



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Third Party Billing (ABM)

Addendum to User Manual

Version 2.6 Patch 4
November 2010

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

Table of Contents

1.0	Introduction.....	1
1.1	Summary of Changes	1
1.1.1	Patch 4	1
2.0	Patch 4 Details	3
2.1	Bill Transmit Check Report	3
2.2	Mapping of New Clinic Stop codes to Cost Center	4
2.3	Claim Editor Changes.....	4
2.3.1	Population of the Standard Adjustment Reason Code from AR ..	5
2.4	CMS-1500 Form Changes.....	5
2.4.1	Allow up to Eight Diagnosis Codes to Print	5
Appendix A:	Sample Bill Transmit Check Report.....	7
Contact Information	9

1.0 Introduction

1.1 Summary of Changes

Patch 4 provides enhancements and corrections to version 2.6 of the Third Party Billing system.

1.1.1 Patch 4

Modifications:

- Update to the Clinic Stop/Cost Center crosswalk to accommodate Clinic Stop codes that have recently been added.
- Population of the **Insurer Type** field in the 3P Bill file to correctly reflect Pharmacy POS bills.
- Allow for the autopopulation of the Standard Adjustment Reason code on the COB Page (Page A) of the claim editor when billing to secondary payers.
- Addition of a new report (UBLT) to allow Unified Financial Management System (UFMS) facilities to print a list of bills (invoices) that have not been previously transmitted.

Resolution to the following HEAT tickets reported to the OIT Helpdesk:

- Correction to prevent duplicate bills from transmitting to the federal financial system (UFMS).
- Correction to the **Re-Export Bills (REEX)** option to prevent duplicate entries from being recorded in the 3P Bill File when a batch was recreated on the same day as the original export.
- Modification to the Closed Claims Report (CLRP) and the Listing of Billed Procedures (PXR) to correctly print the label of the date the user selected. If the user selected 'Export,' the status of 'Closed' was being printed.
- HEAT 12115–Modifications have been made to the claim editor and to the CMS-1500 (08/05) export mode to allow up to eight diagnosis codes to print on the paper form for all payers.
- HEAT 12210–Correction to the Bills Listing Report (BLRP) when printing the Itemized Cost Report as a Report Type. Prior to Patch 4, the report would print with no data or with \$0 dollar amounts.
- HEAT 12271–Modification to the UB-04 to allow the Revenue Code to print for Medi-Cal when itemizing for EAPC services.

- HEAT 12990—<UNDEF>LOOP+19^ABMUVBCH error has been corrected. This error was occurring in the **View UFMS Export File (VEF)** option when a session was lacking a bill entry.
- HEAT 15368—<SUBSCR>PAGE+11^ABMDEVAR error has been corrected. This error occurred when the user selects a claim that does not have an active insurer.
- HEAT 15806—Modification to the Claim Editor to allow the Admission Date, Admission Hour and Encounter date to appear on the claims when billing for Inpatient Services.
- HEAT 17615—Correction to the **Reprint Bill (REPR)** option when reprinting the CMS-1500 and the UB-04 export modes to correctly print the bill date when printing to a network printer.
- HEAT 19688—Correction to the Claim Editor to remove the “3” that displays on Page 5A (Diagnosis) as part of the DX Description. This correction also includes a modification to the 837 export modes to prevent ‘INVALID CODE’ from exporting to the payer as the diagnosis code. These issues surfaced after the installation of Code Set Versioning.

2.0 Patch 4 Details

2.1 Bill Transmit Check Report

3PB→UCSH→SUP→UBLT

A new report has been added to the Supervisory Functions in the Cashiering Options that allows the user to view all bills that have not been transmitted to the federal financial system (UFMS). The report will generate entries with an approval date of 10/1/2008 to current.

To print the Bill Transmit Check Report, follow these steps

1. At the **Cashiering Options** option, type **SUP** and press the Enter key.
2. At the **Supervisory Functions** option, type **UBLT** and press the Enter key.
3. At the “Starting Approval Date” prompt, type the start date and press Enter. The system will default to 10/1/2008, so you can press the Enter key to accept the default. This date is used because the effective date for UFMS file transmissions began on October 1, 2008.
4. Type the end date or press the Enter key to select the default of Today for the Ending Date of the report. If Today is selected, the report will generate any entries up to today’s date.
5. At the “Enter Path” prompt, a default will display. Press the Enter key to accept the displayed pathname, or type the name of the path where the file will be stored. You may need to confirm with your RPMS Administrator that the correct permissions have been assigned to this directory in order for you to generate a report here.
6. At the “Enter File Name” prompt, label the file you are creating by typing in a file name. It is helpful to enter a filename that will be meaningful to you when searching the directory for the file. It is also recommended to type “.txt” at the end of the filename. This will allow the file to be opened as a text file.

```

+-----+-----+-----+-----+-----+-----+-----+-----+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p5          |
+          Bill Transmit Check Report          +
|          INDIAN HEALTH HOSPITAL          |
+-----+-----+-----+-----+-----+-----+-----+-----+
User: LUJAN,ADRIAN M                                     15-NOV-2010 4:15 PM

===== Entry of APPROVAL DATE Range =====
Enter STARTING APPROVAL DATE for the Report:  10/01/2008//   (OCT 01, 2008)

