



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **Third Party Billing**

**(ABM)**

## **Addendum to User Manual**

Version 2.6 Patch 09  
June 2012

Office of Information Technology (OIT)  
Division of Information Resource Management  
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## Preface

The Third Party Billing System (ABM) is designed to automate the creation of a claim using existing RPMS data.

The modifications and enhancements in this Addendum have been released to allow the Business Office billing staff to submit claims electronically in the v5010 format.

## 1.0 Introduction

### 1.1 Summary of Changes

Patch 9 provides some enhancements and minor corrections to Version 2.6 of the Third Party Billing System.

#### 1.1.1 Patch 9

Patch 9 includes the following modifications:

- Addition of a new Table Maintenance option named *NOC NEC Required for 5010 Submissions*. This option will prompt allow the user to enter an insurer entry and its corresponding CPT code to indicate which require a narrative for that insurer.
- Addition of a new field in the Claim Editor that will prompt for CPT NARRATIVE in the Claim Editor if the CPT code requires a narrative based on data entered in the *NOC NEC Required for 5010 submissions* option. The prompt will display on pages 8A, 8B, 8C, 8E, 8F, 8G, 8H, 8J, and 8K. The user will be able to enter an 80-character free-text narrative and transmits on the 837 Version 5010 format. On the 837 Version 5010, this data will populate in the following elements: SV101-7, sv201-7, and sv301-7.
- A new warning labeled *241: CPT NARRATIVE missing* will display in the Claim Editor if the CPT Narrative is required for a CPT code and has not been populated.

Fixes for reported issues logged at the RPMS Helpdesk:

- NOHEAT - Correction to non-CSV call for CPT code. Was using the code and description to look up code when it should have only been the code.
- NOHEAT - Fixed FL override for 1500 (08/05) to use Visit Location not DUZ(2).
- NOHEAT - Added ACCIDENT STATE to display on page 3 of claim editor.
- NOHEAT - Fixed end date on PVH MU Eligible Hospital report. It was printing the same end date for all date ranges instead of the start date plus 89 days.
- NOHEAT - Added option VWFE View CPT Fee to Fee Schedule Menu. This new option will allow users to select a CPT code in a fee schedule and view the history of effective dates and fees.
- NOHEAT - Fixed two misspellings in MU group report.
- NOHEAT - Made change to 5010 837P to fix SBR02. It should only be 18 or blank but was printing 19 in some cases.
- NOHEAT - Modified the laboratory page in the Claim Editor to allow units greater than 99 (so a 3-digit number).
- NOHEAT - Made correction to ISA08 override in the 837 Segment Override Option. The override was not forcing the field to be 15 characters long as required by the 837 Implementation Guide.

