



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **Third Party Billing (ABM)**

## **Addendum to User Manual**

Version 2.6 Patch 1  
March 2010

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# 1.0 Introduction

## 1.1 Summary of Changes

Patch 1 to Version 2.6 allows for the preparation of modifications to the current fee schedule. It is very important that the pre-installation changes are made to the fee schedule that adds the effective dates to each fee schedule.

### 1.1.1 Patch 1 (most recent)

- Changed ABM TM CPT LISTING report to use code instead of a print template so CSV changes could be easily accommodated
- Remove error 189 from page 4 if NPI only
- Populate owner of Fee Schedule with location and corrected counter for updated records
- Added Pharmacist Provider Taxonomy 183500000X
- Added SURP - Summarized (multi-line) Claim Listing back onto Reports Menu
- Added time to all report headers
- Added patch # to menu header
- Descriptions were added to the CREATE BILLS FOR ALL PATIENTS PROMPT? In the SITM Site Parameter Maintenance option. Entering a ?? will provide a detailed description for each possible response
- Added averages to Cashiering Session Productivity Report
- Added cashiering session total to UFMS Export Summary Report
- Additional fields were added to the UFMS export to allow the DOS, visit type and insurer type to be exported. The VHF - View UFMS Host File option was also updated to display these fields
- Insurer Address Addition; print address in FL38 of UB-04 with either Policy Holder or Billing
- Address
- Added option to allow user to add effective dates to fee schedules

## 1.2 Resolutions to Help Desk Calls

- HEAT 414 - Correction for error <UNDEF>EN+29^ABMPPFLR. Occurs if no pymt / adj entries when billing secondary.
- HEAT 2653 - Modified page 5A so E-codes would delete when the associated DX is deleted.
- HEAT 2836 - Removed DX codes from claim (HI Segment) if claim is inpatient Medicare/Railroad.
- HEAT 2948 - Modified ADA-2006 form to print secondary insurance information correctly.
- HEAT 3073 - Correction for error <SUBSCR>COMPUTE+45^ABMTALLY. Occurs if claim status is missing.
- HEAT 3077 - Modified 1500(08/05) form so FL override will work for box 24I.
- HEAT 3518 - Added prompt to put either physical or mailing address in blocks 48 and 56 of ADA-2006.
- HEAT 3827 - Correction for error <UNDEF>PRV+4^ABMDE0X. Occurs if provider data is missing.
- HEAT 4158 - Added prompt for mammography certification# and change to make it print on CMS-1500 and 837.
- HEAT 4207 - Check for SUBPART NPI and use on page4 if no provider NPI.
- HEAT 4323 - Added Quit so tribal bills won't go from satellite to UFMS.
- HEAT 4480 - Added ARE YOU SURE prompt when splitting a claim.
- HEAT 4482 - Added claim status to Brief Claim Listing Report.
- HEAT 4716 - Added NDC to Listing of Billed Procedures Report.
- HEAT 5278 - Correction to policy number printing on Private Insurance Eligibility Listing Report.
- HEAT 5296 - Added new report Summary of SCHIP Eligibility.
- HEAT 5361 - Added attending provider NPI to NCPDP format.
- HEAT 5612 - Corrected so modifiers would print correctly on 1500(08/05).
- HEAT 5691 - Corrected covered days. Wasn't always defined and was defaulting to zero.
- HEAT 5692 - Extra CR/LF removed if Non-covered charges present on claim.
- HEAT 5760 - ADA-2006 blocks 36 and 37 will now print the actual ROI/AOB dates, not the date the claim is printed.

