



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **Third Party Billing**

(ABM)

## **Addendum to User Manual**

Version 2.6 Patch 40  
May 2025

Office of Information Technology  
Division of Information Resource Management

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## 1.0 Introduction

This document provides information for the user pertaining to minor enhancements and corrections included in Third Party Billing v2.6 p40. Please distribute this addendum to the billing staff prior to patch installation.

**Note:** This addendum is not intended to be a process guide. Contact your business office manager or area business office coordinator for questions regarding billing practices.

## 1.1 Summary of Changes

FID75369 The Re-Open a Closed Session option (CSH > SUP > OPN) was removed from Third Party Billing. This option was found, in certain scenarios, to cause duplicate 3P Bills (invoices) to be sent to UFMS in the same export file, a fairly common issue that caused a problem with UFMS file processing. In addition, a lock was placed on the 3P cashiering file to prevent users from opening more than one cashiering session at a time.

FID85530 A correction was made to the claim generator to prevent a programming error that occurs when a Patient Care Component (PCC) visit is missing the Loc. of Encounter. Instead of returning a programming error, these visits will be reported on the Claim Generator Productivity Report (TMTP > TMRP > CGTM) with the Visit Location reflected as NONE.

FID108243 A new field called LOOP2400 DTP472 was added to the Add/Edit Insurer option (TMTP > INTM > EDIN) to allow for populating a Service Line Date Range in the 837I and the 837P. In addition, a change was made for O/P Medi-Cal to ensure the revenue code prints on the second line of box 42 on the UB-04 for Visit Types 131 and 142 with Bill Type 731 and Place of Service code 55.

FID111599 A new field called VA Contract Number was added to page 3 of the Edit Claim Data option (EDTP > EDCL) to allow for populating and sending a VA Contract Number in the NTE segment of the 837D, 837I and 837P. The VA Contract Number will automatically populate on page 3 of the Edit Claim Data option if a VA Contract Number is populated in the Site Parameter Maintenance option (TMTP > SITM) and VA Medical Benefit (VAMB) is present on the claim as a billable insurer.

## 2.0 Patch Details

### 2.1 VA Contract Number in 837 NTE Segment

A new field called VA Contract Number was added to page 3 of the Edit Claim Data option (EDTP > EDCL) to allow for populating and sending a VA Contract Number in the NTE segment of the 837D, 837I and 837P. The VA Contract Number will automatically populate on page 3 of the Edit Claim Data option if a VA Contract Number is populated in the Site Parameter Maintenance option (TMTP > SITM) and VA Medical Benefit (VAMB) is present on the claim as a billable insurer.

```
Default Version of HCFA-1500....: 02/12 Version dated 02/12
//
Default Form for Dental Billing.: ADA-2024//
VA STATION NUMBER:
VA CONTRACT NUMBER: ABC123-456
Select DEFAULT UNBILLABLE CLINICS:
```

Figure 2-1: VA Contract Number field located in the Site Parameter Maintenance option

VA Contract Number field located in the Site Parameter Maintenance option:

```
[17] Supervising Prov. (FL19)..:      NPI:
      Date Last Seen:
[18] Date of Last X-Ray.....:
[19] Prior Authorization #...:
[20] Homebound Indicator.....:
[21] Hospice Employed Prov...:
[22] Delayed Reason Code.....:
[23] In-House CLIA#.....:
[24] Hearing/Vision Prescription Date.....:
[25] Start/End Disability Dates.....:
[26] Assumed/Relinquished Care Dates:
[27] Patient Paid Amount.....:
[28] Initial Treatment Date..:
[29] VA Contract Number.....: ABC123-456

Desired ACTION (Edit/Next/View/Jump/Back/Quit): N//
```

Figure 2-2: New VA Contract Number field on page 3 of the Edit Claim Data option

When a claim is approved to VA Medical Benefit (VAMB) with an export mode of 837D, 837I, or 837P and the VA Contract Number is populated on page 3 of the Edit Claim Data option, the VA Contract Number will be populated in the NTE segment of the 837 file.

```

CLM*123456A-DH-1111*537.00***22:B:1*Y*A*Y*Y~
REF*EA*147964~
NTE*ADD*VA-ABC-123456~
HI*ABK:R462~
NM1*82*1*DOCTOR*JOHN****XX*1528005857~
PRV*PE*PXC*207RC0000X~
LX*1~
SV1*HC:99244*537.00*UN*1***1~
DTP*472*D8*20250107~

```

Figure 2-3: VA Contract Number as populated in the NTE segment of an 837P

## 2.2 Service Line Date Range in 837I and 837P

A new field called LOOP2400 DTP472 was added to the Add/Edit Insurer option (TMTP > INTM > EDIN) to allow for populating a Service Line Date Range in the 837I and the 837P.