- NOHEAT - Correction to variable being using to report POINT OF PICKUP ZIP for Ambulance billing. Also added a check to get the Vendor ZIP Code and removed formatting of ZIP Code to only report what is entered.
- NOHEAT - Added code to create 837 N3 segment using Vendor address.
- NOHEAT - Added code to put service line address in loop 2310C.
- NOHEAT - Changed code for populating CLM02 when billing the secondary and the primary insurer. Will now use the ORIGINAL BILL AMOUNT for all 5010 formats.
- NOHEAT – Checks have been added to ensure the UFMS parameters have been set up. The user will get a warning message on the Third Party Billing main menu and will NOT be able to open a cashiering session. A warning message will display. Also, all of the options that allow adding/editing/canceling a claim or bill will produce a message letting the user know UFMS setup needs to be done before any billing activity is allowed.
- NOHEAT - Made change to SBR06 for both 4010 and 5010 formats. Now SBR06 will be blank if the loop is 2320 - primary payer and secondary payer is billed. It will also be blank for 5010 837D, regardless of the loop.
- NOHEAT - Made change for lookup for Standard Adjustment Reason codes (SARs) from 3P Bill. It was merging two SARs to one line and giving the merged one the incorrect qualifier. This issue was found while testing tribal self-insured bills. Also modified tribal self-insured changes so page A would display if primary insurer is tribal self-insured and secondary is *not* Medicare.
- NOHEAT - Modified check for Attending Provider so that the Attending Provider will not be required for the 837P (4010 or 5010).
- NOHEAT - Correction made to Error 189 in the Claim Editor. Error wasn't displaying as it should for the provider on Page 4 if the active insurer is Medicare with visit type 999 and the provider did not have a Medicare number.
- NOHEAT - Changed CLM12 (Special Program Code) to only print on all 5010 837 formats when the insurer type is Medicaid.
- NOHEAT - Made change to service line of 5010 837D. Will now print quantity (SV306) when it is greater than 1.
- NOHEAT - Removed duplicate AMT segment from 5010 837. The duplicate segment was printing when the insurer was Tribal Self-Insured.
- NOHEAT – Corrected the Place of Service code which was prompted for twice on page 8G (Anesthesia). This has been corrected to only prompt one time.
- NOHEAT - Changed Claim Editor so page 9G would only display for 837 formats.
- NOHEAT - Made change so if USE NPI OF is populated for a site and it is writing a REF\*EI segment for the Tax ID number. If populated, it will put the Tax ID of the USE NPI OF location.
- NOHEAT – Updated the 837 Segment Override Option (SGTM) to perform a lookup into Insurer file instead of 3P Insurer file when selecting entries. Insurers were not showing up all the time when looked up by name.

- HEAT18507 – Created option in the Insurer File to split prescriptions into two lines on the UB-04.
- HEAT28364 - Changed code to use Visit Location not DUZ(2) when looking for replacement insurer setup.
- HEAT28995 - Modified VEF option so only batches created for the logged into location are viewable.
- HEAT30524, HEAT40129 - Added CPT code to the Pharmacy Page (Page 8D) of Claim Editor.
- HEAT35406 - Modified BILLS LISTING report correctly create as a Host File Server (HFS) file.
- HEAT36314 – Correction made so alpha modifiers would cross over to the claim correctly. They were displaying as NO SUCH MODIFIER.
- HEAT39583 - Modified 4010 837P so DTP segment will print for Assumed/Relinquished Care Dates.
- HEAT43507 - Fixed Visit Date check for Closed Claims report. When run by Visit Date it was not finding any claims.
- HEAT46087 - Added parameter to Add/Edit insurer so the user can select by visit type how many DX codes they want to print on Form Locator 21 of the HCFA 1500 (08/05) format, 4 or 8.
- HEAT46390 - Correction to write off amount on summary screen. Wasn't including the write offs from all bills, only the most recent one.
- HEAT46786 - Made change for WATERSMEET HEALTH CENTER to remove FL76 on UB-04 format.
- HEAT51380 - Changed Form Locator Override option (FLTM) code to use the visit location instead of the current location to look for overrides.
- HEAT51571 - Print subscriber address in loop 2010BA of the 837 only if the patient is the subscriber.
- HEAT53094 - Correction for the missing Referring or Supervising provider NPI. The NPI number was not showing up in the 5010 837 file if the provider was entered on page3 of the claim editor. The user would see “-1” on the error report.
- HEAT53204 - Made change so the Admission Source code will print in Form Locator 15 of UB-04 when insurer is NM Medicaid. There was a typo in the code that was prohibiting it from printing.
- HEAT55022 - Made change for Loop 2330B NM109 in both 837I and 837P 5010s. Change will make NM109 come from Insurer file, even if that insurer is setup as part of a clearing house. Was causing an issue with secondary billing with regards to the number being sent there.
- HEAT55261 - Modified the ADA-2006 format to print Form Locator 35 with notes from the Remarks Page (Page 9) of the Claim Editor.
- HEAT56886 - Made change to both 4010 and 5010 formats for Service Location segments. Removed check for POS greater than 12 so now it will just write it when the Visit Location is NOT the Location billing.
- HEAT57041 - Removed code for the K3 segment that reports POA in Version 5010. POA is now reported in an HI segment.

