



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Third Party Billing (ABM)

Addendum to User Manual

Version 2.6 Patch 3
August 2010

Office of Information Technology (OIT)
Division of Information Resource Management
Albuquerque, New Mexico

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1.0 Summary of Changes

Patch 3 provides enhancements to version 2.6 of the Third Party Billing system (ABM).

1.1 Modifications

- Meaningful Use report Bills Export Statistical Report.
- Changes to Re-Export Bills to create batches of 1000 bills.
- Track Group Control Number, and Submission Date of batches.
- Modified CPT reports to return data based on effective date.

1.2 Resolutions to Help Desk Calls

- NO HEAT–Fix 1500 (08/05) box 24K to not print ZZ if not NPI.
- NO HEAT–Added allowance category totals to Grand Total Report.
- NO HEAT–Added prompt to remove date from Patient Statement.
- HEAT-7670–Remove Medicare check so POA error will work for all payers.
- HEAT-8604–Moved entire ADA-2006 form up one line so it started printing on line 1.
- HEAT-8996–Make group name/number print on 1500 (08/05) and UB-04.
- HEAT-10547–Make pages 9A-9E show only for UB. 9F and 9G show for all export modes.
- HEAT-11389–Make FL override work for 1500(08/05) 24J.
- HEAT-11696–Allow CPT 36415 on lab page of claim editor.
- HEAT-11948–Made change to stop error <UNDEF>START+3^AUPNPAT that occurs when splitting claims.
- HEAT-12442–Made change to make error 92 display in claim editor if provider is missing for all 837s, not just 837I.
- HEAT-12620–Moved ADA-2006 box 48 line 3 left one space.
- HEAT-12742–Corrections to Anesthesia charges when non-Medicare insurer.
- HEAT-12845–Made changes for WA Medicaid PRV segment printing.
- HEAT-11931–Fix UB-04 box 72 to not print INVALIDI if no E-codes present.
- HEAT-12210–Fixed BLRP report when Itemized Cost Report selected for report type.

- HEAT-12251- Default DOS on NCPDP form to Service from Date (not date from).

2.0 Patch 3 Details

2.1 New Report: Export Statistical Report

3PB→PRTP→ESPR

Meaningful Use measures require that at least 80% of insurance claims are filed electronically. To assist the sites in gathering this information, a new report named the Bills Export Statistical Report has been added to the Print Bills menu.

This report counts the number of bills approved by export mode and subtotals by Allowance Category, Insurer or Insurer Type. The number of bills, percentage, and totals will also print.

To print the Export Statistical Report, follow these steps:

1. At the “Print Bills Menu”, type ESPR and press the Enter key.
2. At the “Select one of the following” prompt, type the number of the report type and press Enter.
 - i. Allowance Category will print the report by Allowance Category (Medicare, Medicaid, Private, Other). This means that under each export mode, a list of allowance categories will print along with the number of bills approved for that category.
 - ii. Insurer will print the report by the Insurance name. For each export mode, a list of insurers will print along with the number of bills approved for that category.
 - iii. Insurer Type will print the report by the Type of Insurance (Medicare FI, Medicaid FI, Workmans Comp, etc.) identified in the insurer file. For each export mode, a list of insurer types will print along with the number of bills approved for that category.

```

Select one of the following:

    1      Summarized Report by ALLOWANCE CATEGORY
    2      Summarized Report by INSURER
    3      Summarized Report by INSURER TYPE

Select the desired REPORT TYPE: : 1// 2 Summarized Report by INSURER

```

Figure 2-1: Example of New Report: Export Statistical Report

3. Bills can be grouped in a batch for printing using the following exclusion parameters:

- Location
- Billing Entity
- Date Range
- Approving Official
- Provider
- Eligibility Status

After selecting the exclusion parameters, the system will prompt for the device. Select the printing device and press Enter.

```

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

Select one of the following:

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

Select ONE or MORE of the above EXCLUSION PARAMETERS:

Output DEVICE:
    
```

Figure 2-2: Example of Exclusion Parameters

The following displays the Bills Export Statistical Report printed by individual Insurer for Medicare bills that were approved from January 1, 2009 to June 3, 2010.

Note: The report contains an Export Mode entry named MANUAL BILL W/O EXPORT MODE. This entry will print if there are manual bills have been entered into the Third Party Billing package. Since manual bills do not contain an export mode, those entries will print under this category.

```

=====
BILLS Export Statistical Report for MEDICARE      JUN 3,2010@10:10:30      Page 1
with APPROVAL DATES from 01/01/2009 to 06/03/2010
Billing Location: INDIAN HOSP
=====

Insurer                                Number      Percent      Total
Bills

-----
Export Mode: 837 INST (UB)
    
```

MEDICARE	1		230.00
Subtotal:	1	16.7	230.00
Export Mode: 837 PROF (HCFA) MEDICARE	1		79.60
Subtotal:	1	16.7	79.60
Export Mode: NCPDP-P MEDICARE	1		18.89
Subtotal:	1	16.7	18.89
Export Mode: CMS-1500 (08/05) MEDICARE	1		215.00
Subtotal:	1	16.7	215.00
Export Mode: UB-04 MEDICARE	1		1,726.00
Subtotal:	1	16.7	1,726.00
Export Mode: MANUAL BILL W/O EXPORT MODE MEDICARE	1		230.00
Subtotal:	1	16.7	230.00
Total:	6		2,499.49

(REPORT COMPLETE):

Figure 2-3: Example of Bills Export Statistical Report for Medicare

2.2 Calculating the Electronic Bills

To calculate percentage of bills submitted electronically, list the values of all of the 837 export modes. Keep in mind, sites billing pharmacy claims via RPMS Pharmacy Point of Sale will not reflect as electronic billing on this report. Those statistics would be found in the Point of Sale system.