Setting the new field to Date Range will populate the Service Line Date Range in the 837I and the 837P. Leaving the new field blank or setting it to Single Date will not change anything—the 837I and the 837P will be populated with the Service Line From Date as it did prior to p40.

For Oklahoma Medicaid: prior to patch 40, the Service Line Date Range was automatically populated in 837 files for Oklahoma Medicaid. That code was removed from patch 40.

**Note:** Sites billing Oklahoma Medicaid will have to set the new EDIN field to Date Range after p40 is installed.

For O/P Medi-Cal: sites billing O/P Medi-Cal with Place of Service code 55 for Residential Substance Abuse Treatment Facility, Bill Type 731, and Visit Types 131 or 142 will need to set the EDIN field to Date Range after p40 is installed.

```

NPI USAGE: NPI ONLY//
TRIBAL SELF-INSURED?:
DISPLAY THE COB PAGE:
ICD-10 EFFECTIVE DATE: OCT 1,2015//
DECIMAL IN 1500 BOX 21 (DX):
LOOP2400 DTP472: ?
    Applies to 837P and 837I. If blank or Single Date, claim exports with
    Service From date. If Date Range, claim exports with Service From and
    Service To dates.
    Choose from:
        R          DATE RANGE
        S          SINGLE DATE
LOOP2400 DTP472:

```

Figure 2-4: New field added to EDIN option for 837 Service Line Date Range

When the new field is left blank or set to Single Date, the 837I and the 837P will be populated with the Service Line From Date as shown in the examples below. This is what populated prior to p40.

```
LX*1~
SV2*0510*HC:99221*555.00*UN*1~
DTP*472*D8*20250114~
REF*6R*000000006568270001~
LX*2~
SV2*0510*HC:99231*1344.00*UN*7~
DTP*472*D8*20250115~
REF*6R*000000006568270002~
LX*3~
SV2*0510*HC:99238*278.00*UN*1~
DTP*472*D8*20250121~
REF*6R*000000006568270003~
```

Figure 2-5: 837I populated with Service Line From Date

```
LX*1~
SV1*HC:99221*555.00*UN*1***1:2~
DTP*472*D8*20250114~
REF*6R*000000006569270001~
LX*2~
SV1*HC:99231*1344.00*UN*7***1:2~
DTP*472*D8*20250115~
REF*6R*000000006569270002~
LX*3~
SV1*HC:99238*278.00*UN*1***1:2~
DTP*472*D8*20250121~
REF*6R*000000006569270003~
```

Figure 2-6: 837P populated with Service Line From Date

When the new field is set to Date Range, the 837I and the 837P will be populated with the Service Line Date Range as shown below.

```
LX*1~
SV2*0510*HC:99221*555.00*UN*1~
DTP*472*RD8*20250114-20250114~
REF*6R*000000006568270001~
LX*2~
SV2*0510*HC:99231*1344.00*UN*7~
DTP*472*RD8*20250115-20250120~
REF*6R*000000006568270002~
LX*3~
SV2*0510*HC:99238*278.00*UN*1~
DTP*472*RD8*20250121-20250121~
REF*6R*000000006568270003~
```

Figure 2-7: 837I populated with Service Line Date Range

```

LX*1~
SV1*HC:99221*555.00*UN*1***1:2~
DTP*472*RD8*20250114-20250114~
REF*6R*000000006566270001~
LX*2~
SV1*HC:99231*1344.00*UN*7***1:2~
DTP*472*RD8*20250115-20250120~
REF*6R*000000006566270002~
LX*3~
SV1*HC:99238*278.00*UN*1***1:2~
DTP*472*RD8*20250121-20250121~
REF*6R*000000006566270003~
    
```

Figure 2-8: 837P populated with Service Line Date Range

### 2.3 PCC Visits Missing the Loc. of Encounter

A correction was made to the claim generator to prevent a programming error that occurs when a Patient Care Component (PCC) visit is missing the Loc. of Encounter. Instead of returning a programming error, these visits will be reported on the Claim Generator Productivity Report (TMTP > TMRP > CGTM) with the Visit Location reflected as NONE to allow for research and correction.