- HEAT57488 - Made change to remove REF\*EI segment from 2310B loop (Referring Provider) for the 5010 837I.
- HEAT57746 - Issue with claims denying because the Service Facility Location is printing in the 837 file. Added a prompt in the Add/Edit Insurer option (under visit type) so user can control when this field prints. Their options are:
  - S Send all the time, even if the billing location is the same
  - N Do NOT send at all
  - D Send only when Visit Location differs from the Billing Location"D" is how the field currently works. This affects:
  - 5010 837I loop 2310E
  - 5010 837P loop 2310C
  - 5010 837D loop 2310C
- HEAT57952 - Modified 5010 837D to remove PRV segment in loop 2000A.
- HEAT58133 - Made change so ISA15 so it could be overridden in 837 file.
- HEAT58542 - Modified 5010 837P to stop printing loops 2330C thru 2330G.
- HEAT58663 - Made change to 5010 837 for DTP segment for test date. Was printing test result instead of date.
- HEAT59090 - Made correction to 837 Form Locator Override (SGTM). The override for NM109 was overriding the value of NM101 instead.
- HEAT59363 - Added code to allow multiple Occurrence Codes in the 5010 837s.
- HEAT60862 - Added Place of Service prompt to all 8-pages in Claim Editor if export mode is 5010 837P.
- HEAT63840 – Correction to a reported issue with re-sequencing diagnosis codes on Page 5A of the Claim Editor. If populated, the E-Code was populating the Present on Admission (POA) indicator causing claim rejections. This patch corrects how the codes are re-sequenced and stores valid information.
- HEAT63888 - Made changes to 5010 837P format for medication charges:
  - Made field SV101-2 populate with J3490 if there isn't a CPT entered on page 8D.
  - Made LIN print NDC of drug without dashes.
  - Made REF\*XZ print RX# (it will check the free-text field first, then the pointer to the RX# in the Prescription file). It will also print the NM1\*82 segment for rendering provider on the line item if the provider is different from the rendering provider on page 4.
- HEAT64640 - Made change to 5010 837P to SV1 so if line item amount is \$0 it will print "0", not ".00". Also made change to not print "REF\*X4" for reference lab CLIA number if there isn't a reference lab CLIA number entered.

## 2.0 Patch 9

### 2.1 Claim Editor Modifications

ABM>EDTP>EDCL

The following describes the changes made in Patch 9 that impact the Claim Editor.

#### 2.1.1 Page 3 – Questions Page

##### 2.1.1.1 Display of Accident State

Entering accident details into the Claim Editor requires entry of the State code where the accident occurred. Prior to Patch 9, the State did not display on Page 3 – Questions. This has been corrected to now display.

```

~~~~~ PAGE 3 ~~~~~
Patient: PATIENT,HENRIETTA [HRN:1072] Claim Number: 32091
..... (QUESTIONS) .....

[1] Release of Information..: YES
[2] Assignment of Benefits..: YES
[3] Accident Related.....: YES OTHER ACCIDENT 05/24/2010 1100HRS ST: AZ
[4] Employment Related.....: NO
[5] Emergency Room Required.: NO

```

Figure 2-1: Claim Editor Display of Accident-Related State

#### 2.1.2 Page 4 – Providers

The Provider Page was modified to display *Error #189 – Medicare Part B PIN Number Unspecified in the 3P Insurer File* when the provider’s PIN has not been entered into the Insurer file for Medicare in Table Maintenance. This error only displays when the active insurer is Medicare or Railroad Retirement, the Visit Type is Professional Component (999) and the Provider PIN# has no entry in the Insurer File.