```

```

Enter ENDING DATE for the Report:  TODAY// T  (NOV 15, 2010)
Enter Path:  c:\inetpub\ftproot\pub  Replace
Enter File Name:  3PMISSINGBILLS.txt

Searching....

Creating file...DONE

```

Figure 2-1: Example of running the Bill Transmit Check Report

The report has completed when “DONE” is displayed. The file can then be retrieved from the directory (from the PATH indicated above), saved onto your computer and imported into an Excel spreadsheet.

See Appendix A for a copy of the report in an Excel Spreadsheet.

2.2 Mapping of New Clinic Stop codes to Cost Center

The CAN Crosswalk table has been updated to include recently released Clinic Stop codes. These codes are used when submitting invoice files to the federal financial system (UFMS) to indicate the Cost Center being used.

```

=====
MAPPING of Clinic to Cost Center                      NOV 16,2010@07:55:27   Page 1
at INDIAN HEALTH HOSPITAL
Billing Location: INDIAN HOSP
=====

```

CC CLINIC	Cost Center	EFFECTIVE DATE	END DATE
D2 MEDICATION THERAPY MANAGEMENT	020	JAN 01, 2010	
D4 ANESTHESIOLOGY	054	JAN 01, 2010	
C8 HOME BASED CARE	064	JAN 01, 2010	
D3 HOME BASED CARE	064	JAN 01, 2010	
C9 TELEBEHAVIORAL HEALTH	076	JAN 01, 2010	

Figure 2-2: Example of CAN Crosswalk Table

A complete list of codes may be located in the **View/Print CAN Crosswalk** option. Select **Clinic Type to Cost Center (CTCC)** to view the table.

2.3 Claim Editor Changes

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

2.3.1 Population of the Standard Adjustment Reason Code from AR

Page A of the Claim Editor has been modified to allow the Standard Adjustment Reason code to populate automatically when posted in the Accounts Receivable system and rolled back to Third Party Billing. This affects the Coordination of Benefits page and will prevent the user from having to manually populate the code when an adjustment is being reported to the secondary payer.

```

~~~~~ PAGE A ~~~~~
Patient: DEMO,JOHN [HRN:123567] Claim Number: 32295
..... (PRIOR PAYMENTS/ADJUSTMENTS) .....

Payment Amount....: ( 130.00) ORIGINAL BILL AMOUNT: 230.00
Deductible Amount.: 0.00 Current Charges.....: 25.46
Co-pay/ins Amount.: 25.00 Current Bill Amount.: 100.00
Write Off.....: 0.00
Non-Covered Amount: 75.00
Penalty Amount....: 0.00
Grouper Allowance.: 0.00
Refund.....: 0.00
Payment Credits...: 0.00

[1] INSURER: MEDICARE PRIORITY ORDER: 1 STATUS: COMPLETED
      COVERAGE TYPE: PART A, PART B
      PAYMENT: ( 130.00)
      ADJUSTMENT: 25.00 [14] CO-PAY [672] Coinsurance Day [72]
      ADJUSTMENT: 75.00 [4] NON PAYMENT [735] Clm Den Intrm bill [135]

[2] INSURER: EMPLOYERS DENTAL SERVICES PRIORITY ORDER: 2 STATUS: ACTIVE
-----
**Use the EDIT option to populate the Standard Adjustment Reason Code**