List all export modes and their numbers. For example, based on the above report, you would total the entries as follows:

Export Mode	Claim Count	Amount	Percentage
837 Institutional	1	230.00	16.7
837 Professional	1	79.60	16.7
Total	2	309.60	33.4%

As a result, the total amount of claims submitted electronically for Medicare is 33.4%.

2.3 New Option: Electronic Re-Export of Bills

3PB→EMTP→REEX

A new option has been added to the Print Bills menu. This option allows the user to create an electronic file with bills that the user has identified for resubmission. The user can input as many bills as needed but each file created will only contain 1000 bills. If more than 1000 bills are entered, subsequent files will be created. Bills that do not contain an open balance (balance = zero) will not be included.

The process of resubmitting electronic bills combines the Reprint Bills option; the Bills Listing Report and the Re-create an EMC file options. The user will see the same options to create the file as if they were recreating an EMC file.

Users wishing to use this option must be assigned the **ABMZ ABME EMC RE-EXPORT** key.

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p3          |
+          Re-Export Bills          +
|          INDIAN HEALTH HOSPITAL          |
+-----+
User: VALENCIA, TINA M                                5-MAY-2010 2:17 PM

Re-Print Bills for:

Select one of the following:

1      SELECTIVE BILL(S) (Type in the Bills to be included in
      this export.  Grouped by Insurer and Export Mode)
2      FOR 277 - Response of not received for insurance company
      (INACTIVE AT THIS TIME)
3      UNPAID BILLS for an insurer - bill should not have posted
      transactions and should be the original bill amount.

Select Desired Option:

```

Figure 2-4: Example of Re-Export Bills

Upon entry to this option, the user can select from one of the following:

- **SELECTIVE BILL(S)**—Allows the user to select specific bills to resubmit to the payer. The user must have a list of bills that they can input into the system. If the same bill has been entered more than once, the duplicate bill will only be counted once.

To submit Selective Bills only, follow these steps:

- i. Choose Selective Bill(s) from the Re-Export Bills option.
- ii. The system will prompt the user to enter a bill to resubmit. Enter the bill number and press Enter.
- iii. Continue to enter bill numbers from your list. Once the list of bills has been entered, press enter and the system will ask you to confirm you wish to proceed. Type **YES** and press Enter to proceed.

Note: Typing **NO** allows the user to reconfirm if they wish to exit. If they exit without creating the electronic file, the system will not create or store the bills and all inputted entries will be lost.

```
A file will be created for the bills selected
Proceed? YES// NO
Your selection will be lost.
Are you sure you wish to exit? NO//
```

Figure 2-5: Example of Selective Bills

- iv. A resubmission note will need to be entered. This note is for internal use for the Billing Technician to document the actions and reasons why the claim is being resubmitted. This note does not appear on the file that goes to the payer and will be stored into the 3P TX Status file for future reference.
- v. Follow the remaining steps at the end of this section.

```
Select Desired Option: 1  SELECTIVE BILL(S) (Type in the Bills to be
included in
this export.  Grouped by Insurer and Export Mode)

Select 1st BILL to Re-Print: 31462A
      Visit: 11-10-2008  OUTPATIENT      GENERAL      INDIAN HOSP
      Bill:  MEDICARE                837 INST (UB)      201.00

Select 2nd BILL to Re-Print:

A file will be created for the bills selected
Proceed? YES//

Reason for Recreate\Resend: RESUBMITTED FOR FOLLOW UP AS TRACER CLAIMS
```

Figure 2-6: Example of Claim Status Response File

- FOR 277–Allows bills to be resubmitted to the payer if the 277 (Claim Status Response File) indicates the claim was never received. This option will be implemented once the 276/277 has been implemented in the Accounts Receivable package.
- UNPAID BILLS–Allows the user to generate a file of claims that have not been paid. This file can be used to submit to the payer for follow up.

Note: It is strongly recommended that all transactions for the insurer selected have been rolled back from the Accounts Receivable system. Rolling back transaction data ensures that the most recent transaction activity has been recorded in Third Party Billing.

To resubmit Unpaid Bills, follow these steps:

- i. Choose Unpaid Bills for an Insurer from the Re-Export Bills option and press Enter.
- ii. Type the name of the payer you wish to resubmit claims for and press Enter.
- iii. Type the beginning Export date you wish to submit. Export date references the date the claims were originally submitted and press Enter.
- iv. Type the end Export date and press Enter.
- v. Type the Export Mode (Claim form) you wish to submit for. Leaving the field blank will create files for all export modes contained within the date range selected. Press Enter once your selection is made.

```
Select Desired Option: 3 UNPAID BILLS for an insurer - bill should not have
posted transactions and should be the original bill amount.
```

```
Select Insurer: ARIZONA MEDICAID
```

```
Select Beginning Export Date: 1/1/09
```

```
Select Ending Export Date: T
```

```
Select Export Mode: 837 PROF (HCFA)          837 4010 PROFESSIONAL
```

```
A total of 1 bill for $216.00 have been located.
```

	Export mode	Export Dt/Tm	#Bills	Total Amt
1	837 PROF (HCFA)	12/16/2009@14:55	1	216.00

```
One file will be created for each export mode with a maximum of 1000 bills
in each file
```

```
Proceed? YES//
```

```
Creating file # 1
```

	837 PROF (HCFA)	12/16/2009@14:55	1	216.00
--	-----------------	------------------	---	--------

```
Reason for Recreate\Resend: Resubmit tracer claims.
```

Figure 2-7: Example of resubmit Unpaid Bills

- vi. Type in a reason for Recreate/Resending the file to the payer. This note is for internal use for the Billing Technician to document the actions and reasons why the claim is being resubmitted. This note does not appear on the file that goes to the payer and will be stored into the 3P TX Status file for future reference.

Once the criteria for resubmitting have been entered, the fields for creating/recreating a file will be displayed. Follow the prompts to complete the file creation.

