



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **Third Party Billing**

(ABM)

## **Addendum to User Manual**

Version 2.6 Patch 27  
November 2018

Office of Information Technology  
Division of Information Resource Management  
Albuquerque, New Mexico

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## Preface

The purpose of this addendum is to provide information about the Third Party Billing (ABM) package. The system is designed to automate the creation of a claim using existing Resource and Patient Management System (RPMS) data.

Please review and distribute this addendum to your Third Party Billing staff *prior to* installation of the patch.

Refer to the notes file released with this patch for all other technical documentation.

## 1.0 Introduction

### 1.1 Summary of Changes

Patch 27 provides enhancements and minor corrections to Version 2.6 of the Third Party Billing application. This patch is not cumulative of prior released patches. Please refer to those patch addendums for additional information.

#### 1.1.1 Patch 27

##### **Change Request 8894 – HEAT 295666, 320109, 336030**

Corrections were made to the 3P Fee Table to allow users to add, edit, or view any CPT code. In addition, a new option allows for manually correcting duplicate CPT codes that were not automatically corrected by the patch 27 installation process. CPT codes that cannot be automatically corrected are codes that have the same effective date, but different fee amounts, within the same fee schedule.

##### **Change Request 8897 – HEAT 314802**

Changes were made for Medi-Cal (California Medicaid) to display from and through date on the UB-04 when the AO Control number contains 61044, the bill type is 731, and the place of service is 51, 52, 53, 54, or 55.

##### **Change Request 9867 – HEAT 368954**

Added a new parameter to the Visit Type portion of the insurer file to allow the PRV segment in Loop 2000A to populate in the 837I, 837P, and 837D. This change also allows for Box 81CC of the UB-04 to populate with a taxonomy indicator of B3, if desired.

##### **Change Request 10170 – HEAT 387229**

Changes were made to have Box 50 of the UB-04 print “O/P Medi-Cal” if the AO Control number contains 61044 and the insurer name contains “O/P Medi-Cal.” In addition, Box 60 of the UB-04 will print the policy number of the replacement insurer when the original insurer type is different, Error Code 203 will not display in the Claim Editor if a replacement insurer is Medicaid FI or Medicare and the original insurer is Private, and Boxes 14 and 15 of the UB-04 will not print a leading zero if the AO Control number is 61044 and the insurer name does not contain “O/P Medi-Cal.”

##### **Change Request 10326 – HEAT 408631**

A correction was made to the 837P mode of export to populate the diagnosis printer in the SV107 segment when the All-Inclusive rate is being billed and a default CPT code is *not* specified in the Visit Type portion of the insurer file.

## 2.0 Patch 27

### 2.1 837 Electronic Exports

#### 2.1.1 Insurer File – Billing Provider Taxonomy

##### TMTP > INTM > EDIN

A parameter has been added to the Visit Type portion of the Insurer file to allow for populating the PRV segment in Loop 2000A of the 837P, 837I, and 837D. Part of the new parameter also allows for populating Box 81CC of the UB-04 with a taxonomy indicator of B3, if desired.

Prior to Patch 27, the PRV segment was hardcoded to automatically populate in Loop 2000A for some specific insurers and scenarios. This hardcoding will be removed when Patch 27 is installed. This means the new parameter will need to be manually populated for any insurers which require the billing provider taxonomy in the PRV segment of Loop 2000A. In addition, for sites which may have a Form Locator override in place, the form locator override would need to be deleted for the functionality to work properly.

This prompt also allows for printing a taxonomy qualifier in Box 81CC of the UB-04. The two selections available are 0T and 3T. Choosing 0T will print the taxonomy without an indicator and choosing 3T will print the taxonomy with a B3 indicator. Either selection will print in Box 81CC of the UB-04.

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p27          |
|                   Add/Edit Insurer                       |
|                   2017 DEMO HOSPITAL                       |
+-----+
User: DEMO,USER1                               20-SEP-2018 4:05 PM

WARNING: Before ADDING a new INSURER you should ensure that it
         does not already exist!