```

~~~~~ PAGE 4 ~~~~~
Patient: PATIENT,HENRIETTA [HRN:1072] Claim Number: 32703
..... (PROVIDER DATA) .....

          PROVIDER                NPI                DISCIPLINE
          =====                =====                =====
(attn) MEDICAL,D E                1000000001        PHYSICIAN
-----
ERROR:189 - MEDICARE PART B PIN NUMBER UNSPECIFIED IN 3P INSURER FILE.
-----

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

```

Figure 2-2: Display of Error: 189 – Medicare Part B PIN Number Unspecified

Displaying the error was added back to the Claim Editor to allow billing staff to distinguish if the provider has a valid PIN. Entering the PIN into the Provider PIN# fields in the Insurer File (3P>TMTP>INTM>EDIN) will not display the error.

```
Select INSURER:    MEDICARE    NEW MEXICO    87222
    ...OK? Yes//    (Yes)

<----- MAILING ADDRESS ----->
Street...: 12800 INDIAN SCHOOL RD, NE  Replace
City.....: ALBUQUERQUE//
.
.
PROVIDER PIN#

Select PROVIDER: LAST,FIRST
```

Figure 2-3: Display of the Provider PIN Field in the Insurer File

### 2.1.3 Adding the CPT Narrative to CPT Codes - Pages 8A to 8K

The CPT Pages of the Claim Editor have been modified to allow the CPT Narrative to be added if a more detailed description is required by the payer when submitting electronic 5010 837 formats. In order for the CPT narrative to be edited, the system must be set up to allow for entry of the narrative. The setup is done by Insurer and CPT Code.

Once the narrative option has been set up, the user will see *Warning 241 – CPT Narrative Missing* if the narrative has not been entered.

```
-----
WARNING:241 - CPT NARRATIVE missing (1)
-----
```

Figure 2-4: Display of Warning 241 Indicating the CPT Narrative is Missing

The narrative field will display when editing the CPT charge. The system allows the narrative to be edited on any of the 8-pages as long as the CPT has been added for that payer to the narrative list in Table Maintenance.

```
~~~~~ PAGE 8H ~~~~~
Patient: PATIENT,PAUL [HRN:3948] Claim Number: 32704
Mode of Export: 837P (HCFA) 5010
..... (MISC. SERVICES) .....

      REVN                                UNIT      TOTAL
      CODE      HCPCS - MISC. SERVICES    CHARGE  QTY  CHARGE
      =====
[1] CHARGE DATE: 05/07/2012 (DOCTOR,TRUDEL-R)
    **** V5298 HEARING AID NOC                20.00  1      20.00
                                           =====
                                           $20.00
-----
```

```

WARNING:241 - CPT NARRATIVE missing (1)
-----
Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit/Mode): N// E

[1] V5298
Select 1st MODIFIER:

          DIAGNOSES
Seq   ICD9
Num   Code           Diagnosis Description
===  =====
  1   599.0          URIN TRACT INFECTION NOS

SERVICE FROM DATE/TIME: MAY 7,2012//

UNITS: 1//
CPT NARRATIVE: HIGH QUALITY HEARING AID MADE BY QUALIEAR MODEL X1394-900
UNIT CHARGE: 20//

          DOCTOR, TRUDEL                RENDERING

Select SERVICE LINE PROVIDER:
    
```

Figure 2-5: Adding the CPT Narrative to the HCPCS Page – Page 8H

The narrative field can hold up to 80-characters.

## 2.1.4 Page 8E – Laboratory Services Page

### 2.1.4.1 Units Value Increase

A modification was made to the Units field of the Laboratory Services Page to allow units greater than 99 but less than 999 to be entered. Prior to Patch 9, the user could only enter up to 99 units.

```

~~~~~ PAGE 8E ~~~~~
Patient: PATIENT, PAUL [HRN:3948] Claim Number: 32436
Mode of Export: CMS-1500 (08/05)
..... (LABORATORY SERVICES) .....

          REVN          UNIT          TOTAL
          CODE          CHARGE QTY    CHARGE
          =====
[1] CHARGE DATE: 09/12/2011
    **** 88313 Special stains GROUP 2          8.00 103    824.00
                                                =====
                                                $824.00

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

[1] 88313
Select 1st MODIFIER:

          DIAGNOSES
Seq   ICD9
Num   Code           Diagnosis Description
    
```

```

====
1  845.09  SPRAIN OF ANKLE NEC
=====
Enter Principle Corresponding DX:

UNITS: 103// ?
Type a number between 0 and 999, 3 Decimal Digits
    
```

Figure 2-6: Display of Units Field on Page 8E – Laboratory Page

### 2.1.5 Page 8D – Medications Page

A new prompt has been added to the Medications Page in the Claim Editor to allow for the entry of a CPT or HCPCS code. When populated, the code will print on a paper claim form and can be transmitted electronically on the 5010 837 formats. The following screen displays the entry of the HCPCS code for the drug billed.