```
ENTRY CREATED IN 3P TX STATUS FILE.
LOCATION: INDIAN HOSP
VISIT TYPE: OUTPATIENT

31734A-IH-678930 Previously loaded .. deleting existing A/R Bill items

31734A-IH-678930 Now adding 3P Bill items to A/R Bill

Enter Path: c:\inetpub\ftproot\pub Replace
Enter File Name: : E9999901.153//
Submission # 100802
Writing bills to file.
Finished.
```

Figure 2-8: Example of creating/recreating a file

2.4 Viewing the Batch File Data

The batch for the export created is stored in the 3P TX STATUS file. The batch entry create keeps track of any recreates and re-exports in the same manner the bills are tracked. The bill number, provider, total billed and subscriber are also stored into the file. To view this data, the user must have access to VA Fileman. Users that do not have VA Fileman access may need to consult their RPMS System Administrator to view the entries needed.

```
VA FileMan Version 22.0

Select VA FileMan Option: INquire to File Entries

OUTPUT FROM WHAT FILE: 3P TX STATUS//
Select 3P TX STATUS EXPORT DATE: 5-13-2010@09:55:17      837 INST (UB) PRIVATE
INS BCBS OF NEW MEXICO                                     VALENCIA, TINA M
ANOTHER ONE:
STANDARD CAPTIONED OUTPUT? Yes// (Yes)
Include COMPUTED fields: (N/Y/R/B): NO// BOTH Computed Fields and Record
```

```

Number (IEN)

EXPORT NUMBER: 2073                EXPORT DATE: MAY 13, 2010@09:55:17
EXPORT MODE: 837 INST (UB)        INSURER TYPE: PRIVATE INS
INSURER: BCBS OF NEW MEXICO      BILLING CLERK: VALENCIA,TINA M
NUMBER OF FORMS: 137            TOTAL CHARGES: 99.00
EMC FILE NAME: E0000004.133

BILLS: 31767A                    ATTENDING PROVIDER: ALEXIS,ALEXANDRA
SUBSCRIBER: 3-2305

SUBMISSION DATE: MAY 13, 2010@09:55:17  GROUP CONTROL NUMBER: 100782
STATUS: ORIGINAL                    USER: VALENCIA,TINA M
SUBMISSION DATE: MAY 13, 2010@10:42:09  GROUP CONTROL NUMBER: 100785
STATUS: RECREATE                    USER: VALENCIA,TINA M
REASON: TRACER
    
```

Figure 2-9: Example of Viewing the Batch File Data

2.5 Modified Report: Print Fee Schedule Listing

3PB→TMTP→FETM→LSFE

The Print Fee Schedule Listing has been modified to print data based on recent modifications made to the Fee Schedule which includes the addition of the Fee Schedule category and date the schedule became effective.

To print a fee schedule list, follow these steps:

- i. At the “Fee Schedule Menu option” prompt, type **LSFE** and press the Enter key.
- ii. At the “Select FEE SCHEDULE” prompt, type the fee schedule table number and press the Enter key.
- iii. To see a list of tables, type a question mark (?).
- iv. At the “Select Desired CATEGORY” prompt, type the number (from the list displayed) of the fee schedule category to edit and press the Enter key.
- v. At the “Use what Effective Date” prompt, type the effect date for the fees that need to be displayed and press the Enter key.
- vi. At the “DEVICE” prompt, type the name of the printer and press the Enter key.

The system prints the fee schedule selected.

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p3          |
+-----+
|          Print Fee Schedule Listing          |
|          INDIAN HEALTH HOSPITAL          |
+-----+
    
```

```

+-----+
User: VALENCIA,TINA M                               7-MAY-2010 8:30 AM

Select FEE SCHEDULE: 1// 33           MEDICARE 2010 (021610)

===== FEE SCHEDULE CATEGORIES =====
Select one of the following:

    1      MEDICAL
    2      SURGICAL
    3      RADIOLOGY
    4      LABORATORY
    5      ANESTHESIA
    6      DENTAL
    7      REVENUE CODE
    8      HCPCS
    9      DRUG
    10     CHARGE MASTER

Select Desired CATEGORY: 1  MEDICAL
Use what effective date? 2.16.10

DEVICE:   Virtual
    
```

Figure 2-10: Example of Print Fee Schedule Listing

This end result will print the CPT code, description, global charges, technical component charges and professional component charges.

```

=====
MEDICAL SERVICES FEE SCHEDULE                               JUN 3,2010@15:16:18   Page 1
FEE SCHEDULE NUMBER 33 WITH EFFECTIVE DATE 02/16/2010
Billing Location: INDIAN HOSP
=====

```

CPT CODE	SHORT NAME	GLOBAL CHARGE	TECH CHARGE	PROF CHARGE
90465	IMMUNE ADMIN 1 INJ, < 8 YRS	19.33	0	0
90466	IMMUNE ADMIN ADDL INJ, < 8 Y	7.53	0	0
90467	IMMUNE ADMIN O OR N, < 8 YRS	9.18	0	0
90468	IMMUNE ADMIN O/N, ADDL < 8 Y	7.21	0	0
90471	IMMUNIZATION ADMIN	19.33	0	0
90472	IMMUNIZATION ADMIN, EACH ADD	7.53	0	0
90473	IMMUNE ADMIN ORAL/NASAL	7.91	0	0
90474	IMMUNE ADMIN ORAL/NASAL ADDL	7.21	0	0
90801	PSY DX INTERVIEW	121.5	0	0
90802	INTAC PSY DX INTERVIEW	131.5	0	0
90804	PSYTX, OFFICE, 20-30 MIN	51.03	0	0
90805	PSYTX, OFF, 20-30 MIN W/E&M	58.27	0	0

Figure 2-11: Example of Medical Services Fee Schedule

2.6 Modified Report: Grand Total Report

3PB→UCSH→RPTS→GTOT

A modification has been made to the Grand Total Report that allows for a view of the summarized list of exports by Allowance Category. This will assist those locations that have multiple facilities to better view the Export Summary for all visit locations rather than having to manually total by each Allowance Category.