The CGTM Printer and Delimited Summary options provide a list of visit locations checked by the claim generator along with the number of visits checked and the number of claims generated. If any visits are indicated with a Location of NONE, the Delimited Detailed option should be run so that the PCC visit details can be reviewed.

```

=====
CLAIM GENERATOR PRODUCTIVITY REPORT                MAR 4,2025@10:11:52   Page 1
GENERATED BY: BILLER,SUPER
    for Claim Generator Run Dates 02/21/2025 to 02/21/2025
Parent Location: 2017 DEMO
For Visit Locations: 2017 DEMO, DSAT
=====

```

CG Run Date	Loc	Type	Backbill Check?	# Visits	# Claims Generatd	# Visits Recheckd
02/21/2025	NONE	CG1P		5	0	0
02/21/2025	DSAT	CG1P		0	0	0
Totals for NONE				5	0	0
Totals for DSAT				0	0	0
GRAND TOTAL				5	0	0

```

=====
                                BACKBILLING CHECKS
Date                Queued From Location      Initiated By      Backbill Date
End of report
    
```

(REPORT COMPLETE) :

Figure 2-9: CGTM Printer option showing five visits missing the Loc. of Encounter

The CGTM Delimited Detail option provides PCC visit details so that the visits can be researched and corrected in PCC for claim generation, if needed. Visits that are missing the Loc. of Encounter are reflected with a Visit Location of NONE and a Claim Status of LOCATION NOT SPECIFIED FOR THIS VISIT.

CLAIM GENERATOR PRODUCTIVITY REPORT																			
GENERATED BY: BILLER,SUPER																			
For Claim Generator Run Dates 02/21/2025 to 02/21/2025																			
Parent Location: 2017 DEMO																			
For Visit Locations: 2017 DEMO, DSAT																			
=====																			
CG Run Date	Visit Location	Type	Who Ran Option	Visit IEN	Visit Date/Time	Patient	HRN	BKMG'd Visit	Rechecked Visit	Hospital Location	Clinic	Service Category	Claim Status (THIRD PARTY BILLED)	Claims	Active Insurer	Primary Provider Dxs	Review/Chart Audit Status Date	Review/Chart Audit Status	
02/21/2025@12:31:19	0-NONE	CGIP	BILLER,SUPER	1507341	01/04/2025@09:00:00	DEMO,PATIENT	123456	N	N		GENERAL	AMBULATORY	8-LOCATION NOT SPECIFIED FOR THIS VISIT	NO CLAIM		DOCTOR,JOHN	115.9	02/13/2025@11:39:53	R
02/21/2025@12:31:19	0-NONE	CGIP	BILLER,SUPER	1507342	01/23/2025@09:00:00	DEMO,PATIENT	123456	N	N		INTERNAL MEDICINE	AMBULATORY	8-LOCATION NOT SPECIFIED FOR THIS VISIT	NO CLAIM		DOCTOR,JOHN	115.9	02/13/2025@11:39:53	R
02/21/2025@12:31:19	0-NONE	CGIP	BILLER,SUPER	1507343	01/24/2025@09:00:00	DEMO,PATIENT	123456	N	N		FAMILY PRACTICE	AMBULATORY	8-LOCATION NOT SPECIFIED FOR THIS VISIT	NO CLAIM		DOCTOR,JOHN	115.9/274.3	02/13/2025@11:42:58	R
02/21/2025@12:31:19	0-NONE	CGIP	BILLER,SUPER	1507345	02/03/2025@09:00:00	DEMO,PATIENT	123456	N	N		INTERNAL MEDICINE	HOSPITALIZATION	8-LOCATION NOT SPECIFIED FOR THIS VISIT	NO CLAIM		DOCTOR,JOHN	149.9/115.9		
02/21/2025@12:31:19	0-NONE	CGIP	BILLER,SUPER	1507346	02/10/2025@09:00:00	DEMO,PATIENT	123456	N	N		INTERNAL MEDICINE	HOSPITALIZATION	8-LOCATION NOT SPECIFIED FOR THIS VISIT	NO CLAIM		DOCTOR,JOHN	115.9		
END OF REPORT																			