**Note:** If the CPT Code is blank and the claim is billed on the 5010 837 Professional export mode, the system will default to J3490 in the SV101-2 element.

```

~~~~~ PAGE 8D ~~~~~
Patient: PATIENT,PAUL [HRN:3948] Claim Number: 32704
Mode of Export: HCFA-1500B
..... (MEDICATIONS) .....

REVN  CHARGE          DAYS          TOTAL
CODE  DATE            MEDICATION    SUPPLY  QTY  CHARGE
=====
[1]  0250  05/07/2012@11:00  Rx:289039
     6-3356-71          CEFOXITIN 1GM INJ VIAL          1      2    16.78
                                     =====
TOTAL                                     $16.78

Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit/Mode): N// E
Is this entry an IV? NO//
Prescription: 289039//
Units (at $5.892 per unit): 2//
Times Dispensed (at $5 per each time dispensed) : 1
//
CPT CODE: J0694( )
MTLU found no usable words.

The following word was not used in this search:
  J0

Attempting FILEMAN lookup...
  ...OK? Yes// (Yes)

Select SERVICE LINE PROVIDER:

          DIAGNOSES
Seq  ICD9
Num  Code          Diagnosis Description
=====
1    599.0          URIN TRACT INFECTION NOS
    
```

Figure 2-7: Display of CPT Code on Page 8D – Pharmacy Page

The CPT/HCPCS code will display to the right of the Prescription number.

```

~~~~~ PAGE 8D ~~~~~
Patient: PATIENT,PAUL [HRN:3948] Claim Number: 32704
Mode of Export: HCFA-1500B
..... (MEDICATIONS) .....

  REVN  CHARGE          DAYS          TOTAL
  CODE  DATE            MEDICATION    SUPPLY  QTY    CHARGE
=====
[1] 0250 05/07/2012@11:00 Rx:289039 CPT: J0694
    6-3356-71          CEFOXITIN 1GM INJ VIAL          1      2     16.78
                                TOTAL                                $16.78
Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit/Mode): N//

```

Figure 2-8: Display of CPT Code linked to the Pharmacy Charge on Page 8D

## 2.2 Changes to the 837 Version 5010 File Export

The following describes changes made to the 5010 837 formats.

### 2.2.1 All 837 5010 Formats

#### 2.2.1.1 Addition of CPT Narrative for NOC/NEC Procedures

If the CPT narrative has been populated in the Claim Editor, the 5010 837 formats will add the narrative to the following segments:

- Segment SV101-7, 5010 837 Institutional
- Segment SV201-7, 5010 837 Professional
- Segment SV301-7, 5010 837 Dental

#### 2.2.1.2 Submission of Location Tax Identification Number (TIN) when using 'Use NPI Of'

Changes have been made on the 837 5010 formats to allow the Tax Identification Number (TIN) to be used when the *USE NPI OF* field has been populated with an entry.

Historically, sites have used the *USE NPI OF* field to identify when another NPI needs to be used for billing outside locations that would not normally need its own NPI. Such locations would be Home visits, School visits, etc. This field can be found in Site Parameters and the Insurer File in Third Party Billing.

When using the NPI of another location, the user now has the ability to send the Tax Identification Number of the Location they are submitting for. An example would be when billing for Medicare Part A services. Facilities which are Hospital-Based, not on the same database as the Hospital and use that Hospital's Part A Number will usually set up the *USE NPI OF* field to populate the Hospital's Name and NPI. The change in Patch 9 will use the Tax Identification Number in the Location File if populated.