UFMS EXPORT SUMMARY					Page: 1
LOCATION: INDIAN HOSP					
EXPORT DATE: JUN 03, 2010@15:49:16					
FILE NAME: IHS_TPB_RPMS_INV_232101_20100603_154916_2.06.3k.DAT					
EXPORT(S) RESENT: <<NONE>>					
BUDGET ACTIVITY	BILL CNT	AMOUNT	EXCL.CNT	EXCL.AMT	

SESSION ID: 3100528.143327		BILLER: LUJAN,ADRIAN M			

INDIAN HEALTH CENTER					
MEDICARE	2 bills	405.00	0 bills	0.00	
PRIVATE INSURANCE	1 bill	175.00	0 bills	0.00	
Total for facility	3 bills	580.00			
INDIAN HEALTH HOSPITAL					
PRIVATE INSURANCE	2 bills	452.00	0 bills	0.00	
Total for facility	2 bills	452.00			
HOME					
MEDICARE	1 bill	146.00	0 bills	0.00	
Total for facility	1 bill	146.00			
TOTAL BILLS:	6 bills	1,178.00	0 bills	0.00	

--- EXPORT SUMMARY ---					
MEDICARE	3 bills	551.00	0 bills	0.00	
PRIVATE INSURANCE	3 bills	627.00	0 bills	0.00	

TOTAL EXPORTED:	6 bills	1,178.00			
E N D O F R E P O R T					

Figure 2-12: Example of UFMS EXPORT SUMMARY

2.7 New Field: Site Parameters, Print Date on Patient Statement

3P→TMTP→SITM

A new field has been added to Site Parameters to allow printing of the date the claim was submitted/exported to the payer on the patient statement.

```

PRINT STATEMENT DATE: ??

Choose from:
Y          YES
N          NO
    
```

Figure 2-13: Example of PRINT STATEMENT DATE

Selecting No or leaving the field blank will not print the date the claim was exported/submitted to the payer on the message field of the patient statement:

```

-----
Your coverage on file is:
3. MUTUAL OF OMAHA                TRIPLE OPTION PLAN                Eff: 01/01/1993
-----
|Your insurance has been billed (12/01/2009)
-----
Payments or inquiries may be sent to:                INDIAN HEALTH HOSP
                                                        PO BOX 34982
    
```

Figure 2-14: Example of Site Parameters, Print Date on Patient Statement

2.8 Modifications to Bill Medicare for Tribal Self-Insured Plans

Changes have been made to the electronic format to support the Tribal Self-Insured billing requirements provided by Medicare. The following has been added the 837 Professional and 837 Institutional formats.

- Addition of Warning 234 that notifies the user that the insurer is a Tribal-Self Insured plan. This notice is set up in Table Maintenance, Insurer File and allows the next set of edits to work plus notifies the user that this is a self-insured plan. The user may see the following warning in the Claim Editor:

```

~~~~~ PAGE 2 ~~~~~
Patient: TRIBEMPLOYEE, MERIDETH [HRN:4039]                Claim Number: 32154
..... (INSURERS) .....
To: TRIBAL HEALTH PARTNERS                Bill Type...: 131
    PO BOX 30570                            Proc. Code..: CPT4
    PHOENIX, AZ 85046                       Export Mode.: UB-04
    (888)419-1094                            Flat Rate...: N/A
.....
MSP STATUS AS OF APR 17, 2010: [E]-EMPLOYER GROUP HEALTH PLAN (EGHP)
.....

          BILLING ENTITY                STATUS                POLICY HOLDER
          =====                =====                =====
[1] TRIBAL HEALTH PARTNERS                ACTIVE                TRIBEMPLOYEE, MERIDETH
[2] MEDICARE                            PENDING                TRIBEMPLOYEE, MERIDETH
    
