audited fields                                DEC 15,2005   Page 1
=====
Date/Time          User              Old Value          New Value
-----
      3P PARAMETERS  Fld: FACILITY TO RECEIVE PAYMENT
09/07/2005@15:19 RUNNELS,LETHA  ALBUQUERQUE ADMINISTRA ABERDEEN ADMINISTRATIO
09/08/2005@17:48 RUNNELS,LETHA  ABERDEEN ADMINISTRATIO ALBUQUERQUE ADMINISTRA

      3P PARAMETERS  Fld: PRINTABLE NAME OF PAYMENT SITE
09/12/2005@16:25 LUJAN,ADRIAN M          INDIAN HEALTH HOSPITAL

(REPORT COMPLETE):

```

Figure 2-31: Third Party Revenue Policy Reports

2.10 837 Corrections

2.10.1 REF Segment – New Mexico Medicaid

Patch 8 modifications include an additional “REF” segment for the Pay-to-Provider Loop (Loop 2010AB) for New Mexico Medicaid.

2.10.2 Provider Number Fix for Satellite Facilities

The 837 formats have been corrected to allow facility group numbers to correctly display on the all 837 export modes if the A/R Parent/Satellite option is set to “YES.”

This modification also allows the PIN and Group Numbers to display correctly on all 837 formats.

2.10.3 Incorrect Amounts on the 837 Export Modes

Corrections were made to the 837 and to the paper export formats to correctly display the billed amount for All-Inclusive payers when a Flat Rate Adjustment exists. Since CMS does not publish the All-Inclusive rates in a timely manner, sites continue to bill using the old rates. If a Flat Rate Adjustment is done in the Claim/Bill Management menu, the system will update the billed amounts for all billed claims affected by the updated rate. Prior to Patch 8, the system would print both the new and the old rates. Patch 8 will print the adjusted bill amount.

2.10.4 Correction to Accident Date and Time

Corrections were made to the 837 formats for the Accident Time to correctly format the time if the accident was between 1:00 AM and 9:00 AM (0100 to 0900).

2.11 Inclusion of Modifications to Accommodate the IHS Pharmacy-Automated Dispensing Interface System

This modification applies to sites that have purchased the Omnicell or Pyxis commercial off the shelf software (COTS) systems. The IHS Pharmacy Automated Dispensing Interface System sends information from the COTs system to RPMS when medications are dispensed from the Pharmacy COTs system. This information is stored in the I H S HL7 SUPPLY INTERFACE file. When a claim is edited, if there are medications and/or supplies on file for the dates covered by the claim, the billing clerk will be able to review the medications/supplies and decide which ones should be added to the claim.

3.0 Patch 6

Patch 6 corrects several known errors that were found with version 2.5 of Third Party Billing, as well as issues found in patch 5. This addendum also includes an explanation of the logic behind the mapping of a Taxonomy code (required for the 837 format) to the Provider Class or Person Class on Page 4 of the Claim Editor.

3.1 Updated Referring Physician Functionality

Patch 6 updates the functionality of the Referring Physician question on page 3 of the Claim Editor that was introduced in patch 5 (section 4.11). Now after entering the provider UPIN, you will be prompted to populate either:

- Person Class
- Provider Class
- Taxonomy Code

One of the three must be populated for the 837. An error message will display if none of the above are populated or if the Person or Provider class code is not linked to a provider taxonomy code. Appendix A: Mapped Taxonomy Codes by Provider Class and Appendix B: Mapped Taxonomy Codes by Person Class contain a list of codes mapped to a taxonomy code.

- Person Class looks for a mapped entry in the 3P Provider Taxonomy file. If no mapped taxonomy code is found, then an error is displayed in the Claim Editor.
- Provider Class looks for a mapped entry in the 3P Provider Taxonomy file. If no mapped taxonomy code is found an error is displayed in the Claim Editor.
- Provider Taxonomy code is a straight lookup into 3P Provider Taxonomy file. This is obviously a mapped taxonomy code.

Note: The X12 code/Provider taxonomy in the persons class file is not used at this time. The long term goal is to have this field updated and use it, but these updates are currently not timely from the VA so this field is not used.

To use the Referring Physician field, the transmission type must be set to 837 PROF (HCFA).

To edit the Referring Physician field, follow these steps:

1. Type E and then the appropriate number of the Referring Phys. (FL17) field at the “Desired ACTION (Edit/Next/View/Jump/Back/Quit):” prompt.
2. Type the name of the referring physician at the “Name of Referring Physician:” prompt. This is a free text name field. This field does not point to any provider files and will allow you to enter any physician name.

3. Type the referring physician's UPIN number at the "Referring Physician I.D. No:" prompt.
4. Type 1 for Person Class, 2 for Provider Class, or 3 for Taxonomy Code at the "Which would you like to enter?:" prompt. If this field has already been populated, a message appears informing you that one of these 3 mandatory fields has already been populated and what the existing code is. Even if this message appears, you can still edit this field.

Person Class already entered: Physicians (M.D. and D.O.)

Figure 3-1: Person Class field already populated message

Provider Class already entered: 00 PHYSICIAN

Figure 3-2: Provider Class field already populated message

Taxonomy Code already entered: 208D00000X

Figure 3-3: Taxonomy Code field already populated message

- a. The Person Class Option looks at the Person Class file. It will take the Person Class entered and look for a linked taxonomy code in the 3P Provider Taxonomy file, displaying error message 201 if no match is found. A match must be found for the taxonomy code to show up in the 837 file.
 - b. The Provider Class option looks at the Provider Class file. It will take the Provider Class entered and look for a linked taxonomy code in the 3P Provider Taxonomy file, displaying error message 202 if no match is found. A match must be found for the needed taxonomy code to show up in the 837 file.
 - c. The Taxonomy Code option is a direct link to the 3P Provider Taxonomy file. You will only be able to enter codes that exist in this file. This will eliminate any problems that may occur from populating the provider with a Person or Provider Class code that is not mapped to a taxonomy code.
5. Type the appropriate number for the appropriate Person Class, Provider Class, or Taxonomy Code that you selected.

```

~~~~~ PAGE 3 ~~~~~
Patient: Patient,Jim [HRN:32456] Claim Number: 3138
..... (QUESTIONS) .....

[1] Release of Information..: NO
[2] Assignment of Benefits..: NO
[3] Accident Related.....: NO
[4] Employment Related.....: NO
[5] Emergency Room Required.: NO
[6] Outside Lab Charges.....: NO
[7] Date of First Symptom...:
[8] Date of Similar Symptom.:

```

```

[9] Referring Phys. (FL17) :
[10] Medicaid Resubmission No:
[11] PRO Approval Number.....:
[12] HCFA-1500B Block 19.....:
[13] Supervising Prov.(FL19): SMITH           Date Last Seen: 05/24/2004
[14] Date of Last X-Ray.....:
[15] Referral Number.....:
[16] Prior Authorization #...:

```

WARNING:058 - RELEASE OF INFORMATION UNOBTAINED

WARNING:059 - ASSIGNMENT OF BENEFITS UNOBTAINED

Desired ACTION (Edit/Next/View/Jump/Back/Quit): N// **E9**

```

[9] Name of Referring Physician: SMITH,BOB
    Referring Physician I.D. No: 123456

```

Select one of the following:

- 1 Person Class
- 2 Provider Class
- 3 Taxonomy Code

Which would you like to enter?:

Figure 3-4: Adding a referring provider (steps 1-4)

6. If the Person Class or Provider Class is properly mapped to a Taxonomy code, you will not see an error and you continue with the claim process as normal. If the Person Class or Provider Class is not mapped to a Taxonomy code, you will see one of a number of errors. Refer to section 3.2 for more details on the possible errors and how to correct them. As depicted below in the warnings section of the screen, when a taxonomy code is properly populated, there will be no error. Any error message will display in this box.

```

~~~~~ PAGE 3 ~~~~~
Patient: Patient,Jim [HRN:43568]           Claim Number: 3138
..... (QUESTIONS) .....
[1] Release of Information..: NO
[2] Assignment of Benefits..: NO
[3] Accident Related.....: NO
[4] Employment Related.....: NO
[5] Emergency Room Required.: NO
[6] Special Program.....: NO
[7] Outside Lab Charges.....: NO
[8] Date of First Symptom...:
[9] Date of Similar Symptom.:
[10] Date of 1st Consultation:
[11] Referring Phys. (FL17) : SMITH,BOB     I.D. Number: 123456
[12] Case No. (External ID)..:
[13] Medicaid Resubmission No:
[14] PRO Approval Number.....:
[15] HCFA-1500B Block 19.....:

```

```

[16] Supervising Prov.(FL19):                               Date Last Seen:
[17] Date of Last X-Ray.....:
[18] Prior Authorization #...:
[19] Homebound Indicator.....:
[20] Hospice Employed Prov...:

-----
WARNING:058 - RELEASE OF INFORMATION UNOBTAINED
WARNING:059 - ASSIGNMENT OF BENEFITS UNOBTAINED
-----

```

Figure 3-5: Adding a referring provider (step 6)

3.2 New Error Messages on Page 3

3.2.1 Error 193

What does error 193 mean? Referring Provider has a UPIN but no Person Class, Provider Class, or Taxonomy Code.

How do I correct it? Edit the Referring Physician on page 3 and then add a Referring Physician Person/Provider Class or Taxonomy code. If information is not properly entered, then an error message will be displayed on the screen after the warnings.

```

~~~~~ PAGE 3 ~~~~~
Patient: Patient,Jim [HRN:43568]                               Claim Number: 3138
..... (QUESTIONS) .....
[1] Release of Information..: NO
[2] Assignment of Benefits..: NO
[3] Accident Related.....: NO
[4] Employment Related.....: NO
[5] Emergency Room Required.: NO
[6] Special Program.....: NO
[7] Outside Lab Charges.....: NO
[8] Date of First Symptom...:
[9] Date of Similar Symptom.:
[10] Date of 1st Consultation:
[11] Referring Phys. (FL17) : SMITH,BOB      I.D. Number: 123456
[12] Case No. (External ID)..:
[13] Medicaid Resubmission No:
[14] PRO Approval Number.....:
[15] HCFA-1500B Block 19.....:
[16] Supervising Prov.(FL19):                               Date Last Seen:
[17] Date of Last X-Ray.....:
[18] Prior Authorization #...:
[19] Homebound Indicator.....:
[20] Hospice Employed Prov...:

-----
WARNING:058 - RELEASE OF INFORMATION UNOBTAINED
WARNING:059 - ASSIGNMENT OF BENEFITS UNOBTAINED
ERROR:193 - PIN/PERSON CLASS MISSING FROM REFERRING PROVIDER
-----

```

Figure 3-6: Example of error 193

3.2.2 Error 201

What does error 201 mean?

The referring provider has a non-mapped Person Class

How do I correct it?