The Tax Identification Number can be added using the Location File Menu (ABM>TMTP>LOTM>EDLO).

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p9          |
+          Location File Maintenance                       +
|          INDIAN HEALTH HOSPITAL                          |
+-----+
User: LUJAN,ADRIAN M                                     6-JUN-2012 4:05 PM

Select LOCATION to Edit: TEST HOSPITAL          ALBUQUERQUE          SERVICE UNIT
01                                     NM INDIA

MAILING ADDRESS-STREET: PO BOX 9999//
MAILING ADDRESS-CITY: SAN FRANCISCO//
MAILING ADDRESS-STATE: NEW MEXICO//
MAILING ADDRESS-ZIP: 87111//
PHONE: 505 505 5005//
FEDERAL TAX NO.: 850120405 ←TAX ID OF LOCATION IS ENTERED HERE
MEDICARE NO.: 320099//

```

Figure 2-9: Display of Entry of Federal Tax Identifier in the Location File

Remember, if required by the payer, the Tax Identification Number must be the number of the NPI Location you are using.

### 2.2.1.3 Pharmacy Billing Modifications

#### Default HCPCS Code: J3490 – Unclassified Drugs

If the CPT Code field on the Pharmacy Page (Page 8D) is blank, the system will default to J3490 in element SV101-2 on the 5010 837P.

#### Clarification in Printing the Prescription Number

Segment REF\*XZ on the 5010 837P will print the prescription number in the following order:

1. Free-text RX Number field. If blank, then
2. The RX# field located in the Prescription Number

### 2.2.1.4 Removal of Service Facility from 837 Format

Testing for 5010 837 produced errors from the payer for the Service Facility. The error received was due to the Service Facility Location being sent to the payer. In this error, the user was receiving a message similar to the following:

```
Service Facility Location Name should not be used. Invalid data:
NM1*77*2*<LOC>
```

In the above, <LOC> was the name of the location where the patient was seen.

Patch 9 corrects this issue by adding a new prompt to remove the Service Facility Location if it's not needed. This will impact the following loops:

- 5010 837I Loop 2310E
- 5010 837P Loop 2310C
- 5010 837D Loop 2310C

The setup for removing the entry can be completed by Insurer. Reference Section 2.3.3.3 for details.

## 2.3 Table Maintenance Changes

ABM>TMTP

The following section provides detail on changes made in Patch 9 for Table Maintenance.

### 2.3.1 Fee Schedule Option

ABM>TMTP>FETM

#### 2.3.1.1 New Report to View CPT Charge (VWFE)

A new report has been added to the CPT Menu in Table Maintenance named *View CPT Fee* and allows the user to view a charge amount for a specific CPT, HCPCS or Revenue Code. The user selects the code by Fee Schedule and the system will display all Effective Dates along with the charge amount for that code.

```
Select Fee Schedule Menu Option: VWFE View CPT Fee

+-----+-----+-----+-----+-----+-----+-----+-----+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p9          |
+-----+-----+-----+-----+-----+-----+-----+-----+
|          View CPT Fee          |
+-----+-----+-----+-----+-----+-----+-----+-----+
|          INDIAN HEALTH HOSPITAL          |
+-----+-----+-----+-----+-----+-----+-----+-----+
User: LUJAN,ADRIAN M          21-MAY-2012 8:45 AM

Select FEE SCHEDULE: 1// 1          IHS 1995 STANDARD FEE SCHEDULE
```

```

----- 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): 99212  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 175.00

Eff. Date      Global      Technical Professional Updated By      Updated on
01/01/1995     175.00      75.00      100.00 VALENCIA,TINA 06/20/2011
01/01/1996     175.00      100.00     75.00 VALENCIA,TINA 06/20/2011

Select MEDICAL (CPT CODE):

```

Figure 2-10: Display of CPT Code 99212 in the View CPT Fee Option

### 2.3.2 NOC NEC Required for 5010 Submissions

ABM>TMTP>NARR

A new option has been added to Table Maintenance and is used when billing for CPT or HCPCS codes that contain “Not Otherwise Classified”. The option is set up by payer and the user must enter the NOC/NEC codes that will need a CPT/HCPCS Narrative to describe the code billed.

To set up the option, enter the name of the insurer. The system will display codes previously entered that require a narrative. Enter a valid CPT or HCPCS code. The system will search for the code. Once the user has confirmed the entry of the code, the *CPTS Req'ing Narrative Req'd For Insurer* field will need to be answered YES.