```

<p>-----</p> <p>WARNING:234 - INSURER DESIGNED AS BEING A TRIBAL SELF-INSURED PLAN</p> <p>-----</p> <p>Desired ACTION (Del/Pick/View/Next/Jump/Back/Quit): N//</p>

Figure 2-15: Example of modifications to bill Medicare for Tribal Self-Insured plans

- Removal of the Coordination of Benefits Page (Page A) in the Claim Editor. The intention is that the user approves the bill to the Tribal Self-Insured payer and immediately adjusts the bill. If the adjustment is rolled back from Accounts Receivable to Third Party Billing. Prior to Patch 3, the user would see Page A–COB. This page is not needed to adjudicate the claim.
- Automatically add a note to the 837 Electronic formats to indicate the patient has Tribal Self-Funded insurance. This will appear in the NTE segment.
- Addition of the CAS segment to the 837 Electronic formats to allow the adjustment posted from A/R to display. The CAS segment will appear with the following:
 - CAS01: “OA” (Other Adjustments)
 - CAS02: “96” (Non-Covered Charge(s))
 - CAS03: Dollar amount of the adjusted amount.
- Allow the following adjustment codes to auto-populate on the 837 Electronic formats;
 - AMT01: “D” (Payer Paid Amount)
 - AMT02: 0 (Paid Amount)
 - AMT01: “B6” (Allowed-Actual Amount)
 - AMT02: 0 (Allowed Amount)

2.9 Claim Editor Changes

Modifications have been made to the Claim Editor to include the following:

- Allow the Present on Admission (POA) indicator to appear for all payers. Prior to Patch 3, the claim editor would only allow editing of the POA Indicator if the active insurer on the claim was Medicare or Railroad Retirement. The POA indicator appears on Page 5A (Diagnosis Page) for Inpatient Admissions and Ambulatory Surgery Center visits.
- Allow for the CPT code 36415 to be added to the Laboratory Page (Page 8E). This modification was needed to allow the CLIA Number to be used for this code.

- Allow Error Code: 92 – ATTENDING PROVIDER UNSPECIFIED to appear if the Export Mode is 837I, 837P, or 837D. Prior to Patch 3, the system would only display an error if the Export Mode was 837I.

2.10 CMS-1500 Export Mode Changes

Modifications have been made to the CMS-1500 form for the following:

- Do not print “ZZ” in Form Locator 24K if the NPI Status is set to NPI Only.
- Allow Form Locator Override option to work for Form Locator 24J.

2.11 ADA-2006 Changes

Modifications have been made to the ADA-2006 form for the following:

- Form data moved up by one line to correct printing issue reported by several facilities. Billing offices will need to ensure their printers are configured after this patch has been installed and prior to printing any forms. This change does not affect the font size on the form.
- Form data for Form Locator 48, Line 3 moved to the left by 3 characters.
- Allow for printing of the physical address of the visit location on Form Locator 56. Prior to Patch 3, the claim form would print with the mailing address entered for the visit location.

2.12 NCPDP Changes

Modifications have been made to the ADA-2006 form for the following:

- Correction was made to allow the Date of Service to print for each prescription billed.

3.0 Patch 2 Details

Patch 2 provides enhancements to version 2.6 of the Third Party Billing system (namespace: ABM). It is inclusive of modifications implemented by previous patch 1. The PCTM–Pre-Conversion Historical Fee Schedule option must be completed for Patch 2 to install.

3.1 Modifications

- Added point-of-sale (POS) rejection codes, reasons, and dates to the 3P Bill file.
- Pending reason code added to the claim editor – PHYSICIAN IDENTIFIED BY STANDING ORDER NURSE.
- Added new reasons to the Cancelled Claim option.
- Added a new prompt in the REPRINT BILL option. This option will allow the user to select either the current date or the original date the claim was printed when reprinting claims.
- Added option to Electronic Media Claims to allow an 837 file to be recreated for specific bills that have open balances. This option is locked with the following key: ABMZ ABME EMC RE-EXPORT.
- Added new prompts to the FIFE–Import Foreign Fee Schedule and the EDFE–Fee Schedule maintenance options.
- Added POS Rejection Codes to the 3P Bill File (3PB–MGTP–IQMG)

POS rejection codes, reasons, and dates have been added to the 3P Bill file. They can be viewed using the IQMG option.

```

*** BILL FILE INQUIRY ***

=====
BILL NUMBER: 31803A                BILL TYPE: 131
VISIT LOCATION: INDIAN HEALTH HOSPITAL
BILL STATUS: BILLED                PATIENT: JONES,CHIPPER
EXPORT MODE: NCPDP-P              VISIT TYPE: Pharmacy POS
ACTIVE INSURER: D-AARP             CLINIC: PHARMACY
APPROVING OFFICIAL: LUJAN,ADRIAN M
DATE/TIME APPROVED: FEB 16, 2010@12:08:12
BILL AMOUNT: 63.98                 GROSS AMOUNT: 63.98
A/R BILL LOCATION: 1575,7397       PRO AUTHORIZATION NUMBER: 12345
SERVICE DATE FROM: FEB 03, 2010   SERVICE DATE TO: FEB 03, 2010
PCC VISIT: JAN 09, 2007@13:30     VISIT STATUS: P
INSURER: D-AARP                    PRIORITY: 1
STATUS: INITIATED
MEDICATION: AMOXICILLIN 125MG/5ML  UNITS: 1
UNIT COST: .6033125                DISPENSE FEE: 3.65
PRESCRIPTION: 90007

```

```

PROVIDER: DOCTOR,TRUDEL                                TYPE: ATTENDING
POS REJECTION CODE: AB                                POS REJECTION REASON: REASON 1
  REJECTION DATE: FEB 03, 2010
POS REJECTION CODE: A1                                POS REJECTION REASON: REASON 2
  REJECTION DATE: FEB 03, 2010
=====

```

Figure 3-1: Example of 3P Bill File in IQMG option

3.2 New Pending Reason Code Added to Claim Editor

A new pending reason code has been added to Page 0 of the Claim Editor: "Physician Identified by Standing Order Nurse." This reason will also print on the PCR- Pending Claim Status Report.

```

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     Transcode missing
14     Missing Referring Provider information
15     Outpatient Claims - two billing dates
16     Out of Date Assignment of Benefits
17     Other
18     Utilization review not complete
19     Accounts Receivable fix for 2nd billing
20     OP W/IN 72 HR AWAITING INCOMPLETE INPT CLAIM
21     NPI license missing
22     Miss/Invalid inpatient CPT code
23     ER CPT, NON-ACUTE ADMIT,OUTPT BILLING
24     Physician identified by standing order nurse

```

Figure 3-2: Example of Page 0 in Claim Editor

```

=====
PENDING CLAIMS STATUS LISTING                                FEB 23,2010@15:29:05   Page
1
for ALL BILLING SOURCES
Billing Location: INDIAN HOSP

```

```

=====
Patient          HRN          Claim   Visit
                Number   Date    Clinic    Reason
-----
Visit Location: INDIAN HEALTH HOSPITAL
Status Updater: SMITH, CHERYL
Visit Type: OUTPATIENT
Active Insurer: MEDICARE
CAT, CALICO      1509        31820   02/20/2010  GENERAL    Physician
                                                    identified by
                                                    standing order to
                                                    nurse

Status Updater: LUJAN, ADRIAN M
Active Insurer: BCBS OF NEW MEXICO
MEGABUCKS, SYLVIA 1122        31624   08/10/2009  IMMUNIZATION Other

Status Updater: VALENCIA, TINA M
-----
Subtotal: 2
Visit Type: DENTAL
Active Insurer: NEW MEXICO MEDICAID
CHAVEZ, VINCENT  1456        31695   10/22/2009  DENTAL     Physician
                                                    identified by
                                                    standing order to
                                                    nurse

-----
Total: 3

E N D   O F   R E P O R T

```

Figure 3-3: Example of PCRFP report

3.3 New Cancelled Claim Reasons Added to CLMG Option (3PB-MGTP-CLMG)

Four new reasons have been added to the Cancel Claim option. These new reasons will also print on the Cancelled Claims report.