         Select one of the following:

           1          EDIT EXISTING INSURER
           2          ADD NEW INSURER

Select DESIRED ACTION: 1//  EDIT EXISTING INSURER

Screen-out Insurers with status of Unselectable? Y// ES

Select INSURER: NORTH DAKOTA MEDICAID
( DAKOTA MEDICAID NORTH/NORTHEAST/NORTHEASTERN/NORTHERN/NORTHLAND/NORTHWEST/NORT
HWESTERN )
.
NORTH DAKOTA MEDICAID                          - 555 BISMARK DRIVE

```

```

                                BISMARK , ND 55555
OK? Y//

Visit          Mode of      Mult Fee      ----- Flat Rate -----
Type - Description      Export      Form Sched      Start          Stop          Rate
=====
 131  OUTPATIENT          837I (UB) 5010NO          01/01/2017 12/31/2017 391.00
                                01/01/2018                                427.00

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

Billable (Y/N/E)....: YES//
Reporting purposes only:
Do you want to replace with another insurer/visit type?
Start Billing Date (create no claims with visit date before)...:
Procedure Coding....: ICD//
Multiple Forms?.....:
Payer Assigned Provider Number.....:
EMC Submitter ID #...:
EMC Reference ID....:
Auto Approve?.....: NO//
Mode of Export.....: 837I (UB) 5010//
Billing Prv Taxonomy: ??

Choose from:
0T      TAXONOMY WITH NO INDICATOR
3T      TAXONOMY WITH B3 INDICATOR

```

Figure 2-1: Example of new prompt in the Insurer file

The 837 file displays the facility taxonomy in the PRV segment (Figure 2-2):

```

Enter File Name: : E0000001.191//
Submission # 100267
Writing bills to file.
ISA*00*          *00*          *ZZ*888888888      *ZZ*          *180710*164
0**00501*000100267*1*P*::~~
GS*HC*888888888**20180710*1640*100267*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*100267*20180710*1640*CH~
NMI*41*2*2017 DEMO HOSPITAL*****46~
PER*IC*BUSINESS OFFICE*TE*505555555~
NMI*40*2*NORTH DAKOTA MEDICAID*****46~
HL*1**20*1~
PRV*BI*PXC*261Q00000X~
NMI*85*2*2017 DEMO HOSPITAL*****XX*1122334455~
N3*5300 HOMESTEAD RD NE~
N4*ALBUQUERQUE*NM*87110~
REF*EI*888888888~

```

Figure 2-2: Example of PRV segment being populated in an 837 file

The paper UB-04 will print with the following (Figure 2-3 and Figure 2-4):

0001		PAGE 1 OF 0		CREATION DATE		071018		42700				
50 PAYER NAME NORTH DAKOTA MEDICAID				51 HEALTH PLAN ID		52 REL INFO Y	53 ASG BEN Y	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 42700	56 NPI 1122334455	57 OTHER PRV ID 888888888
58 INSURED'S NAME ARIAT, DEMO				59 P.REL 18	60 INSURED'S UNIQUE ID ND552255			61 GROUP NAME		62 INSURANCE GROUP NO.		
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME				
66 DX R461/												
67												
69 ADMIT DX	70 PATIENT REASON DX	71 FPS CODE	72 ECI	73	74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 ATTENDING NPI	77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI	80 REMARKS	
	a	b	c	d			8586264581				261Q00000X	
							LAST	FIRST	LAST	FIRST		
							LAST	FIRST	LAST	FIRST	STEVEN	
							LAST	FIRST	LAST	FIRST		
							LAST	FIRST	LAST	FIRST		

Figure 2-3: Example of Taxonomy printing on UB-04 without the B3 qualifier

0001		PAGE 1 OF 0		CREATION DATE		071018		42700				
50 PAYER NAME NORTH DAKOTA MEDICAID				51 HEALTH PLAN ID		52 REL INFO Y	53 ASG BEN Y	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 42700	56 NPI 1122334455	57 OTHER PRV ID 888888888
58 INSURED'S NAME ARIAT, DEMO				59 P.REL 18	60 INSURED'S UNIQUE ID ND552255			61 GROUP NAME		62 INSURANCE GROUP NO.		
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME				
66 DX R461/												
67												
69 ADMIT DX	70 PATIENT REASON DX	71 FPS CODE	72 ECI	73	74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 ATTENDING NPI	77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI	80 REMARKS	
	a	b	c	d			8586264581				B3261Q00000X	
							LAST	FIRST	LAST	FIRST		
							LAST	FIRST	LAST	FIRST	STEVEN	
							LAST	FIRST	LAST	FIRST		
							LAST	FIRST	LAST	FIRST		

Figure 2-4: Example of Taxonomy printing on UB-04 with the B3 qualifier

## 2.1.2 Diagnosis Pointer – SV107 Segment

A correction was made to the diagnosis pointer segment (SV107) within the 837P file. The diagnosis pointer tells the payer which diagnosis has been designated as diagnosis one, diagnosis two, etcetera, on a claim. This segment will now populate a “1” when the payer is set up for billing at the All-Inclusive rate and there is not a defaulted CPT code in the Visit Type of the Insurer file. Prior to patch 27, this segment was incorrectly being populated with a dollar amount instead of a “1.”

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

Billable (Y/N/E)....: YES//
Reporting purposes only:
Do you want to replace with another insurer/visit type?
Start Billing Date (create no claims with visit date before)..:
Procedure Coding....: ICD//
Multiple Forms?.....:
Payer Assigned Provider Number.....:
EMC Submitter ID #...:
EMC Reference ID....:
Auto Approve?.....: NO//
Mode of Export.....: 837P (HCFA) 5010//
Billing Prv Taxonomy:
Block 24K.....:
Block 29.....:
Block 33 PIN#.....:
Contract Code Req'd? N// O
Service Facility Location:
SUBPART NPI:
DME Contractor?.....:
CPT Code.....:
Select START DATE: 010118    JAN 01, 2018
START DATE: JAN 1,2018//
RATE ($): 427.00//
STOP DATE:
```

