Third Party Billing

(ABM)

Technical Manual

Version 2.6
January 2010

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

1.0 **Introduction** ...............................................................................................1
   1.1 Claim Generator ......................................................................................1
   1.2 Claim Editor .........................................................................................2

2.0 **Orientation** .................................................................................................3

3.0 **Implementation and Maintenance** ...........................................................4
   3.1 General Information ...........................................................................4
   3.2 System Requirements ........................................................................4
   3.3 Package-wide Variables ......................................................................4
   3.4 Security Keys .......................................................................................5

4.0 **(Mnemonic) Menu** ....................................................................................6

5.0 **Routines** .....................................................................................................11
   5.1 Routines with Description ....................................................................11

6.0 **Files and Tables** ........................................................................................24
   6.1 File List ...............................................................................................24
   6.2 File Access .........................................................................................26
   6.3 Cross References ................................................................................29
     6.3.1 3P FEE TABLE (9002274.01) .......................................................29
     6.3.2 3P PCC VISIT BILLING STATUS (9002274.02) ...................31
     6.3.3 3P CODES (9002274.03) .........................................................31
     6.3.4 3P ERROR CODES (9002274.04) ..........................................31
     6.3.5 3P PAGE 3 QUESTIONS (9002274.05) ................................31
     6.3.6 3P ANESTHESIA CHG LIST (9002274.06) ...........................32
     6.3.7 3P MODIFIERS (9002274.07) ................................................32
     6.3.8 3P EXPORT MODE (9002274.08) .........................................32
     6.3.9 3P INSURER (9002274.09) .....................................................32
     6.3.10 3P DENTAL RECODE (9002274.1) ....................................33
     6.3.11 3P EMC REFERENCE ID (9002274.11) .............................33
     6.3.12 3P EXP LOCAL MOD (9002274.2) ....................................33
     6.3.13 3P CLOSED CLAIMS REASON (9002274.301) ...............39
     6.3.14 3P CANCEL CLAIMS REASON (9002274.31) .................39
     6.3.15 3P CANCELLED CLAIM DATA (9002274.32) ................39
     6.3.16 3P CLAIM PENDING STATUS (9002274.33) ..................39
     6.3.17 3P CONDITION INDICATORS (9002274.34) .....................39
     6.3.18 3P REFERENCE LAB LOCATIONS (9002274.35) ..........40
     6.3.19 3P CPT TABLE (9002274.37) ..............................................40
     6.3.20 3P BILL (9002274.4) .........................................................40
     6.3.21 3P UFMS INSURER TYPE/BUDGET ACTIVITY (9002274.41) 44
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.3.22</td>
<td>3P UFMS CLINIC/COST CENTER (9002274.42)</td>
<td>44</td>
</tr>
<tr>
<td>6.3.23</td>
<td>3P UFMS EXCLUSION TABLE (9002274.44)</td>
<td>44</td>
</tr>
<tr>
<td>6.3.24</td>
<td>3P UFMS CASHIERING SESSIONS (9002274.45)</td>
<td>45</td>
</tr>
<tr>
<td>6.3.25</td>
<td>3P UFMS EXPORTS (9002274.46)</td>
<td>46</td>
</tr>
<tr>
<td>6.3.26</td>
<td>3P CANCEL BILL REASONS (9002274.47)</td>
<td>46</td>
</tr>
<tr>
<td>6.3.27</td>
<td>3P PARAMETERS (9002274.5)</td>
<td>46</td>
</tr>
<tr>
<td>6.3.28</td>
<td>3P TX STATUS (9002274.6)</td>
<td>47</td>
</tr>
<tr>
<td>6.3.29</td>
<td>DENIAL REASONS (9002274.7)</td>
<td>48</td>
</tr>
<tr>
<td>6.3.30</td>
<td>3P CHARGE MASTER (9002274.75)</td>
<td>48</td>
</tr>
<tr>
<td>6.3.31</td>
<td>3P VISIT TYPE (9002274.8)</td>
<td>48</td>
</tr>
<tr>
<td>6.3.32</td>
<td>3P AREA OFFICE EXPORT (9002274.9)</td>
<td>48</td>
</tr>
<tr>
<td>6.3.33</td>
<td>3P ENVOY PAYER (9002274.93)</td>
<td>48</td>
</tr>
<tr>
<td>6.3.34</td>
<td>3P ENVOY PROVIDER SPECIALTY (9002274.94)</td>
<td>49</td>
</tr>
<tr>
<td>6.3.35</td>
<td>3P PROVIDER TAXONOMY (9002274.95)</td>
<td>49</td>
</tr>
<tr>
<td>6.4</td>
<td>Table Files</td>
<td>49</td>
</tr>
<tr>
<td>6.4.1</td>
<td>3P FEE TABLE FILE</td>
<td>49</td>
</tr>
<tr>
<td>6.4.2</td>
<td>3P PCC VISIT BILLING STATUS</td>
<td>52</td>
</tr>
<tr>
<td>6.4.3</td>
<td>3P CODES FILE</td>
<td>52</td>
</tr>
<tr>
<td>6.4.4</td>
<td>3P ERROR CODE FILE</td>
<td>52</td>
</tr>
<tr>
<td>6.4.5</td>
<td>3P PAGE 3 QUESTIONS</td>
<td>53</td>
</tr>
<tr>
<td>6.4.6</td>
<td>3P ANESTHESIA CHARGE LIST</td>
<td>53</td>
</tr>
<tr>
<td>6.4.7</td>
<td>3P MODIFIERS</td>
<td>53</td>
</tr>
<tr>
<td>6.4.8</td>
<td>3P EXPORT MODE</td>
<td>54</td>
</tr>
<tr>
<td>6.4.9</td>
<td>3P INSURER</td>
<td>55</td>
</tr>
<tr>
<td>6.4.10</td>
<td>3P DENTAL RECODE</td>
<td>57</td>
</tr>
<tr>
<td>6.4.11</td>
<td>3P EMC REFERENCE ID’</td>
<td>57</td>
</tr>
<tr>
<td>6.4.12</td>
<td>3P EXP LOCAL MOD</td>
<td>57</td>
</tr>
<tr>
<td>6.4.13</td>
<td>3P CLAIM DATA</td>
<td>58</td>
</tr>
<tr>
<td>6.4.14</td>
<td>3P CLOSED CLAIM REASONS</td>
<td>68</td>
</tr>
<tr>
<td>6.4.15</td>
<td>3P CANCEL CLAIM REASONS</td>
<td>68</td>
</tr>
<tr>
<td>6.4.16</td>
<td>3P CANCELLED CLAIM DATA</td>
<td>69</td>
</tr>
<tr>
<td>6.4.17</td>
<td>3P CLAIM PENDING STATUS</td>
<td>70</td>
</tr>
<tr>
<td>6.4.18</td>
<td>3P CONDITION INDICATORS</td>
<td>70</td>
</tr>
<tr>
<td>6.4.19</td>
<td>3P REFERENCE LAB LOCATIONS</td>
<td>70</td>
</tr>
<tr>
<td>6.4.20</td>
<td>3P CPT TABLE</td>
<td>70</td>
</tr>
<tr>
<td>6.4.21</td>
<td>3P BILL</td>
<td>71</td>
</tr>
<tr>
<td>6.4.22</td>
<td>3P UFMS INSURER TYPE/BUDGET ACTIVITY</td>
<td>81</td>
</tr>
<tr>
<td>6.4.23</td>
<td>3P UFMS CLINIC/COST CENTER</td>
<td>82</td>
</tr>
<tr>
<td>6.4.24</td>
<td>3P UFMS EXCLUSION TABLE</td>
<td>82</td>
</tr>
<tr>
<td>6.4.25</td>
<td>3P UFMS CASHIERING SESSIONS</td>
<td>82</td>
</tr>
<tr>
<td>6.4.26</td>
<td>3P UFMS EXPORTS</td>
<td>84</td>
</tr>
<tr>
<td>6.4.27</td>
<td>3P CANCEL BILL REASONS</td>
<td>85</td>
</tr>
<tr>
<td>6.4.28</td>
<td>3P PARAMETERS</td>
<td>86</td>
</tr>
<tr>
<td>6.4.29</td>
<td>3P TX STATUS</td>
<td>88</td>
</tr>
<tr>
<td>Section</td>
<td>Title</td>
<td>Page</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>6.4.30</td>
<td>3P DENIAL REASONS</td>
<td>89</td>
</tr>
<tr>
<td>6.4.31</td>
<td>3P CHARGE MASTER</td>
<td>89</td>
</tr>
<tr>
<td>6.4.32</td>
<td>3P VISIT TYPE</td>
<td>89</td>
</tr>
<tr>
<td>6.4.33</td>
<td>3P PROVIDER TAXONOMY</td>
<td>90</td>
</tr>
<tr>
<td>7.0</td>
<td>External Relations</td>
<td>91</td>
</tr>
<tr>
<td>7.1</td>
<td>Callable Routines</td>
<td>91</td>
</tr>
<tr>
<td>7.2</td>
<td>Published Entry Points</td>
<td>92</td>
</tr>
<tr>
<td>7.2.1</td>
<td>Entry Points Details</td>
<td>92</td>
</tr>
<tr>
<td>7.3</td>
<td>Exported Options</td>
<td>94</td>
</tr>
<tr>
<td>7.4</td>
<td>Un-subscripted Global Deletes</td>
<td>99</td>
</tr>
<tr>
<td>8.0</td>
<td>Internal Relations</td>
<td>100</td>
</tr>
<tr>
<td>9.0</td>
<td>Archiving and Purging</td>
<td>101</td>
</tr>
<tr>
<td>10.0</td>
<td>Documentation Resources</td>
<td>102</td>
</tr>
<tr>
<td>10.1</td>
<td>System Documentation</td>
<td>102</td>
</tr>
<tr>
<td>10.1.1</td>
<td>%INDEX</td>
<td>102</td>
</tr>
<tr>
<td>10.1.2</td>
<td>Inquire Option</td>
<td>103</td>
</tr>
<tr>
<td>10.1.3</td>
<td>Print Option File</td>
<td>103</td>
</tr>
<tr>
<td>10.1.4</td>
<td>List File Attributes</td>
<td>103</td>
</tr>
<tr>
<td>10.2</td>
<td>Online Help</td>
<td>104</td>
</tr>
<tr>
<td>10.3</td>
<td>Generating ABM Online Documentation</td>
<td>105</td>
</tr>
<tr>
<td>11.0</td>
<td>SAC Requirements/Exemptions</td>
<td>106</td>
</tr>
<tr>
<td>12.0</td>
<td>Glossary</td>
<td>107</td>
</tr>
<tr>
<td></td>
<td>Contact Information</td>
<td>114</td>
</tr>
</tbody>
</table>
Preface

The purpose of this manual is to provide technical information about the Third Party Billing (ABM) package. The ABM package is designed to automate the creation of a claim using existing RPMS data, allow editing, print a bill, and track payment activity.

The ABM system consists of a set of MUMPS (M) routines, VA FileMan-compatible files and templates, VA Kernel options, and security keys. This manual provides the ADP Site Managers with a technical description of the ABM routines, files, menus, cross-references, globals, and other necessary information required to effectively manage this system.
1.0 Introduction

The Third Party Billing System (ABM) Version 2.6 is primarily a maintenance release that includes released version 2.5 patch through patch 16. Additionally, this version supports FileMan versions 21 and 22. Other enhancements include modifications needed for Code Set Versioning (CSV).

1.1 Claim Generator

Claims for the Third Party Billing system can be created manually or automatically. In automatic mode, a TaskMan task runs the option named, ABMD TSK VISIT CHK, which compares the visit data entered in the Patient Care Component (PCC) or APC system with the patient registration eligibility information where, upon an eligibility-visit match, a claim is created complete with all possible RPMS data.

The ABM TSK VISIT CHK option should be scheduled in TaskMan to run on a nightly basis and should be expected to run up to an hour. When initiated, this option runs an M program named ABMDVCK. This program first checks to see if there are inactive claims to be purged (claims with a DATE LAST EDITED later than the allowable age designated in the Site Parameters file). Next, it checks to see if a Back-billing Scan has been requested by a billing clerk during the day and if so, begins building an ABILL cross-reference for all PCC and APC visits back to the date specified for the scan.

The program then checks the PCC Visit global (AUPNVISIT) for billable visits. It accomplishes this by ascending ($ORDER) through the ABILL cross-reference and by examining the patient’s third party resources. If the visit is determined to be billable, a new claim is created or an existing claim is updated, if it matches the visit demographics. A visit is deemed billable if it meets one of the following conditions: it is within a period covered by a billable third party resource; the ELIGIBILITY STATUS for the patient is designated as ineligible; or the billing site is 638 and has been designated for a claim to be created for all visits.

Once a visit has been checked, the ABILL cross-reference is deleted for that visit. Thus, if the program is halted prior to completion, it will resume where it stopped the next time it is run. The cross-reference is established whenever a PCC visit is added or edited. Additionally, when the eligibility is changed for a patient, an ABILL cross-reference entry is created for each of the patient’s visits that precede the Back-Billing Limit specified in the Site Parameters file.
Finally, the routine also descends down the ABILL cross-reference of the APC visit global (AAPCRCDS) to check for billable visits in the same way as it does for PCC. However, the APC package does not update the ABILL cross-reference during visit entry. For the cross-reference to be established on the APC global, a billing clerk must manually initiate the Back-Billing Scan option. APC sites should initiate a Back-Billing Scan on a weekly basis to check visits back one month.

1.2 Claim Editor

After a claim is created, it can be edited and approved for billing. The Third Party Billing system contains a page-oriented Claim Editor, comprised of multiple pages for differing data categories. To prevent submission of erroneous bills, the Claim Editor has an error checker, whose conditions are predominantly user-definable. Once the claim includes all data for the visit and is error-free, it can be approved and bills generated. For an in-depth discussion on using the editor, see the Add/Edit Claim Menu section of the Third Party Billing System User Manual.

The Claim Editor manipulates the data fields contained in the 3P Claim file. The unique identifier for the claim is the Claim Number and the Internal Entry Number of the file. When the claim is approved and bills are generated, the data from the Claim file is transferred to the 3P Bill file. The bill identifier is the Bill Number, which is the Claim Number appended with a sequentially incremented alpha character for each bill generated (e.g., for claim 107, the bill numbers would be 107A, 107B, and 107C).
2.0 Orientation

This manual provides the ADP Site Managers with a technical description of the ABM routines, files, menus, cross-references, globals, and other necessary information required to effectively manage this system.

The ABM system consists of a set of MUMPS (M) routines, VA FileMan-compatible files and templates, VA Kernel options, and security keys. In keeping with OIRM standards, all ABM routines, files, options, and keys have a namespace beginning with the letters “ABM.” The FileMan files have a number space between 9002274.01 and 9002274.9.
3.0 Implementation and Maintenance

3.1 General Information

After installation of the package, the Claim Generator, option ABM TSK VISIT CHECK, must be queued to run nightly. If the Claim Generator aborts instead of completing processing normally or is not run at all, users of the ABM package will see a warning that the claim generator has not run since the last time it completed normally.

All site parameters are set and table maintenance is done through user options described in the User Manual.

3.2 System Requirements

<table>
<thead>
<tr>
<th>Computer terminal</th>
<th>One for each Billing clerk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printer</td>
<td>Minimum of one for each Billing Office</td>
</tr>
<tr>
<td>Storage Capacity</td>
<td>Roughly 10 MB to startup (includes the CPT file), with an annual growth rate of approximately 1 MB for every one thousand claims</td>
</tr>
<tr>
<td>Software</td>
<td>Kernel V 8 or later</td>
</tr>
<tr>
<td></td>
<td>FileMan V 21 or later</td>
</tr>
<tr>
<td></td>
<td>Third Party Billing V 2.5</td>
</tr>
</tbody>
</table>

3.3 Package-wide Variables

There are no package-wide variables associated with the ABM system. All namespace variables are deleted upon exiting a menu.
### Security Keys

The following ABM security keys lock Kernel menus.