Change the Person Class for the Provider to a mapped taxonomy, refer to Appendix A: Mapped Taxonomy Codes by Provider Class. If information is not properly entered, then an error message will be displayed, such as the 201 error shown on the screen below.

```

~~~~~ PAGE 3 ~~~~~
Patient: Patient,Jim [HRN:43568] Claim Number: 3138
..... (QUESTIONS) .....
[1] Release of Information...: NO
[2] Assignment of Benefits...: NO
[3] Accident Related.....: NO
[4] Employment Related.....: NO
[5] Emergency Room Required.: NO
[6] Special Program.....: NO
[7] Outside Lab Charges.....: NO
[8] Date of First Symptom...:
[9] Date of Similar Symptom.:
[10] Date of 1st Consultation:
[11] Referring Phys. (FL17) : SMITH,BOB I.D. Number: 123456
[12] Case No. (External ID)...:
[13] Medicaid Resubmission No:
[14] PRO Approval Number.....:
[15] HCFA-1500B Block 19.....:
[16] Supervising Prov.(FL19): Date Last Seen:
[17] Date of Last X-Ray.....:
[18] Prior Authorization #...:
[19] Homebound Indicator.....:
[20] Hospice Employed Prov...:

-----
WARNING:058 - RELEASE OF INFORMATION UNOBTAINED
WARNING:059 - ASSIGNMENT OF BENEFITS UNOBTAINED
ERROR:201 - TAXONOMY CODE MISSING FOR PERSON CLASS
-----

```

Figure 3-7: Example of error 201

3.2.3 Error 202

What does error 202 mean?

The referring provider does not have a mapped Provider Class

How do I correct it?

Change Provider class to a mapped taxonomy, refer to Appendix A: Mapped Taxonomy Codes by Provider Class. If information is not properly entered, then an error message will be displayed on the screen after the warnings.

```

~~~~~ PAGE 3 ~~~~~
Patient: Patient,Jim [HRN:43568] Claim Number: 3138
..... (QUESTIONS) .....
[1] Release of Information...: NO

```

```

[2] Assignment of Benefits...: NO
[3] Accident Related.....: NO
[4] Employment Related.....: NO
[5] Emergency Room Required.: NO
[6] Special Program.....: NO
[7] Outside Lab Charges.....: NO
[8] Date of First Symptom...:
[9] Date of Similar Symptom.:
[10] Date of 1st Consultation:
[11] Referring Phys. (FL17) : SMITH,BOB      I.D. Number: 123456
[12] Case No. (External ID)...:
[13] Medicaid Resubmission No:
[14] PRO Approval Number.....:
[15] HCFA-1500B Block 19.....:
[16] Supervising Prov.(FL19):                Date Last Seen:
[17] Date of Last X-Ray.....:
[18] Prior Authorization #...:
[19] Homebound Indicator.....:
[20] Hospice Employed Prov...:

-----
WARNING:058 - RELEASE OF INFORMATION UNOBTAINED
WARNING:059 - ASSIGNMENT OF BENEFITS UNOBTAINED
ERROR:202 - PROVIDER CLASS NOT MAPPED TO TAXONOMY CODE
-----

```

Figure 3-8: Example of error 202

3.3 Page 4

In support of the 837 transaction, Page 4 of the Claim Editor will now automatically search for a mapped Taxonomy Code for the listed provider. Any provider that you choose will have to be listed in the New Person file (File 200). This provider must have either a Person Class or a Provider Class assigned to them. Assigning a Person Class or Provider Class is done within the New Person file.

When an 837 transaction is created, a check is done to see if a Person Class is assigned. If there is a Person Class assigned, the system uses this and attempts to match the code to a mapped Taxonomy Code in the 3P Provider Taxonomy file. If a match is found, then no further action is needed. If a Person Class is not found or if a matching Taxonomy code is not found, then the system then looks at the Provider Class assignment. If a Provider Class is found, then the system attempts to match it to a Taxonomy code. If a match is found, then no further action is needed. If a match is not found then the provider taxonomy code field on the 837 will not be populated.

The flowchart in section 3.3.1 details how the system checks for a Taxonomy code.

3.3.1 How Page 4 Checks for a Taxonomy Code

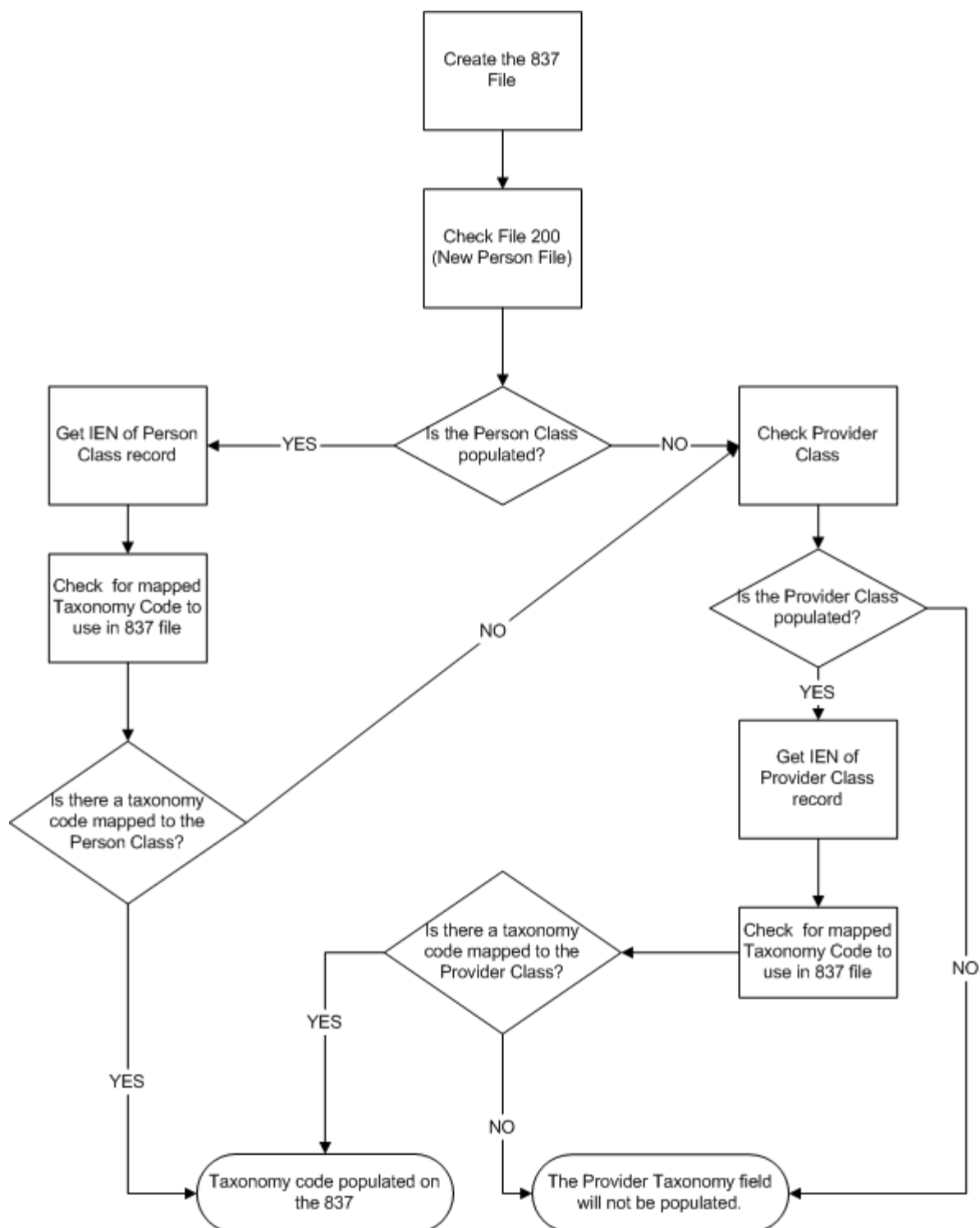


Figure 3-9: Flow chart depicting how Page 4 searches for a Taxonomy Code, as described in section 3.3

3.4 Understanding the 3P Provider Taxonomy File

The 3P Provider Taxonomy file contains:

- The 837 Taxonomy codes
- Person Class mapping
- Provider Class mapping

The 3P Taxonomy file contains a listing of all the 837 Taxonomy codes and maps each of the codes to the appropriate codes in the Person Class and Provider Class.

| |
|--|
| Note: All the Person Classes are not mapped at this time. |
|--|

3.5 Type of Service Auto-Population

Patch 6 removed the auto-population feature for the Type of Service field from the 837.

3.6 Discharge Status

The TPB system has been corrected to make Discharge Status default on Page 3 of Claim Editor.

3.7 Medicare 837 Fix

Patch 6 contains a fix to remove QTY segment from Medicare 837 file if the patient is not an inpatient.

4.0 Patch 5

Patch 5 consists of modifications that are a result of the 837 testing.

4.1 Patient Health Record Number

Sites may elect to bill for services that are performed outside of their primary facility. Generally, these sites may have the Parent/Satellite option set to *Yes*. When this option is set, the ABM system will utilize the A/R Parent/Satellite setup. Claims are then created under a parent facility which can be the primary billing location.

The ABM system has been modified to allow the Health Record Number (HRN) to be populated under the Parent Billing location. For example, if HRNs are issued at a parent facility, but the claim is generated for the satellite facility, ABM will check the HRN for the Visit location, Parent location, and then the Satellite.

4.2 Removal of “Unknown” Entry

The ABM system was populating the Group Name field on the 837 with “Unknown.” Sites that were submitting to Medicare were experiencing batch rejections due to the entry being populated.

The entry of “Unknown” was removed from all 837 formats (837-I, 837-P and 837-D) for Medicare Payers.

4.3 Removal of ICD-9 Surgical Procedures for Flat Rate Claims

The 837 transactions send the ICD-9 Surgical Procedures, regardless of the procedure coding. Surgical procedures were being sent for flat rate claims. This was causing claim batch rejections for Flat Rate payers since the payers were not expecting any procedures to be submitted.

If the properties from the Insurer File indicate the claim to be submitted in a flat rate manner, then the ABM system will remove all Surgical Procedure Codes (ICD-9) from all 837 formats.

4.4 Population of the 6th Diagnosis Code on the 837

The current 837 formats did not populate the 6th diagnosis piece on the 837.

The ABM system has been programmed to ensure the 6th diagnosis piece has been populated.