- HEAT 5837 - Print delayed reason code on UB-04 form in FL 37a.
- HEAT 5977 - Correction for error <SUBSCR>CASHTOTP+5^ABMUUTL. Occurs when individual sessions are selected for transmission instead of all.
- HEAT 6262 - Modified 3P Fee Table for Drug Subfile to accept 7-digit numbers with 6 decimal digits.
- HEAT 6395 - Allow dental codes to print on UB-04.
- HEAT6439 - Added page9G in claim editor to capture claim attachment to report on 837 formats.
- HEAT 6566 - Modified claim editor when billing anesthesia to work "new" way for Medicare and "old" way for non-Medicare.
- HEAT 6673 - Corrected Prior Authorization Number on ADA-2006 form.
- HEAT 6686 - Allow only one person to do UFMS export at a time.
- HEAT 7045 - Display page 5B in claim editor if procedure codes exist on claim.
- HEAT 7074 - Correction for error <UNDEF>40+5^ABME8DMG. Occurs during creation of 837.
- HEAT 7431 - Correction for error <SUBSCR>V^DIED. Occurs during manual create bill option.
- HEAT 7633 - Correction to Statistical Report. Wouldn't work when V-codes were selected for range.
- HEAT 7884 - Allow page 7 to display in claim editor if Visit type is 731 and insurer is Montana Medicaid.
- HEAT 7998 - Print patient in UB-04 box 38 if insurer type is "N".
- HEAT 8498 - Fix anesthesia billing to use start/stop time, not service from/to dates.

## 2.0 Patch 1 Details

### 2.1 Added Patch # to Menu Headers

After the installation of this patch, users will note that the current patch number being utilized for Third Party Billing is now displayed. The patch number will be updated with each new installation.

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p1          |
+-----+
|                   Main Menu                               |
|                   INDIAN HEALTH HOSPITAL                  |
+-----+
User: SISNEROS,GINA                                     1-FEB-2010 4:16 PM

```

### 2.2 Time Added to all Report Headers

The time a report is generated is now displayed on all Third Party Billing report headers.

```

=====
BRIEF LISTING of CLAIMS Flagged as Billable      FEB 1,2010@16:20:52   Page 1
for ALL BILLING SOURCES
Billing Location: INDIAN HOSP
=====

```

#### 2.2.1 Cashiering Session Total Added to UFMS Export Summary Report

The total of the cashiering session has been added to the UFMS Export Summary Report.

UFMS EXPORT SUMMARY			Page: 1
LOCATION: INDIAN HOSP			
EXPORT DATE: FEB 01, 2010@16:50:35			
FILE NAME: IHS_TPB_RPMS_INV_232101_20100201_165035_2.06.1k.DAT			
EXPORT(S) RESENT: <<NONE>>			
=====			
-----			
SESSION ID: 3100125.085026	BILLER: VALENCIA,T	TOTAL:	1,014.00
WORKMEN'S COMP	1 bill	200.00	
PRIVATE	4 bills	814.00	
SESSION ID: 3100125.161252	BILLER: SMITH,C	TOTAL:	215.00
MEDICARE FI	1 bill	215.00	
TOTAL BILLS FOR THIS EXPORT:	6 bills	1,229.00	
E N D O F R E P O R T			

## 2.3 New Cashiering Productivity Report

3P→UCSH→RPTS→CSPR

Averages have been added to the cashiering session productivity reports. The report will now include the averages for approved bills, cancelled bills, and cancelled claims. It will also list the average hours/minutes a cashiering session was open.

Cashiering Session Productivity Report		02/03/2010@10:19	Page 2
For Location: INDIAN HEALTH HOSPITAL			
For user(s): SMITH,CHERYL, Including POS CLAIMS			
=====			
(cont)			
CANCELLED BILLS			
MEDICARE	0	0.00	
MEDICAID	0	0.00	
PRIVATE INSURANCE	0	0.00	
OTHER	0	0.00	
	-----	-----	
Total Bills	0	0.00	
Average approved bills a day: 0.076 for \$210.00			
Average cancelled BILLS a day: 0.000 for \$0.00			
Average cancelled CLAIMS a day: 0.000			
Average hours/mins session was open: 474.1574166666666667			

## 2.4 Additional Data Being Exported to UFMS

Additional fields have been added to the UFMS export to allow the Date of Service, Visit Type, and Insurer Type to be exported. The VHF - View UFMS Host File option was updated to display these fields.

UFMS HOST FILE VIEW		PAGE 1
FILE: IHS_TPB_RPMS_INV_232101_20100201_165035_2.06.1k.DAT		
CAPTIONED LAYOUT		
-----		
RECORD #: 1		
RECORD TYPE: D		
INV#: 2321012321018594		
DT/TM APPROVED: 01/25/2010		
TAX ID: 752782487		
DESC: 23210123210131772A		
BILL AMT: 200.00		
CAN: 132		
HHS T-CODE: 61704		
OBJECT CLASS:		
BUDGET ACTIVITY:		
COST CENTER: 1		
MASTER TIN: 3261704		
DATE OF SERVICE: 12/28/2009		
VISIT TYPE: OUTPATIENT		
INSURER TYPE: W		
Enter RETURN to continue or '^' to exit:		

## 2.5 Insurer File Addition of UB-04 Form Locator 38

A change was made to the insurer file for the UB-04 Form Locator 38 field so that the patient name and address can be printed on the UB. The insurer type must be N (non-ben) and UB-04 Form Locator 38 field must be set to Insurer. A new field was also added if box 38 should be blank. All other insurer types will print based on the parameter set in this field. The default is set to the insurer address.

## 2.6 Descriptions Added to SITM Field Prompts

Descriptions were added to the CREATE BILLS FOR ALL PATIENTS PROMPT? In the SITM – Site Parameter Maintenance option. Entering a ?? will provide a detailed description for each possible response.