```

Do you wish Claim Number 31780 DELETED (Y/N)? YES

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
12	RETURN TO STOCK
13	OVER THE COUNTER MEDS
14	LEFT WITHOUT BEING SEEN
15	TELEPHONE CONSULT
16	POS PLAN LIMITATION EXCEEDED
17	POS REFILL TOO SOON
18	UNBILLABLE PROFESSIONAL CLAIM (MEDICARE B)
19	72 HOUR OUTPATIENT VISIT
20	VISIT UNRELATED TO ACCIDENT/INJURY
21	CLAIM CREATED FOR WRONG PATIENT
22	PATERNITY ELIGIBLE
23	WITHIN GLOBAL PERIOD
24	INCORRECT CHARGES
25	WRONG INSURER SELECTED
26	WRONG DOS
27	NO CONTRACT/AGREEMENT WITH PAYER
28	TWO VISITS IN SAME DAY
29	MEDICARE OR PI PRIMARY
30	UNBILLABLE LOCATION

Example of new reasons in CLMG option

```

=====
CANCELLED CLAIMS LISTING for ALL BILLING SOURCESMAR 4,2010@16:06:45   Page 1
with CANCELLATION DATES from 02/01/2010 to 03/04/2010
Billing Location: INDIAN HOSP
=====

```

Patient	HRN	Active Insurer	Claim Number	Visit Date	Reason

Cancelling Official: SISNEROS,GINA					
Visit Location: INDIAN HEALTH HOSPITAL					
Visit Type: PROFESSIONAL COMPONENT					
ROADS,DUSTY	885447	MONTANA MEDI	31780	01/27/2010	NO CONTRACT/AGREEM

Count: 1					

(REPORT COMPLETE):

Figure 3-4: Example of CCRP report.

3.4 New Prompt in Reprint Bill Option (3PB-PRTP-REPR)

An additional prompt has been added to the REPRINT BILL option. This option will allow the user to select the current date (Today's Date) or the date the claim was originally printed when reprinting claims.

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p2          |
+                   Reprint Bill                   +
|                   INDIAN HEALTH HOSPITAL                   |
+-----+
User:                                     19-FEB-2010 1:56 PM

Re-Print Bills for:

Select one of the following:

1          SELECTIVE BILL(S)
2          ALL BILLS FOR AN EXPORT BATCH
3          UNPAID BILLS

Select Desired Option: 1  SELECTIVE BILL(S)

Select 1st BILL to Re-Print: 31810A
Visit: 02-01-2010 DENTAL          DENTAL          INDIAN
HOSP
Bill: BC/BS DENTAL OF OKLAHOMA          ADA-2006          145.00

Select 2nd BILL to Re-Print:

Select one of the following:

T          TODAY'S DATE
O          ORIGINAL PRINT DATE

Reprint using which date: TODAY// ORIGINAL PRINT DATE

```

Figure 3-5: The Today's Date and Original Print Date options

3.5 Option Added for Recreating an 837 Export File (3PB-EMTP-REEX)

A new option has been added in 3PB. When recreating an 837 export file, the user can only recreate a file for specific bills that have open balances by export date. Therefore, the user can resend those with a balance. This option is locked with the following key: ABMZ ABME EMC RE-EXPORT.

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p2          |
+                   Re-Export Bills                   +
|                   INDIAN HEALTH HOSPITAL                   |
+-----+
User: VALENCIA,TINA M                               9-MAR-2010 11:14 AM

Re-Print Bills for:

    Select one of the following:

        1          SELECTIVE BILL(S) (Type in the Bills to be included in
this
                export.  Grouped by Insurer and Export Mode)
        2          FOR 277 - Response of not received for insurance company
                (INACTIVE AT THIS TIME)
        3          UNPAID BILLS for an insurer - bill should not have posted
                transactions and should be the original bill amount.

Select Desired Option: 1  SELECTIVE BILL(S) (Type in the Bills to be
included in this export.  Grouped by Insurer and Export Mode)

Select 1st BILL to Re-Print:    29221A
    Visit: 02-01-2006 DENTAL          DENTAL          INDIAN HOSP
    Bill: NEW MEXICO MEDICAID          837 INST (UB)    223.00
Select 2nd BILL to Re-Print: 29703H
    Visit: 08-01-2006 CROSSOVER (INPGENERAL          INDIAN HOSP
    Bill: NEW MEXICO MEDICAID          837 INST (UB)    500.00
Select 3rd BILL to Re-Print: 31468A
    Visit: 12-31-2008 OUTPATIENT          GENERAL          INDIAN HOSP
    Bill: NEW MEXICO MEDICAID          837 INST (UB)    253.00
Select 4th BILL to Re-Print:

A file will be created for the bills selected
Proceed? YES//
ENTRY CREATED IN 3P TX STATUS FILE.
LOCATION: INDIAN HOSP
29221A-IH-4225 Previously loaded .. deleting existing A/R Bill items

29221A-IH-4225 Now adding 3P Bill items to A/R Bill

29703H-IH-1072 Previously loaded .. deleting existing A/R Bill items

29703H-IH-1072 Now adding 3P Bill items to A/R Bill
31468A-IH-1456 Previously loaded .. deleting existing A/R Bill items

31468A-IH-1456 Now adding 3P Bill items to A/R Bill

Enter Path: c:\inetpub\ftproot\pub  Replace
Enter File Name: : ENMMAD01.68//
Submission # 100671
Writing bills to file.
Finished.