4.5 Removal of Trailing Spaces from the Patient/Policy Holder's Address

There may be occurrences in the Patient Registration system where the user may have entered a trailing space after the patient or policy holder's address. The screen might look like the one shown below in Figure 4-1. Notice that trailing spaces may exist after the street and city address fields.

| IHS REGISTRATION EDITOR (page 1) | | INDIAN HEALTH HOSPITAL | |
|-----------------------------------|--|------------------------------|----|
| STICK,PENCIL | | (upd:APR 27, 2004) HRN:99093 | |
| 1. | ELIGIBILITY STATUS : DIRECT ONLY | | |
| 2. | DOB : 08/17/1982 | | |
| 3. | CITY OF BIRTH : SANTA FE | 4.ST : | NM |
| 5. | SEX : FEMALE | | |
| 6. | SSN : 555558741(Not yet verified by the SSA) | | |
| 7. | MARITAL STATUS : | | |
| 8. | CURRENT COMMUNITY : SANTA FE | | |
| 9. | MAILING ADDRESS-STREET : 334 E MANCHESTER | | |
| 10. | STREET ADDRESS [LINE 2] : | | |
| 11. | STREET ADDRESS [LINE 3] : | | |
| 12. | MAILING ADDRESS-CITY : SANTA FE | 13.ST : | NM |
| 14. | MAILING ADDRESS-ZIP : 90111 | | |
| 15. | LOCATION OF HOME : | | |
| 16. | HOME PHONE : 512-8412 | | |
| 17. | OFFICE PHONE : | | |
| 18. | OTHER PHONE : | | |
| CHANGE which item? (1-18) NONE//: | | | |

Figure 4-1: Removal of Trailing Spaces from the Patient/Policy Holder's Address

The ABM system has been programmed to remove the trailing space from all 837 formats only. You may not even be aware a space was entered after the Street Name or City Name. This will not be identified to you to fix so be aware that there may still be incorrect entries in Patient Registration.

4.6 Send Only Four Corresponding Diagnosis Codes per Line of Service

The ABM system has always allowed claims to contain up to 99 entries of the diagnosis to be entered on Page 5A of the claim editor. The system also allows the diagnosis to be linked to a charge on the CPT pages (Pages 8A to 8J). Payers have been denying claim batch files due to too many diagnosis codes being linked on the 837 Professional format.

In this patch, the ABM system will still allow you to link the diagnosis to the CPT code but if you elect to link more than four diagnosis codes and are billing using the

837 Professional Format, then the electronic batch will only transmit the first four diagnosis codes that were sequenced to the charge. You will not be informed that only four diagnosis codes will be sent.

4.7 New Error Code in the Claim Editor

Injury data can be extracted from PCC visit data to the ABM system. Since PCC allows you to enter incomplete dates of injury, the ABM system will allow the approval of a claim with imprecise dates. Payers were denying these claims for lack of specific information.

The ABM system has been modified to display an error on Page 3 of the claim editor to prevent approving a claim if the injury date is incomplete. You must enter the date in MM/DD/CCYY format on Page 3. In the example below you will see that an imprecise date was entered in the EMPLOYMENT RELATED field, causing zeros to be shown for the day.

```

~~~~~ PAGE 3 ~~~~~
Patient: PATIENT,SUE [HRN:1072] Claim Number: 25166
..... (QUESTIONS) .....

[1] Release of Information..: YES From: 04/04/2004 Thru:
[2] Assignment of Benefits..: YES From: 04/04/2004 Thru:
[3] Accident Related.....: YES EMPLOYMENT RELATED 04/00/2004 9900 HRS
[4] Employment Related.....: YES
[5] Emergency Room Required.: NO
[6] Special Program.....: NO
[7] Blood Furnished.(pints): NO
[8] PRO Approval Number.....:
[9] Type of Admission.....:
[10] Source of Admission.....:
[11] Discharge Status.....:
[12] Admitting Diagnosis.....:
[13] Referral Number.....:
[14] Prior Authorization #...:

-----
ERROR:192 - IMPRECISE INJURY DATE
-----
Desired ACTION (Edit/Next/View/Jump/Back/Quit): N// E

Desired FIELDS: (1-14): 1-14// 3

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

Select one of the following:

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

Type of Accident: 4// 5 OTHER ACCIDENT

```

```

Accident Date:  04/00/2004// 04/18/2004  (APR 18, 2004)
Accident Hour:  (0-23): 11

```

Figure 4-2: New Error Code in the Claim Editor

An error code of 192 labeled “Imprecise Injury Date” will display on Page 3 of the claim editor if this error exists. Remember, users are not able to approve a claim if errors exist.

4.8 Deny Claim Cancellation If a Bill Is Already Tied to the Claim

The ABM system contains a claim cancellation function in the Claim/Bill Management Menu. This function is used to delete old claims from the system when they are no longer used. The system will also deny claims that have been previously billed. This was causing problems for users who may need to access that claim at a later point in time since the claim cannot be re-created once it has been deleted.

The system has been modified to prevent you from deleting or canceling claims that have been billed. The system will display a message advising you they will not be able to delete.

```

Select Claim/Bill Management Menu Option: CLMG  Cancel Claim

      +-----+
      |          THIRD PARTY BILLING SYSTEM - VER 2.5          |
      +-----+
      |          Cancel Claim          +-----+
      |          INDIAN HEALTH HOSPITAL          |
      +-----+
      User: LUJAN,ADRIAN M                      18-MAY-2004 3:49 PM

Select CLAIM or PATIENT: 24534  PATIENT,PATTY
                        Clm:24534  04-27-2004 OUTPATIENT  GENERAL          INDIAN HOSP
                        EXPLOSIVE ARMS INSURANCE          Claim Completed
Correct Claim? YES// YES
An active bill exists for this claim.  Cancelling of claim not allowed!

```

Figure 4-3: Deny Claim Cancellation If a Bill Is Already Tied to the Claim

4.9 Admission Source, Admission Type, and Discharge Status Default

The ABM system uses defaults for certain fields that may display on the claim form. If the visit or claim was an Outpatient service (excluding Day Surgery), then the TPB system would not display a value for the Admission Source (UB-92 Form Locator 20), Admission Type (UB-92 Form Locator 19) and Discharge Status (UB-92 Form Locator 18).

The system has now been modified to allow the user to complete the Admission Source, Admission Type and the Discharge Status when the mode of export is UB-92 (paper), UB-92 (NSF) or 837 Institutional.

The below defaults will be automatically populated for non inpatient claims:

- Type of Admission = 2 – Urgent
- Source of Admission = 1 – Physician Referral
- Discharge Status = 01 – Discharged to Home

```

~~~~~ PAGE 3 ~~~~~
Patient: PATIENT,HENRIETTA [HRN:1072] Claim Number: 25235
..... (QUESTIONS) .....

[1] Release of Information...: YES From: 12/01/2001 Thru:
[2] Assignment of Benefits...: YES From: 12/01/2001 Thru:
[3] Accident Related.....: NO
[4] Employment Related.....: NO
[5] Emergency Room Required.: YES
[6] Special Program.....: NO
[7] Blood Furnished.(pints): NO
[8] PRO Approval Number.....:
[9] Type of Admission.....: 2 URGENT
[10] Source of Admission.....: 1 PHYSICIAN REFERRAL
[11] Discharge Status.....: 01 Discharge to Home
[12] Admitting Diagnosis.....:
[13] Referral Number.....:
[14] Prior Authorization #....:

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

```

Figure 4-4: Admission Source, Admission Type, and Discharge Status Default

4.10 Place of Service/Type of Service Modification

The Place of Service and Type of Service codes are used to describe the location the services were rendered and the type of service that was obtained. The Third Party Billing system has always tried to determine the correct codes based on the built in logic. This was causing claims to deny, as there were some POS (Place of Service) or TOS (Type of Service) codes that were submitted with the incorrect data.

4.10.1 Place of Service and Type of Service Fields

To permit better access of the CPT pages (Pages 8A to 8H) two fields have been added that allow you to edit the Place of Service and Type of Service codes by line item. You may access these fields when adding a new charge or when editing an existing charge. These two fields will only display when the mode of export is HCFA-1500 (electronic or paper) or 837-P. You will see them at the bottom of the screen in the following example.

```

~~~~~ PAGE 8A ~~~~~
Patient: PATIENT ,LUCINDA M [HRN:5650] Claim Number: 25190
Mode of Export: 837 PROF (HCFA)
..... (MEDICAL SERVICES) .....

      REVN                                UNIT      TOTAL
      CODE      CPT - MEDICAL SERVICES  CHARGE QTY  CHARGE
      ===      =====
[1]  CHARGE DATE: 04/20/2004
      99212 OFFICE/OUTPATIENT VISIT, EST      86.00  1      86.00
                                           =====
                                           $86.00

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

[1]  99212

Select 1st MODIFIER:

      Seq      ICD9      DIAGNOSES
      Num      Code      Diagnosis Description
      ===      =====
      1      473.9      CHRONIC SINUSITIS NOS

DATE/TIME: APR 20,2004// [RET]
UNITS: 1// [RET]
PROVIDER: PROVIDER,NANCY E// [RET]

PLACE OF SERVICE: 22//
TYPE OF SERVICE: 1//

```

Figure 4-5: Place of Service/Type of Service Modification (added fields)

A new table has been added to RPMS that will allow the user to further define the Type of Service code. The following list displays the entries added:

| Code | Description |
|------|---------------------------------------|
| 0 | Whole Blood |
| 1 | Medical Care |
| 2 | Surgery |
| 3 | Consultation |
| 4 | Diagnostic Radiology |
| 5 | Diagnostic Laboratory |
| 6 | Therapeutic Radiology |
| 7 | Anesthesia |
| 8 | Assistant at Surgery |
| 9 | Other Medical Items or SERVICES |
| A | Used DME |
| B | High Risk Screening Mammography |
| C | Low Risk Screening Mammography |
| D | Ambulance |
| E | Enteral/Parenteral Nutrients/Supplies |

| Code | Description |
|------|--|
| F | Ambulatory Surgical Center |
| G | Immunosuppressive Drugs |
| H | Hospice |
| J | Diabetic Shoes |
| K | Hearing Items and Services |
| L | ESRD Supplies |
| M | Monthly Capitation Payment for Dialysis |
| N | Kidney Donor |
| P | Lump Sum Purchase of DME, Prosthetics, Orthotics |
| Q | Vision Items or Services |
| R | Rental of DME |
| S | Surgical Dressings or Other Medical Supplies |
| T | Outpatient Mental Health Treatment Limitation |
| U | Occupational Therapy |
| V | Pneumococcal/Flu Vaccine |
| W | Physical Therapy |

Figure 4-6: Place of Service/Type of Service Modification (service code table)

The Charge Summary screen has also been modified to allow the user to identify when a form Locator Override edit has been used for the POS/TOS fields of the HCFA-1500. The following message may display when the user types in “Approve” at Page 0:

| ***** 837 PROF (HCFA) CHARGE SUMMARY ***** | | | | | | |
|---|-----|-----|-------------|--------------|--------|-----|
| Charge Date | POS | TOS | Description | Corr
Diag | Charge | Qty |
| 04-20-2004 | 11 | 1 | 99212 | 1,2 | 86.00 | 1 |
| 04-20-2004 | 11 | 1 | J0706 | 1,2 | 8.00 | 1 |
| 04-20-2004 | 11 | 9 | A4200 | 1,2 | 1.00 | 1 |
| TOTAL CHARGE | | | | | 95.00 | |
| Form Locator Override edits exist for POS/TOS | | | | | | |

Figure 4-7: Place of Service/Type of Service Modification (charge summary screen)

Keep in mind that Form Locator Override will always override entries that were placed into the claim editor.

4.11 Fix for Referring Provider

Note: This functionality was updated in patch 6, see section 3.1

The Referring Phys. (FL17) question on Page 3 of the claim editor allows you to enter the name of an ordering/referring physician and their UPIN. This information is needed if you are billing for diagnostic laboratory or radiology services, consultative services and when billing for medical equipment. Since the implementation of the 837-P, the Referring Provider and their UPIN was being entered but was also lacking a provider taxonomy code. This was resulting in rejected claim batches.

The Third Party Billing system has been modified to allow you to enter the appropriate provider taxonomy for the Referring/Ordering provider. This prompt will display immediately after the “Referring Physician I.D. No.” prompt. You may type in the provider discipline, refer to the provider taxonomy code list, or also reference the Web site that contains the taxonomy codes by using the following link: <http://www.wpc-edi.com/codes/Codes.asp>.

5.0 Patch 1

5.1 Selecting an 837 Format Export Mode

Patch 1 of the Third Party Billing package addresses issues related to recent HIPAA Title II requirements. This patch contains three new export modes and software to generate ANSI 837 claims. The new export modes are 837 Institutional, 837 Professional, and 837 Dental. When you are selecting a mode of export for an insurer's visit type, you will see three additional modes of export.

When an existing insurer is ready to receive their bills in the 837 format, you will need to change the mode of export to one of these three new export modes.