<table>
<thead>
<tr>
<th>Key Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABMDZ ADD CLAIM MANUALLY</td>
<td>Allows access to manually add claims that have not been created automatically using PCC or APC data.</td>
</tr>
<tr>
<td>ABMDZ CANCEL CLAIM</td>
<td>Allows access to the CLAIM/BILL MANAGEMENT Menu.</td>
</tr>
<tr>
<td>ABMDZ EDIT CLAIM AND EXPORT</td>
<td>Allows access to the Claim Editor and Export menus.</td>
</tr>
<tr>
<td>ABMDZ ELIGIBILITY EDIT</td>
<td>Allows access to edit the third party eligibility information.</td>
</tr>
<tr>
<td>ABMDZ FEE SCHEDULE</td>
<td>Allows access to the Fee Schedule Maintenance option.</td>
</tr>
<tr>
<td>ABMDZ MANAGEMENT</td>
<td>Allows access to the Claim/Bill Management menu.</td>
</tr>
<tr>
<td>ABMDZ NONPCC</td>
<td>Allows access to adding claims that have not been auto created thru PCC.</td>
</tr>
<tr>
<td>ABMDZ PAYMENT POSTING</td>
<td>Allows access to the Payment Posting option.</td>
</tr>
<tr>
<td>ABMDZ TABLE MAINTENANCE</td>
<td>Allows access to the Third Party Table Maintenance menu.</td>
</tr>
<tr>
<td>ABMDZ UFMS SUPERVISOR</td>
<td>Allows access to the UFMS supervisor menu.</td>
</tr>
<tr>
<td>ABMZMENU</td>
<td>Allows access to the Third Party Billing system.</td>
</tr>
<tr>
<td>ABMZ SITE SETUP</td>
<td>Allows access to Site Parameters Maintenance and Initialize New Facility options in the Table Maintenance menu.</td>
</tr>
</tbody>
</table>
4.0 (Mnemonic) Menu

Third Party Billing System (ABMMENU)

---EDTP Add/Edit Claim Menu [ABMD CL MENU]
| |--CG1P Claim Generator, One Patient [ABMD CL CGI]
| |--EDCL Edit Claim Data [ABMD CL EDIT]
| | **LOCKED: ABMDZ EDIT CLAIM AND EXPORT**
| |--LOOP Claim Editor Loop [ABMD CL LOOP]
| |--NEW Add New Claim (Manual Entry) [ABMD CL ADD]
| | **LOCKED: ABMDZ ADD CLAIM MANUALLY**
| |--RBCL Rebuild Items from PCC [ABMD CL REBUILD]
| | **LOCKED: ABMDZ EDIT CLAIM AND EXPORT**
| |--CKCL Check Eligibility for a Visit [ABMD CL ELIG CHECK]

---MGTP Claim/Bill Management Menu [ABMD MG MENU]
| **LOCKED: ABMDZ MANAGEMENT**
| |--CLMG Cancel Claim [ABMD MG CAN CLM]
| |--BIMG Cancel an Approved Bill [ABMD MG CAN BILL]
| |--IQMG Inquire about an Approved Bill [ABMD MG INQ BILL]
| |--MRMG Merge Claims [ABMD MG MRG CLM]
| |--BKMG Initiate Back Billing Check [ABMD MG BACK BILL]
| |--ADMG Add a new BILL that was Manually Submitted [ABMD MG ADD BILL]
| |--OCMG Open/Close Claim [ABMD MG REOPEN]
| |--RCCP Recreate claim from PCC data [ABMD CL SET ABILL]
| |--SCMG Split Claim [ABMD MG CLAIM SPLIT]

---RPTP Reports Menu [ABMD RP MENU]
| |--BRRP Brief (single-line) Claim Listing [ABMD RP BRIEF LISTING]
| |--DERP Detailed Display of Selective Claims [ABMD RP DETAILED LISTING]
| |--PRRP Employee Productivity Listing [ABMD RP EMPLOYEE PRODUCTIVITY]
| |--BLRP Bills Listing [ABMD RP ALL BILLS]
| |--STRP Statistical Billed-Payment Report [ABMD RP STATS REPORT]
| |--PTRP Billing Activity for a Specific Patient [ABMD RP PATIENT]
| |--DXRP Listing of Billed Primary Diagnosis [ABMD RP DX LISTING]
| |--PXRP Listing of Billed Procedures [ABMD RP PX LISTING]
| |--CHRP Charge Master Listing [ABMD RP CHARGE MASTER]
| |--PARRP PCC Visit Tracking/Audit [ABMD RP PCC AUDIT]
| |--VPRP View PCC Visit [ABMD RP VIEW PCC]
| |--CCRP Cancelled Claims Report [ABMD RP CANCELLED CLAIMS]
| |--CLRP Closed Claims Report [ABMD RP CLOSED CLAIMS]
| |--PCRP Pending Claims Status Report [ABMD RP PENDING STATUS]
---PRTP Print Bills Menu [ABMD PR MENU]
| **LOCKED: ABMD2 EDIT CLAIM AND EXPORT**
|---AWPR Bills Awaiting Export Report [ABMD PR DISPLAY APPROVED BILLS]
|---EXPR Print Approved Bills [ABMD PR PRINT FORMS]
|---WSPR Print Worksheet (Itemized CPT Data) [ABMD PR PRINT WORKSHEET]
|---MLPR Print Mailing Address Labels [ABMD PR PRINT MAILING LABELS]
|---REPR Reprint Bill [ABMD PR REPRINT BILL]
|---RESB Enter Resubmission Number [ABMD PR RESUB AND REPRINT]
|---REPT Print Patient Statement [ABMD PR PT STMNT]
|---TRPR Transmittal Listing [ABMD PR TRANSMITTAL LIST]
|---TSRPR Test Forms Alignment [ABMD PR TEST]
|---EMPR Recreate batch of ICD-9 bills [ABMD PR EMC RECREATE]

---TMTP Table Maintenance Menu [ABMD TM MENU]
| **LOCKED: ABMD2 TABLE MAINTENANCE**
|---FETM Fee Schedule Menu [ABMD TM FEE MENU]
| |---EDFE Fee Schedule Maintenance [ABMD TM FEE MAINT]
| | | **LOCKED: ABMD2 FEE SCHEDULE**
| |---LSFE Print Fee Schedule Listing [ABMD TM FEE LISTING]
| |---RPFE CPT-Corresponding ICD-Fee Listing [ABMD TM FEE REPORT]
| |---ASFE Update ASC Fee Schedule [ABMD TM FEE ASC]
| |---DTFE Transfer Drug Prices from Drug File [ABMD TM FEE DRUG]
| |---FIFE Import Foreign Fee Schedule [ABMD TM FEE FOREIGN]
| |---IDFE Increase/Decrease Fee Schedule [ABMD TM FEE PERCENT]
| |---CPTM CPT File Menu [ABMD TM CPT MENU]
| |---RPCP Replacement Text, CPT File Lookup [ABMD TM CPT REPLACEMENT TXT]
| |---LSCP Print CPT Procedure File [ABMD TM CPT LISTING]
| |---IQCP Inquire to CPT File [ABMD TM CPT INQUIRY]
| |---LACP LAB CPT codes to pass to TPB [ABMD TM CPT MODIFIERS]
| |---MDCP Modifiers Add/Edit [ABMD TM CPT MODIFIERS]
| |---PRPM Provider Menu [ABMD PRV MENU]
| |---PRPM Inquire to Provider File [ABMD TM PRV INQUIRY]
| |---PETM Provider Number Edit [ABMD TM PRV NUMBER EDIT]
| |---NPI Add/Edit NPI values for Providers [ABMD TM PRV NPI]
| |---LOTM Location File Menu [ABMD TM LOC MENU]
| |---EDLO Location File Maintenance [ABMD TM LOC MAINT]
| |---IQLO Display Location File Entry [ABMD TM LOC INQUIRY]
| |---INTM Insurer File Menu [ABMD TM INS MENU]
| |---EDIN Add/Edit Insurer [ABMD TM INS MAINTENANCE]
| |---RPIN Replacement Text, Insurer Lookup [ABMD TM INS REPLACEMENT TEXT]
| |---LSIN Insurer Listing [ABMD TM INS LISTING]
| |---IQIN Display Insurer Info (Inquire) [ABMD TM INS INQUIRY]
| |---COTM Coverage Type File Menu [ABMD TM COV TYPE MENU]
| |---EDC0 Add/Edit a Coverage Type [ABMD TM COV TYPE MAINTENANCE]
| |---LSCO Print Coverage Type Listing [ABMD TM COV TYPE LISTING]
|--SITM Site Parameter Maintenance [ABMD TM SITE PARAMETERS]
  **LOCKED: ABMZ SITE SETUP**

|--ERTM Error Codes Menu [ABMD TM ERROR CODE MENU]
  |--EDER Edit Error Codes [ABMD TM ERROR CODE MAINTENANCE]
  |--LSER Error Codes Listing [ABMD TM ERROR CODE LISTING]

|--GRTM Group Insurance Plans Menu [ABMD TM GRP MENU]
  |--EDGR Add/Edit Group Insurance Plans [ABMD TM GRP EDIT]
  |--LSGR Group Insurance Plans Listing [ABMD TM GRP LISTING]
  |--ASGR Mass Group Plan Assignment, specific Employer[ABMD TM GRP ASSIGN]
  |--MRGR Merge Duplicate Group Plans [ABMD TM GRP MERGE]

|--RVTM Revenue Codes Menu [ABMD TM REVN CODE MENU]
  |--EDRV Revenue Code Maintenance [ABMD TM REVN CODE MAINTENANCE]
  |--LSRV Print Revenue Code Listing [ABMD TM REVN CODE LISTING]

|--UCTM UB-92 Codes Menu [ABMD TM UB92 CODE MENU]
  |--EDUB UB-92 Code Maintenance [ABMD TM UB92 CODES]
  |--LSUB UB-92 Codes Listing [ABMD TM UB92 CODE LISTING]

|--EMTM Employer File Menu [ABMD TM EMPLOYER MENU]
  |--EDEM Add/Edit an Employer [ABMD TM EMPLOYER MAINTENANCE]
  |--LSEM Employer Listing [ABMD TM EMPLOYER DISPLAY]
  |--RPEM List all Employees by Employer [ABMD TM EMPLOYER REPORT]
  |--MREM Merge Duplicate Employers [ABMD TM EMPLOYER MERGE]

|--DRTM Drug File Menu [ABMD TM DRUG MENU]
  |--LSDR Drug Listing [ABMD TM DRUG LIST]
  |--IQDR Display a Drug File Entry [ABMD TM DRUG INQUIRY]

|--VITM Visit Type Maintenance [ABMD TM VISIT TYPE EDIT]

|--CMTM Charge Master Add/Edit [ABMD TM CHARGE MASTER]

|--DMTM Dental Remap Table Maintenance [ABMD TM DENTAL REMAP]

|--FLTM Form Locator Override [ABMD TM FORM LOCATOR]

|--RLTM Add/Edit Reference Lab Locations [ABMD TM REF LABS]

|--SSTM Initialize New Facility [ABMD TM ABMDSS]
  **LOCKED: ABMZ SITE SETUP**

|--TMRP Manager Reports [ABMD TM MGR MENU]
  |--AUTM Table Maintenance Site Parameters Report [ABMD TM SITE PARAMETERS REPORT]
  **LOCKED: ABMZ SITE SETUP**
  |--VCBT Visit/Claim/Bill Tally Report [ABMD TM MGR TALLY]

|--TLCP Lab CPT/HCPCS Requiring Test Results [ABMD TM LABS REQ’ING RESULTS]
--ELTP Eligibility Menu [ABMD EL MENU]
| **LOCKED: ABMDZ ELIGIBILITY EDIT**
|--EDEL Edit a PATIENT REGISTRATION Third Party Page [ABMD EL REG MENU]
|--MRED Medicare Eligibility Edit (Page 4) [ABMD EL MCR MAINT]
|--MDED Medicaid Eligibility Edit (Page 5) [ABMD EL MCD MAINT]
|--RRED RailRoad Retirement Edit (Page 6) [ABMD EL RR MAINT]
|--PIED Private Insurance Eligibility Edit (Page 7) [ABMD EL PI MAINT]

|--POEL Private Insurance Policy Maintenance Menu [ABMD EL PO MENU]
|--EDPO Add/Edit a Private Insurance Policy [ABMD EL PO EDIT]
|--LSPO Listing of Policies and Members by Insurer [ABMD EL PO LIST]
|--MRPO Merge Duplicate Insurance Policies [ABMD EL PO MRG]

|--RPEL Eligibility Reports Menu [ABMD TM EL R MENU]
|--MARP Listing of Medicare Part A Enrollees [ABMD TM EL R MEDICARE A]
|--MBRP Listing of Medicare Part B Enrollees [ABMD TM EL R MEDICARE B]
|--MRDP Listing of Medicare Part D Enrollees [ABMD TM EL R MEDICARE D]
|--MDRP Listing of Medicaid Enrollees [ABMD TM EL R MEDICAID]
|--PIRP Private Insurance Eligibility Listing [ABMD TM EL R PRIVATE INS]
|--VARP VA Eligibility Listing [ABMD TM EL R VET]
|--CORP Listing of Commissioned Officer and Dependents [ABMD TM EL R CO]
|--VCRP Visit - Commissioned Officer & Dependent [ABMD TM EL R CO VISIT]
|--PMRP Listing of Policies and Members by Insurer [ABMD EL PO LIST]

--PPTP Payment Posting [ABMD PAYMENT]
**LOCKED: ABMDZ PAYMENT POSTING**

--EMTP Electronic Media Claims [ABME EMC]
| **LOCKED: ABMDZ EDIT CLAIM AND EXPORT**
|--BSEM Batch Summary [ABME ABMEBDSP]
|--CREM Create EMC File [ABME ABMECS]
|--RCEM Re-Create an EMC File [ABME ABMERSND]
|--SUEM Summary of Bills Ready for Submission [ABME DISP ABMECS]

--SSTP Set Site [ABM SET SITE]
---UCSH Cashiering Options [ABMU CASHIERING OPTIONS]
  |
  |--CIO Cashiering Sign in/Sign Out [ABMU CASHIERING SIGN IN/OUT]
  |--UVCH View Cashiering Session [ABMU VIEW CASHIERING SESSION]
  |--SUP Supervisory Functions [ABMU SUPERVISORY FUNCTIONS]
  |
  **LOCKED: ABMDZ UFMS SUPERVISOR**
  |--OPN Re-Open a Closed Session [ABMU REOPEN SESSION]
  |--REC Reconcile All Sessions [ABMU RECONCILE SESSIONS]
  |--VEF View UFMS Export File [ABMU VIEW UFMS EXPORT FILE]
  |--VHF View UFMS Host File [ABMU VIEW UFMS HOST FILE]
  |--SET UFMS Setup [ABMU SETUP]
  |
  |--RPTS UFMS Reports [ABMU REPORTS]
  |--PTIN Pseudo TIN Listing [ABMU PSEUDO TIN LISTING]
  |--ITIN Insurer TIN Listing [ABMU TIN LISTING]
  |--CANV View/Print CAN crosswalk [ABMU CAN VIEW]
  |--GTOT Grand Total All Files by Transmission Date [ABMU RPT GRAND TOT]
  |--CSPR Cashiering Session Productivity Report [ABMU CASHIER PRODUCTIVITY RPT]
  |
  **LOCKED: ABMDZ UFMS SUPERVISOR**
### 5.0 Routines