Figure 2-10: CGTM Delimited Detail option showing five visits missing the Loc. of Encounter

For complete details on the CGTM option, please refer to the Third Party Billing v2.6 p35 Addendum. This document can be found on the IHS Website under RPMS Administrative Applications:  
<https://www.ihs.gov/rpms/applications/administrative/>

## 2.4 Removal of Option - Re-Open a Closed Session

The Re-Open a Closed Session option (CSH > SUP > OPN) was removed from Third Party Billing. This option was found, in certain scenarios, to cause duplicate 3P Bills (invoices) to be sent to UFMS in the same export file, a fairly common issue that caused a problem with UFMS file processing.

Prior to p40, the Supervisory Functions menu looked similar to the example below.

```

+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p39          |
+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
|          Supervisory Functions          |
|          2017 DEMO HOSPITAL          |
+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
User: BILLER,SUPER                                     3-FEB-2025 12:43 PM

OPN   Re-Open a Closed Session
REC   Reconcile All Sessions
-----
VEF   View UFMS Export File
VHF   View UFMS Host File
UBLT  Bill Transmit Check Report
-----
SET   UFMS Setup

Select Supervisory Functions Option:
    
```

Figure 2-11: Supervisory Functions menu prior to patch 40

After p40 is installed, the Supervisory Functions menu will look similar to the example below. If a user has closed his/her cashiering session and wants to continue billing, he/she will have to open a new cashiering session.

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p40          |
+-----+-----+
|          Supervisory Functions                            |
|          2017 DEMO HOSPITAL                              |
+-----+-----+
User: BILLER,SUPER                                     12-MAR-2025 1:12 PM

REC   Reconcile All Sessions
-----
VEF   View UFMS Export File
VHF   View UFMS Host File
UBLT  Bill Transmit Check Report
-----
SET   UFMS Setup

Select Supervisory Functions Option:

```

Figure 2-12: Supervisory Functions menu after installing patch 40

## 2.5 Lock Added to 3P Cashiering

A lock was added to the 3P Cashiering Sign In/Sign Out option (UCSH > CIO) to prevent users from having more than one cashiering session open at the same time in separate RPMS windows. When a user is working in two RPMS windows, accesses the CIO option and opens a cashiering session, and then accesses the CIO option in another RPMS session before the cashiering session has had time to be created, the following message will be displayed: **A SESSION HAS ALREADY BEEN CREATED IN ANOTHER WINDOW.**

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p40          |
+-----+-----+
|          Cashiering Sign In/Sign Out                      |
|          2017 DEMO HOSPITAL                              |
+-----+-----+
User: BILLER,SUPER                                     21-APR-2025 11:18 AM

Enter your Current Signature Code:      SIGNATURE VERIFIED

A SESSION HAS ALREADY BEEN CREATED IN ANOTHER WINDOW

Enter RETURN to Continue:

```

Figure 2-13: Message displayed in CIO option when a session is already being created in another RPMS window

## Acronym List

Acronym	Term Meaning
837	An electronic file used to submit patient claim information to an insurance company
3P	Third Party
FID	Feature Identification (a number assigned to a change request)
IHS	Indian Health Service
Loc.	Location
NTE	A segment in an 837 file that allows for sending notes or comments
O/P Medi-Cal	Insurer name used for Outpatient California Medicaid
PCC	Abbreviation for RPMS Patient Care Component application
RPMS	Resource and Patient Management System
UB-04	A paper claim form used to submit patient claim information to an insurance company
UFMS	United Financial Management System
VAMB	Veterans Administration Medical Benefit

## Contact Information

If you have any questions or comments regarding this distribution, please contact the IHS IT Service Desk.

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