```
Mode of Export.....: ??

Choose from:
 1      UB-82          OMB NO. 0938-0279
 2      HCFA-1500A      Old Version Dated 1-84
 3      HCFA-1500B      New Version Dated 12-90
 4      ADA-90          Dental Claim Form Dated 1990
10      UB-92-E V4      UB-92 Electronic (NSF Version 4)
11      UB-92          OMB NO. 0938-0279
12      ADA-94          DENTAL ADA-94 FORM
13      UB-92-E V5      Electronic UB-92 (NSF Version 5)
14      HCFA-1500 Y2K    HCFA 1500 Y2K version
15      HCFA-1500-E      Electronic HCFA-1500 (NSF Version 2.0)
16      UB-92-E ENVOY    Electronic UB-92 (Envoy/NEIC version)
17      UB-92-E V6      Electronic UB-92 (NSF Version 6)
18      ADA-99          Dental Claim Form Dated 1999
19      HCFA-1500-E ENVOY    Electronic HCFA-1500 Envoy (NSF V 2.0)
20      HCFA-1500-E V3.01    Electronic HCFA-15000 (NSF V3.01)

21      837 INST        837 4010 INSTITUTIONAL
22      837 PROF        837 4010 PROFESSIONAL
23      837 DENTAL      837 4010 DENTAL

Mode of Export.....:
```

Figure 5-1: Selecting an 837 Format Export Mode

5.2 Setting up Provider's Person Classes

Select the User Management option from the main menu, then the Person Class Edit option from the User Management menu. Type the name of the provider you need to add a person class to at the "Select New Person Name:" prompt.

```
CORE    IHS Core ...
DEV      Device Management ...
FM       VA FileMan ...
MAN      Manage Mailman ...
MM       Menu Management ...
```



```

PROG  Programmer Options ...
SM    Operations Management ...
SPL   Spool Management ...
TM    Taskman Management ...
UE    User Management ...
SS    System Security ...
UIHS  Unix IHS Utilities ...
UXSY  Unix System Administration ...
      Application Utilities ...

```

Select IHS Kernel Option: **UE** User Management