#### 5.1 Routines with Description

<table>
<thead>
<tr>
<th>Routine</th>
<th>Purpose/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABM47IT</td>
<td>INPUT TRANSFORM FILE 9002274.5, FIELD .47</td>
</tr>
<tr>
<td>ABM47IT</td>
<td>INPUT TRANSFORM-ANES. MOD FIELD</td>
</tr>
<tr>
<td>ABMANSIT</td>
<td>PASS INFO TO A/R</td>
</tr>
<tr>
<td>ABMAPPAS1</td>
<td>PASS INFO TO A/R</td>
</tr>
<tr>
<td>ABMAROLL1</td>
<td>A/R ROLL OVER</td>
</tr>
<tr>
<td>ABMAROLL</td>
<td>A/R ROLL OVER</td>
</tr>
<tr>
<td>ABMASPLT</td>
<td>Auto-Split check</td>
</tr>
<tr>
<td>ABMAUDRP</td>
<td>TM Audit report</td>
</tr>
<tr>
<td>ABMCPOSS</td>
<td>MARK POS BILL WITH INVOICE NUMBER</td>
</tr>
<tr>
<td>ABMCPTCK</td>
<td>CLAIM SUMMARY-CPT CHECK</td>
</tr>
<tr>
<td>ABMCVAPI</td>
<td>3PB CPT/ICD/MODIFIER API</td>
</tr>
<tr>
<td>ABMACK</td>
<td>APC VISIT EDITS</td>
</tr>
<tr>
<td>ABMDASP</td>
<td>DISPLAY AN APC VISIT</td>
</tr>
<tr>
<td>ABMDANTC</td>
<td>COMPUTE ANESTHESIA TIME CHARGE</td>
</tr>
<tr>
<td>ABMDEST</td>
<td>APC VISIT STUFF</td>
</tr>
<tr>
<td>ABMDEST1</td>
<td>APC VISIT STUFF - PART 2</td>
</tr>
<tr>
<td>ABMDEST2</td>
<td>APC CLAIM STUFF - PART 3</td>
</tr>
<tr>
<td>ABMDEST3</td>
<td>ACC VISIT STUFF - PART 4</td>
</tr>
<tr>
<td>ABMDEST4</td>
<td>APC VISIT STUFF - PART 5</td>
</tr>
<tr>
<td>ABMDBACK</td>
<td>APC-PCC BACK VISIT CHECK</td>
</tr>
<tr>
<td>ABMDBBAD1</td>
<td>ADD BILL SUBMITTED ELSEWHERE, NON-INTERACTIVE</td>
</tr>
<tr>
<td>ABMDBBADDD</td>
<td>ADD BILL MANUALLY SUBMITTED</td>
</tr>
<tr>
<td>ABMDBAN</td>
<td>3P BILLING BANNER</td>
</tr>
<tr>
<td>ABMDBCNT</td>
<td>SET ARRAY FOR BILLS TO PRINT</td>
</tr>
<tr>
<td>ABMDDIC</td>
<td>BILL SELECTION</td>
</tr>
<tr>
<td>ABMDBETA</td>
<td>ROUTINE TO UPDATE BETA SITES</td>
</tr>
<tr>
<td>ABMDBLK</td>
<td>BILL SELECTION</td>
</tr>
<tr>
<td>ABMDBRUN</td>
<td>REPRINT UNPAID BILLS</td>
</tr>
<tr>
<td>ABMBEXRXF</td>
<td>X-REF ALL INDEXS IN BILL FILE</td>
</tr>
<tr>
<td>ABMBCL</td>
<td>CANCELED CLAIMS LISTING</td>
</tr>
<tr>
<td>ABMBCL1</td>
<td>CANCELED CLAIMS LISTING-80 WIDTH</td>
</tr>
<tr>
<td>ABMBCL2</td>
<td>CANCELED CLAIMS-132 WIDTH</td>
</tr>
<tr>
<td>ABMBCL3</td>
<td>CANCELED CLAIM STATS</td>
</tr>
<tr>
<td>ABMBCLPN</td>
<td>RE-OPEN COMPLETED CLAIM</td>
</tr>
<tr>
<td>ABMDDIE</td>
<td>DIE UTILITY</td>
</tr>
<tr>
<td>ABMDE</td>
<td>CLAIM EDITOR SELECTION</td>
</tr>
<tr>
<td>ABMDE0</td>
<td>CLAIM SUMMARY PAGE</td>
</tr>
<tr>
<td>ABMDE0A</td>
<td>CLAIM SUMMARY-PART 2</td>
</tr>
<tr>
<td>ABMDE0B</td>
<td>CLAIM SUMMARY-PART 2</td>
</tr>
<tr>
<td>ABMDE0X</td>
<td>SET SUMMARY DISPLAY VARIABLES</td>
</tr>
<tr>
<td>ABMDE0X1</td>
<td>SET SUMMARY DISPLAY VARIABLES</td>
</tr>
<tr>
<td>Routine</td>
<td>Purpose/Description</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------</td>
</tr>
<tr>
<td>ABMDE1</td>
<td>CLAIM IDENTIFIERS-SCRN 1</td>
</tr>
<tr>
<td>ABMDE1A</td>
<td>PAGE 1 - VIEW INFO</td>
</tr>
<tr>
<td>ABMDE1X</td>
<td>SCRN 1 - Claim Iden Data Ck</td>
</tr>
<tr>
<td>ABMDE1X1</td>
<td>PAGE 1 - DATA CHECK CONT.</td>
</tr>
<tr>
<td>ABMDE2</td>
<td>Edit Page 2 - PAYERS</td>
</tr>
<tr>
<td>ABMDE23P</td>
<td>PAGE 2 - 3RD PARTY SOURCES</td>
</tr>
<tr>
<td>ABMDE2A</td>
<td>PAGE 2 - INSURER VIEW OPTION</td>
</tr>
<tr>
<td>ABMDE2E</td>
<td>Check visit for elig</td>
</tr>
<tr>
<td>ABMDE2P</td>
<td>Edit Page 2 - PICK PAYER</td>
</tr>
<tr>
<td>ABMDE2X</td>
<td>PAGE 2 - INSURER data chk</td>
</tr>
<tr>
<td>ABMDE2X1</td>
<td>PAGE 2 - Primary Insurer Check</td>
</tr>
<tr>
<td>ABMDE2X2</td>
<td>PAGE 2 - INSURER DATA CK PART 2</td>
</tr>
<tr>
<td>ABMDE2X3</td>
<td>PAGE 2 - INSURER DATA CK PART 3</td>
</tr>
<tr>
<td>ABMDE2X4</td>
<td>PAGE 2 - INSURER ADDRESS</td>
</tr>
<tr>
<td>ABMDE2X5</td>
<td>PAGE 2 - Primary Insurer Check-CONT</td>
</tr>
<tr>
<td>ABMDE2XA</td>
<td>PAGE 2 - INSURER data chk - cont</td>
</tr>
<tr>
<td>ABMDE3</td>
<td>Edit Page 3 - QUESTIONS</td>
</tr>
<tr>
<td>ABMDE30</td>
<td>Page 3 - QUESTIONS - Display</td>
</tr>
<tr>
<td>ABMDE301</td>
<td>Page 3 - QUESTIONS - Display (cont)</td>
</tr>
<tr>
<td>ABMDE31</td>
<td>AMBULANCE - PAGE 3A</td>
</tr>
<tr>
<td>ABMDE31X</td>
<td>ERROR CHECKING - PAGE 3A</td>
</tr>
<tr>
<td>ABMDE3A</td>
<td>Edit Page 3 - QUESTIONS - part 2</td>
</tr>
<tr>
<td>ABMDE3B</td>
<td>Edit Page 3 - QUESTIONS - part 3</td>
</tr>
<tr>
<td>ABMDE3C</td>
<td>Edit Page 3 - QUESTIONS - part 4</td>
</tr>
<tr>
<td>ABMDE3X</td>
<td>Edit Page 3 - ERROR CHK</td>
</tr>
<tr>
<td>ABMDE4</td>
<td>Edit Page 4 - Providers</td>
</tr>
<tr>
<td>ABMDE4A</td>
<td>PAGE 4 - PROVIDERS VIEW</td>
</tr>
<tr>
<td>ABMDE4X</td>
<td>Edit Page 4 - Providers DATA CK</td>
</tr>
<tr>
<td>ABMDE5</td>
<td>Edit Page 5 - DIAGNOSIS</td>
</tr>
<tr>
<td>ABMDE5A</td>
<td>PAGE 5A - DIAGNOSIS PART 2</td>
</tr>
<tr>
<td>ABMDE5B</td>
<td>PAGE 5B - PROCEDURE PART 2</td>
</tr>
<tr>
<td>ABMDE5C</td>
<td>PAGE 5C - DIAGNOSIS-Prov Narrative</td>
</tr>
<tr>
<td>ABMDE5D</td>
<td>Edit Page 5 - ICD PROCEDURE VIEW</td>
</tr>
<tr>
<td>ABMDE5X</td>
<td>Edit Page 5 - ERROR CHK</td>
</tr>
<tr>
<td>ABMDE6</td>
<td>Page 6 - DENTAL</td>
</tr>
<tr>
<td>ABMDE6X</td>
<td>Page 6 - ERROR CHECKS</td>
</tr>
<tr>
<td>ABMDE7</td>
<td>Edit Page 7 - Inpatient</td>
</tr>
<tr>
<td>ABMDE7A</td>
<td>Edit Page 7 - Inpatient Display Screen</td>
</tr>
<tr>
<td>ABMDE7C</td>
<td>Page 7 - Inpatient Triggers</td>
</tr>
<tr>
<td>ABMDE7X</td>
<td>Edit Page 7 - ERROR CHK</td>
</tr>
<tr>
<td>ABMDE8</td>
<td>Edit Page 8 - WORKSHEET DATA</td>
</tr>
<tr>
<td>ABMDE8A</td>
<td>Page 8 - MEDICAL CARE</td>
</tr>
<tr>
<td>ABMDE8AS</td>
<td>Professional Component Screen</td>
</tr>
<tr>
<td>ABMDE8B</td>
<td>Edit Page 8 - WORKSHEET SURG PROC</td>
</tr>
<tr>
<td>ABMDE8B1</td>
<td>Edit Page 8 - SURG PROC</td>
</tr>
<tr>
<td>ABMDE8BS</td>
<td>Surgical CPT Screen</td>
</tr>
<tr>
<td>ABMDE8C</td>
<td>Page 8 - ROOM AND BOARD</td>
</tr>
<tr>
<td>ABMDE8CA</td>
<td>Page 8 - ROOM/BOARD VIEW OPTION</td>
</tr>
<tr>
<td>ABMDE8D</td>
<td>Page 8 - MEDICATIONS</td>
</tr>
<tr>
<td>ABMDE8DA</td>
<td>PAGE 8D - MED VIEW OPTION</td>
</tr>
</tbody>
</table>
Routine  Purpose/Description

ABMDE8E  Page 8 - LABORATORY
ABMDE8EA  PAGE 8E - LAB VIEW OPTION
ABMDE8F  Page 8 - RADIOLOGY
ABMDE8G  Page 8 - ANESTHESIA
ABMDE8H  Page 8 - MISC INFO
ABMDE8I  Page 8 - DENTAL
ABMDE8J  Page 8 - SUPPLIES
ABMDE8K  Page 8 - AMBULANCE INFO
ABMDE8X  Page 8 - ERROR CHECKS
ABMDE8X1  Page 8 - ERROR CHECKS-CONT
ABMDE9  Edit Page 9 - UB-82 CODES
ABMDE9A  Page 9 - UB-82 CODES-Cont
ABMDE9B  Page 9 - UB-82 CODES-Cont
ABMDE9C  Edit Page 9 - UB-82 CODES
ABMDE9X  Page 9 - ERROR CHECKS
ABMDEAD2  Add New Claim - Program 2
ABMDEAD3  Manually Add Claim - Rx Data
ABMDEADD  Add New Claim - Non PCC Option
ABMDEBAN  Claim Data Entry Banner
ABMDEBIL  Move Claim Data to Bill File
ABMDECAN  Cancel Selected Claim
ABMDECHK  Looping Utility to CheckParms
ABMDECK  Check Claim Data for Errors
ABMDECLN  Clean line itms claim file
ABMDEDIC  Claim Selection
ABMDEDIK  DELETE Claims
ABMDEERL  Error Claim Data Display
ABMDEFIP  FIX INSURER POINTERS
ABMDEHLP  HELP PROCESSOR
ABMDEI  Special Identifier for DIC Lookup
ABMDEI1  Special Identifier for DIC Lookup ADA Table
ABMDEI2  Special Identifier for DIC Lookup Revn Table
ABMDELOO  Claim Looping Utility
ABMDEML  Edit Utility - FOR MULTIPLES
ABMDEMLA  Edit Utility - FOR MULTIPLES PART 2
ABMDEMLB  Edit Utility - MULTIPLES - PART 3
ABMDEMLC  Edit Utility - FOR MULTIPLES - PART 4
ABMDEMLE  Edit Utility - FOR MULTIPLES
ABMDEMNG  MERGE CLAIMS
ABMDEOK  Approve Claim for Billing
ABMDEOPN  Open Claim for Editing
ABMDEOPT  EDIT PAGE OPTIONS
ABMDEPG  EDIT PAGE SELECTION
ABMDERR  ERROR PROCESSOR
ABMDES1  Display Summarized UB-82/92 Info
ABMDES11  UB-92
ABMDES2  Display Summarized HCFA-1500 charges
ABMDES24  Display Summarized NCPDP charges
ABMDES3  Display Summarized HCFA-1500B charges
ABMDES4  ADA Form Dental Charge Summary
ABMDESEL     Selective Report Parameters
ABMDESL1     Selective Looping Parameters-PART 2
ABMDESM      Display Summarized Claim Info
ABMDESM1     Display Summarized Claim Info
ABMDESMMA    Summarized Claim ANESTHESIA charges
ABMDESMMB    Summarized Claim AMBULANCE. Info
ABMDESMC     Ambulatory Surg Claim Info
ABMDESMDD    Summarized Claim Info - DENTAL
ABMDESMEH    Profession Services for Separate Bill
ABMDESMML    Summarized Claim LAB Charges
ABMDESMRR    Summarized Claim Medical Charges
ABMDESMRT    Summarized Claim RX charges
ABMDESMUT    Summarized Claim Misc. Info
ABMDESMX     Summarized Claim RADIOLOGY charges
ABMDEVAR     SET UP CLAIM VARIABLES
ABMDEWS      Print Worksheets
ABMDF1       Set UB82 Print Array
ABMDF11      Set UB92 Print Array
ABMDF11W     PRINT UB92
ABMDF11X     PRINT UB92
ABMDF11Y     PRINT UB92
ABMDF11Z     PRINT UB92
ABMDF12      ADA-94 Dental Export Routine
ABMDF12A     ADA Dental Export -part 2
ABMDF12X     ADA-94 FORM
ABMDF14      Set HCFA-1500 Y2K Print Array
ABMDF14A     Set HCFA-1500 Print Array
ABMDF14B     Set HCFA1500 Print Array PART 2
ABMDF14C     Set HCFA1500 Print Array
ABMDF14D     Set HCFA1500 Print Array - Part 4
ABMDF14E     Set HCFA1500 Print Array - Part 5
ABMDF14X     New HCFA-1500 Format
ABMDF18      ADA-99 Dental Export Routine
ABMDF18A     ADA Dental Export -part 2
ABMDF18X     ADA-99 FORM
ABMDF1A      Set UB82 Print Array - cont
ABMDF1B      Set UB82 Print Array - cont
ABMDF1C      Set UB82 Print Array - cont
ABMDF1D      Set UB82 Print Array - Part 4
ABMDF1E      Set UB82 Print Array - Part 5
ABMDF1X      PRINT UB82
ABMDF2       Set HCFA-1500 Print Array
ABMDF24      Set NCPDP Print Array
ABMDF24T     Test NCPDP Print Alignment
ABMDF25      ADA-2000 Dental Export Routine
ABMDF25A     ADA 2000 Dental Export -part 2
ABMDF25X     ADA-99 FORM
ABMDF26      ADA-99 Dental Export Routine V2000
ABMDF26A     ADA Dental Export -part 2
ABMDF26X     ADA-99 FORM V2000