Figure 2-5: Example of CPT code not defaulted in the visit type portion of the insurer file

```
NM1*PR*2*WISCONSIN MEDICAID*****PI*99999~
CLM*402281A-DH-112603*427.00***22:B:1*Y*A*Y*Y~
REF*EA*112603~
HI*ABK:R461~
NM1*82*1*COOPER*STEVEN****XX*8586264581~
PRV*PE*PXC*207RC0000X~
LX*1~
SV1**427.00*UN*1***1~
DTP*472*D8*20180615~
REF*6R*000000005913000000~
.SE*27*0001~
GE*1*100239~
IEA*1*000100239~
```

Figure 2-6: Example of diagnosis pointer populated in SV107 of an 837 file

## 2.2 Fee Table Changes

### TMTP > FETM

Several changes were made to the 3P Fee Table to correct errors and issues commonly reported to the OIT Help Desk.

The issues with the 3P Fee Table are a result of changes that were made to how codes are stored within the CPT file. Historically, CPT codes were stored in RPMS with an Internal Entry Number (IEN) that was identical to the CPT code. For example, CPT 99213 was stored in the CPT file with an IEN of 99213.

CPT codes are now stored in the CPT file with the next available IEN. This means that CPT code 99213, for example, could be stored in the CPT file several times with several different IEN numbers. This is not what the 3P Fee Table expects, and it results in users not being able to edit, add, or view CPT codes in the **Fee Schedule Menu** options.

When patch 27 is installed, the installation process automatically cleans up as many CPT entries in the 3P Fee Table as possible. Entries that cannot be cleaned up automatically will have to be corrected manually by using the new **Cleanup Fee Tables** option (**CUFE**) in the **Fee Schedule Menu**. A warning message will display on the **Third Party Billing Main Menu** to notify users of fee schedules that need to be corrected. If there are no fee schedules that need to be corrected, there will be no warning message and the new **CUFE** option will be locked.

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p27          |
+-----+-----+
|                   Main Menu                               |
+-----+-----+
|                   2017 DEMO HOSPITAL                       |
+-----+-----+
User: DEMO,USER2                               13-SEP-2018 1:48 PM
WARNING: Open cashiering sessions exist that should be reconciled for UFMS