```

Select Table Maintenance Menu Option: NARR NOC NEC Required for 5010 submissions

+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p9          |
+          NOC NEC Required for 5010 submissions          +
|          INDIAN HEALTH HOSPITAL                          |
+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+

```

```

User: LUJAN,ADRIAN M                               21-MAY-2012 3:28 PM

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

Select INSURER:      HEALTHCARE INC      WASHINGTON      99016
...OK? Yes//      (Yes)

Current Codes      Req'd?
99212              NO

No entries at this time

Enter CPT/HCPCS codes: M0010( )
MTLU found no usable words.

The following word was not used in this search:
M0

Attempting FILEMAN lookup...      NOC, HOME VISITS
NOC, HOME VISITS
...OK? Yes//      (Yes)

Are you adding 'M0010' as a new CPTS REQ'ING NARRATIVE (1ST for this 3P IN
SURER)? No// YES (Yes)
CPTS REQ'ING NARRATIVE REQ'D FOR INSURER: YES YES

Enter CPT/HCPCS codes: V5298( )
MTLU found no usable words.

The following word was not used in this search:
V5

Attempting FILEMAN lookup...( )
MTLU found no usable words.

The following word was not used in this search:
V5

Attempting FILEMAN lookup...      HEARING AID NOC
Hearing aid, not otherwise classified
...OK? Yes//      (Yes)

Are you adding 'V5298' as a new CPTS REQ'ING NARRATIVE (2ND for this 3P IN
SURER)? No// YES (Yes)
CPTS REQ'ING NARRATIVE REQ'D FOR INSURER: YES YES
Enter CPT/HCPCS codes:

```

Figure 2-11: Adding the Insurer and CPT Codes to Indicate a Required Narrative

### 2.3.3 Changes to the Insurer File

ABM>TMTP>INTM

### 2.3.3.1 Option to Print 4 or 8 Diagnosis Codes on the CMS-1500

A new option has been added to the Visit Type section of the Insurer File to allow billing staff to determine if four or eight diagnosis codes will be sent to the payer. Some payers, such as Medicare, allow for up to eight diagnosis codes to be reported on the CMS-1500. In this case, the user may modify the *4 OR 8 DXS ON 1500* question to reflect the payer requirements.

If blank, the system will print four diagnosis codes on the paper claim form and does not have an effect on the 837 5010 format.

```
Select VISIT TYPE..: 131  OUTPATIENT
    ..OK? Yes//   (Yes)

Billable (Y/N/E)....: YES//
Reporting purposes only:
.
.
Auto Approve?.....:
Mode of Export.....: CMS-1500 (08/05)//
Block 24K.....:
Block 29.....:
Block 33 PIN#.....:
4 OR 8 DXS ON 1500: 4// ??

    Choose from:
        4         4
        8         8
4 OR 8 DXS ON 1500: 4//
```

Figure 2-12: Changing the Number of Diagnosis in the Insurer File's Visit Type

### 2.3.3.2 Ability to Print Two Lines on the UB-04 for Medications

A new option has been added to the Visit Type section of the Insurer File to allow for the billed medication information to print on two lines, if required by the payer. Setting up the new option is located in the Insurer File. Answering YES will allow the NDC and drug name to print on two lines.

```
Select VISIT TYPE..: 131  OUTPATIENT
    Are you adding 'OUTPATIENT' as a new VISIT TYPE (the 1ST for this 3P INSURER)?
    No// YES (Yes)
Billable (Y/N/E)....: Y  YES
Reporting purposes only:
.
.
ICD PX on Claim?:
Print meds on 2 lines?: ??