Routine Purpose/Description
Routine Purpose/Description
ABMDLCK     Eligibility Checker
ABMDLCK1    check visit for elig - CONT'D
ABMDLCK2    check visit for elig - PART 2
ABMDLCK3    check visit for elig - CONT'D
ABMDLINK    Routine to Account for PCC Merge
ABMDMDBC    MEDICARE B CLAIM SPLIT
ABMDMDEB    MEDICARE B CLAIM SPLIT
<table>
<thead>
<tr>
<th>Routine</th>
<th>Purpose/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABMDPAY</td>
<td>Payment of Bill</td>
</tr>
<tr>
<td>ABMDPAY1</td>
<td>Payment of Bill - Part 2</td>
</tr>
<tr>
<td>ABMDPAY2</td>
<td>Payment of Bill - Part 2</td>
</tr>
<tr>
<td>ABMDPAYV</td>
<td>View Payment Activity</td>
</tr>
<tr>
<td>ABMDPOPT</td>
<td>PAYMENT OPTIONS</td>
</tr>
<tr>
<td>ABMDPOST</td>
<td>3P BILLING POST INIT</td>
</tr>
<tr>
<td>ABMDPREI</td>
<td>Package Pre-init Routine</td>
</tr>
<tr>
<td>ABMDPST1</td>
<td>Pending Claims Status Report</td>
</tr>
<tr>
<td>ABMDPST3</td>
<td>Pending Claims Status Report</td>
</tr>
<tr>
<td>ABMDR16</td>
<td>COMPRESSED PRINTING SETUP</td>
</tr>
<tr>
<td>ABMDRA1</td>
<td>Aged A/R Reports</td>
</tr>
<tr>
<td>ABMDRA2</td>
<td>A/R Aged Report</td>
</tr>
<tr>
<td>ABMDRAL</td>
<td>Bill Listing</td>
</tr>
<tr>
<td>ABMDRAL1</td>
<td>Bills Listing-80 Width</td>
</tr>
<tr>
<td>ABMDRAL2</td>
<td>Bills Listing-132 width</td>
</tr>
<tr>
<td>ABMDRAL3</td>
<td>Bills Stats Report</td>
</tr>
<tr>
<td>ABMDRAL4</td>
<td>Bills Cost Report</td>
</tr>
<tr>
<td>ABMDRAOT</td>
<td>Reprint AO Export Log</td>
</tr>
<tr>
<td>ABMDRAP1</td>
<td>Approved Bills Summary Report</td>
</tr>
<tr>
<td>ABMDRAPP</td>
<td>DISPLAY APPROVED BILLS</td>
</tr>
<tr>
<td>ABMDBR</td>
<td>Brief Claims Listing</td>
</tr>
<tr>
<td>ABMDBR1</td>
<td>Brief Claim List - 80 width</td>
</tr>
<tr>
<td>ABMDBR2</td>
<td>Brief Claim List - 132 width</td>
</tr>
<tr>
<td>ABMDBR3</td>
<td>Brief Claim List - stats</td>
</tr>
<tr>
<td>ABMDRCHK</td>
<td>Report Utility to CheckParms</td>
</tr>
<tr>
<td>ABMDRCO</td>
<td>PRINT LIST OF CO &amp; DEPEN VISITS</td>
</tr>
<tr>
<td>ABMDRCO1</td>
<td>PRINT CO VIST REPORT (CALC)</td>
</tr>
<tr>
<td>ABMDRCO2</td>
<td>CO VISITS REPORT (PRINT)</td>
</tr>
<tr>
<td>ABMDRCO3</td>
<td>CO VISITS REPORT (PRINT)</td>
</tr>
<tr>
<td>ABMDRCPI</td>
<td>Utility for Pitch Selection</td>
</tr>
<tr>
<td>ABMDRDQ</td>
<td>DOUBLE QUEING SHELL HANDLER</td>
</tr>
<tr>
<td>ABMDRDE</td>
<td>Detailed Claim Data Display</td>
</tr>
<tr>
<td>ABMDRDR</td>
<td>Drug File Report</td>
</tr>
<tr>
<td>ABMDRDX</td>
<td>DX Summary Report</td>
</tr>
<tr>
<td>ABMDRDX1</td>
<td>Billed DX List</td>
</tr>
<tr>
<td>ABMDREL</td>
<td>List holders of medicare a, b, medicaid or priv ins</td>
</tr>
<tr>
<td>ABMDREL0</td>
<td>PRINTING UTILITIES</td>
</tr>
<tr>
<td>ABMDREL1</td>
<td>PRINT MCR,MCD OR PI HOLDERS</td>
</tr>
<tr>
<td>ABMDREL2</td>
<td>process billing report holders</td>
</tr>
<tr>
<td>ABMDREMP</td>
<td>Employer File Report</td>
</tr>
<tr>
<td>ABMDRF1</td>
<td>CPT Management Reports</td>
</tr>
<tr>
<td>ABMDRF2</td>
<td>CPT Management Reports</td>
</tr>
<tr>
<td>ABMDRF3</td>
<td>CPT Management Reports for AK</td>
</tr>
<tr>
<td>ABMDRFE3</td>
<td>REPORT OF 3P FEE SCHEDULES</td>
</tr>
<tr>
<td>ABMDRHD</td>
<td>Report Header Generator</td>
</tr>
<tr>
<td>ABMDRPC</td>
<td>View PCC Visit</td>
</tr>
<tr>
<td>ABMDRPER</td>
<td>UTILITY TO DISPLAY % COMPLETE SCALE</td>
</tr>
<tr>
<td>ABMDRPO</td>
<td>REPORT OF PI POLICY HOLDERS</td>
</tr>
<tr>
<td>ABMDRPR</td>
<td>Productivity Listing</td>
</tr>
<tr>
<td>ABMDRPR1</td>
<td>Productivity Report-80 Width</td>
</tr>
<tr>
<td>ABMDRPR2</td>
<td>Productivity Report-132 Width</td>
</tr>
<tr>
<td>ABMDRPR3</td>
<td>Productivity Stats</td>
</tr>
<tr>
<td>ABMDRP1</td>
<td>Bills Listing-part 2</td>
</tr>
<tr>
<td>ABMDRP2</td>
<td>Bills Listing-part 2</td>
</tr>
<tr>
<td>ABMDRPX</td>
<td>CPT Summary Report</td>
</tr>
<tr>
<td>ABMDRPX1</td>
<td>Billed CPT List</td>
</tr>
<tr>
<td>ABMDRRB</td>
<td>MEDICARE B CLAIM SPLIT FOR RAILROAD</td>
</tr>
<tr>
<td>ABMDRSEL</td>
<td>Selective Report Parameters</td>
</tr>
<tr>
<td>ABMDRSET</td>
<td>Reset Exported to Unexported</td>
</tr>
<tr>
<td>ABMDRSL1</td>
<td>Selective Report Parameters-PART 2</td>
</tr>
<tr>
<td>ABMDRSL2</td>
<td>Selective Report Parameters-PART 3</td>
</tr>
<tr>
<td>ABMDRST</td>
<td>Statistical Report</td>
</tr>
<tr>
<td>ABMDRST1</td>
<td>Statistical Report - Part 3</td>
</tr>
<tr>
<td>ABMDRSU</td>
<td>Display Summarized Claim</td>
</tr>
<tr>
<td>ABMDRSU1</td>
<td>Summarized Claim Display</td>
</tr>
<tr>
<td>ABMDRSU2</td>
<td>Summarized Claim Display-PART 2</td>
</tr>
<tr>
<td>ABMDRTX</td>
<td>Transmittal Report</td>
</tr>
<tr>
<td>ABMDRTX1</td>
<td>Print Transmittal Report</td>
</tr>
<tr>
<td>ABMDRTX2</td>
<td>Transmittal Report by Insurer</td>
</tr>
<tr>
<td>ABMDRUN1</td>
<td>Unpaid Bills Listing-80 width</td>
</tr>
<tr>
<td>ABMDRUN2</td>
<td>Unpaid Bills Listing-132 width</td>
</tr>
<tr>
<td>ABMDRUN3</td>
<td>Unpaid Bills Stats</td>
</tr>
<tr>
<td>ABMDRUTL</td>
<td>Report Utility</td>
</tr>
<tr>
<td>ABMDRXC</td>
<td>Closed Claims Listing</td>
</tr>
<tr>
<td>ABMDRXC1</td>
<td>closed claims listing-80 Width</td>
</tr>
<tr>
<td>ABMDRXC2</td>
<td>Closed claims-132 Width</td>
</tr>
<tr>
<td>ABMDRXC3</td>
<td>Closed claim stats</td>
</tr>
<tr>
<td>ABMDSPLB</td>
<td>SPLIT CLAIM IN TWO medicare B</td>
</tr>
<tr>
<td>ABMDSPLT</td>
<td>SPLIT CLAIM IN TWO</td>
</tr>
<tr>
<td>ABMDSS</td>
<td>SET UP NEW SITE</td>
</tr>
<tr>
<td>ABMDSTAT</td>
<td>Display Processing Status</td>
</tr>
<tr>
<td>ABMDTASC</td>
<td>UPDATE ASC FEE TABLE</td>
</tr>
<tr>
<td>ABMDTCCD</td>
<td>Table Maintenance of 3P CODES</td>
</tr>
<tr>
<td>ABMDTCOV</td>
<td>Table Maintenance of COVERAGE TYPES</td>
</tr>
<tr>
<td>ABMDTCPT</td>
<td>Table Maintenance of CPT CODES</td>
</tr>
<tr>
<td>ABMDTDC</td>
<td>COMPILED PRINT TEMPLATE</td>
</tr>
<tr>
<td>ABMDTDCD</td>
<td>REPORT OF UB92 BILLING CODES</td>
</tr>
<tr>
<td>ABMDTDER</td>
<td>PRINT REPORT OF 3P ERROR CODES</td>
</tr>
<tr>
<td>ABMDTDR</td>
<td>Table Maintenance of DRUG FILE</td>
</tr>
<tr>
<td>ABMTEL</td>
<td>ADD/EDIT ELIG INFO</td>
</tr>
<tr>
<td>ABMTEMP</td>
<td>Table Maintenance of EMPLOYER FILE</td>
</tr>
<tr>
<td>ABMTEMR</td>
<td>MERGE EMPLOYER DATA</td>
</tr>
<tr>
<td>ABMDTFF2</td>
<td>FEE SCHEDULE for Ambulatory Surg</td>
</tr>
<tr>
<td>ABMDTFFED</td>
<td>REPORT OF 3P FEE SCHEDULES</td>
</tr>
<tr>
<td>ABMDTFFEE</td>
<td>Table Maintenance of 3P CODES</td>
</tr>
<tr>
<td>ABMDTFFFP</td>
<td>ADJUST FEE SCHED BY FACTOR</td>
</tr>
<tr>
<td>ABMDTFFPC</td>
<td>Apply per cent change to fee sched</td>
</tr>
<tr>
<td>ABMDTGAS</td>
<td>Remap Group Names for an Employer</td>
</tr>
<tr>
<td>ABMDTGRP</td>
<td>Add/Edit Group Insurance</td>
</tr>
<tr>
<td>ABMDTIMR</td>
<td>INSURER MERGE</td>
</tr>
<tr>
<td>ABMDTIN1</td>
<td>Maintenance of INSURER FILE part 2</td>
</tr>
<tr>
<td>ABMDTINQ</td>
<td>Inquire UTILITY</td>
</tr>
<tr>
<td>ABMDTINS</td>
<td>Table Maintenance of INSURER FILE</td>
</tr>
<tr>
<td>ABMDTLAB</td>
<td>Enter/Edit Lab CPT's in table</td>
</tr>
<tr>
<td>ABMDTLOC</td>
<td>Table Maintenance of LOCATION FILE</td>
</tr>
<tr>
<td>ABMDTMOD</td>
<td>ENTER/EDIT 3P MODIFIERS</td>
</tr>
<tr>
<td>ABMDTMS</td>
<td>INTERFACE WITH PYXIS/M SYSTEMS</td>
</tr>
<tr>
<td>ABMDTPAR</td>
<td>Table Maintenance of 3P PARAMETERS</td>
</tr>
<tr>
<td>ABMDTPMR</td>
<td>MERGE POLICY HOLDER DATA</td>
</tr>
<tr>
<td>ABMDTREV</td>
<td>Table Maintenance of REVENUE CODES</td>
</tr>
<tr>
<td>Routine</td>
<td>Purpose/Description</td>
</tr>
<tr>
<td>-----------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>ABMDTSUP</td>
<td>ADD, EDIT SUPPLY FILE</td>
</tr>
<tr>
<td>ABMDTVIS</td>
<td>Add/Edit 3P Visit Types</td>
</tr>
<tr>
<td>ABMDTX</td>
<td>EXPORT BILLS FROM FACILITY</td>
</tr>
<tr>
<td>ABMDTX0</td>
<td>EXPORT BILLS FROM FACILITY</td>
</tr>
<tr>
<td>ABMDTX1</td>
<td>PT 2 OF FACILITY EXPORT PGM</td>
</tr>
<tr>
<td>ABMDTX2</td>
<td>PT 3 OF CLAIM EXPORT PROGRAM</td>
</tr>
<tr>
<td>ABMDTX3</td>
<td>PT 4 OF CLAIM EXPORT PROGRAM</td>
</tr>
<tr>
<td>ABMDTXPT</td>
<td>REPRINT TRANSMITTAL LIST</td>
</tr>
<tr>
<td>ABMDUB</td>
<td>COMPUTE UNCOLLECTED BALANCE</td>
</tr>
<tr>
<td>ABMDUTL</td>
<td>UTILITY FOR 3P BILLING PACKAGE</td>
</tr>
<tr>
<td>ABMDVCK</td>
<td>PCC Visit Edits</td>
</tr>
<tr>
<td>ABMDVCK0</td>
<td>PCC Visit Edits</td>
</tr>
<tr>
<td>ABMDVCK1</td>
<td>PCC VISIT CHECK - PART 2</td>
</tr>
<tr>
<td>ABMDVCK2</td>
<td>PCC Visit Edits</td>
</tr>
<tr>
<td>ABMDVCK3</td>
<td>PCC Visit Edits</td>
</tr>
<tr>
<td>ABMDVCK0</td>
<td>PCC Visit Edits</td>
</tr>
<tr>
<td>ABMDVCK1</td>
<td>PCC VISIT CHECK - PART 2</td>
</tr>
<tr>
<td>ABMDVCK2</td>
<td>PCC Visit Edits</td>
</tr>
<tr>
<td>ABMDVCK3</td>
<td>PCC Visit Edits</td>
</tr>
<tr>
<td>ABMDVCK0</td>
<td>PCC Visit Edits</td>
</tr>
<tr>
<td>ABMDVCK1</td>
<td>PCC VISIT CHECK - PART 2</td>
</tr>
<tr>
<td>ABMDVCK2</td>
<td>PCC Visit Edits</td>
</tr>
<tr>
<td>ABMDVCK3</td>
<td>PCC Visit Edits</td>
</tr>
<tr>
<td>ABMDVST</td>
<td>PCC Visit Stuff</td>
</tr>
<tr>
<td>ABMDVST1</td>
<td>PCC VISIT STUFF - PART 2 (PURPOSE OF VISIT)</td>
</tr>
<tr>
<td>ABMDVST2</td>
<td>PCC CLAIM STUFF - PART 3 (PROVIDER)</td>
</tr>
<tr>
<td>ABMDVST3</td>
<td>PCC VISIT STUFF - PART 4 (ICD PROCEDURE)</td>
</tr>
<tr>
<td>ABMDVST4</td>
<td>PCC Visit Stuff - PART 5 (HOSPITALIZATION)</td>
</tr>
<tr>
<td>ABMDVST5</td>
<td>PCC VISIT STUFF - PART 6 (PHARMACY)</td>
</tr>
<tr>
<td>ABMDVST6</td>
<td>PCC VISIT STUFF - DENTAL</td>
</tr>
<tr>
<td>ABMDVST7</td>
<td>PCC VISIT STUFF MEDICAL-SKIN TEST</td>
</tr>
<tr>
<td>ABMDVST8</td>
<td>PCC VISIT STUFF - IMMUNIZ</td>
</tr>
<tr>
<td>ABMDVST9</td>
<td>PCC VISIT STUFF IV PHARMACY</td>
</tr>
<tr>
<td>ABMDVSTH</td>
<td>PCC Visit Stuff - PART 5 (HOSPITALIZATION) CONTD</td>
</tr>
<tr>
<td>ABMDWARN</td>
<td>WARNING PROCESSOR</td>
</tr>
<tr>
<td>ABMDWRAP</td>
<td>UTILITY FOR WRAP-AROUND PRINTING</td>
</tr>
<tr>
<td>Routine</td>
<td>Purpose/Description</td>
</tr>
<tr>
<td>---------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>ABME10</td>
<td>Medicare Electronic</td>
</tr>
<tr>
<td>ABME3AA0</td>
<td>HCFA-1500 NSF 3.01 EMC RECORD AA0 (Submitter Data)</td>
</tr>
<tr>
<td>ABME3BA0</td>
<td>HCFA-1500 NSF 3.01 EMC RECORD BA0 (Provider)</td>
</tr>
<tr>
<td>ABME3DA0</td>
<td>HCFA-1500 NSF 3.01 EMC RECORD DA0 (Third Party Payor)</td>
</tr>
<tr>
<td>ABME3DA1</td>
<td>HCFA-1500 NSF 3.01 EMC RECORD DA1 (Insurance Info)</td>
</tr>
<tr>
<td>ABME3EA0</td>
<td>HCFA-1500 NSF 3.01 EA0 (Claim Record)</td>
</tr>
<tr>
<td>ABME3EA1</td>
<td>HCFA-1500 NSF 3.01 EA1 (Claim Record)</td>
</tr>
<tr>
<td>ABME3FA0</td>
<td>HCFA-1500 NSF 3.01 RECORD FA0 (Claim Root Segment)</td>
</tr>
<tr>
<td>ABME3GC0</td>
<td>HCFA-1500 NSF 3.01 RECORD GC0 (Claim Root Segment)</td>
</tr>
<tr>
<td>ABME3HA0</td>
<td>HCFA-1500 NSF 3.01 RECORD HA0 (Claim Root Segment)</td>
</tr>
<tr>
<td>ABME3XA0</td>
<td>HCFA-1500 NSF3.01 RECORD XA0 (Claim Trailer)</td>
</tr>
<tr>
<td>ABME501</td>
<td>UB92 V5 EMC RECORD 01 (Processor Label Data)</td>
</tr>
<tr>
<td>ABME520</td>
<td>UB92 V5 EMC RECORD 20 (Patient)</td>
</tr>
<tr>
<td>ABME520A</td>
<td>UB92 EMC RECORD 20 (Patient) cont'd</td>
</tr>
<tr>
<td>ABME540</td>
<td>UB92 V5 EMC RECORD 40 (Claim Data)</td>
</tr>
<tr>
<td>ABME540A</td>
<td>UB92 V5 EMC RECORD 40 (Claim Data) cont'd</td>
</tr>
<tr>
<td>ABME561</td>
<td>UB92 V5 EMC RECORD 61 (Outpatient Services)</td>
</tr>
<tr>
<td>ABME570</td>
<td>UB92 V5 EMC RECORD 70-1 (Medical)</td>
</tr>
<tr>
<td>ABME570A</td>
<td>UB92 V5 EMC RECORD 70-1 (Medical) cont'd</td>
</tr>
<tr>
<td>ABME601</td>
<td>UB92 V5 EMC RECORD 01 (Processor Label Data)</td>
</tr>
<tr>
<td>ABME630</td>
<td>UB92 EMC RECORD 30 (Third Party Payor)</td>
</tr>
<tr>
<td>ABME630A</td>
<td>UB92 EMC RECORD 30 (Third Party Payor) cont'd</td>
</tr>
<tr>
<td>ABME650</td>
<td>UB92 EMC RECORD 50 (INPATIENT ACCOMMODATIONS)</td>
</tr>
<tr>
<td>ABME660</td>
<td>UB92 EMC RECORD 60 (Inpatient Ancillary Services)</td>
</tr>
<tr>
<td>ABME661</td>
<td>UB92 V5 EMC RECORD 61 (Outpatient Services)</td>
</tr>
<tr>
<td>ABME690</td>
<td>UB92 EMC RECORD 90 (Claim Control Screen)</td>
</tr>
<tr>
<td>ABME8AMT</td>
<td>837 AMT Segment</td>
</tr>
<tr>
<td>ABME8BHT</td>
<td>837 BHT Segment</td>
</tr>
<tr>
<td>ABME8CAS</td>
<td>837 CAS Segment</td>
</tr>
<tr>
<td>ABME8CL1</td>
<td>837 CL1 Segment</td>
</tr>
<tr>
<td>ABME8CLM</td>
<td>837 CLM Segment</td>
</tr>
<tr>
<td>ABME8CN1</td>
<td>837 CN1 Segment</td>
</tr>
<tr>
<td>ABME8CR1</td>
<td>837 CR1 Segment</td>
</tr>
<tr>
<td>ABME8CR6</td>
<td>837 CR6 Segment</td>
</tr>
<tr>
<td>ABME8CR7</td>
<td>837 CR7 Segment</td>
</tr>
<tr>
<td>ABME8CRC</td>
<td>837 CRC Segment</td>
</tr>
<tr>
<td>ABME8DMG</td>
<td>837 DMG Segment</td>
</tr>
<tr>
<td>ABME8DTP</td>
<td>837 DTP Segment</td>
</tr>
<tr>
<td>ABME8GE</td>
<td>837 GE Segment</td>
</tr>
<tr>
<td>ABME8GS</td>
<td>837 GS Segment</td>
</tr>
<tr>
<td>ABME8HCP</td>
<td>837 HCP Segment</td>
</tr>
<tr>
<td>ABME8HI</td>
<td>837 HI Segment</td>
</tr>
<tr>
<td>ABME8HL</td>
<td>837 HL Segment</td>
</tr>
<tr>
<td>ABME8HSD</td>
<td>837 HSD Segment</td>
</tr>
<tr>
<td>ABME8IEA</td>
<td>837 IEA Segment</td>
</tr>
<tr>
<td>ABME8ISA</td>
<td>837 ISA Segment</td>
</tr>
<tr>
<td>ABME8K3</td>
<td>837 K3 Segment</td>
</tr>
</tbody>
</table>
ABME8L1  Header
ABME8L10 Header
ABME8L11 Header
ABME8L12 Header
ABME8L13 Header
ABME8L14 Header
ABME8L15 Header
ABME8L16 Header
ABME8L2 Header
ABME8L3 Header
ABME8L4 Header
ABME8L5 Header
ABME8L6 Header
ABME8L7 Header
ABME8L8 Header
ABME8L9 Header
ABME8LX  837 LX Segment
ABME8MEA  837 MEA Segment
ABME8MIA  837 MIA Segment
ABME8MOA  837 MOA Segment
ABME8N3   837 N3 Segment
ABME8N4   837 N4 Segment
ABME8NM1  837 NM1 Segment
ABME8NM2  837 NM1 Segment
ABME8NTE  837 NTE Segment
ABME8OI   837 OI Segment
ABME8PAT   837 PAT Segment
ABME8PER   837 PER Segment
ABME8PRV   837 PRV Segment
ABME8PWK   837 PWK Segment
ABME8QTY   837 QTY Segment
ABME8REF   837 REF Segment
ABME8RF2   837 REF Segment
ABME8SBR   837 SBR Segment
ABME8SE    837 SE Segment
ABME8ST   837 ST Segment (Transaction Set Header)
ABME8SV1   837 SV1 Segment
ABME8SV2   837 SV2 Segment
ABME8SV3   837 SV3 Segment
ABME8SV4   837 SV4 Segment
ABME8SVD   837 SVD Segment
ABME8STMP  837 TMP Segment
ABME8STOO  837 TOO Segment
ABMEAA0 HCFA-1500 EMC RECORD AA0 (Submitter Data) Envoy ver.
ABMEAUTO AUTO APPROVE CLAIM
ABMEBA0 HCFA-1500 EMC RECORD BA0 (Provider) Envoy version
ABMEBDSP ELECTRONIC CLAIMS DISPLAY
ABMECDSP ELECTRONIC CLAIMS DISPLAY (SUMMARY)
ABMECS ELECTRONIC CLAIMS SUBMISSION
ABMECS2 ELECTRONIC CLAIMS SUBMISSION
ABMEEO1 UB92 V5 EMC RECORD 01 (Processor Label Data)
ABMEE61 UB92 V5 EMC RECORD 61 (Outpatient Services)
ABMEEPVR PROVIDER INFO
Routine Purpose/Description
<table>
<thead>
<tr>
<th>Routine</th>
<th>Purpose/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABMEF10</td>
<td>Medicare Electronic UB-92 Version 041</td>
</tr>
<tr>
<td>ABMEF13</td>
<td>Medicare Electronic UB-92 Version 041</td>
</tr>
<tr>
<td>ABMEF15</td>
<td>Electronic HCFA-1500 V2.0</td>
</tr>
<tr>
<td>ABMEF16</td>
<td>Electronic UB-92 Envoy/NEIC Version</td>
</tr>
<tr>
<td>ABMEF17</td>
<td>Electronic UB-92 Version 060</td>
</tr>
<tr>
<td>ABMEF19</td>
<td>Electronic HCFA-1500 V2.0 Envoy Version</td>
</tr>
<tr>
<td>ABMEF20</td>
<td>Electronic HCFA-1500 V3.01</td>
</tr>
<tr>
<td>ABMEF21</td>
<td>Electronic 837 version 4010 Institutional</td>
</tr>
<tr>
<td>ABMEF22</td>
<td>Electronic 837 version 4010 Professional</td>
</tr>
<tr>
<td>ABMEF23</td>
<td>Electronic 837 version 4010 Dental</td>
</tr>
<tr>
<td>ABMEFA0</td>
<td>HCFA-1500 EMC RECORD FA0 (Claim Root Segment)</td>
</tr>
<tr>
<td>ABMEFB0</td>
<td>HCFA-1500 EMC RECORD FB0 (Medical Segment)</td>
</tr>
<tr>
<td>ABMEFLAT</td>
<td>GENERATE FLAT FILE FROM MAIL MESSAGE</td>
</tr>
<tr>
<td>ABMEH01</td>
<td>HCFA-1500 EMC RECORD AA0 (Submitter Data)</td>
</tr>
<tr>
<td>ABMEH10</td>
<td>HCFA-1500 EMC RECORD BA0 (Provider)</td>
</tr>
<tr>
<td>ABMEH15</td>
<td>HCFA-1500 EMC RECORD BA1 (Provider)</td>
</tr>
<tr>
<td>ABMEH20</td>
<td>HCFA-1500 EMC RECORD CA0 (Patient)</td>
</tr>
<tr>
<td>ABMEH30</td>
<td>HCFA-1500 EMC RECORD 30 (Third Party Payor)</td>
</tr>
<tr>
<td>ABMEH31</td>
<td>HCFA-1500 EMC RECORD DA1 (Insurance Information)</td>
</tr>
<tr>
<td>ABMEH32</td>
<td>HCFA-1500 EMC RECORD DA2 (Insurance Information)</td>
</tr>
<tr>
<td>ABMEH40</td>
<td>HCFA-1500 EA0 (Claim Record)</td>
</tr>
<tr>
<td>ABMEH61</td>
<td>HCFA-1500 EMC RECORD FA0 (Claim Root Segment)</td>
</tr>
<tr>
<td>ABMEH62</td>
<td>HCFA-1500 EMC RECORD FB0 (Medical Segment)</td>
</tr>
<tr>
<td>ABMEH63</td>
<td>HCFA-1500 EMC RECORD FB1 (Medical Segment)</td>
</tr>
<tr>
<td>ABMEH90</td>
<td>HCFA-1500 EMC RECORD XA0 (Claim Trailer)</td>
</tr>
<tr>
<td>ABMEH95</td>
<td>HCFA-1500 EMC RECORD YA0 (Batch Trailer)</td>
</tr>
<tr>
<td>ABMEH99</td>
<td>HCFA-1500 EMC RECORD ZA0 (File Transfer)</td>
</tr>
<tr>
<td>ABMEHGR2</td>
<td>GET ANCILLARY SVCS REVENUE CODE INFO</td>
</tr>
<tr>
<td>ABMEHGR3</td>
<td>GET ANCILLARY SVCS REVENUE CODE INFO</td>
</tr>
<tr>
<td>ABMEHGRV</td>
<td>GET ANCILLARY SVCS REVENUE CODE INFO</td>
</tr>
<tr>
<td>ABMELGCK</td>
<td>Recreate cancelled claim from PCC</td>
</tr>
<tr>
<td>ABMEMCRC</td>
<td>3PB recreate batch of ICD9 bills</td>
</tr>
<tr>
<td>ABMENVCK</td>
<td>ENVIRONMENT CHECKER</td>
</tr>
<tr>
<td>ABMER01</td>
<td>UB92 EMC RECORD 01 (Processor Label Data)</td>
</tr>
<tr>
<td>ABMER10</td>
<td>UB92 EMC RECORD 10 (Provider)</td>
</tr>
<tr>
<td>ABMER20</td>
<td>UB92 EMC RECORD 20 (Patient)</td>
</tr>
<tr>
<td>ABMER20A</td>
<td>UB92 EMC RECORD 20 (Patient) cont'd</td>
</tr>
<tr>
<td>ABMER30</td>
<td>UB92 EMC RECORD 30 (Third Party Payor)</td>
</tr>
<tr>
<td>ABMER30A</td>
<td>UB92 EMC RECORD 30 (Third Party Payor) cont'd</td>
</tr>
<tr>
<td>ABMER31</td>
<td>UB92 EMC RECORD 31 (Third Party Payor Address)</td>
</tr>
<tr>
<td>ABMER31A</td>
<td>UB92 EMC RECORD 31 (Third Party Payor Address)</td>
</tr>
<tr>
<td>ABMER40</td>
<td>UB92 EMC RECORD 40 (Claim Data)</td>
</tr>
<tr>
<td>ABMER40A</td>
<td>UB92 EMC RECORD 40 (Claim Data) cont'd</td>
</tr>
<tr>
<td>ABMER41</td>
<td>UB92 EMC RECORD 41 (Claim Data Condition-Value)</td>
</tr>
<tr>
<td>ABMER41A</td>
<td>UB92 EMC RECORD 41 (Clm Data Condition-Value) cont'd</td>
</tr>
<tr>
<td>ABMER46</td>
<td>UB92 EMC RECORD 46 (ENVOY/NEIC ADDITIONAL PROV INFO)</td>
</tr>
<tr>
<td>ABMER50</td>
<td>UB92 EMC RECORD 50 (INPATIENT ACCOMMODATIONS)</td>
</tr>
<tr>
<td>ABMER60</td>
<td>UB92 EMC RECORD 60 (Inpatient Ancillary Services)</td>
</tr>
<tr>
<td>ABMER61</td>
<td>UB92 EMC RECORD 61 (Outpatient Services)</td>
</tr>
<tr>
<td>ABMER70</td>
<td>UB92 EMC RECORD 70-1 (Medical)</td>
</tr>
<tr>
<td>ABMER70A</td>
<td>UB92 EMC RECORD 70-1 (Medical) cont'd</td>
</tr>
<tr>
<td>ABMER80</td>
<td>UB92 EMC RECORD 80 (PHYSICIAN DATA)</td>
</tr>
</tbody>
</table>
ABMER90      UB92 EMC RECORD 90 (Claim Control Screen)
ABMER91      UB92 EMC RECORD 91 (Remarks)
ABMER95      UB92 EMC RECORD 90 (Claim Control Screen)
ABMER99      UB92 EMC RECORD 99 (Processor File Control Data)
ABMERGR2     GET ANCILLARY SVCS REVENUE CODE INFO
ABMERGR3     GET ANCILLARY SVCS REVENUE CODE INFO
ABMERGRV     GET ANCILLARY SVCS REVENUE CODE INFO
ABMERINS     UB92 EMC Set up Insurer Information
ABMERSND     RE-SEND A BATCH OF BILLS ELECTRONIC FORMAT
ABMERUT2     ABMERUTL cont.
ABMERUTL     EMC UTILITIES
ABMXELIP     Create export of inpatients for a month
ABMF400      3P BILLING – Find Medicare 400/900 references
ABMFCT      FILE CPT CODE
ABMFOFS     UPDATE FEE TABLE FROM FOREIGN FILE
ABMPFRT      GENERIC FORM PRINTER
ABMLABRQ     Require lab results by insurer
ABMMODIT     ENTER/EDIT 3P MODIFIERS
ABMP2510     3P BILLING 2.5 Patch 10 PRE/POST INIT
ABMP2511     3P BILLING 2.5 Patch 11 PRE/POST INIT
ABMP2512     3P BILLING 2.5 Patch 12 PRE/POST INIT
ABMP2513     3P BILLING 2.5 Patch 13 PRE/POST INIT
ABMP2514     3P BILLING 2.5 Patch 14 PRE/POST INIT
ABMP2515     3P BILLING 2.5 Patch 15 PRE/POST INIT
ABMPFUNC     PHARM RETRIEVAL FUNCTIONS
ABMPOST      3PB Pharmacy POS – Patch 6 POST INIT
ABMPOST9     Post init of V2.4 Patch 9
ABMPPAD1     Prior Payments/Adjustments page (CE)
ABMPPADJ     Prior Payments/Adjustments page (CE)
ABMPFLR     Prior Payments/Adjustments filer (CE)
ABMPRVCV     Move Service Line provider to multiple
ABMPSAPI     3PB Pharmacy POS API
ABMPST10     V2.4 Patch 10 Post init
ABMPST26     3P BILLING 2.6 PRE/POST INIT
ABMPSTRD     Re-Print Selected Pt statements
ABMPT255     3P BILLING 2.5 Patch 5 POST INIT
ABMPT256     3P BILLING 2.5 Patch 6 POST INIT
ABMPT258     3P BILLING 2.5 Patch 8 POST INIT
ABMPT259     3P BILLING 2.5 Patch 9 POST INIT
ABMPTSMT     Non-ben patient statement
ABMPUEXT     UFMS Re-extract of bills
ABMRLEG      FIND INS TYPE AND COVERAGE
ABMRLABS     Add/Edit Reference Lab Locations
ABMRMRCDR     MEDICARE PART D REPORT
ABMRSUBN     Resubmission Number Entry
ABMRVRCV     Revenue Code Cross reference FOR MULTIPLES
ABMSTAT      SELECT CLAIM PEND STATUS
ABMTALL2     Monthly tally report
ABMTALLY     Monthly tally report