```

Add a New User to the System
Grant Access by Profile
Edit an Existing User
Deactivate a User
Reactivate a User
List users
User Inquiry
Switch Identities
File Access Security ...
    **> Out of order:  ACCESS DISABLED
Clear Electronic signature code
Electronic Signature Block Edit
Manage User File ...
Person Class Edit
Reprint Access agreement letter

```

Select User Management Option: **PERSON CLASS EDIT**

Select NEW PERSON NAME: **DEMO,USER**

Figure 5-2: Setting Up Provider's Person Classes (select new person)

Type the desired person class number at the Person Class prompt (or type two question marks (??) for a list of available person classes). If you wish to add the selected person class, type Y at the "Are you adding [person class] as a new Person Class?" prompt.

| Edit of Person Class | | |
|---|-----------|---------|
| NAME: DEMO,USER | | |
| <hr/> | | |
| Person Class | Effective | Expired |
| 59 | | |
|
 | | |
| <hr/> | | |
| Dietary & Nutritional Service Providers | | |
| Nutritionist | | |

Nutrition, Education
Are you adding 'Dietary & Nutritional Service Providers' as
a new PERSON CLASS? No// **Y**

Figure 5-3: Setting Up Provider's Person Classes (select person class number)

Type the effective date in the next field and, if necessary, the expired date in the field after that. Repeat until you have added all applicable Person Classes for this provider.

NAME: DEMO,USER

Person Class

Dietary & Nutritional Service Providers

Effective

JUL 11,2002

Expired

COMMAND:

Press <PF1>H for help

Insert

Figure 5-4: Setting Up Provider's Person Classes (select effective date)

Once you have finished adding person classes to the provider go to the command line, save your changes, and exit the option.

6.0 Appendix A: Mapped Taxonomy Codes by Provider Class

6.1 Table of Taxonomy Codes: Individual or Groups (of Individuals)

Updated 10/24/03

| RPMS
Provider Code | RPMS Name | Taxonomy Code | Taxonomy Name |
|-----------------------|------------------------|------------------------|--|
| 10 | PHYSICAL THERAPIST | 225100000X | PHYSICAL THERAPIST |
| 11 | PHYSICIAN ASSISTANT | 363A00000X | PHYSICIAN ASSISTANT |
| 12 | PSYCHOLOGIST | 103T00000X | PSYCHOLOGIST |
| 13 | CHN/AIDES | 376K00000X | NURSE'S AIDE |
| 14 | SCHOOL NURSE | See HC Prov Tax Manual | See HC Prov Tax Manual |
| 15 | OTHER | See HC Prov Tax Manual | See HC Prov Tax Manual |
| 16 | PEDIATRIC NURSE PRACT. | 363LP0200X | PEDIATRICS (NURSE PRACTITIONER) |
| 17 | NURSE MIDWIFE | 367A00000X | MIDWIFE, CERTIFIED NURSE |
| 18 | PHYSICIAN (CONTRACT) | 208D00000X | GENERAL PRACTICE |
| 19 | MENTAL HEALTH | 101YM0800X | MENTAL HEALTH (COUNSELOR) |
| 20 | MEDICAL STUDENT | See HC Prov Tax Manual | See HC Prov Tax Manual |
| 21 | NURSE PRACTITIONER | 363L00000X | NURSE PRACTITIONER |
| 22 | NURSE ASSISTANT | 376K00000X | NURSE'S AIDE |
| 23 | LABORATORY TECHNICIAN | 246RM2200X | MEDICAL LABORATORY (TECHNICIAN, PATHOLOGY) |
| 24 | CONTRACT OPTOMETRIST | 152W00000X | OPTOMETRIST |
| 25 | PODIATRIST (CONTRACT) | 213E00000X | PODIATRIST |
| 26 | INHALATION THERAPIST | See HC Prov Tax Manual | RESPIRATORY THERAPIST, CERTIFIED or REGISTERED |
| 27 | NURSING STUDENT | See HC Prov Tax Manual | See HC Prov Tax Manual |
| 28 | AUDIOLOGIST | 231H00000X | AUDIOLOGIST |
| 29 | DIETICIAN | 133V00000X | DIETITIAN, REGISTERED |
| 30 | PHARMACY PRACTITIONER | 183500000X | PHARMACIST |
| 31 | OPTOMETRIC ASSISTANT | 156FX1201X | OPTOMETRIC ASSISTANT |
| 32 | CHN (CONTRACT) | See HC Prov Tax Manual | See HC Prov Tax Manual |

| RPMS
Provider Code | RPMS Name | Taxonomy Code | Taxonomy Name |
|-------------------------------|-----------------------------------|---------------------------|--|
| 33 | PODIATRIST | 213E00000X | PODIATRIST |
| 34 | NUTRITIONIST
(CONTRACT/TRIBAL) | 133N00000X | NUTRITIONIST |
| 35 | OUTREACH WORKER | See HC Prov Tax
Manual | See HC Prov Tax Manual |
| 36 | EYE CARE SPECIALIST | 156F00000X | TECHNICIAN/TECHNOLOGIST |
| 37 | FAMILY PLANNING
COUNSELOR | 106H00000X | MARRIAGE & FAMILY
THERAPIST |
| 38 | EMT/PARAMEDIC | 146L00000X | EMERGENCY MEDICAL
TECHNICIAN, PARAMEDIC |
| 39 | SPEECH THERAPIST | 235Z00000X | SPEECH-LANGUAGE
PATHOLOGIST |
| 40 | AMBULANCE DRIVER | 172A00000X | DRIVER |
| 41 | OB/GYN (CONTRACT) | 207V00000X | OBSTETRICS &
GYNECOLOGY |
| 42 | SPEECH /LANGUAGE
PATHOLOGIST | 235Z00000X | SPEECH-LANGUAGE
PATHOLOGIST |
| 43 | AUDIOMETRIC
TECHNICIAN | 235500000X | SPECIALIST/TECHNOLOGIST
(AUDIOLOGY) |
| 44 | PHYSICIAN (TRIBAL) | 208D00000X | GENERAL PRACTICE |
| 45 | OSTEOPATH | See HC Prov Tax
Manual | See HC Prov Tax Manual |
| 46 | DENTAL HYG/ASSISTANT | 124Q00000X | DENTAL HYGIENIST |
| 47 | CRNA | 367500000X | NURSE ANESTHETIST,
CERTIFIED REGISTERED |
| 48 | ALCOHOLISM/SUB ABUSE
COUNSELOR | 101YA0400X | ADDICTION (SUBSTANCE
USE DISORDER)
(COUNSELOR) |
| 49 | CONTRACT
PHYCHIATRIST | 2084P0800X | PSYCHIATRY |
| 50 | CONTRACT
PHSYCHOLOGIST | 103T00000X | PSYCHOLOGIST |
| 51 | NUTRITION PROGRAM
(PAPAGO) | 133N00000X | NUTRITIONIST |
| 52 | DENTIST | 1223G0001X | GENERAL PRACTICE
(DENTIST) |
| 53 | COMMUNITY HEALTH
REP. | 374H00000X | HOME HEALTH AIDE |
| 54 | DENTAL ASSIST.
(PRENATAL) | 126800000X | DENTAL ASSISTANT |
| 55 | DISEASE CONTROL
PROGRAM | not applicable | not applicable |
| 56 | HEALTH RECORDS | 247000000X | TECHNICIAN, HEALTH
INFORMATION |
| 57 | ADMINISTRATION | not applicable | not applicable |
| 58 | SPEECH THER- | Discontinued | Discontinued |

| RPMS
Provider Code | RPMS Name | Taxonomy Code | Taxonomy Name |
|-------------------------------|---------------------------------|----------------------|---|
| | DISCONTINUE | | |
| 59 | X-RAY TECHNICIAN | 247100000X | RADIOLOGIC
TECHNOLOGIST |
| 60 | DENTAL ASSISTANT | 126800000X | DENTAL ASSISTANT |
| 61 | DENTAL LAB | 126900000X | DENTAL LABORATORY
TECHNICIAN |
| 62 | SOCIAL WORKER
LICENSED | 1041C0700X | CLINICAL (SOCIAL WORKER) |
| 63 | CONTRACT SOCIAL
WORKER | 1041C0700X | CLINICAL (SOCIAL WORKER) |
| 64 | NEPHROLOGY | 207RN0300X | NEPHROLOGY |
| 65 | OPTOMETRY STUDENT | 156FX1201X | OPTOMETRIC ASSISTANT |
| 66 | CASE MANAGERS | 251B00000X | CASE MANAGEMENT |
| 67 | CLINICAL PHARMACY
SPECIALIST | 1835G0000X | PHARMACIST. GENERAL
PRACTICE |
| 68 | EMERGENCY ROOM
PHYSICIAN | 207PE0004X | EMERGENCY MEDICAL
SERVICES (EMER. MED.) |
| 69 | CHIROPRACTOR | 111N00000X | CHIROPRACTOR |
| 70 | CARDIOLOGIST | 207RC0000X | CARDIOVASCULAR DISEASE
(INTERNAL MEDICINE) |
| 71 | INTERNAL MEDICINE | 207RA0401X | INTERNAL MEDICINE |
| 72 | OB/GYN | 207V00000X | OBSTETRICS &
GYNECOLOGY |
| 73 | ORTHOPEDIST | 207X00000X | ORTHOPEDIC SUGERY |
| 74 | OTOLARYNGOLOGIST | 207Y00000X | OTOLARYNGOLOGY |
| 75 | PEDIATRICIAN | 208000000X | PEDIATRICS |
| 76 | RADIOLOGIST | 2085R0202X | DIAGNOSTIC RADIOLOGY |
| 77 | SURGEON | 208600000X | SURGERY |
| 78 | UROLOGIST | 208800000X | UROLOGY |
| 79 | OPHTHALMOLOGIST | 207W00000X | OPHTHALMOLOGY |
| 80 | FAMILY PRACTICE | 207Q00000X | FAMILY PRACTICE |
| 81 | PSYCHIATRIST | 2084P0800X | PSYCHIATRY |
| 82 | ANESTESIOLOGIST | 207L00000X | ANESTHESIOLOGY |
| 83 | PATHOLOGIST | 207ZP0105X | CLINICAL
PTHOLOGY/LABORATORY
MEDICINE |
| 84 | PEDORTHIST | 225000000X | ORTHOTICS/PROSTHETICS
FITTER |
| 85 | NEUROLOGIST | 207T00000X | NEUROLOGICAL SURGERY |
| 86 | DERMATOLOGIST | 207N00000X | DEMATOLOGY |
| 87 | ULTASOUND TECHNICIAN | 247100000X | RADIOLOGIC
TECHNOLOGIST |
| 88 | CODING/DATA ENTRY | 246Y00000X | SPECIALIST/TECHNOLOGIST, |

| RPMS
Provider Code | RPMS Name | Taxonomy Code | Taxonomy Name |
|-------------------------------|--------------------------------------|----------------------|--|
| | | | HEALTH INFORMATION |
| 89 | AUDIOLOGY HEALTH
TECHNICIAN | 235500000X | SPECIALIST/TECHNOLOGIST
(AUDIOLOGY) |
| 90 | OCCUPATIONAL
THERAPIST | 225X00000X | OCCUPATIONAL THERAPIST |
| 91 | PHN
DRIVER/INTERPRETER | 172A00000X | DRIVER |
| 92 | PSYCHOTHERAPIST | 103TP2700X | PSYCHOTHERAPY |
| 93 | TRADITIONAL MEDICINE
PRACTITIONER | 175F00000X | NATUROPATH |
| 94 | MENTAL HEALTH (BA/BS
ONLY) | 101YM0800X | MENTAL HEALTH
(COUNSELOR) |
| 95 | MENTAL HEALTH
(MASTERS ONLY) | 101YM0800X | MENTAL HEALTH
(COUNSELOR) |
| 96 | FAMILY THERAPIST | 106H00000X | MARRIAGE & FAMILY
THERAPIST |
| 97 | NUTRITION TECHNICIAN | 133NN1002X | NUTRITION, EDUCATION |
| 98 | FOOD SERVICE
SUPERVISOR | not applicable | not applicable |
| 99 | DIETETIC TECHNICIAN | 136A00000X | DIETETIC TECHNICIAN,
REGISTERED |
| 00 | PHYSICIAN | 208D00000X | GENERAL PRACTICE |
| 01 | REGISTERED NURSE | 163W00000X | REGISTERED NURSE |
| 02 | ENVIRONMENTAL
HEALTH | not applicable | not applicable |
| 03 | HEALTH AIDE | 374U00000X | HOME HEALTH AIDE |
| 04 | HEALTH EDUCATOR | 174400000X | SPECIALIST |
| 05 | LICENSED PRACTICAL
NURSE | 164W00000X | LICENSED PRACTICAL
NURSE |
| 06 | SOCIAL WORKER
UNLICENSED | 104100000X | SOCIAL WORKER |
| 07 | NUTRITIONIST | 133N00000X | NUTRITIONIST |
| 08 | OPTOMETRIST | 152W00000X | OPTOMETRIST |
| 09 | PHARMACIST | 1835G0000X | GENERAL PRACTICE
(PHARMACIST) |
| A1 | SPORTS MEDICINE | 207QS0010X | SPORTS MEDICINE (FAMILY
PRACTICE) |
| A2 | MEDICAL TECHNOLOGIST | 246QM0706X | MEDICAL TECHNOLOGIST |
| A3 | NATUROPATH DOCTOR | 175F00000X | NATUROPATH |
| A4 | NATUROPATH PHYSICIAN | 175F00000X | NATUROPATH |
| A5 | ACUPUNCTURIST | 171100000X | ACUPUNCTURIST |
| A6 | IN SCHOOL THERAPY | 101YS0200X | SCHOOL (COUNSELOR) |
| A7 | DOMESTIC VIOLENCE
COUNSELOR | 101Y00000X | COUNSELOR |

6.2 Health Care Provider Taxonomy, Version 3.1, July 2003

Non-Individual (Facility) Taxonomy Codes

| Facility Type | Taxonomy Code | Taxonomy Name |
|------------------------------------|---------------|--|
| HOSPITAL | 282N00000X | GENERAL ACUTE CARE HOSPITAL |
| AMBULATORY CLINIC | 261QP0904X | PUBLIC HEALTH, FEDERAL (AMB. HEALTH CARE) |
| CRITICAL ACCESS HOSPITAL | 282NC0060X | CRITICAL ACCESS (GENERAL ACUTE CARE HOSP) |
| FQHC | 261QF0400X | FEDERAL QUALIFIED HEALTH CENTER (AMB. HC) |
| MEDICAL CENTER | 2865M2200X | MEDICAL CENTER |
| *** RESIDENTIAL TREATMENT FACILITY | 323P00000X | PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY |
| SKILLED NURSING FACILITY | 314000000X | SKILLED NURSING FACILITY |

*** See HC Prov Tax V3.1 Manual for Definition

7.0 Appendix B: Mapped Taxonomy Codes by Person Class

| <u>Person Class</u> | <u>Category</u> | <u>Area of Specialty</u> | <u>Provider Class</u> | <u>Provider Taxonomy</u> |
|--|----------------------|------------------------------------|-----------------------|--------------------------|
| Physicians (M.D. and D.O.) | Physician/Osteopath | Addiction Medicine | PHYSICIAN | 2084A0401X |
| Physicians (M.D. and D.O.) | Physician/Osteopath | Allergy & Immunology | ASSISTANT | 207K00000X |
| Physicians (M.D. and D.O.) | Physician/Osteopath | Immunology, Clinical & Laboratory: | | |
| Physicians (M.D. and D.O.) | Physician/Osteopath | Allergy & Immunology | | 207KI0005X |
| Physicians (M.D. and D.O.) | Physician/Osteopath | Allergy | | 207KA0200X |
| Physicians (M.D. and D.O.) | Physician/Osteopath | Anesthesiology | ANESTHESIOLOGIST | 207L00000X |
| | | Critical Care Medicine: | | |