```

Create Bills for all Patients...: NO// ??
    1 = ALL - Creates a claim for all patients regardless of whether the
              patient has third party eligibility or is an Indian
              Beneficiary.

    0 = NO - Creates a claim for patients with third party eligibility.

    2 = IP - Creates claims for patients with third party eligibility.
              EXCEPTION is inpatient which creates for all patients
              regardless of whether the patient has third party
              eligibility or is an Indian Beneficiary.
Choose from:
    1      ALL
    0      NO
    2      IP
Create Bills for all Patients...: NO//

```

## 2.6.1 Summarized Claim Listing Added to Report Menu

3P→RPTP→SURP

The SURP – Summarized (multi-line) Claim Listing displays a summary of claims specified. This report displays the visit demographics and all diagnosis, procedures, providers and insurers in a multi-line format. It is particularly useful for viewing all elements of a visit and determining if the visit is billable.

## 2.7 Fee Schedule

A modification was made to populate the owner (facility) of the Fee Schedule with the location. A change was also made when importing a fee schedule to separate the total count of the records updated by the fee schedule category.

## 2.8 Pre-Conversion Historical Fee Schedule

3P→TMTP→FETM→PCTM

This option will go through the Fee Schedules and prompt the user for an effective date. You can not exit out once you start. This effective date will be used during the install of patch 3 to keep a history of fees for each fee schedule.

## 2.9 Print CPT Procedure File

A modification was made to the Print CPT Procedure File Report. A change was made for the report to use code instead of a print template so CSV changes could be easily accommodated.

## 2.10 Correction to Statistical Report

A correction was made to the SRTP – Statistical Billed Payment Report. The report will now generate when V codes are selected for a Diagnosis Range.

## 2.11 Mammography Certification Number

A field was added to the Site Parameters (SITM) to allow the Mammography Certification Number to print on the claims. The claim's visit type must be set to Mammography. After adding the mammography certification number, the number will display on page 1 of the claim editor by selecting the VIEW command.

## 2.12 New Prompt When Splitting Claims

A prompt was added to the SCMG – Split Claim option.

## 2.13 Claim Status Added to Brief Claim Listing Report

The claim status has been added to the BRRP – Brief Claim Listing Report. The status is displayed to the left of the patient name.

## 2.14 SCHIP Eligibility New Report Summary

3P→ELTP→RPEL→CHRP

A new report was added to report SCHIP eligibility data requested by the OMB. This report can be run for summary data, which will display the number of patients with SCHIP coverage by age range (0-4, 5-9, etc). It can also be run for detail data, which will display the summary page described above and will then display the patient's eligibility information (pt age, HRN, pt name, coverage plan name, effective date, coverage type, and end date, if any).

## 2.15 Addition of Claim Page 9G

Page 9G was added to capture claim attachments for 837 export modes. The Mode of Export must be set to an 837. Entering a ?? at the Report Type and Transmission Type prompt will display your choices for these fields. The Control Number must be between 2 – 80 characters in length.

## 3.0 Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk (IHS).

**Phone:** (505) 248-4371 or (888) 830-7280 (toll free)

**Fax:** (505) 248-4363

**Web:** <http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm>

**Email:** [support@ihs.gov](mailto:support@ihs.gov)