WARNING:FEE SCHEDULES NEED TO BE REVIEWED/COMPLETED BEFORE ALL FEES WILL
BE ACCURATE

```

Figure 2-7: Example of warning message displayed when there are fee schedules to be corrected

The warning message will remain on the **Third Party Billing Main Menu** until the **CUFE** option is run and any fee schedules with a status of **Review** are corrected. In addition, the following **Fee Schedule Menu** options will be locked for all locations sharing the same database: **EDFE**, **DTFE**, **FIFE**, and **IDFE**. Once the fee schedules are corrected, the **CUFE** menu will be locked and all other menu options will be unlocked (Figure 2-8 and Figure 2-9).

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p27          |
+          Fee Schedule Menu                               |
|          2017 DEMO HOSPITAL                               |
+-----+
User: DEMO,USER2                                     13-SEP-2018 1:48 PM

EDFE  Fee Schedule Maintenance
      ** > Out of order:  USE 'CUFE' TO CLEANUP FEE TABLE AND REACTIVATE
LSFE  Print Fee Schedule Listing
DTFE  Transfer Drug Prices from Drug File
      ** > Out of order:  USE 'CUFE' TO CLEANUP FEE TABLE AND REACTIVATE
FIFE  Import Foreign Fee Schedule
      ** > Out of order:  USE 'CUFE' TO CLEANUP FEE TABLE AND REACTIVATE
IDFE  Increase/Decrease Fee Schedule
      ** > Out of order:  USE 'CUFE' TO CLEANUP FEE TABLE AND REACTIVATE
VWFE  View CPT Fee
CUFE  CleanUp Fee Tables

```

Figure 2-8: Example of menu options being locked when there are fee schedules to be corrected

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p27          |
+          Fee Schedule Menu                               |
|          2017 DEMO HOSPITAL                               |
+-----+
User: DEMO,USER2                                     13-SEP-2018 1:48 PM

EDFE  Fee Schedule Maintenance
LSFE  Print Fee Schedule Listing
DTFE  Transfer Drug Prices from Drug File
FIFE  Import Foreign Fee Schedule
IDFE  Increase/Decrease Fee Schedule
VWFE  View CPT Fee
CUFE  CleanUp Fee Tables
      ** > Out of order:  All fee tables reviewed - no action needed

```

Figure 2-9: Example of the CUFE option being locked when there are no fee tables to be corrected

To correct fee schedules, access the **CUFE** option on the **Fee Schedule Menu**. All fee schedules that are stored in the database will be listed, regardless of which facility owns them. However, you will only be able to select fee schedules that are owned by the facility you are logged in to.

- Fee schedules with a status of **Completed** have been reviewed by the patch 27 installation process or have been reviewed manually by a user who accessed the **CUFE** option.
- Fee schedules with a status of **Skipped (Old)** are no longer in use, which means the schedule is not specified in Third Party Billing Site Parameters or in the Visit Type portion of the insurer file.

- Fee schedules with a status of **Review** will need to be corrected. To make the necessary correction(s), you will need to be familiar with the fee amounts being billed at your facility.

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p27          |
+          CleanUp Fee Tables                               |
|          2017 TRIBAL CLINIC                               |
+-----+
User: DEMO,USER2                                     13-SEP-2018 1:55 PM

Checking fee table status...
There are fee tables that need review

This menu option will have you select a fee table from a list of tables owned
by the facility logged into.  It will go through every CPT entry in the selected
fee table and will:
- delete incomplete entries (where there is no effective date and no amount)
- File the entries back so there is only one entry for each CPT code in
  each fee table

There *could* be instances where user intervention is needed to determine which
charge amount should be used when two entries are present for the same CPT with
the same effective date but different amounts.  The user will be prompted with
all the information and be asked to select which entry is correct before
continuing.

Enter RETURN to continue or '^' to exit:
  FT  Owner          Title                                     Status
  --  -
1   2017 TR CL      IHS 1995 STANDARD FEE SCHEDULE          Complete
2   2017 TR CL      MEDICARE O/P SURGERY                   Complete
3   2017 TR CL      2016 FEE SCHEDULE                       SKIPPED (Old)
4   2017 TR CL      2017 FEE SCHEDULE                       Complete
5   2018 DEMO CL    2018 FEE SCHEDULE                       Complete
6   2017 TR CL      2018 FEE SCHEDULE                       REVIEW

Which fee table would you like to review? 6  2018 FEE SCHEDULE (REVIEW)

Fee Table 6: 2018 FEE SCHEDULE:

(19) Medical          1 entry

Which category within Fee Table #6 would you like to review/correct? 19  Medical

Fee Table 6, 19 Medical - entry 1 of 1

#  CPT  (IEN)          Effective Date          Charge Amount
--  -
1  99344 (90818)      01/01/2018             $   281.50
2  99344 (99344)      01/01/2018             $   211.00

Which entry is correct? : (1-2): 1

For CPT 99344 you selected ...
                                01/01/2018             $   281.50

Are you sure? NO// Y  YES

Ok, filing CPT 99344

```

Checking fee table status...  
All fee tables complete.