| Physicians (M.D. and D.O.) | Physician/Osteopath | Anesthesiology | | 207LC0200X |
| Physicians (M.D. and D.O.) | Physician/Osteopath | Pain Management - Anesthesiology | | 208VP0000X |
| Physicians (M.D. and D.O.) | Physician/Osteopath | Body Imaging | | 2085B0100X |
| Physicians (M.D. and D.O.) | Physician/Osteopath | Cardiology | CARDIOLOGIST | 207RC0000X |
| Physicians (M.D. and D.O.) | Physician/Osteopath | Dermatology | DERMATOLOGIST | 207N00000X |
| Physicians (M.D. and D.O.) | Physician/Osteopath | Dermatopathology: Dermatology | | 207ZD0900X |
| | | Toxicology, Medical: Emergency | | |
| Physicians (M.D. and D.O.) | Physician/Osteopath | Medicine | | 207P00000X |
| | | | PHYSICIAN | |
| Physicians (M.D. and D.O.) | Physician/Osteopath | General Practice | (CONTRACT) | 208D00000X |
| Podiatric Medicine and Surgery Service | Assistant, Podiatric | | | 211D00000X |
| Podiatric Medicine and Surgery Service | Podiatrist | | PODIATRIST | |
| Podiatric Medicine and Surgery Service | Podiatrist | | (CONTRACT) | 213E00000X |
| Podiatric Medicine and Surgery Service | Podiatrist | Surgery, Foot & Ankle | | 213ES0103X |
| Podiatric Medicine and Surgery Service | Podiatrist | Surgery, Foot | | 213ES0131X |
| Podiatric Medicine and Surgery Service | Podiatrist | General Practice | | 213EG0000X |
| Podiatric Medicine and Surgery Service | Podiatrist | Primary Podiatric Medicine | | 213EP1101X |
| Podiatric Medicine and Surgery Service | Podiatrist | Preventive Medicine: Public Health | | 213EP0504X |
| Podiatric Medicine and Surgery Service | Podiatrist | Radiology | | 213ER0200X |
| Podiatric Medicine and | Podiatrist | Sports Medicine | | 213ES0000X |

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|---|---------------------------------|------------------------------------|-----------------------------------|------------|
| Surgery Service | | | | |
| Chiropractors | Chiropractor | | CHIROPRACTOR | 111N00000X |
| Chiropractors | Chiropractor | Internist | | 111NI0900X |
| Chiropractors | Chiropractor | Neurology | | 111NN0400X |
| Chiropractors | Chiropractor | Nutrition | | 111NN1001X |
| Chiropractors | Chiropractor | Occupational Medicine | | 111NX0100X |
| Chiropractors | Chiropractor | Orthopedic | | 111NX0800X |
| Chiropractors | Chiropractor | Radiology | | 111NR0200X |
| Chiropractors | Chiropractor | Sports Physician | | 111NS0005X |
| Chiropractors | Chiropractor | Thermography | | 111NT0100X |
| Physician Assistants &
Advanced Practice Nursing | Physician Assistant | | PHYSICIAN
ASSISTANT | 363A00000X |
| Physician Assistants &
Advanced Practice Nursing | Physician Assistant | Surgical | | 363AS0400X |
| Physician Assistants &
Advanced Practice Nursing | Physician Assistant | Medical | | 363AM0700X |
| Dental Service | Dental Assistant | | LICENSED MEDICAL
SOCIAL WORKER | 126800000X |
| Dental Service | Dental Hygienist | | DENTAL HYGIENIST | 124Q00000X |
| Dental Service | Dental Laboratory
Technician | | NEPHROLOGIST | 126900000X |
| Dental Service | Dentist | | DENTIST | 122300000X |
| Dental Service | Dentist | Endodontics | | 1223E0200X |
| Dental Service | Dentist | Surgery, Oral & Maxillofacial | | 1223S0112X |
| Dental Service | Dentist | Pathology, Oral & Maxillofacial | | 1223P0106X |
| Dental Service | Dentist | Orthodontics | | 1223X0400X |
| Dental Service | Dentist | Pediatrics Dentistry (Pedodontics) | | 1223P0221X |
| Dental Service | Dentist | Periodontics | | 1223P0300X |
| Dental Service | Dentist | Prosthodontics | | 1223P0700X |
| Dental Service | Dentist | Dental Public Health | | 1223D0001X |
| Eye and Vision Services | Technician/Technologist | Contact Lens Fitter | | 156FC0801X |
| Eye and Vision Services | Technician/Technologist | Contact Lens | | 156FC0800X |
| Eye and Vision Services | Technician/Technologist | Ocularist | | 156FX1700X |
| Eye and Vision Services | Technician/Technologist | Ophthalmic Medical Assistant | | 156FX1101X |
| Eye and Vision Services | Technician/Technologist | Ophthalmic | | 156FX1100X |
| Eye and Vision Services | Technician/Technologist | Optician | | 156FX1800X |
| Eye and Vision Services | Optometrist | | CONTRACT | 152W00000X |

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|--------------------------------------|--------------------------------|------------------------------------|--|------------|
| | | | OPTOMETRIST | |
| Eye and Vision Services | Optometrist | Low Vision | | 152WL0500X |
| Eye and Vision Services | Optometrist | Sports Vision | | 152WS0006X |
| Eye and Vision Services | Optometrist | Pediatrics | | 152WP0200X |
| Eye and Vision Services | Optometrist | Occupational Vision | | 152WX0102X |
| Eye and Vision Services | Optometrist | Vision Therapy | | 152WV0400X |
| Eye and Vision Services | Technician/Technologist | Orthoptist | | 156FX1900X |
| Speech, Language and Hearing Service | Audiologist | | AUDIOLOGIST | 231H00000X |
| Speech, Language and Hearing Service | Audiologist-Hearing Aid Fitter | | | 237600000X |
| Speech, Language and Hearing Service | Hearing Instrument Specialist | | | 237700000X |
| Speech, Language and Hearing Service | Speech-Language Pathologist | | SPEECH THERAPIST | 235Z00000X |
| Speech, Language and Hearing Service | Specialist/Technologist | Speech-Language Assistant | | 2355S0801X |
| Pharmacy Service | Pharmacist | | PHARMACY PRACTITIONER CLINICAL PHARMACY SPECIALIST | 183500000X |
| Pharmacy Service | Pharmacist | General Practice | | 1835G0000X |
| Pharmacy Service | Pharmacist | Nuclear Pharmacy | | 1835N0905X |
| Pharmacy Service | Pharmacist | Nutrition Support | | 1835N1003X |
| Pharmacy Service | Pharmacist | Pharmacotherapy | | 1835P1200X |
| Pharmacy Service | Pharmacist | Psychopharmacy | | 1835P1300X |
| Nursing Service | Registered Nurse | Psychiatric/Mental Health, Adult | | 163WP0809X |
| Nursing Service | Registered Nurse | Administrator | | 163WA2000X |
| Nursing Service | Nurse Massage Therapist (NMT) | | | 163WM1400X |
| Nursing Service | Registered Nurse | | REGISTERED NURSE | 163W00000X |
| Nursing Service | Registered Nurse | Addiction (Substance Use Disorder) | | 163WA0400X |
| Nursing Service | Registered Nurse | Post-Anesthesia, Ambulatory | | 163WP2201X |
| Nursing Service | Registered Nurse | Women's Health Care, Ambulatory | | 163WW0101X |
| Nursing Service | Registered Nurse | Cardiac Rehabilitation | | 163WC3500X |
| Nursing Service | Registered Nurse | Case Management | | 163WC0400X |
| Nursing Service | Registered Nurse | College Health | | 163WC1400X |
| Nursing Service | Registered Nurse | Community Health | | 163WC1500X |
| Nursing Service | Registered Nurse | Continence Care | | 163WC2100X |

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|-----------------|------------------|--|------------|
| Nursing Service | Registered Nurse | Critical Care Medicine | 163WC0200X |
| Nursing Service | Registered Nurse | Diabetes Educator | 163WD0400X |
| Nursing Service | Registered Nurse | Emergency | 163WE0003X |
| Nursing Service | Registered Nurse | Enterstomal Therapy | 163WE0900X |
| Nursing Service | Registered Nurse | Flight | 163WF0300X |
| Nursing Service | Registered Nurse | Gastroenterology | 163WG0100X |
| Nursing Service | Registered Nurse | General Practice | 163WG0000X |
| Nursing Service | Registered Nurse | Gerontology | 163WG0600X |
| Nursing Service | Registered Nurse | Hemodialysis | 163WH0500X |
| Nursing Service | Registered Nurse | Obstetric, High-Risk | 163WX0002X |
| Nursing Service | Registered Nurse | Home Health | 163WH0200X |
| Nursing Service | Registered Nurse | Hospice | 163WH1000X |
| Nursing Service | Registered Nurse | Infection Control | 163WI0600X |
| Nursing Service | Registered Nurse | Obstetric, Inpatient | 163WX0003X |
| Nursing Service | Registered Nurse | Infusion Therapy | 163WI0500X |
| Nursing Service | Registered Nurse | Lactation Consultant | 163WL0100X |
| Nursing Service | Registered Nurse | Neonatal, Low-Risk | 163WN0003X |
| Nursing Service | Registered Nurse | Maternal Newborn | 163WM0102X |
| Nursing Service | Registered Nurse | Medical-Surgical | 163WM0705X |
| Nursing Service | Registered Nurse | Neonatal Intensive Care | 163WN0002X |
| Nursing Service | Registered Nurse | Nephrology | 163WN0300X |
| Nursing Service | Registered Nurse | Neuroscience | 163WN0800X |
| Nursing Service | Registered Nurse | Continuing Education/Staff Development | 163WC1600X |
| Nursing Service | Registered Nurse | Nutrition Support | 163WN1003X |
| Nursing Service | Registered Nurse | Occupational Health | 163WX0106X |
| Nursing Service | Registered Nurse | Oncology | 163WX0200X |
| Nursing Service | Registered Nurse | Ophthalmic | 163WX1100X |
| Nursing Service | Registered Nurse | Orthopedic | 163WX0800X |
| Nursing Service | Registered Nurse | Ostomy Care | 163WX1500X |
| Nursing Service | Registered Nurse | Otorhinolaryngology & Head-Neck | 163WX0601X |
| Nursing Service | Registered Nurse | Pain Management | 163WP0000X |
| Nursing Service | Registered Nurse | Pediatrics | 163WP0200X |
| Nursing Service | Registered Nurse | Pediatric Oncology | 163WP0218X |
| Nursing Service | Registered Nurse | Perinatal | 163WP1700X |
| Nursing Service | Registered Nurse | Dialysis, Peritoneal | 163WD1100X |

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|--------------------------------------|--|---------------------------|--------------------------------|------------|
| Nursing Service | Registered Nurse | Surgery, Plastic | | 163WS0121X |
| Nursing Service | Registered Nurse | Psychiatric/Mental Health | | 163WP0808X |
| Nursing Service | Registered Nurse | Rehabilitation | | 163WR0400X |
| | | Reproductive | | |
| Nursing Service | Registered Nurse | Endocrinology/Infertility | | 163WR1000X |
| Nursing Service | Registered Nurse | School | | 163WS0200X |
| Nursing Service | Registered Nurse | Urology | | 163WU0100X |
| Nursing Service | Registered Nurse | Wound Care | | 163WW0000X |
| | Licensed Practical Nurse | | LICENSED PRACTICAL NURSE | |
| Nursing Service | Licensed Vocational Nurse | | | 164W00000X |
| Nursing Service | | | | 164X00000X |
| Dietary and Nutritional Service | Nutritionist | | NUTRITIONIST (CONTRACT/TRIBAL) | 133N00000X |
| Dietary and Nutritional Service | Nutritionist | Nutrition, Education | NUTRITION TECHNICIAN | 133NN1002X |
| Dietary and Nutritional Service | Dietetic Technician | | DIETETIC TECHNICIAN | 136A00000X |
| Dietary and Nutritional Service | Dietician, Registered | | DIETICIAN | 133V00000X |
| Dietary and Nutritional Service | Dietician, Registered | Nutrition, Metabolic | | 133VN1006X |
| Dietary and Nutritional Service | Dietician, Registered | Nutrition, Pediatric | | 133VN1004X |
| Dietary and Nutritional Service | Dietician, Registered | Nutrition, Renal | | 133VN1005X |
| Emergency Medical Service | Emergency Medical Technician, Basic | | | 146N00000X |
| | Emergency Medical Technician, Intermediate | | | |
| Emergency Medical Service | Emergency Medical Technician, Paramedic | | | 146M00000X |
| Emergency Medical Service | | | EMT/PARAMEDIC | 146L00000X |