```

Figure 3-6: Creating a file for bills with an open balance

Users can view export dates, statuses, and group control numbers in the IQMG option (3PB-MGTP-IQMG), as shown in the example below.

```

PATIENT:  CHAVEZ,VINCENT      M  02/02/1970  566-66-6666  HRN: 1456
=====
(1) Bill# 31468A  12/31/2008  OUTPATIENT      GENERAL      INDIAN
HOSP
      837 INST (UB)   BILLED           NEW MEXICO MEDICAID
253.00
Select 1 to 1: 1

                      *** BILL FILE INQUIRY ***

=====
BILL NUMBER: 31468A                      BILL TYPE: 131
VISIT LOCATION: INDIAN HEALTH HOSPITAL
BILL STATUS: BILLED                      PATIENT: CHAVEZ,VINCENT
EXPORT MODE: 837 INST (UB)              VISIT TYPE: OUTPATIENT
ACTIVE INSURER: NEW MEXICO MEDICAID     PROCEDURE CODING METHOD: ICD
CLINIC: GENERAL                          APPROVING OFFICIAL: VALENCIA,TINA M
DATE/TIME APPROVED: JUN 18, 2009@09:02:15
EXPORT STATUS: AWAITING TRANSFER TO AR
MASTER TAX ID#: 232101MCD                BILL AMOUNT: 253
INSURER TYPE: MEDICAID                   GROSS AMOUNT: 253
*UNCOLLECTED BALANCE: 0                  ORIGINAL BILL AMOUNT: 0
FLAT RATE AMOUNT: 253
PAYMENT NUMBER: 1                        PAYMENT DATE: AUG 06, 2009
AMOUNT: 253.00
ADMISSION TYPE: 2                        ADMISSION SOURCE/NEWBORN CODE: 1
DISCHARGE STATUS: 01                    ADMISSION DATE: DEC 31, 2008
ADMISSION HOUR: 08                      DISCHARGE DATE: DEC 31, 2008
DISCHARGE HOUR: 08                      SERVICE DATE FROM: DEC 31, 2008
SERVICE DATE TO: DEC 31, 2008          COVERED DAYS: 1

Enter RETURN to continue or '^' to exit:
RELEASE OF INFORMATION: YES              ASSIGNMENT OF BENEFITS: YES
RELEASE OF INFORMATION DATE: JAN 01, 2008
ASSIGNMENT OF BENEFITS DATE: JAN 01, 2008
IN-HOUSE CLIA#: 12A3456789
REFERENCE LAB CLIA#: THE REFERENCE LAB INC.
PCC VISIT: DEC 31, 2008@08:00           VISIT STATUS: P
INSURER: BCBS OF NEW MEXICO (FEP)       PRIORITY: 2
STATUS: PENDING                          PRIVATE INSURANCE MULTIPLE: 1
COVERAGE TYPE: HIGH
INSURER: NEW MEXICO MEDICAID            PRIORITY: 1
STATUS: INITIATED                       MEDICAID ELIG POINTER:
CHAVEZ,VINCENT
MEDICAID MULTIPLE: 3080201
DIAGNOSIS: 536.8                        PRIORITY ORDER: 2
PROVIDER'S NARRATIVE: STOMACH PAIN
MEDICAL (CPT): 99213                    UNITS: 1
UNIT CHARGE: 200.00                    CORRESPONDING DIAGNOSIS: 1
SERVICE FROM DATE/TIME: DEC 31, 2008  DATA SOURCE: 18|2509|CPT
LABORATORY (CPT CODE): 80050            REVENUE CODE: 300

```



```

UNITS: 1                                UNIT CHARGE: 86.00
SERVICE FROM DATE/TIME: DEC 31, 2008  CORRESPONDING DIAGNOSIS: 1
DATA SOURCE: 18|2510|CPT

Enter RETURN to continue or '^' to exit:
PROVIDER: ALEXIS,ALEXANDRA              TYPE: ATTENDING
UFMS TRANSMISSION DATE: JUL 20, 2009@15:30:03
UFMS INVOICE NUMBER: 2321012321018424
EXPORT NUMBER RE-EXPORT: MAR 09, 2010@11:15:14
  STATUS: REFILE                          GROUP CONTROL NUMBER: 100671
EXPORT NUMBER RE-EXPORT: MAR 09, 2010@11:20:11
  STATUS: REFILE                          GROUP CONTROL NUMBER: 100672
=====

Select BILL or PATIENT:

```

Figure 3-7: Viewing export dates, statuses, and group control numbers in the IQMG option

3.6 Prompts Added to Foreign Fee Schedule Import (3PB-TMTP-FETM-FIFE)

Note: Patch 1 PCTM-Pre-Conversion Historical Fee Schedule option must have been completed for Patch 2 to install.

Upon install you may be notified that some fee schedules are missing effective dates.

```

Checking Environment for IHS Third Party Billing V 2.6 Patch **1,2**.
Need at least ABM v 2.6.....ABM v 2.6 Present
ABM v2.6 Patch 1 installed.
Effective Date not populated for all fee schedules
The fee schedule effective dates and owner will need to be populated in VA
Fileman.