Routine Purpose/Description
ABMUB92      Update UB92 codes
ABMUCANV     3PB/UFMS CAN view/print
ABMUCAPI     3PB/UFMS CAN crosswalk API
ABMUCASH     3PB/UFMS Cashiering Options
ABMUCPR      UFMS Cashiering Session Productivity Report
ABMUCUTL     3PB/UFMS Cashiering Utilities
ABMUEAPI     3PB/UFMS API
ABMUGTOT     3PB/UFMS Grand Total Report only
ABMUITIN     3PB/UFMS TIN report
ABMUITMOSE    Close POS cashiering sessions
ABMUMPTIN     3PB/UFMS Pseudo TIN report
ABMURBCH      3PB/UFMS Resend Batch option
ABMURCN1     3PB/UFMS Reconcile Sessions Option
ABMURCN2     3PB/UFMS Reconcile Sessions Option (2)
ABMURCON      3PB/UFMS Reconcile Sessions Option
ABMURHD      Report Header Generator
ABMUROPN      3PB/UFMS Re-open Session Option
ABMURREC      3PB/UFMS Resend transaction (bill) Option
ABMUSEL       UFMS Report selection
ABMUSL1       Selective Report Parameters-PART 2
ABMUSETU      3PB/UFMS Setup Option
ABMUTL8       837 UTILITIES
ABMUTLF       FACILITY UTILITIES
ABMUTLN       NAME UTILITIES
ABMULTL       PAYER UTILITIES
ABMUTUL       3PB/UFMS Check for pseudo TIN
ABMUVCBCH     3PB/UFMS View Batch option
ABMUVCBRC     3PB/UFMS View Batch Export Page Details
ABMUVCSSH     3PB/UFMS View Cashiering Session Option
ABMUHF        UFMS View Host File
ABMUXCLOD     3PB/UFMS populate Exclusion Table
ABMVDF        VIDEO DISPLAY FEATURES
ABMVQE        Routine to regenerate claims for Riverside
ABMXUS9       Find a user
# 6.0 Files and Tables

## 6.1 File List

<table>
<thead>
<tr>
<th>File Number</th>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9002274.01</td>
<td>3P FEE TABLE</td>
<td>Holds information entered through any option under Table Maintenance, Fee Schedule Menu</td>
</tr>
<tr>
<td>9002274.02</td>
<td>3P PCC VISIT BILLING STATUS</td>
<td>Holds information that gets populated in the PCC Visit File describing why a claim was not created, that a claim was created, or that a claim was updated.</td>
</tr>
<tr>
<td>9002274.03</td>
<td>3P CODES</td>
<td>Holds special codes used for admission type, status, etc.</td>
</tr>
<tr>
<td>9002274.04</td>
<td>3P ERROR CODE</td>
<td>Holds error and warning codes and descriptions used on claims. May be entered or edited through Table Maintenance, Error Codes Menu.</td>
</tr>
<tr>
<td>9002274.05</td>
<td>3P PAGE 3 QUESTIONS</td>
<td>File used to know which questions to ask on Page 3 of Claim Editor and the order to be displayed.</td>
</tr>
<tr>
<td>9002274.06</td>
<td>3P ANESTHESIA CHARGELIST</td>
<td>File holding different anesthesia codes, the time related, and obstetrically related</td>
</tr>
<tr>
<td>9002274.07</td>
<td>3P MODIFIERS</td>
<td>File storing 3P Coding Modifiers, Codes, and descriptions.</td>
</tr>
<tr>
<td>9002274.08</td>
<td>3P EXPORT MODE</td>
<td>This file allows for designating different modes of export that then can be used as selections for a particular Insurer.</td>
</tr>
<tr>
<td>9002274.09</td>
<td>3P INSURER</td>
<td>Holds insurer information needed by 3PB that is site specific.</td>
</tr>
<tr>
<td>9002274.1</td>
<td>3P DENTAL RECODE</td>
<td>Table containing Dental codes mapped to special IHS dental codes.</td>
</tr>
<tr>
<td>9002274.11</td>
<td>3P EMC REFERENCE ID</td>
<td>Table of 837 EMC Reference IDs needed based on insurer type</td>
</tr>
<tr>
<td>9002274.2</td>
<td>3P EXP LOCAL MOD</td>
<td>Contains references to locally developed routines to meet the specific requirements of different payers when generating electronic claim formats.</td>
</tr>
<tr>
<td>File Number</td>
<td>Name</td>
<td>Description</td>
</tr>
<tr>
<td>-------------</td>
<td>-----------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>9002274.3</td>
<td>3P CLAIM DATA</td>
<td>Subscripted by facility. Contains all claim information. Entry may be created manually by the user or automatically through the Claim Generator. Data may be modified through the Claim Editor.</td>
</tr>
<tr>
<td>9002274.301</td>
<td>3P CLOSED CLAIM REASONS</td>
<td>Table of reasons for closing claims</td>
</tr>
<tr>
<td>9002274.31</td>
<td>3P CANCEL CLAIM REASONS</td>
<td>Table of reasons for cancelling claims</td>
</tr>
<tr>
<td>9002274.32</td>
<td>3P CANCELLED CLAIM DATA</td>
<td>Subscripted by facility. Contains partial data of claims that have been cancelled by users.</td>
</tr>
<tr>
<td>9002274.33</td>
<td>3P CLAIM PENDING STATUS</td>
<td>Table of reasons for putting claims in PENDING status</td>
</tr>
<tr>
<td>9002274.34</td>
<td>3P CONDITION INDICATORS</td>
<td>Table of reasons for ambulance transport</td>
</tr>
<tr>
<td>9002274.35</td>
<td>3P REFERENCE LAB LOCATIONS</td>
<td>Table used for Reference Lab data. Site will select from Vendor file and enter CLIA number for Vendor</td>
</tr>
<tr>
<td>9002274.37</td>
<td>3P CPT TABLE</td>
<td>CPT table to be used by background checker to allow removal of all CPT codes from background checker returns.</td>
</tr>
<tr>
<td>9002274.4</td>
<td>3P BILL</td>
<td>Entry into this file is created when the claim is approved. This data is not changed through the Claim Editor.</td>
</tr>
<tr>
<td>9002274.41</td>
<td>3P UFMS INSURER TYPE/BUDGET ACTIVITY</td>
<td>Table of insurer type to budget activity mapping.</td>
</tr>
<tr>
<td>9002274.42</td>
<td>3P UFMS CLINIC/COST CENTER</td>
<td>Table of clinic to cost center mapping.</td>
</tr>
<tr>
<td>9002274.44</td>
<td>3P UFMS EXCLUSION TABLE</td>
<td>Entries into this file will cause exclusion of data being sent to UFMS. Any combination of Location/Insurer Type/Clinic may be entered with an effective date range.</td>
</tr>
<tr>
<td>9002274.45</td>
<td>3P UFMS CASHIERING SESSIONS</td>
<td>Captures daily user sessions containing all approved/cancelled claims/bills.</td>
</tr>
<tr>
<td>9002274.46</td>
<td>3P UFMS EXPORTS</td>
<td>Capture of when transmissions were done to UFMS and what sessions/bills were in each one.</td>
</tr>
<tr>
<td>9002274.47</td>
<td>3P CANCEL BILL REASONS</td>
<td>Table of reasons for canceling bills.</td>
</tr>
</tbody>
</table>
### File Number | Name | Description
--- | --- | ---
9002274.5 | 3P PARAMETERS | Contains site-specific system parameters used to uniquely create claims. File may be populated or modified through Table Maintenance, Site Parameters.
9002274.6 | 3P TX STATUS | This file is used to keep track of the individual bills that are exported.
9002274.7 | 3P DENIAL REASONS | Contains denial codes and descriptions for not billing (or paying) on a claim.
9002274.75 | 3P CHARGE MASTER | Contains items that may be placed on the Charge Master Page in the Claim Editor.
9002274.8 | 3P VISIT TYPE | 3PB Visit Types
9002274.95 | 3P PROVIDER TAXONOMY | Mapping of taxonomy codes to person and provider class.