| Behavioral Health and Social Service | Psychologist | | PSYCHOLOGIST | 103T00000X |
| Behavioral Health and Social Service | Psychologist | Behavioral | | 103TB0200X |
| Behavioral Health and Social Service | Psychologist | Clinical | | 103TC0700X |

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|---|---------------------------------|------------------------------------|--------------------------------|------------|
| Behavioral Health and Social Service | Neuropsychologist | Clinical | | 103GC0700X |
| Behavioral Health and Social Service | Psychologist | Counseling | | 103TC1900X |
| Behavioral Health and Social Service | Psychologist | Family | | 103TF0000X |
| Behavioral Health and Social Service | Psychologist | Forensic | | 103TF0200X |
| Behavioral Health and Social Service | Psychologist | Health | | 103TH0100X |
| Behavioral Health and Social Service | Psychologist | School | | 103TS0200X |
| Behavioral Health and Social Service | Counselor | | | 101Y00000X |
| Behavioral Health and Social Service | Counselor | Addiction (Substance Use Disorder) | ALCOHOLISM/SUB ABUSE COUNSELOR | 101YA0400X |
| Behavioral Health and Social Service | Marriage & Family Therapist | | FAMILY PLANNING COUNSELOR | 106H00000X |
| Behavioral Health and Social Service | Counselor | Mental Health | MENTAL HEALTH | 101YM0800X |
| Behavioral Health and Social Service | Counselor | Pastoral | | 101YP1600X |
| Behavioral Health and Social Service | Counselor | Professional | | 101YP2500X |
| Behavioral Health and Social Service | Counselor | School | | 101YS0200X |
| Behavioral Health and Social Service | Social Worker | | MEDICAL SOCIAL WORKER | 104100000X |
| Behavioral Health and Social Service | Social Worker | Clinical | DENTAL ASSISTANT (PRENATAL) | 1041C0700X |
| Behavioral Health and Social Service | Social Worker | School | | 1041S0200X |
| Respiratory, Rehabilitative and Restorative Service | Pulmonary Function Technologist | | | 225B00000X |
| Respiratory, Rehabilitative and Restorative Service | Physical Therapist | | PHYSICAL THERAPIST | 225100000X |
| Respiratory, Rehabilitative and Restorative Service | Physical Therapist | Cardiopulmonary | | 2251C2600X |
| Respiratory, Rehabilitative and Restorative Service | Physical Therapist | Electrophysiology, Clinical | | 2251E1300X |

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|---|--------------------------------|------------------------|------------|
| Respiratory, Rehabilitative and Restorative Service | Physical Therapist | Geriatrics | 2251G0304X |
| Respiratory, Rehabilitative and Restorative Service | Physical Therapist | Neurology | 2251N0400X |
| Respiratory, Rehabilitative and Restorative Service | Physical Therapist | Orthopedic | 2251X0800X |
| Respiratory, Rehabilitative and Restorative Service | Physical Therapist | Pediatrics | 2251P0200X |
| Respiratory, Rehabilitative and Restorative Service | Physical Therapist | Sports | 2251S0007X |
| Respiratory, Rehabilitative and Restorative Service | Physical Therapist | Hand | 2251H1200X |
| Respiratory, Rehabilitative and Restorative Service | Physical Therapy Assistant | | 225200000X |
| Respiratory, Rehabilitative and Restorative Service | Rehabilitation Practitioner | | 225400000X |
| Respiratory, Rehabilitative and Restorative Service | Rehabilitation Counselor | | 225C00000X |
| Respiratory, Rehabilitative and Restorative Service | Occupational Therapist | OCCUPATIONAL THERAPIST | 225X00000X |
| Respiratory, Rehabilitative and Restorative Service | Occupational Therapy Assistant | | 224Z00000X |
| Respiratory, Rehabilitative and Restorative Service | Occupational Therapist | Hand | 225XH1200X |
| Respiratory, Rehabilitative and Restorative Service | Art Therapist | | 221700000X |
| Respiratory, Rehabilitative and Restorative Service | Specialist/Technologist | Athletic Trainer | 2255A2300X |
| Respiratory, Rehabilitative and Restorative Service | Dance Therapist | | 225600000X |
| Respiratory, Rehabilitative and Restorative Service | Massage Therapist | | 225700000X |
| Respiratory, Rehabilitative and Restorative Service | Music Therapist | | 225A00000X |
| Respiratory, Rehabilitative and Restorative Service | Specialist/Technologist | Rehabilitation, Blind | 2255R0406X |
| Respiratory, Rehabilitative and Restorative Service | Orthotics/Prosthetics Fitter | PEDORTHIST | 225000000X |
| Respiratory, Rehabilitative and Restorative Service | Recreation Therapist | | 225800000X |

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| Technologists, Technicians and Other Technical Service | Specialist/Technologist, Pathology | Laboratory Management, Diplomate | 246QL0901X |
| Technologists, Technicians and Other Technical Service | Specialist/Technologist, Pathology | Hemapheresis Practitioner | 246QH0401X |
| Technologists, Technicians and Other Technical Service | Technician, Pathology | Histology | 246RH0600X |
| Technologists, Technicians and Other Technical Service | Specialist/Technologist, Pathology | Histology | 246QH0600X |
| Technologists, Technicians and Other Technical Service | Technician, Pathology | Medical Laboratory | LABORATORY
TECHNICIAN
MEDICAL
TECHNOLOGIST 246RM2200X |
| Technologists, Technicians and Other Technical Service | Specialist/Technologist, Pathology | Medical Technologist | 246QM0706X |
| Technologists, Technicians and Other Technical Service | Technician, Pathology | Phlebotomy | 246RP1900X |
| Technologists, Technicians and Other Technical Service | Specialist/Technologist, Pathology | Blood Banking | 246QB0000X |
| Technologists, Technicians and Other Technical Service | Specialist/Technologist, Pathology | Chemistry | 246QC1000X |
| Technologists, Technicians and Other Technical Service | Specialist/Technologist, Pathology | Cytotechnology | 246QC2700X |
| Technologists, Technicians and Other Technical Service | Specialist/Technologist, Pathology | Hematology | 246QH0000X |
| Technologists, Technicians and Other Technical Service | Specialist/Technologist, Pathology | Microbiology | 246QM0900X |
| Technologists, Technicians and Other Technical Service | Specialist/Technologist, Pathology | Immunology | 246QI0000X |
| Technologists, Technicians and Other Technical Service | Specialist/Technologist, Other | Biomedical Engineering | 246ZB0301X |
| Technologists, Technicians and Other Technical Service | Technician, Other | Biomedical Engineering | 2472B0301X |
| Technologists, Technicians and Other Technical Service | Technician, Other | EEG | 2472E0500X |
| Technologists, Technicians and Other Technical Service | Specialist/Technologist, Other | EEG | 246ZE0500X |
| Technologists, Technicians and Other Technical Service | Specialist/Technologist, Other | Electroneurodiagnostic | 246ZE0600X |
| Technologists, Technicians and Other Technical Service | Specialist/Technologist, Other | Graphics Methods | 246ZG0701X |
| Technologists, Technicians and Other Technical Service | Specialist/Technologist, Other | Geneticist, Medical (PhD) | 246ZG1000X |

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| Technologists, Technicians and Other Technical Service | Technician, Other | Renal Dialysis | 2472R0900X |
| Technologists, Technicians and Other Technical Service | Specialist/Technologist, Other | Surgical | 246ZS0400X |
| Technologists, Technicians and Other Technical Service | Radiologic Technologist | Cardiovascular-Interventional Technology: Radiography | 2471C1101X |
| Technologists, Technicians and Other Technical Service | Technician, Other | Darkroom | 2472D0500X |
| Technologists, Technicians and Other Technical Service | Radiologic Technologist | Sonography, Diagnostic Medical | 2471S1302X |
| Technologists, Technicians and Other Technical Service | Radiologic Technologist | Mammography: Radiography | 2471M2300X |
| Technologists, Technicians and Other Technical Service | Radiologic Technologist | Nuclear Medicine Technology | 2471N0900X |
| Technologists, Technicians and Other Technical Service | Radiologic Technologist | Radiation Therapy | 2471R0002X |
| Technologists, Technicians and Other Technical Service | Specialist/Technologist, Other | Biomedical Photographer | 246ZB0302X |
| Technologists, Technicians and Other Technical Service | Specialist/Technologist, Other | Biostatistician | 246ZB0600X |
| Technologists, Technicians and Other Technical Service | Specialist/Technologist, Other | Art, Medical | 246ZA2600X |
| Technologists, Technicians and Other Technical Service | Specialist/Technologist, Other | Illustration, Medical | 246ZI1000X |
| Technologists, Technicians and Other Technical Service | Technician, Other | Veterinary | 2472V0600X |
| Other Service | Acupuncturist | | 171100000X |
| Other Service | Driver | | 172A00000X |
| Other Service | Contractor | Home Modifications | 171WH0202X |
| Other Service | Homeopath | | 175L00000X |
| Other Service | Midwife, Lay (Non-nurse) | | 175M00000X |
| Other Service | Naturopath | | 175F00000X |
| Behavioral Health and Social Service | Psychologist | Addiction (Substance Use Disorder) | 103TA0400X |
| Behavioral Health and Social Service | Psychologist | Adult Development & Aging | 103TA0700X |
| Behavioral Health and Social Service | Psychologist | Child, Youth & Family | 103TC2200X |

DENTAL LAB

TRADITIONAL
MEDICINE
PRACTITIONER

| | | | | |
|--|---------------------------|---|----------------------|------------|
| Service | | | | |
| Behavioral Health and Social Service | Psychologist | Educational | | 103TE1000X |
| Behavioral Health and Social Service | Psychologist | Exercise & Sports | | 103TE1100X |
| Behavioral Health and Social Service | Psychologist | Men & Masculinity | | 103TM1700X |
| Behavioral Health and Social Service | Psychologist | Mental Retardation & Developmental Disabilities | | 103TM1800X |
| Behavioral Health and Social Service | Psychologist | Psychotherapy | PSYCHOTHERAPIST | 103TP2700X |
| Behavioral Health and Social Service | Psychologist | Psychotherapy, Group | | 103TP2701X |
| Behavioral Health and Social Service | Psychologist | Rehabilitation | | 103TR0400X |
| Behavioral Health and Social Service | Psychologist | Women | | 103TW0100X |
| Eye and Vision Services | Technician/Technologist | Optometric Assistant | OPTOMETRIC ASSISTANT | 156FX1201X |
| Eye and Vision Services | Technician/Technologist | Optometric Technician | | 156FX1202X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Acute Care | | 364SA2100X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Adult Health | | 364SA2200X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Critical Care Medicine | | 364SC0200X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Chronic Care | | 364SC2300X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Emergency | | 364SE0003X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Ethics | | 364SE1400X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Family Health | | 364SF0001X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Home Health | | 364SH0200X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Holistic | | 364SH1100X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Informatics | | 364SI0800X |