```

Figure 3-8: Notification of missing dates

```

VA FileMan Version 22.0

Enter or Edit File Entries
Print File Entries
Search File Entries
Modify File Attributes
Inquire to File Entries
Utility Functions ...
Data Dictionary Utilities ...
Transfer Entries
Other Options ...

Select VA FileMan Option: ENTER or Edit File Entries

INPUT TO WHAT FILE: 3P FEE TABLE          (20 entries)

```

```

EDIT WHICH FIELD: ALL//

Select 3P FEE TABLE SCHEDULE NUMBER: ??

Choose from:
1      IHS 1995 STANDARD FEE SCHEDULE
2      MEDICARE O/P SURGERY
3      NM MEDICARE 2001 FEE SCHEDULE
4      2002 RBRVS FEE SCHEDULE
5      2003 FEE SCHEDULE (3/26/03)
6      2004 FEE SCHEDULE (9/10/03)
7      MEDICAID DENTAL FEE SCHEDULE
8      MEDICAID FLAT RATE
9      2005 FEE TABLE (2/17/05)
10     2010
'^' TO STOP:

      You may enter a new 3P FEE TABLE, if you wish

Select 3P FEE TABLE SCHEDULE NUMBER: 10      2010
SCHEDULE NUMBER: 10//
TITLE: 2010//
ADJUSTMENT FACTOR:
OWNER (facility): INDIAN HEALTH HOSPITAL//
FEE TABLE EFFECTIVE DATE: JAN 1,2010//

```

Figure 3-9: "Fee Table Effective Date" prompt

New prompts have been added to the Import Foreign Fee Schedule option. This includes an effective date, percentile to load, and record type values. By changing the effective date, the sites will be able to update the fee schedule without overriding the existing data.

In addition, Current Procedural Terminology (CPT) codes may also display when loading a new fee schedule. The CPT code will only display for codes that don't exist in the CPT file and therefore didn't load in the fee table. Duplicate CPT codes will display if the fee schedule includes different record types (global, technical, or professional). The CPT codes that don't load will only display for users who are in programmer mode.

The fee schedule file should give you a description of the layout of the file in order to determine what piece of the record contains the CPT code, price, record type, etc. The layout below lists each different piece of the record. In this case, the Mod field would also be the same as the record type listed in Column 3 while the price used in the fee schedule update below is listed in Column 5.

Field	Length	Description
Code Type	1	C = CPT Code A = HCPCS Dental Code

Field	Length	Description
Proc	5	2010 CPT Code
Mod	3	Modifier G–Global service TC–Technical Component 26–Professional Comp.
50th	5	Area 50th percentile
75th	5	Area 75th percentile

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p2          |
+          Import Foreign Fee Schedule                      +
|          INDIAN HEALTH CENTER                          |
+-----+
User: RENDER,SHONDA                                     16-FEB-2010 12:17 PM

FEE SCHEDULE UPDATE FROM FOREIGN FILE

NOTE: It is advisable to do a global save of global ^ABMDFEE prior to
running this procedure.

Continue? NO// YES
Enter Fee Schedule to Update: 1// 10          SHONDA'S TEST
What is the effective date? : TODAY// 1/1/10
What percentile are you loading? : (0-200): 75

FOREIGN HOST FILE DESCRIPTION

What is the host file record delimiter? ,//
Which piece of the host file record contains the cpt code? 1// 2
Which piece of the host file record contains the price? 2// 5

Some providers of fee schedules (Medicode for example) break out
the professional and technical portions into separate records.
The next section will determine how to identify the different
record types.
This section will load the different record types
(global/technical/professional)
What column is the record type located in: 3//
Indicate value that identifies GLOBAL charge : G//
Indicate value that identifies TECHNICAL charge : TC//
Indicate value that identifies PROFESSIONAL charge : 26//

OPEN AND READ FOREIGN FILE

DEVICE: HOST FILE SERVER// HFS LOCAL
HOST FILE NAME: c:\tmp\tmp.hfs//c:\rpms\shonda.csv ADDRESS/PARAMETERS:
"RS"//

```

```

10022.....
.....
36521.....
44209.....
.....
58551.....
.....
86683
86683
86683.....
87198
87198
87198
87199
87199
87199.....
.....
99508
99539..

Records updated by category
  5106  SURGICAL
      26 14
      G 5078
      TC 14
  1972  RADIOLOGY
      26 649
      G 674
      TC 649
  3380  LABORATORY
      26 1110
      G 1160
      TC 1110
  1421  MEDICAL
      26 248
      G 925
      TC 248
Enter RETURN to continue or '^' to exit:

```

Figure 3-10: Fee schedule file

3.7 Prompt Added to Fee Schedule Maintenance (3PB-TMTP-FETM-EDFE)

A new prompt to select the effective date has been added to the Fee Schedule Maintenance option. You can view or edit a CPT code by selecting the effective date. You can also add a new effective date for a code. To view the effective dates, type two question marks (??) at the “Select EFFECTIVE DATE” prompt. The charge displayed will also include the different record types.

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p2          |
+          Fee Schedule Maintenance                       +
|          INDIAN HEALTH HOSPITAL                         |
+-----+
User: SMITH, CHERYL                                     18-FEB-2010 10:29 AM

Select FEE SCHEDULE: 1// 33          MEDICARE 2010 (021610)

----- FEE SCHEDULE CATEGORIES -----

      Select one of the following:

          1          MEDICAL FEES
          2          SURGICAL FEES
          3          RADIOLOGY FEES
          4          LABORATORY FEES
          5          ANESTHESIA FEES
          6          DENTAL FEES
          7          REVENUE CODE
          8          HCPCS FEES
          9          DRUG FEES
         10          CHARGE MASTER

Select Desired CATEGORY: 1  MEDICAL FEES

Select MEDICAL (CPT CODE): 99213  OFFICE/OUTPATIENT VISIT, EST
      Office or other outpatient visit for the evaluation and management of
      an established patient, which requires at least 2 of these 3 key components:
      ...OK? Yes// (Yes)
      - OFFICE/OUTPATIENT VISIT, EST                                     43.65
Select EFFECTIVE DATE: ??

      Choose from:
      JAN 01, 2009
      JAN 01, 2010

      You may enter a new EFFECTIVE DATE, if you wish

Select EFFECTIVE DATE: 01012010  JAN 01, 2010

GLOBAL CHARGE: 43.65//
TECHNICAL CHARGE: 0//
PROFESSIONAL CHARGE: 0//

```

Figure 3-11: Viewing a CPT code

4.0 Contact Information

If you have any questions or comments regarding this distribution, please contact the Office of Information Technology User Support (Indian Health Service) by:

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

Fax: (505) 248-4363

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

Email: support@ihs.gov