Figure 2-10: Example of how to correct a duplicate CPT using the CUF E option

## 2.3 California Medicaid

**TMTP > INTM > EDIN**

Several changes were made to accommodate California Medicaid requirements (O/P Medi-Cal) when billing a date range of services, also referred to as “from through billing.” California Medicaid allows for billing room-and-board charges as well as provider fees for resident mental health facilities. This is similar to inpatient billing. The patient is admitted to the facility and will reside there until discharged. The facility will bill room-and-board charges for all the admitted days using the All-Inclusive rate.

In addition, the facility can bill for each day the patient is evaluated by a provider as a professional service. These changes are dependent on having 3P Site Parameters and the Insurer file set up a certain way, which will be explained in Section 2.3.1.

### 2.3.1 Facility Charges

These charges must print a certain way on the UB-04. California Medicaid requires the claim output as follows:

- a. Revenue Code 520 in Box 42
- b. Description of “Medical Visit” in Box 43
- c. Date range SEP 12 – SEP 16, 2018 beginning on Line 2 in Box 43
- d. CPT code in Box 44
- e. Beginning date of service on Line 1 and ending date of service on Line 2 in Box 45
- f. Number of units in Box 46
- g. Total Charge in Box 47

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0520	MEDICAL VISIT		091218				
	SEP 12-SEP 16, 2018	T1015	091618	4	156400		

Figure 2-11: Example of facility charges on the UB-04

For the facility charges to print this way, the following setup must be completed:

1. The Place of Service code designated in 3P Site Parameters (**SITM**) must be 51, 52, 53, 54, or 55. These Place of Service codes are defined in RPMS as the following:

- 51** – Inpatient Psychiatric Facility
- 52** – Psychiatric Facility Partial Hospitalization
- 53** – Community Mental Health Center
- 54** – Intermediate Care Facility/Mental Retarded
- 55** – Residential Substance Abuse Treatment Facility

2. Insurer File

- a. AO Control Number must include 61044
- b. All-Inclusive Mode set to Yes
- c. For Visit Type 131
  - Procedure Coding set to ICD
  - Mode of Export set to UB-04
  - Itemized UB set to YES
  - Revenue Code set to 520
  - Revenue Code Description set to Medical Visit
  - Bill Type set to 731
  - CPT Code set to T1015
  - Select Start Date
  - Rate set to All-Inclusive Rate

### 2.3.2 Professional Charges

The billing for resident mental health professional services goes hand in hand with the facility billing. Each day the patient is seen by a provider is billable as a professional service. These services will be billed at the All-Inclusive rate. The individual CPT/HCPCS will need to be added for each treatment day reflecting the date of service treatment took place.

These charges must print a certain way on the UB-04. California Medicaid requires the claim output, which is outlined as follows:

- a. Revenue Code 561 in Box 42
- b. Description of “Other Health Visit” in Box 43

- c. Each service date will be listed individually separated by commas beginning on Line 2 in Box 43
- d. CPT code on Line 2 in Box 44
- e. Beginning and ending date of service in Box 45
- f. Number of units on Line 2 in Box 46
- g. Total Charge on Line 2 in Box 47

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0561	OTHER HEALTH VISIT		091218				
	09/12, 09/13, 09/14,						
	09/15	T1015	091518	4	156400		

Figure 2-12: Example of the professional charges on the UB-04

For the professional charges to print this way, the following setup must be completed.

**Insurer file:**

- a. AO Control Number set to 61044
- b. All-Inclusive Mode set to YES
- c. For Visit Type 142 (Residential Treatment Center)
  - Procedure Coding set to CPT
  - Mode of Export set to UB-04
  - Itemized UB set to YES
  - Revenue Code set to 561
  - Revenue Description set to Other Health Visit
  - Bill Type set to 731

## 2.4 UB-04 Modifications

Changes were made to Boxes 50 and 60 of the UB-04 to comply with California Medicaid billing requirements. Prior to patch 27, hard coding was in place to have Box 50 populate with “O/P Medi-Cal” if the AO Control Number contained 61044. With the installation of patch 27, Box 50 will now print “O/P Medi-Cal” if the AO Control Number contains 61044 and the insurer name contains “O/P Medi-Cal.”