    Choose from:
        Y         YES
        N         NO
Print meds on 2 lines?: Y  YES
```

Figure 2-13: Modifying the Insurer File to Allow for Two Lines to Print on the Paper Claim

When printed, the form will appear similar to the following example.

INDIAN HEALTH HOSPITAL				INDIAN HEALTH HOSP				32 PAT. CNTL.# 32562A-IH-99999				4 TYPE OF BILL 131									
5300 HOMESTEAD ROAD NE				PO BOX 99999				5 MCD. REC.# 99999													
ALBUQUERQUE, NM 87110-4555				CASHTOWN, CA 99999-9999				5 FED. TAX NO. 859999999		6 STATEMENT COVERS PERIOD FROM 120411		7 THROUGH 120411									
505 248 4349																					
8 PATIENT NAME a						9 PATIENT ADDRESS a						123 MAIN ST									
b PATIENT, PAUL						b ALBUQUERQUE						c NM		d 123450000							
10 BIRTHDATE		11 SEX	12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR		17 STAT		CONDITION CODES 22 23 24 25 26 27 28						29 ACCT 30 STATE				
01011960		M	12041112		02		01		12		01										
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE SPAN FROM THROUGH		37 OCCURRENCE SPAN FROM THROUGH		38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	

- 5010 837I Loop 2310E
- 5010 837P Loop 2310C
- 5010 837D Loop 2310C

```

Select INSURER:   BC/BS OF MAINE      MAINE      12345
                ...OK? Yes//      (Yes)

<----- MAILING ADDRESS ----->
Street...: 123 MAIN ST//
City.....: NOWHERE//
.
.

Select VISIT TYPE..: 420  PHYSICAL THERAPY
                ...OK? Yes//      (Yes)

Billable (Y/N/E)....:
Reporting purposes only:
.
.
Auto Approve?.....:
Mode of Export.....: 837P (HCFA) 5010//
Block 24K.....:
Block 29.....:
Block 33 PIN#.....:
Contract Code Req'd? N// O
Service Facility Location: ?
  Choose from:
    S      Send all the time, even if the billing location is the same
    N      Do NOT send at all
    D      Send only when Visit Location differs from the Billing Location
Service Facility Location:

```

Figure 2-15: Display of Editing Service Facility Location in the Insurer File

## 2.4 UFMS Modifications in Third Party Billing

Changes have been made to ensure that the UFMS parameters have been completed prior to billing in Third Party Billing.

The user will see a warning message appear if the UFMS Site Parameters have not been set up. This will more than likely be for newly set up locations that have not previously been set up to bill.

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p9          |
+-----+-----+
|          Main Menu          |
+-----+-----+
|          SANTA ANA HS          |
+-----+-----+
User: LUJAN,ADRIAN M          5-JUN-2012 2:49 PM

WARNING: UFMS PARAMETERS have not been completed.

EDTP  Add/Edit Claim Menu ...

```

```
MGTP  Claim/Bill Management Menu ...
RPTP  Reports Menu ...
PRTP  Print Bills Menu ...
TMTP  Table Maintenance Menu ...
ELTP  Eligibility Menu ...
PPTP  Payment Posting
EMTP  Electronic Media Claims ...
SSTP  Set Site
-----
UCSH  Cashiering Options ...

Select Third Party Billing System Option:
```

Figure 2-16: Display of UFMS Parameters Message on Main Page of Third Party Billing

If this message is displayed, the UFMS Set Up will need to be completed.

## Acronym List

<b>ADA</b>	American Dental Association
<b>CPT</b>	Current Procedural Terminology
<b>HCPCS</b>	Healthcare Common Procedure Coding System
<b>IHS</b>	Indian Health Service
<b>NDC</b>	National Drug Class
<b>NPI</b>	National Provider Identifier
<b>PIN</b>	Provider Identification Number
<b>RPMS</b>	Resource and Patient Management System
<b>TPB</b>	Third Party Billing
<b>UFMS</b>	Unified Financial Management System

## 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)