### 6.2 File Access

The following table indicates access security for each ABM file, where

GL = Global, RD = Read, WR = Write, LYG = Laygo,
DD = Data Dictionary, DEL = Delete

<table>
<thead>
<tr>
<th>File #</th>
<th>Filename</th>
<th>GL</th>
<th>RD</th>
<th>WR</th>
<th>LYG</th>
<th>DD</th>
<th>DEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>9002274.47</td>
<td>3P CANCEL BILL REASONS</td>
<td>^ABMCBILR</td>
<td>@</td>
<td>@</td>
<td>@</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.31</td>
<td>3P CANCEL CLAIM REASONS</td>
<td>^ABMCCLMR</td>
<td>@</td>
<td>@</td>
<td>@</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.32</td>
<td>3P CANCELLED CLAIM DATA</td>
<td>^ABMCCCLMS</td>
<td>@</td>
<td>@</td>
<td>@</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.301</td>
<td>3P CLOSED CLAIM REASONS</td>
<td>^ABMCLCLM</td>
<td>@</td>
<td>@</td>
<td>@</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.75</td>
<td>3P CHARGE MASTER</td>
<td>^ABMCM</td>
<td>V</td>
<td>V</td>
<td>V</td>
<td>@</td>
<td>V</td>
</tr>
<tr>
<td>9002274.34</td>
<td>3P CONDITION INDICATORS</td>
<td>^ABMCNDIN</td>
<td>V</td>
<td>@</td>
<td>@</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.4</td>
<td>3P BILL</td>
<td>^ABMDBILL</td>
<td>V</td>
<td>V</td>
<td>V</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.3</td>
<td>3P CLAIM DATA</td>
<td>^ABMDCCLM</td>
<td>V</td>
<td>V</td>
<td>V</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.03</td>
<td>3P CODES</td>
<td>^ABMDCODE</td>
<td>V</td>
<td>V</td>
<td>V</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>File #</td>
<td>Filename</td>
<td>GL</td>
<td>RD</td>
<td>WR</td>
<td>LYG</td>
<td>DD</td>
<td>DEL</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------------------------------</td>
<td>--------</td>
<td>----</td>
<td>----</td>
<td>-----</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>9002274.37</td>
<td>3P CPT TABLE</td>
<td>^ABMDCPT</td>
<td>@</td>
<td>@</td>
<td>@</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.02</td>
<td>3P PCC VISIT BILLING STATUS</td>
<td>^ABMDCS</td>
<td>V</td>
<td>V</td>
<td>V</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.7</td>
<td>3P DENIAL REASONS</td>
<td>^ABMDDENI</td>
<td>V</td>
<td>V</td>
<td>V</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.04</td>
<td>3P ERROR CODE</td>
<td>^ABMDERR</td>
<td>V</td>
<td>V</td>
<td>V</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.08</td>
<td>3P EXPORT MODE</td>
<td>^ABMDEXP</td>
<td>V</td>
<td>V</td>
<td>V</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.01</td>
<td>3P FEE TABLE</td>
<td>^ABMDFEE</td>
<td>V</td>
<td>V</td>
<td>V</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.07</td>
<td>3P MODIFIERS</td>
<td>^ABMDMOD</td>
<td>V</td>
<td>V</td>
<td>V</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.5</td>
<td>3P PARAMETERS</td>
<td>^ABMDPARM</td>
<td>V</td>
<td>V</td>
<td>V</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.1</td>
<td>3P DENTAL RECODE</td>
<td>^ABMDREC</td>
<td>V</td>
<td>V</td>
<td>V</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.6</td>
<td>3P TX STATUS</td>
<td>^ABMDTXST</td>
<td>V</td>
<td>V</td>
<td>V</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.8</td>
<td>3P VISIT TYPE</td>
<td>^ABMDVTYP</td>
<td>V</td>
<td>V</td>
<td>V</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.93</td>
<td>3P ENVOY PAYER</td>
<td>^ABMENVOY</td>
<td>V</td>
<td>V</td>
<td>@</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.94</td>
<td>3P ENVOY PROVIDER SPECIALTY</td>
<td>^ABMENVPS</td>
<td>@</td>
<td>@</td>
<td>@</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.2</td>
<td>3P EXP LOCAL MOD</td>
<td>^ABMEXLM</td>
<td>@</td>
<td>@</td>
<td>@</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.09</td>
<td>3P INSURER</td>
<td>^ABMNINS</td>
<td>V</td>
<td>V</td>
<td>V</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.33</td>
<td>3P CLAIM PENDING STATUS</td>
<td>^ABMPSTAT</td>
<td>@</td>
<td>@</td>
<td>@</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.95</td>
<td>3P PROVIDER TAXONOMY</td>
<td>^ABMPTAX</td>
<td>V</td>
<td>@</td>
<td>@</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.05</td>
<td>3P PAGE 3 QUESTIONS</td>
<td>^ABMQUES</td>
<td>@</td>
<td>@</td>
<td>@</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.11</td>
<td>3P EMC REFERENCE ID</td>
<td>^ABMREFID</td>
<td>V</td>
<td>V</td>
<td>V</td>
<td>@</td>
<td>V</td>
</tr>
<tr>
<td>9002274.35</td>
<td>3P REFERENCE LAB LOCATIONS</td>
<td>^ABMRLABS</td>
<td>V</td>
<td>V</td>
<td>V</td>
<td>@</td>
<td>V</td>
</tr>
<tr>
<td>9002274.45</td>
<td>3P UFMS CASHIERING SESSIONS</td>
<td>^ABMUCASH</td>
<td>MVL# Pp[~]</td>
<td>MVL# Pp[~]</td>
<td>MVL# Pp[~]</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.42</td>
<td>3P UFMS CLINIC/COST CENTER</td>
<td>^ABMUCTCC</td>
<td>@</td>
<td>@</td>
<td>@</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.41</td>
<td>3P UFMS INSURER TYPE/BUDGET ACTIVITY</td>
<td>^ABMUITBA</td>
<td>@</td>
<td>@</td>
<td>@</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>9002274.46</td>
<td>3P UFMS EXPORTS</td>
<td>^ABMUTXMT</td>
<td>V</td>
<td>V</td>
<td>V</td>
<td>@</td>
<td>@</td>
</tr>
<tr>
<td>File #</td>
<td>Filename</td>
<td>GL</td>
<td>RD</td>
<td>WR</td>
<td>LYG</td>
<td>DD</td>
<td>DEL</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------------</td>
<td>---------------------</td>
<td>----</td>
<td>----</td>
<td>-----</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>9002274.44</td>
<td>3P UFMS EXCLUSION TABLE</td>
<td>3P UFMS EXCLUSION TABLE</td>
<td>V</td>
<td>V</td>
<td>V</td>
<td>@</td>
<td>@</td>
</tr>
</tbody>
</table>
6.3 Cross References

6.3.1 3P FEE TABLE (9002274.01)

.01 SCHEDULE NUMBER
  B Regular
11 SURGICAL (CPT CODE)
  .01 Surgical (CPT Code)
    B Regular
  .02 Charge
    #1 TRIGGER
      When new value is created, set TODAY into field #.03. Deleting the value
      has no effect.
11 MODIFIERS
  .01 Modifiers
    B Regular
13 HCPCS CODE
  .01 HCPCS Code
    B Regular
  .02 Charge
    #1 TRIGGER
      When new value is created, set TODAY into field #.03. Deleting the value
      has no effect.
15 RADIOLOGY (CPT CODE)
  .01 Radiology (CPT Code)
    B Regular
  .02 Charge
    #1 TRIGGER
      When new value is created, set TODAY into field #.03. Deleting the value
      has no effect.
11 MODIFIER
  .01 Modifiers
    B Regular
17 LABORATORY (CPT CODE)
  .01 LABORATORY (CPT CODE)
    B Regular
  .02 Charge
    #1 TRIGGER
      When new value is created, set TODAY into field #.03. Deleting the value
      has no effect.
11 MODIFIER
  .01 Modifier
B Regular

19 MEDICAL (CPT CODE)
   .01 Medical (CPT Code)
      B Regular
   .02 Charge
      #1 Trigger
         When new value is created, set TODAY into field #.03. Deleting the value has no effect.

21 DENTAL (ADA CODE)
   .01 Dental (ADA Code)
      B Regular
   .02 Charge
      #1 Trigger
         When new value is created, set TODAY into field #.04. Deleting the value has no effect.

23 ANESTHESIA (CPT CODE)
   .01 Anesthesia (CPT Code)
      B Regular
   .02 Charge
      #1 Trigger
         When new value is created, set TODAY into field #.03. Deleting the value has no effect.

25 DRUG
   .01 Drug
      B Regular
   .02 Price Per Dispense Unit
      #1 Trigger
         When new value is created, set TODAY into field #.03. Deleting the value has no effect.

31 REVENUE CODE
   .01 Revenue Code
      B Regular
   .02 Charge
      #1 Trigger
         When new value is created, set TODAY into field #.03. Deleting the value has no effect.

32 CHARGE MASTER
   .01 Charge Master
      B Regular
   .02 Charge
      #1 Trigger
         When new value is created, set TODAY into field #.03. Deleting the value has no effect.
33 CONVERSION FACTORS
   .01 Year
      B Regular

6.3.2 3P PCC VISIT BILLING STATUS (9002274.02)
   .01 DESCRIPTION
      B Regular

6.3.3 3P CODES (9002274.03)
   .01 CODE
      B Regular
   .02 CODE TYPE
      AC MUMPS
   .03 DESCRIPTION
      C Regular
      D KWIC

6.3.4 3P ERROR CODES (9002274.04)
   .01 ERROR
      B Regular
      C KWIC
   31 SITE
      .01 Site
         B Regular
         11 REQUIRED BY INSURER
            .01 Required By Insurer
               B Regular
               AB Regular
            21 REQS FOR EXPORT FORM
               .01 Req'd for Export Form
               B Regular

6.3.5 3P PAGE 3 QUESTIONS (9002274.05)
   .01 NAME
      B Regular
6.3.6 3P ANESTHESIA CHG LIST (9002274.06)

.01 CODE
  B Regular
.02 Obstetrically Related
  C MUMPS

6.3.7 3P MODIFIERS (9002274.07)

.01 CODE
  B Regular
.02 *DESCRIPTION
  C Regular

6.3.8 3P EXPORT MODE (9002274.08)

.01 FORMAT
  B Format
1 Page 9 REMARKS
  .01 Page 9 Remarks
    B Regular

6.3.9 3P INSURER (9002274.09)

.01 INSURER
  B Regular
1 VISIT TYPE
  .01 Visit Type
    B Regular
    11 Start Date
      .01 Start Date
        B Regular
    12 Replacement Insurer Effective Date
      .01 Replacement Insurer Effective Date
        B Regular
2 FORM LOCATOR OVERRIDE
  .01 Form Locator Override
    B Regular
    .05 Data Value
      AOV R MUMPS
    .06 Visit Type
      AOV R 2^MUMPS
3 PROVIDER
  .01 Provider
    B Regular

6.3.10 3P DENTAL RECODE (9002274.1)

  .01 TABLE NAME (INSURER)
    B Regular
  1 Codes
    .01 IHS Codes
      B Regular

6.3.11 3P EMC REFERENCE ID (9002274.11)

  .01 ID QUALIFIER
    B Regular

6.3.12 3P EXP LOCAL MOD (9002274.2)

  .01 NAME
    X: B
      1) S^ABMEXLM("B",$E(X,1,30),DA)="

    .06 LINE LABEL
      X: AC^MUMPS
      1) S
        ABM0=^ABMEXLM(DA,0),^ABMEXLM("AA",$P(ABM0,"^",2),$P(ABM0,"^",3),$P(ABM0,"^",4),$P (ABM0,"^",5))=$P(ABM0,"^",6,7) K ABM0
        2) S ABM0=^ABMEXLM(DA,0) K ^ABMEXLM ("AA",$P(ABM0,"^",2),$P (ABM0,"^",3),$P(ABM0,"^",4), $P(ABM0,"^",5)),ABM0

    .07 LINE LABEL
      X: AD^MUMPS
      1) S
        ABM0=^ABMEXLM(DA,0),^ABMEXLM("AA",$P(ABM0,"^",2),$P(ABM0,"^",3),$P(ABM0,"^",4),$P (ABM0,"^",5))=$P(ABM0,"^",6,7) K ABM0
        2) S ABM0=^ABMEXLM(DA,0) K ^ABMEXLM ("AA",$P(ABM0,"^",2),$P (ABM0,"^",3),$P(ABM0,"^",4), $P(ABM0,"^",5)),ABM0

3P CLAIM DATA (9002274.3)

  .01 PATIENT
    B Regular

    .02 ENCOUNTER DATE
      #1 TRIGGER
If new value created, only do set if ".71=" is true. When new value created, set ".02" into field ".71". Deleting the field has no effect.

AD Regular

.04 CLAIM STATUS
AS Regular

.1 DATE LAST EDITED
AC Regular

.12 BILL TYPE
AE MUMPS

.14 MODE OF EXPORT
AF MUMPS

.59 ADMITTING DIAGNOSIS
AINP Regular

.61 ADMISSION DATE

#1 TRIGGER
When new value created, set ".61" into field ".73". Deleting the value has no effect.

.71 SERVICE DATE FROM

#1 TRIGGER
If new value created, only do set if ".03\" is true. When new value created, set ".71" into field ".02". Deleting the value has no effect.

.72 SERVICE DATE TO

#1 TRIGGER
If new value created, only do set if ".71\" is true. When new value created, set $S(\.71=\.72:1,1:\.72-\.71)$ into field ".73". Deleting the value has no effect.

.82 INJURY DATE

#1 TRIGGER
If new value created, only do set if ".71\" is true. When new value created, set ".82" into field ".86". If value deleted, only do following action if ".86=\.82" is true. When the value is deleted, the value in field ".86" is also deleted.

11 PCC VISIT

.01 PCC Visit
AV Regular
B Regular

.02 Visit Status
AC Regular
13 INSURER
   .01 Insurer
      B Regular
   .02 Priority Order
      C Regular
   .03 Status
      ACTIVE MUMPS
      Used to keep field .08 in synch. This X-ref works like a trigger. It will keep
      field .08 in synch with active insurer in the multiple.