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER
O/P MEDI-CAL	XCMM00004	Y	Y		20600	1122334455	XCMM00004

Figure 2-13: Example of Box 50 of the UB-04

A correction was made to Box 60 of the UB-04 for all payers when a replacement insurer is being billed. Prior to patch 27, when a replacement insurer was being billed and that replacement insurer had a different insurer type than the original insurer, Box 60 did not print the policy number. Patch 27 corrects that, ensuring that the policy number of the original insurer will print in Box 60 of the UB-04.

001		PAGE 1 OF 1		CREATION DATE		090418		20600	
50 PAYER NAME			51 HEALTH PLAN ID		52 REL INFO	53 ARO BEN	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE
O/P MEDI-CAL			XCMM00004		Y	Y			20600
									56 NPI
									1122334455
									57
									XCMM00004
									OTHER
									PRV ID
58 INSURED'S NAME			59 P REL	60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.	
BUNNY, DEMO			18	PHP55889966					

Figure 2-14: Example of Box 60 of the UB-04

**TMTP > INTM > IQIN**

```

*** INSURER FILE INQUIRY ***

=====
NAME: PARTNERSHIP HEALTHPLAN          STREET: 1234 CLAIM WAY
CITY: SACRAMENTO                      STATE: CALIFORNIA
ZIP: 90201                             CONTROL NUMBER: RP8675309
FEDERAL TAX ID #: 851235478           STATUS: BILLABLE
TYPE OF INSURER: PRIVATE               RX BILLING STATUS: OUTPATIENT DRUGS ONLY
INSURER TYPE: PRIVATE                 LONG NAME: PARTNERSHIP HEALTHPLAN

INSURER: PARTNERSHIP HEALTHPLAN       NPI USAGE: NPI ONLY
ICD-10 EFFECTIVE DATE: OCT 01, 2015

VISIT TYPE: OUTPATIENT                 PROCEDURE CODING METHOD: CPT
BILLABLE STATUS: YES
REPLACE INSURER EFFECTIVE DATE: JAN 01, 2018
REPLACEMENT INSURER: O/P MEDI-CAL 9  REPLACEMENT VISIT TYPE: OUTPATIENT

=====
    
```

Figure 2-15: Example of a replacement insurer designated in the insurer file

A correction was made to page two of the claim editor to prevent Error Code 203 from displaying when a replacement insurer has an insurer type of “Medicaid FI” and the original insurer has an insurer type of “Private.”

**Note:** Error Code 23 might be designated as a warning at some facilities.

E#	STATUS	NARRATIVE
203	ERROR	FORMAT OF MEDICARE/MEDICAID NAME INCORRECT

Figure 2-16: Definition of Error Code 203

A change was made to Box 14 (Type of Admission) and Box 15 (Source of Admission) of the UB-04 when the AO Control Number contains “61044” and the insurer name does not contain “O/P Medi-Cal.” In this scenario, Boxes 14 and 15 will no longer populate with a leading zero. The leading zero will continue to populate for all other payers.

2017 DEMO HOSPITAL		2		3a PAT. CNTL. # 402350A-DH-113116									
5300 HOMESTEAD RD NE				b. MED. REC. # 113116		131							
ALBUQUERQUE NM 87110				5 FED. TAX NO. 888888888		6 STATEMENT COVERS PERIOD FROM 081518 THROUGH 081518							
505-555-5555													
8 PATIENT NAME a				9 PATIENT ADDRESS a 455 SAGE DRIVE									
b COFFEE, DEMO				b ALBUQUERQUE									
c NM		d 555550000		e									
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 STATE	30	
03171936	M	081518	08	2	1	08	01						
31 OCCURRENCE DATE		33 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH		37					

Figure 2-17: Claim example of Box 14 and 15 without the leading zero

## Acronym List

Acronym	Term Meaning
3P	Third Party
CPT	Current Procedural Terminology
CUFE	CleanUp Fee Tables
DTFE	Transfer Drug Prices from Drug File
EDFE	Fee Schedule Maintenance
EDIN	Add/Edit Insurer
FETM	Fee Schedule Menu
FIFE	Import Foreign Fee Schedule
HCPCS	Healthcare Common Procedure Coding System
IDFE	Increase/Decrease Fee Schedule
IEN	Internal Entry Number
IHS	Indian Health Service
INTM	Insurer File Menu
SITM	Site Parameter Maintenance
RPMS	Resource and Patient Management System
TMTM	Table Maintenance Menu

## Contact Information

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

**Phone:** (888) 830-7280 (toll free)

**Web:** <https://www.ihs.gov/helpdesk/>

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