Desired ACTION (Add/Edit/Quit): Q//

```

Figure 2-3: Example of Page A showing the Standard Adjustment Reason Code

The example above shows the Standard Adjustment Reason code on Page A. The codes display in the third set of brackets [###] above.

2.4 CMS-1500 Form Changes

The following modifications have been made to the CMS-1500:

2.4.1 Allow up to Eight Diagnosis Codes to Print

Form locator 21 has been modified to allow up to eight diagnosis codes to print, if entered on Page 5A of the Claim Editor.

The additional diagnosis codes will print to the right of the first four diagnosis code entries that print.

19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)										22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.									
1. 780.6 5. 401.9 3. 787.01										23. PRIOR AUTHORIZATION NUMBER									
2. 350.2 6. 373.32 4. 250.21																			
24. A. DATE(S) OF SERVICE To B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPICUT Family Plan I. ID. QUAL J. RENDERING PROVIDER ID. #																			
1 09 27 10 09 27 10 22 M0948 12346 25.46 1 NPI 1234567802																			
2										NPI									
3										NPI									
4										NPI									
5										NPI									
6										NPI									
25. FEDERAL TAX I.D. NUMBER SSN EIN 85-9999999 <input type="checkbox"/> <input checked="" type="checkbox"/>										26. PATIENT'S ACCOUNT NO. 32297A-IH-1235									
27. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO										28. TOTAL CHARGE \$ 25.46									
29. AMOUNT PAID \$										30. BALANCE DUE \$ 25.46									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) TRUDEL DOCTOR										32. SERVICE FACILITY LOCATION INFORMATION INDIAN HEALTH HOSPITAL 5300 HOMESTEAD ROAD NE ALBUQUERQUE, NM 73507-3002									
33. BILLING PROVIDER INFO & PH # (505) 248 4349 INDIAN HEALTH HOSP PO BOX 34982 PASADENA CA 91110-0655																			
SIGNED DATE a. 7799999999 b. 7799999999																			

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

11 16 2010

Figure 2-4: Example of CMS-1500 Showing Additional Diagnosis Codes

Appendix A: Sample Bill Transmit Check Report

Missing Bills List for INDIAN HOSP												
BILL IEN	BILL I TYPE	INSURER TYPE	INSURER	UFMS TRANS	UFMS INV	BILL AMT	DT/TM APPR	BILL#	APPROV. BY	3P DUZ	ALL CAT	VISIT LOC
776	P	P	PIRATES GROUP INSURANCE			246	11/03/2010@15:38	32284A-IC-6087	SISNEROS,GINA	4	PRIVATE INSURANCE	INDIAN HL.C
777	G	G	AETNA US HEALTHCARE			34	11/03/2010@15:46	32285A-IC-43555	SISNEROS,GINA	4	OTHER	INDIAN HL.C
778	R	R	MEDICARE			230	11/04/2010@09:06	32287A-IC	SISNEROS,GINA	4	MEDICARE	INDIAN HL.C
779	R	R	MEDICARE			230	11/04/2010@09:57	32288A-IC	SISNEROS,GINA	4	MEDICARE	INDIAN HL.C
780	P	P	PIRATES GROUP INSURANCE			246	11/04/2010@11:49	32289A-IC-6087	SISNEROS,GINA	4	PRIVATE INSURANCE	INDIAN HL.C
781	P	P	PIRATES GROUP INSURANCE			291	11/04/2010@11:50	32290A-IC-6087	SISNEROS,GINA	4	PRIVATE INSURANCE	INDIAN HL.C
782	P	P	PIRATES GROUP INSURANCE			34	11/04/2010@12:10	32292A-IC-6087	RENDER,SHONDA	4	PRIVATE INSURANCE	INDIAN HL.C
783	P	P	PIRATES GROUP INSURANCE			34	11/04/2010@12:19	32293A-IC-6087	SISNEROS,GINA	4	PRIVATE INSURANCE	INDIAN HL.C
784	P	P	PIRATES GROUP INSURANCE			120	11/04/2010@13:11	32294A-IC-6087	SISNEROS,GINA	4	PRIVATE INSURANCE	INDIAN HL.C
8377	P	P	BCBS OF NEW MEXICO (FEP)			296.2	12/29/2008@13:22	31464A-IH-1456	VALENCIA,TINA	1575	PRIVATE INSURANCE	INDIAN HOSP
8378	P	P	BCBS OF NEW MEXICO (FEP)			200	12/29/2008@13:25	31461A-IH-1456	VALENCIA,TINA	1575	PRIVATE INSURANCE	INDIAN HOSP
8379	N	N	NON-BENEFICIARY PATIENT			2,310.00	01/02/2009@13:04	31472A-IH-22	VALENCIA,TINA	1575	OTHER	INDIAN HOSP
8606	I	I	BENEFICIARY PATIENT (INDIAN)			64.3	01/27/2010@09:46	29314B-IH-123987	SISNEROS,GINA	1575	OTHER	INDIAN HOSP
8633		MD	D-AARP			63.98	02/16/2010@12:02	31801A-IH-12770	LUJAN,ADRIAN M	1575	MEDICARE	INDIAN

Missing Bills List for INDIAN HOSP												
BILL IEN	BILL ITYPE	INSURER TYPE	INSURER	UFMS TRANS	UFMS INV	BILL AMT	DT/TM APPR	BILL#	APPROV. BY	3P DUZ	ALL CAT	VISIT LOC
												HOSP
8823	R	R	MEDICARE			244.75	06/23/2010@11:00	30866B-IH-98546	SISNEROS,GINA	1575	MEDICARE	INDIAN HOSP
8824	P	P	BCBS OF NEW MEXICO			93.65	06/30/2010@08:50	32165A-IH-99106	VALENCIA,TINA	1575	PRIVATE INSURANCE	INDIAN HOSP
8919	D	D	NEW MEXICO MEDICAID			253	11/04/2010@12:08	32291A-IH-12770	RENDER,SHONDA	1575	MEDICAID	INDIAN HOSP
END OF REPORT												

Contact Information

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

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