11 Coverage Type
   .01 Coverage Type
      B Regular

14 MED NECESSITY COND
   .01 Med Necessity Cond
      B Regular

15 APC VISIT
   .01 APC Visit
      APC Regular

17 DIAGNOSIS
   .02 Priority Order
      C Regular

19 ICD PROCEDURE
   .01 ICD Procedure
      B Regular
   .02 Priority Order
      C Regular
   .17 Data Source
      ASRC MUMPS
      Used by Claim Generator

21 SURGICAL PROCEDURE
   .01 Surgical
      B Regular
   .02 Priority Order
      C Regular
   .17 Data Source
      ASRCS MUMPS
      Used by Claim Generator
   .17 Data Source
      ASRC21 MUMPS
      Used by Claim Generator
.18 Service Line Provider
  .01 Service Line Provider
    B Regular
  .02 Type
    C Regular

23 PHARMACY
  .01 Medication
    B Regular
  .06 Prescription
    C Regular
  .17 Data Source
    ASRC23 MUMPS
      Used by Claim Generator

.18 Service Line Provider
  .01 Service Line Provider
    B Regular
  .02 Type
    C Regular

25 REVENUE CODE
  .17 Data Source
    ASRC25 MUMPS
      Used by Claim Generator

27 MEDICAL PROCEDURE
  .01 Medical
    AC MUMPS
  .07 Date/Time
    C Regular
  .17 Data Source
    ASRC27 MUMPS
      Used by Claim Generator

.18 Service Line Provider
  .01 Service Line Provider
    B Regular
  .02 Type
    C Regular

33 DENTAL
  .01 Dental (ADA Code)
    B Regular
  .07 Date of Service
    C Regular
  .17 Data Source
    AG MUMPS
      Used by Claim Generator
35 RADIOLOGY
.01 Radiology (CPT Code)
  #1 TRIGGER
  When new value created,
    set S X=$P($G(^ICPT(D1,9999999)),"^",2) into field #.02. When the
    value is deleted, the value in field #.02 is also deleted.
  .17 Data Source
    ASRC35 MUMPS
    Used by claim generator
  .18 Service Line Provider
    .01 Service Line Provider
      B Regular
    .02 Type
      C Regular

37 LABORATORY
.01 Laboratory (CPT Code)
  #1 TRIGGER
  When new value created,
    set S X=$P($G(^ICPT(D1,9999999)),"^",2) into field #.02. When the
    value is deleted, the value in field #.02 is also deleted.
  .17 Data Source
    ASRC37 MUMPS
    Used by claim generator
  .18 Service Line Provider
    .01 Service Line Provider
      B Regular
    .02 Type
      C Regular

39 ANESTHESIA
.01 Anesthesia (CPT Code)
  B Regular
  .07 Start Date/Time
    #1 TRIGGER
    When new value created, set S X=$$C^ ABMDANTC (D0,D1) into field
      #.03. When the value is deleted, the value in field #.03 is also deleted.
  .08 Stop Date/Time
    #1 TRIGGER
    When new value created, set S X=$$C^ ABMDANTC (D0,D1) into field
      #.03. When the value is deleted, the value in field #.03 is also deleted.
  .17 Data Source
    ACRC39 MUMPS
    Used by claim generator
    ASRCA Regular
.18 Service Line Provider
  .01 Service Line Provider
    B Regular
  .02 Type
    C Regular

41 PROVIDERS
  .01 Provider
    B Regular
  .02 Type
    C Regular

43 MISC. SERVICES
  .01 Misc Service (CPT Code)
    B Regular
  .17 Data Source
    ASRC43 MUMPS
      Used by claim generator
  .18 Service Line Provider
    .01 Service Line Provider
      B Regular
    .02 Type
      C Regular

45 CHAR GE MASTER
  .01 Item
    B Regular

47 AMBULANCE SERVICES
  .01 Misc Service (CPT Code)
    B Regular
  .17 Data Source
    ASRC47 MUMPS
      Used by claim generator

57 OCCURRENCE SPAN CODE
  .01 Occurrence Span Code
    B Regular

59 SPECIAL PROGRAM CODE
  .03 Referral Reason
    B Regular

63 DATES OF SIMILAR SYMPTOMS
  .01 Dates of Similar Symptoms
    B Regular

65 ACTIVE BILLS
  .01 Active Bills
    B Regular
6.3.13  3P CLOSED CLAIMS REASON (9002274.301)
  .01 REASON
    B Regular

6.3.14  3P CANCEL CLAIMS REASON (9002274.31)
  .01 REASON
    B Regular

6.3.15  3P CANCELLED CLAIM DATA (9002274.32)
  .01 Patient
    B Regular
  .02 Encounter Date
    AD Regular
  .115 Date/Time Cancelled
    AC Regular
  11 PCC VISIT
    .01 PCC Visit
      AV Regular
    B Regular
  41 PROVIDERS
    .01 Provider
      B Regular
    .02 Type
      C Regular

6.3.16  3P CLAIM PENDING STATUS (9002274.33)
  .01 Status
    B Regular

6.3.17  3P CONDITION INDICATORS (9002274.34)
  .01 Number
    B Regular
6.3.18 3P REFERENCE LAB LOCATIONS (9002274.35)

.01 Vendor name
   B Regular
.02 CLIA#
   C Regular

6.3.19 3P CPT TABLE (9002274.37)

.01 LEVEL
   B Regular
   2 TYPE
   C Regular
   3 SUBTYPE
   D Regular
   Required by claim generator

6.3.20 3P BILL (9002274.4)

.01 BILL NUMBER
   B Regular
.04 BILL STATUS
   AC Regular
   AS MUMPS
   AF MUMPS
   AG MUMPS
.05 PATIENT
   D Regular
.08 ACTIVE INSURER
   AJ Regular
.11 CHART REVIEWED (Y/N)
   #1 TRIGGER
      If new value created, only do set if #.12="" is true. When new value created,
      set S X=$S($D(DUZ):DUZ,1:""") into field #.12. Deletion of the value has no
      effect.
   #2 TRIGGER
      If new value created, only do set if #.13="" is true. When new value
      created, set S X=DT into field #.13. Deletion of the value has no effect.
.15 DATE/TIME APPROVED
   AP Regular
.16 EXPORT STATUS
   AA Regular
.17 EXPORT NUMBER
   AX Regular
.18 DATE TX’ED TO AR
   AZ Regular
.71 SERVICE DATE FROM
   AD Regular
   ADR MUMPS
11 PCC VISIT
   .01 PCC Visit
   AV Regular
13 INSURER
   .01 Insurer
   B Regular
   .02 Priority
   C Regular
11 Coverage Type
   .01 Coverage Type
   B Regular
14 MED NECESSITY COND
   .01 Med Necessity Cond
   B Regular
15 APC VISIT
   .01 APC Visit
   APC Regular
17 DIAGNOSIS
   .02 Priority Order
   C Regular
19 ICD PROCEDURE
   .02 Priority Order
   C Regular
21 MED/SURG PROCEDURE
   .01 Surgical
   B Regular
   .02 Priority Order
   C Regular
.18 Service Line Provider
  .01 Service Line Provider
    B Regular
  .02 Type
    C Regular

23 PHARMACY
  .01 Medication
    B Regular
  .06 Prescription
    C Regular
  .17 Data Source
    ASRC23 MUMPS
      Used by Claim Generator

.18 Service Line Provider
  .01 Service Line Provider
    B Regular
  .02 Type
    C Regular

27 MEDICAL PROCEDURE
  .01 Medical
    AC MUMPS
  .07 Date/Time
    C Regular
  .17 Data Source
    ASRC27 MUMPS
      Used by Claim Generator

.18 Service Line Provider
  .01 Service Line Provider
    B Regular
  .02 Type
    C Regular

33 DENTAL
  .01 Dental (ADA Code)
    B Regular
  .07 Date of Service
    C Regular

35 RADIOLOGY
  .01 Radiology (CPT Code)
    #1 TRIGGER
      When new value created,
      set S X=$P($G(^ICPT(D1,9999999)),"^",2) into field #.02. When the value is deleted, the value in field #.02 is also deleted.
37 LABORATORY
   .01 Laboratory (CPT Code)
       #1 TRIGGER
       When new value created,
       set S X=$P($G(^ICPT(D1,9999999)),"^",2) into field #.02. When the
       value is deleted, the value in field #.02 is also deleted.

39 ANESTHESIA
   .01 Anesthesia (CPT Code)
       B Regular
   .18 Service Line Provider
       .01 Service Line Provider
          B Regular
       .02 Type
          C Regular

41 PROVIDERS
   .01 Provider
      B Regular
   .02 Operating/Attending
      C Regular

43 MISC. SERVICES
   .01 Misc. Service (CPT)
      B Regular
   .18 Service Line Provider
      .01 Service Line Provider
         B Regular
      .02 Type
         C Regular

45 SUPPLIES
   .01 Item
      B Regular
47 AMBULANCE SERVICES
  .01 Ambulance Service (CPT Code)
    B Regular
  .17 Data Source
    ASRC47 MUMPS
    Used by claim generator

57 OCCURRENCE SPAN CODE
  .01 Occurance Span Code
    B Regular

59 SPECIAL PROGRAM CODE
  .01 Referral Reason
    B Regular

65 ACTIVE BILLS
  .01 Active Bills
    B Regular

67 DATE STMT WAS PRINTED
  .01 Pt Stmt Message
    B Regular

69 UFMS TRANSMISSION DATE
  .01 UFMS Transmission Date
    B Regular
  .02 UFMS Invoice Number
    UINV MUMPS
    Used for look up of bill by invoice number

6.3.21 3P UFMS INSURER TYPE/BUDGET ACTIVITY (9002274.41)
  .01 Insurer Type
    B Regular
  .05 Area
    C MUMPS
    Cross Reference by Area/Insurer Type and equal to Budget Activity

6.3.22 3P UFMS CLINIC/COST CENTER (9002274.42)
  .01 Clinic Code
    B Regular

6.3.23 3P UFMS EXCLUSION TABLE (9002274.44)
  .01 Location
    B Regular
6.3.24 **3P UFMS CASHIERING SESSIONS (9002274.45)**

- **LOCATION**
  - B Regular

- **USER**
  - **SIGN IN DATE**
    - **Budget Activity**
      - **CANCELLED CLAIMS**
        - **CANCELLED BILLS**
          - **REQUEUED BILLS**
            - **REQUEUED BATCHES**
              - **POS CLAIMS**
                - **SIGN IN DATE**
                  - **Budget Activity**
                    - **APPROVED BILLS**
6.3.25 3P UFMS EXPORTS (9002274.46)

.01 Export Date
  B Regular
1 USER
  .01 User
    B Regular
  .02 SIGN IN DATE
    .01 Sign In Date
      B Regular
  3 RE-EXPORTS
    .01 Re-Exports
      B Regular
  11 BUDGET ACTIVITY
    .01 Budget Activity
      B Regular
  2 BILLS
    .01 Bills
      B Regular

1 POS CLAIMS
  .01 POS Claims
    B Regular
  .02 SIGN IN DATE
    .01 Sign In Date
      B Regular
  11 BUDGET ACTIVITY
    .01 Budget Activity
      B Regular
  2 BILLS
    .01 Bills
      B Regular

6.3.26 3P CANCEL BILL REASONS (9002274.47)

.01 Reason
  B Regular

6.3.27 3P PARAMETERS (9002274.5)

.01 FACILITY
  B Regular
6 DISPLAY UNBILLABLE INSURER(S)
  .01 Display Unbillable Insurer(s)
    B Regular
11 CLAIM PAGE(S) TO BE SKIPPED
   .01 Claim Page(s) to be Skipped
      B Regular
15 DEFAULT UNBILLABLE CLINICS
   .01 Default Unbillable Clinics
      B Regular
17 DFLT INVALID PRV DISCIPLINES
   .01 Dflt Invalid PRV Disciplines
      B Regular
19 INSURERS W/O 837 PRV SEGMENT
   .01 Insurers w/o 837 PRV segment
      B Regular

6.3.28 3P TX STATUS (9002274.6)

   .01 EXPORT DATE
      B Regular
   .06 DATE TRANSMITTED TO AREA
      AX Regular
   .07 LABELS PRINTED
      AM Regular
   .08 TRANSMITTAL PRINTED
      AT Regular
   .14 EMC FILE NAME
      D Regular
   .16 GROUP CONTROL NUMBER
      C Regular
1 BILLS
   .01 Bills
      B Regular
   .02 Attending Provider
      APROV Regular
   .03 Subscriber
      ASBR MUMPS
      1) = S
          ^ABMDTXST(DUZ(2),DA(1),2,"ASBR",X,DA)=$$REL^ABMUTLP(DA)
      2) = K ^ABMDTXST(DUZ(2),DA(1),2,"ASBR",X,DA)
6.3.29 **DENIAL REASONS (9002274.7)**

.01 REASON  
  B Regular  
.03 CODE  
  C Regular

6.3.30 **3P CHARGE MASTER (9002274.75)**

.01 ITEM DESCRIPTION  
  B Regular  
.04 UPC  
  C Regular  
.05 OTHER IDENTIFIER  
  D Regular

6.3.31 **3P VISIT TYPE (9002274.8)**

.01 NAME  
  B Regular  
1 CLINIC  
  .01 Clinic  
    B Regular  
1 AUTO-LINK TO PCC  
  .01 Auto-Link to PCC  
    B Regular

6.3.32 **3P AREA OFFICE EXPORT (9002274.9)**

.01 DATE  
  B Regular

6.3.33 **3P ENVOY PAYER (9002274.93)**

.01 ID  
  X:B  
   1)S^ABMENVOY(“B”,$E(X,1,30),DA=””  
.02 PAYER NAME  
  X: C^KWIC
6.3.34 3P ENVOY PROVIDER SPECIALTY (9002274.94)

.01 NAME
   X:B
   1)S^ABMENVPS("B",$E(X,1,30),DA)=""

.02 ENVOY 1500 PP CODE
   X:C
   1)S^ABMENVPS("C",$E(X,1,30),DA)=""

1 EXCEPTIONS
   X:B
   1)S^ABMENVPS(DA(1),1,"B",$E(X,1,30),DA)=""

6.3.35 3P PROVIDER TAXONOMY (9002274.95)

.01 TAXONOMY CODE
   B Regular

.02 PROVIDER CLASS CODE
   A7 MUMPS
   1)= S ^ABMPTAX("A7",X)=$P(^ABMPTAX(DA,0),"^",1)
   2)= K ^ABMPTAX("A7",X)

.03 PERSON CLASS
   AUSC MUMPS
   1)= S ^ABMPTAX("AUSC",X)=$P(^ABMPTAX(DA,0),"^",1)
   2)= K ^ABMPTAX("AUSC",X)

.04 PROV CLASS CODE 2
   AC MUMPS
   1)= S ^ABMPTAX("A7",X)=$P(^ABMPTAX(DA,0),"^",1)
   2)= K ^ABMPTAX("A7",X)

.05 PROV CLASS CODE 3
   AD MUMPS
   1)= S ^ABMPTAX("A7",X)=$P(^ABMPTAX(DA,0),"^",1)
   2)= K ^ABMPTAX("A7",X)

6.4 Table Files

6.4.1 3P FEE TABLE FILE

   Global: ^ABMDFFE
   File#: 9002274.01
<table>
<thead>
<tr>
<th>Code Type</th>
<th>Code Description</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>SURGICAL (CPT CODE)</td>
<td>Multiple-9002274.0111</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>(M*P81'X)</td>
<td>01</td>
</tr>
<tr>
<td></td>
<td>(RNJ8,2)</td>
<td>02</td>
</tr>
<tr>
<td></td>
<td>(D)</td>
<td>03</td>
</tr>
<tr>
<td></td>
<td>(NJ3,0)</td>
<td>04</td>
</tr>
<tr>
<td>MODIFIERS</td>
<td>Multiple-9002274.011111</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>(MP9002274.07'X)</td>
<td>01</td>
</tr>
<tr>
<td></td>
<td>(NJ5,1)</td>
<td>02</td>
</tr>
<tr>
<td></td>
<td>(NJ8,2)</td>
<td>03</td>
</tr>
<tr>
<td></td>
<td>(F)</td>
<td>04</td>
</tr>
<tr>
<td>HCPCS CODE</td>
<td>Multiple-9002274.0113</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>(M*P81'X)</td>
<td>01</td>
</tr>
<tr>
<td></td>
<td>(NJ8,2)</td>
<td>02</td>
</tr>
<tr>
<td></td>
<td>(D)</td>
<td>03</td>
</tr>
<tr>
<td>RADIOLOGY (CPT CODE)</td>
<td>Multiple-9002274.0115</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>(M*P81'X)</td>
<td>01</td>
</tr>
<tr>
<td></td>
<td>(RNJ7,2)</td>
<td>02</td>
</tr>
<tr>
<td></td>
<td>(D)</td>
<td>03</td>
</tr>
<tr>
<td></td>
<td>(MP9002274.07'X)</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>(NJ3,0)</td>
<td>02</td>
</tr>
<tr>
<td></td>
<td>(RNJ7,2)</td>
<td>03</td>
</tr>
<tr>
<td></td>
<td>(F)</td>
<td>04</td>
</tr>
<tr>
<td>LABORATORY (CPT CODE)</td>
<td>Multiple-9002274.0117</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>(M*P81'X)</td>
<td>01</td>
</tr>
<tr>
<td></td>
<td>(RNJ7,2)</td>
<td>02</td>
</tr>
<tr>
<td></td>
<td>(D)</td>
<td>03</td>
</tr>
<tr>
<td></td>
<td>(MP9002274.07'X)</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>(NJ8,2)</td>
<td>03</td>
</tr>
<tr>
<td></td>
<td>(F)</td>
<td>04</td>
</tr>
<tr>
<td>MEDICAL (CPT CODE)</td>
<td>Multiple-9002274.0119</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>(M*P81'X)</td>
<td>01</td>
</tr>
<tr>
<td></td>
<td>(RNJ7,2)</td>
<td>02</td>
</tr>
<tr>
<td></td>
<td>(D)</td>
<td>03</td>
</tr>
</tbody>
</table>
21 DENTAL (ADA CODE) (Multiple-9002274.0121), [21;0]
   .01 DENTAL (ADA CODE) (MP9999999.31'X), [0;1]
   .02 CHARGE (RNJ7,2), [0;2]
   .03 FREE TXT CODE (F), [0;3]
   .04 LAST UPDATE (D), [0;4]

23 ANESTHESIA (CPT CODE) (Multiple-9002274.0123), [23;0]
   .01 ANESTHESIA (CPT CODE) (M*P81'X), [0;1]
   .02 CHARGE (RNJ7,2), [0;2]
   .03 LAST UPDATE (D), [0;3]