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|--|---------------------------|--|------------|
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Long-Term Care | 364SL0600X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Neonatal | 364SN0000X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Neuroscience | 364SN0800X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Pediatrics | 364SP0200X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Psychiatric/Mental Health | 364SP0808X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Psychiatric/Mental Health, Adult | 364SP0809X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Psychiatric/Mental Health, Child & Family | 364SP0810X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Psychiatric/Mental Health, Chronically Ill | 364SP0811X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Psychiatric/Mental Health, Community | 364SP0812X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Psychiatric/Mental Health, Geropsychiatric | 364SP0813X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Perinatal | 364SP1700X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Perioperative | 364SP2800X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Rehabilitation | 364SR0400X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | School | 364SS0200X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Transplantation | 364ST0500X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Women's Health | 364SW0102X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Occupational Health | 364SX0106X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Oncology | 364SX0200X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Oncology, Pediatrics | 364SX0204X |
| Physician Assistants & Advanced Practice Nursing | Nurse Practitioner | Acute Care | 363LA2100X |

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|---|--------------------------|--|------------|
| Physician Assistants & Advanced Practice Nursing | Nurse Practitioner | Critical Care Medicine | 363LC0200X |
| Physician Assistants & Advanced Practice Nursing | Nurse Practitioner | Community Health | 363LC1500X |
| Physician Assistants & Advanced Practice Nursing | Nurse Practitioner | Neonatal: Critical Care | 363LN0005X |
| Physician Assistants & Advanced Practice Nursing | Nurse Practitioner | Pediatrics: Critical Care | 363LP0222X |
| Physician Assistants & Advanced Practice Nursing | Nurse Practitioner | Psychiatric/Mental Health | 363LP0808X |
| Physician Assistants & Advanced Practice Nursing | Nurse Practitioner | Perinatal | 363LP1700X |
| Physician Assistants & Advanced Practice Nursing | Nurse Practitioner | Primary Care | 363LP2300X |
| Physician Assistants & Advanced Practice Nursing | Nurse Practitioner | Women's Health | 363LW0102X |
| Physician Assistants & Advanced Practice Nursing | Nurse Practitioner | Occupational Health
Psychiatric/Mental Health, Child & Adolescent | 363LX0106X |
| Nursing Service | Registered Nurse | | 163WP0807X |
| Other Service | Funeral Director | | 176P00000X |
| Respiratory, Rehabilitative and Restorative Service | Orthotist | | 222Z00000X |
| Respiratory, Rehabilitative and Restorative Service | Prosthetist | | 224P00000X |
| Respiratory, Rehabilitative and Restorative Service | Physical Therapist | Ergonomics | 2251E1200X |
| Respiratory, Rehabilitative and Restorative Service | Physical Therapist | Human Factors | 2251H1300X |
| Respiratory, Rehabilitative and Restorative Service | Rehabilitation Counselor | Assistive Technology Supplier | 225CA2500X |
| Respiratory, Rehabilitative and Restorative Service | Occupational Therapist | Ergonomics | 225XE1200X |
| Respiratory, Rehabilitative and Restorative Service | Occupational Therapist | Human Factors | 225XH1300X |
| Respiratory, Rehabilitative and Restorative Service | Occupational Therapist | Neurorehabilitation | 225XN1300X |
| Respiratory, Rehabilitative and Restorative Service | Occupational Therapist | Pediatrics | 225XP0200X |
| Respiratory, Rehabilitative and Restorative Service | Occupational Therapist | Rehabilitation, Driver | 225XR0403X |

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|-----------------------------|---------------------------|-------------------------------------|------------|
| and Restorative Service | | | |
| Respiratory, Rehabilitative | | | |
| and Restorative Service | Kinesiotherapist | | 226300000X |
| Speech, Language and | | | |
| Hearing Service | Audiologist | Assistive Technology Practitioner | 231HA2400X |
| Speech, Language and | | | |
| Hearing Service | Audiologist | Assistive Technology Supplier | 231HA2500X |
| Speech, Language and | | | |
| Hearing Service | Specialist/Technologist | Audiology Assistant | 2355A2700X |
| Other Service | Specialist | Prosthetics Case Management | 1744P3200X |
| Technologists, Technicians | Specialist/Technologist, | | |
| and Other Technical Service | Pathology | Laboratory Management | 246QL0900X |
| Technologists, Technicians | Specialist/Technologist, | | |
| and Other Technical Service | Health Information | Coding Specialist, Hospital Based | 246YC3301X |
| Technologists, Technicians | Specialist/Technologist, | Coding Specialist, Physician Office | |
| and Other Technical Service | Health Information | Based | 246YC3302X |
| Technologists, Technicians | Specialist/Technologist, | | |
| and Other Technical Service | Other | Biochemist | 246ZB0500X |
| Technologists, Technicians | Specialist/Technologist, | | |
| and Other Technical Service | Other | Nephrology | 246ZN0300X |
| Technologists, Technicians | | Computed Tomography: Radiation | |
| and Other Technical Service | Radiologic Technologist | Therapy | 2471C3401X |
| Technologists, Technicians | | Computed Tomography: | |
| and Other Technical Service | Radiologic Technologist | Radiography | 2471C3402X |
| Technologists, Technicians | | Magnetic Resonance Imaging | |
| and Other Technical Service | Radiologic Technologist | (MRI): Radiographer | 2471M1202X |
| Technologists, Technicians | | Quality Management: Radiation | |
| and Other Technical Service | Radiologic Technologist | Therapy | 2471Q0001X |
| Other Service | Legal Medicine | | 173000000X |
| Other Service | Specialist | Graphics Designer | 1744G0900X |
| Other Service | Specialist | Research Data Abstracter/Coder | 1744R1103X |
| Other Service | Specialist | Research Study | 1744R1102X |
| Other Service | Veterinarian | Medical Research | 174MM1900X |
| Technologists, Technicians | Specialist/Technologist, | | |
| and Other Technical Service | Health Information | Registered Record Administrator | 246YR1600X |
| Technologists, Technicians | Technician, Health | | |
| and Other Technical Service | Information | Assistant Record Technician | 2470A2800X |
| Physician Assistants & | | | |
| Advanced Practice Nursing | Clinical Nurse Specialist | | 364S00000X |

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| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Community Health/Public Health | | 364SC1501X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Gerontology | | 364SG0600X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Medical-Surgical | | 364SM0705X |
| Physician Assistants & Advanced Practice Nursing | Clinical Nurse Specialist | Psychiatric/Mental Health, Child & Adolescent | | 364SP0807X |
| Physician Assistants & Advanced Practice Nursing | Nurse Anesthetist, Certified Registered | | CRNA NURSE PRACTICIONER | 367500000X |
| Physician Assistants & Advanced Practice Nursing | Nurse Practitioner | | | 363L00000X |
| Physician Assistants & Advanced Practice Nursing | Nurse Practitioner | Adult Health | | 363LA2200X |
| Physician Assistants & Advanced Practice Nursing | Nurse Practitioner | Family | | 363LF0000X |
| Physician Assistants & Advanced Practice Nursing | Nurse Practitioner | Gerontology | | 363LG0600X |
| Physician Assistants & Advanced Practice Nursing | Nurse Practitioner | Neonatal | | 363LN0000X |
| Physician Assistants & Advanced Practice Nursing | Nurse Practitioner | Obstetrics & Gynecology | | 363LX0001X |
| Physician Assistants & Advanced Practice Nursing | Nurse Practitioner | Pediatrics | PEDIATRIC NURSE PRACT. | 363LP0200X |
| Physician Assistants & Advanced Practice Nursing | Nurse Practitioner | School | | 363LS0200X |
| Nursing Service Related | Christian Science Practitioner/Nurse | | | 374T00000X |
| Nursing Service Related | Home Health Aide | | HEALTH AIDE | 374U00000X |
| Nursing Service Related | Homemaker | | | 376J00000X |
| Nursing Service Related | Nurse's Aide | | CHN/AIDES | 376K00000X |
| Nursing Service Related | Technician | Personal Care Attendent | | 3747P1801X |
| Nursing Service Related | Nursing Home Administrator | | | 376G00000X |
| Behavioral Health and Social Service | Neuropsychologist | | | 103G00000X |
| Dietary and Nutritional Service | Dietary Manager | | | 132700000X |
| Eye and Vision Services | Technician/Technologist | | EYE CARE SPECIALIST | 156F00000X |

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| Other Service | Medical Genetics: Ph.D. Medical Genetics | | 170100000X |
| Other Service | Contractor | | 171W00000X |
| Other Service | Specialist | HEALTH EDUCATOR | 174400000X |
| Other Service | Veterinarian | | 174M00000X |
| Other Service | Midwife, Certified | | 176B00000X |
| Respiratory, Rehabilitative
and Restorative Service | Specialist/Technologist | | 225500000X |
| Respiratory, Rehabilitative
and Restorative Service | Respiratory Therapist | | 227800000X |
| Respiratory, Rehabilitative
and Restorative Service | Respiratory Therapist | | 227900000X |
| Speech, Language and
Hearing | Specialist/Technologist | AUDIOMETRIC
TECHNICIAN | 235500000X |
| Technologists, Technicians
and Other Technical Service | Specialist/Technologist, Pathology | | 246Q00000X |
| Technologists, Technicians
and Other Technical Service | Technician, Pathology | | 246R00000X |
| Technologists, Technicians
and Other Technical Service | Technician, Cardiology | | 246W00000X |
| Technologists, Technicians
and Other Technical Service | Specialist/Technologist, Health Information | CODING/DATA ENTRY | 246Y00000X |
| Technologists, Technicians
and Other Technical Service | Specialist/Technologist, Other | | 246Z00000X |
| Technologists, Technicians
and Other Technical Service | Technician, Health Information | HEALTH RECORDS | 247000000X |
| Technologists, Technicians
and Other Technical Service | Radiologic Technologist | X-RAY TECHNICIAN | 247100000X |
| Technologists, Technicians
and Other Technical Service | Technician, Other | | 247200000X |
| Physician Assistants &
Advanced Practice Nursing | Midwife, Certified Nurse | NURSE MIDWIFE | 367A00000X |
| Nursing Service Related | Technician | | 374700000X |

8.0 Contact Information

If you have any questions or comments regarding this distribution, please contact the ITSC Help Desk by:

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