25 DRUG (Multiple-9002274.0125), [25;0]
   .01 DRUG (MP50'X), [0;1]
   .02 PRICE PER DISPENSE UNIT (NJ11,5), [0;2]
   .03 LAST UPDATE (D), [0;3]

31 REVENUE CODE (Multiple-9002274.0131), [31;0]
   .01 REVENUE CODE (MP9999999.72'X), [0;1]
   .02 CHARGE (RNJ7,2), [0;2]
   .03 LAST UPDATE (D), [0;3]

32 CHARGE MASTER (Multiple-9002274.0132), [32;0]
   .01 CHARGE MASTER (MP9002274.75X), [0;1]
   .02 CHARGE (NJ8,2), [0;2]
   .03 LAST UPDATE (D), [0;3]

33 CONVERSION FACTORS (Multiple-9002274.0133), [33;0]
   .01 YEAR (MNJ4,0X), [0;1]
   .02 MEDICAL CONVERSION FACTOR (NJ7,2), [0;2]
   .03 SURGICAL CONVERSION FACTOR (NJ7,2), [0;3]
   .04 ANESTHESIA CONVERSION FACTOR (NJ7,2), [0;4]
   .05 RADIOLOGY CONVERSION FACTOR (NJ7,2), [0;5]
   .06 LABORATORY CONVERSION FACTOR (NJ7,2), [0;6]
6.4.2 **3P PCC VISIT BILLING STATUS**

   **Global:** ^ABMDCS
   **File#:** 9002274.02

   .001 STATUS NUM (NJ3,0), [ ]
   .01 DESCRIPTION (RF), [0;1]

6.4.3 **3P CODES FILE**

   **Global:** ^ABMDCODE(
   **File#:** 9002274.03

   .01 CODE (RFX), [0;1]
   .02 CODE TYPE (RS), [0;2]
   .03 DESCRIPTION (RFX), [0;3]
   .04 INACTIVE FLAG (S), [0;4]

6.4.4 **3P ERROR CODE FILE**

   **Global:** ^ABMDERR(  
   **File#:** 9002274.04

   .001 NUMBER (NJ3,0), [ ]
   .01 ERROR (RFX), [0;1]
   .02 CORRECTIVE ACTION (F), [0;2]
   .03 ERROR STATUS (S), [0;3]
   .04 *DISPLAY ONLY WHEN IN ERROR (S), [0;4]
   .05 RESTRICT LOCAL EDITING (S), [0;5]

   **11 REQUIRED BY INSURER (Multiple-9002274.411), [11;0]**
   .01 REQUIRED BY INSURER (P9999999.18'X), [0;1]

   **21 REQD FOR EXPORT FORM (Multiple-9002274.421), [21;0]**
   .01 REQD FOR EXPORT FORM (P9002274.08'X), [0;1]

   **31 SITE (Multiple-9002274.0431), [31;0]**
   .01 SITE (P9999999.06'X), [0;1]
   .03 ERROR STATUS (S), [0;3]
   .04 DISPLAY ONLY WHEN IN ERROR (S), [0;4]
6.4.5 3P PAGE 3 QUESTIONS

Global: ^ABMQUES(
File#: 9002274.05

.001 NUMBER (NJ3,0), [ ]
.01 NAME (RF), [0;1]
.02 DISPLAY LINE TAG (F), [0;2]
.03 DISPLAY ROUTINE (F), [0;3]
.04 EDIT LINE TAG (F), [0;4]
1 EDIT ROUTINE (F), [0;5]

6.4.6 3P ANESTHESIA CHARGE LIST

Global: ^ABMDANST
File#: 9002274.06

6.4.7 3P MODIFIERS

Global: ^ABMDMOD(
File#: 9002274.07

.01 CODE (RP9999999.88'), [0;1]
.02 *DESCRIPTION (FX), [0;2]
.03 CATEGORY (NJ5,0X), [0;3]
.04 UNIT VALUE (NJ5,2), [0;4]
6.4.8 3P EXPORT MODE

Global: ^ABMDEXP(
File#: 9002274.08

.001 NUMBER (NJ4,0), [ ]
.01 FORMAT (RF), [0;1]
.02 LEFT MARGIN (NJ2,0), [0;2]
.03 TOP MARGIN (NJ2,0), [0;3]
.04 EXPORT ROUTINE (F), [0;4]
.05 ALIGNMENT ROUTINE (F), [0;5]
.06 DENTAL SCREEN (S), [0;6]
.07 DESCRIPTION (F), [0;7]
.08 QUESTIONS (F), [0;8]
.09 STATUS (S), [0;9]
.11 CHARGE SUMMARY ROUTINE (F), [1;1]
.12 ONLY APPLIES TO (S), [1;2]
.13 CONTAINS MULTIPLE BILLS (S), [1;3]
.14 PRINT ON PLAIN PAPER (S), [1;4]
.15 EXPORT TYPE (S), [1;5]
.17 TEST? (S), [1;7]

1 PAGE 9 REMARKS (Multiple-9002274.081), [2;0]
.01 PAGE 9 REMARKS (WL), [0;1]
6.4.9 3P INSURER

Global: ^ABMNINS(DUZ(2),
File#: 9002274.09

.01 INSURER (RP9999999.18'X), [0;1]
.02 EMC SUBMITTER ID (F), [0;2]
.03 EMC PASSWORD (F), [0;3]
.04 EMC TEST INDICATOR (F), [0;4]
.05 USE PLAN NAME? (S), [0;5]
.06 GROUP NUMBER (F), [0;6]
.07 AUTO SEND? (S), [0;7]
.08 72 HOUR RULE (S), [0;8]
.09 NPI USAGE (S), [0;9]
.11 TRIBAL SELF-INSURED? (S), [0;11]

1 VISIT TYPE (Multiple-9002274.091), [1;0]

.01 VISIT TYPE (MP9002274.8'X), [0;1]
.02 PROCEDURE CODING METHOD (S), [0;2]
.03 REVENUE CODE (*P9999999.72'), [0;3]
.04 MODE OF EXPORT (P9002274.08'), [0;4]
.05 FEE SCHEDULE (P9002274.01'), [0;5]
.06 MULTIPLE FORMS? (S), [0;6]
.07 BILLABLE STATUS (S), [0;7]
.08 INSURER ASSIGNED NUMBER (F), [0;8]
.09 REVENUE DESCRIPTION (F), [0;9]
.11 UB92 BILL TYPE (*P9002274.03'), [0;11]
.12 ITEMIZED UB-92? (S), [0;12]
.13 AUTO APPROVE? (S), [0;13]
.14 START BILLING DATE (D), [0;14]
.15 HCFA FIELD 24K (S), [0;15]
.16 CPT CODE (P81'), [0;16]
.17 BLOCK 29 (S), [0;17]
.18 UB RELATIONSHIP CODE (S), [0;18]
.19 EMC SUBMITTER ID (F), [0;19]
.2 BLOCK 33 PIN# (S), [0;20]
.21 SEND PARAMETER (P9999999.93'), [0;21]
.22 STOP BILLING DATE (D), [0;22]
.23 AUTO-SPLIT THIS ENTRY (S), [0;23]
.24 RX IN FL44? (S), [0;24]
<table>
<thead>
<tr>
<th>Field Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11 START DATE</strong> (Multiple-9002274.09111), [11;0]</td>
<td></td>
</tr>
<tr>
<td>.01 START DATE (D), [0;1]</td>
<td></td>
</tr>
<tr>
<td>.02 RATE ($) (RNJ7.2), [0;2]</td>
<td></td>
</tr>
<tr>
<td>.03 STOP DATE (D), [0;3]</td>
<td></td>
</tr>
<tr>
<td><strong>12 REPLACE INSURER EFFECTIVE DATE</strong> (Multiple-9002274.09112), [12;0]</td>
<td></td>
</tr>
<tr>
<td>.01 REPLACE INSURER EFFECTIVE DATE (D), [0;1]</td>
<td></td>
</tr>
<tr>
<td>.02 END DATE (D), [0;2]</td>
<td></td>
</tr>
<tr>
<td>.03 REPLACEMENT INSURER (P9002274.09'X), [0;3]</td>
<td></td>
</tr>
<tr>
<td>.04 REPLACEMENT VISIT TYPE (P9002274.8'), [0;4]</td>
<td></td>
</tr>
<tr>
<td><strong>18 SUBPART NPI</strong> (P4'), [1;8]</td>
<td></td>
</tr>
<tr>
<td><strong>101 EMC REFERENCE ID</strong> (P9002274.11), [1;1]</td>
<td></td>
</tr>
<tr>
<td><strong>102 X12 TRADING PARTNER NAME</strong> (F), [1;2]</td>
<td></td>
</tr>
<tr>
<td><strong>103 DME GROUP NUMBER/NAME</strong> (F), [1;3]</td>
<td></td>
</tr>
<tr>
<td><strong>104 DME CONTRACTOR</strong> (S), [1;4]</td>
<td></td>
</tr>
<tr>
<td><strong>105 CLIA# REQ'D FOR ALL VISITS?</strong> (S), [1;5]</td>
<td></td>
</tr>
<tr>
<td><strong>106 WHICH CLIA SHOULD PRINT?</strong> (S), [1;6]</td>
<td></td>
</tr>
<tr>
<td><strong>107 DASH IN BLOCK 1A?</strong> (S), [1;7]</td>
<td></td>
</tr>
<tr>
<td><strong>2 FORM LOCATOR OVERRIDE</strong> (Multiple-9002274.092), [2;0]</td>
<td></td>
</tr>
<tr>
<td>.01 FORM LOCATOR OVERRIDE (MF), [0;1]</td>
<td></td>
</tr>
<tr>
<td>.02 MODE OF EXPORT (FORM) (RP9002274.08'), [0;2]</td>
<td></td>
</tr>
<tr>
<td>.03 FORM LINE (RNJ2.0), [0;3]</td>
<td></td>
</tr>
<tr>
<td>.04 LINE PIECE (RNJ2.0), [0;4]</td>
<td></td>
</tr>
<tr>
<td>.045 VISIT TYPE (P9002274.8'), [0;6]</td>
<td></td>
</tr>
<tr>
<td>.05 DATA VALUE (Fa), [0;5]</td>
<td></td>
</tr>
<tr>
<td>.06 VISIT TYPE (P9002274.8'), [0;6]</td>
<td></td>
</tr>
<tr>
<td><strong>3 PROVIDER</strong> (Multiple-9002274.093), [3;0]</td>
<td></td>
</tr>
<tr>
<td>.01 PROVIDER (MP200'X), [0;1]</td>
<td></td>
</tr>
<tr>
<td>.02 PIN # (F), [0;2]</td>
<td></td>
</tr>
<tr>
<td><strong>4 LAB CPT/HCPCS REQ'ING RESULTS</strong> (Multiple-9002274.094), [4;0]</td>
<td></td>
</tr>
<tr>
<td>.01 LAB CPT/HCPCS REQ'ING RESULTS ('P81'), [0;1]</td>
<td></td>
</tr>
<tr>
<td>.02 REQ'D FOR INSURER? (S), [0;2]</td>
<td></td>
</tr>
</tbody>
</table>
6.4.10 3P DENTAL RECODE

Global: ^ABMDREC
File#: 9002274.1

.01 TABLE NAME (INSURER) (RP9999999.18'X), [0;1]
.02 CODE PREFIX (S), [0;2]

1 CODES (Multiple-9002274.101), [1;0]
  .01 IHS CODE (MFX), [0;1]
  .02 REMAP TO CODE (FX), [0;2]

6.4.11 3P EMC REFERENCE ID’

Global: ^ABMREFID
File#: 9002274.11

.01 ID QUALIFIER (RF), [0;1]
.02 DESCRIPTION (F), [0;2]

6.4.12 3P EXP LOCAL MOD

Global: ^ABMEXLM
File#: 9002274.2

.01 NAME (RF), [0;1]
.02 INSURER (P9999999.18'), [0;2]
.03 EXPORT MODE (P9002274.08'), [0;3]
.04 RECORD (F), [0;4]
.05 FIELD (NJ3,0), [0;5]
.06 LINE LABEL (F), [0;6]
.07 ROUTINE (F), [0;7]
6.4.13 3P CLAIM DATA

Global: ^ABMDCLM(DUZ(2),
File#: 9002274.3

.001 CLAIM NUMBER (NJ8,0), [ ]
.01 PATIENT (P90000001'), [0;1]
.02 ENCOUNTER DATE (RD), [0;2]
.03 VISIT LOCATION (RP9999999.06'), [0;3]
.04 CLAIM STATUS (S), [0;4]
.05 NUMBER ERRORS FOUND (NJ3,0), [0;5]
.06 CLINIC (P40.7'), [0;6]
.07 VISIT TYPE (RP9002274.8'), [0;7]
.08 ACTIVE INSURER (P9999999.18'), [0;8]
.09 QUESTIONS ANSWERED (S), [0;9]
.1 DATE LAST EDITED (D), [0;10]
.11 SUPER BILL # (F), [0;11]
.12 BILL TYPE (NJ3,0), [0;12]
.1211 PATIENT WEIGHT (LBS) (NJ3,0), [12;11]
.1212 TYPE OF TRANSPORT (S), [12;12]
.1213 TRANSPORTED TO/FOR (S), [12;13]
.1214 POINT OF PICKUP MODIFIER (S), [12;14]
.1215 MEDICAL NECESSITY IND (S), [12;15]
.1216 DEST MODIFIER (S), [12;16]
.122 POINT OF PICKUP ORIGIN (F), [12;2]
.123 POINT OF PICKUP ADDRESS (F), [12;3]
.124 POINT OF PICKUP CITY (F), [12;4]
.125 POINT OF PICKUP STATE (P5'), [12;5]
.126 POINT OF PICKUP ZIP (FX), [12;6]
.127 DESTINATION (V), [12;7]
.128 COVERED MILEAGE (NJ4,0), [12;8]
.129 NON-COVERED MILEAGE (NJ3,0), [12;9]
.13 BILLING LOCATION (P9999999.06'), [0;13]
.14 MODE OF EXPORT (P9002274.08'), [0;14]
.15 AUTO APPROVE DATE (D), [0;15]
.16 HOSPITAL LOCATION (P44'), [0;16]
.17 DATE CREATED (D), [0;17]
.18 PENDING STATUS (P9002274.33'), [0;18]
<table>
<thead>
<tr>
<th>Field Description</th>
<th>Voucher Tag</th>
<th>Required</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pending Status Updater</td>
<td>P200'</td>
<td>[0;19]</td>
<td></td>
</tr>
<tr>
<td>No Corresponding CPT</td>
<td>S</td>
<td>[4;1]</td>
<td></td>
</tr>
<tr>
<td>PCC Edited W/O CLM Update</td>
<td>S</td>
<td>[4;2]</td>
<td></td>
</tr>
<tr>
<td>Number X-Rays Included</td>
<td>NJ2,0</td>
<td>[4;3]</td>
<td></td>
</tr>
<tr>
<td>Orthodontic Related</td>
<td>S</td>
<td>[4;4]</td>
<td></td>
</tr>
<tr>
<td>Orthodontic Placement Date</td>
<td>D</td>
<td>[4;5]</td>
<td></td>
</tr>
<tr>
<td>Prosthesis Included</td>
<td>S</td>
<td>[4;6]</td>
<td></td>
</tr>
<tr>
<td>Prior Placement Date</td>
<td>D</td>
<td>[4;7]</td>
<td></td>
</tr>
<tr>
<td>Case Number</td>
<td>F</td>
<td>[4;8]</td>
<td></td>
</tr>
<tr>
<td>Resubmission (Control) Number</td>
<td>F</td>
<td>[4;9]</td>
<td></td>
</tr>
<tr>
<td>Admission Type (*P9002274.03'XO)</td>
<td>[5;1]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral Number</td>
<td>F</td>
<td>[5;11]</td>
<td></td>
</tr>
<tr>
<td>Prior Authorization Number</td>
<td>F</td>
<td>[5;12]</td>
<td></td>
</tr>
<tr>
<td>Admission Source/Newborn Code (*P9002274.03'OX)</td>
<td>[5;2]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newborn Days</td>
<td>NJ2,0</td>
<td>[5;10]</td>
<td></td>
</tr>
<tr>
<td>Discharge Status (*P9002274.03'XO)</td>
<td>[5;3]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pro Approval Code (*P9002274.03'OX)</td>
<td>[5;4]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pro Approved Stay From</td>
<td>DX</td>
<td>[5;5]</td>
<td></td>
</tr>
<tr>
<td>Pro Approved Stay Thru</td>
<td>DX</td>
<td>[5;6]</td>
<td></td>
</tr>
<tr>
<td>Prof Comp Days</td>
<td>NJ3,0X</td>
<td>[5;7]</td>
<td></td>
</tr>
<tr>
<td>Pro Authorization Number</td>
<td>F</td>
<td>[5;8]</td>
<td></td>
</tr>
<tr>
<td>Admitting Diagnosis (P80')</td>
<td>[5;9]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admission Date</td>
<td>D</td>
<td>[6;1]</td>
<td></td>
</tr>
<tr>
<td>Admission Hour</td>
<td>NJ2,0</td>
<td>[6;2]</td>
<td></td>
</tr>
<tr>
<td>Discharge Date</td>
<td>DX</td>
<td>[6;3]</td>
<td></td>
</tr>
<tr>
<td>Discharge Hour</td>
<td>NJ2,0</td>
<td>[6;4]</td>
<td></td>
</tr>
<tr>
<td>Non-Covered Days</td>
<td>NJ3,0</td>
<td>[6;6]</td>
<td></td>
</tr>
<tr>
<td>Co-Insurance Days</td>
<td>NJ2,0</td>
<td>[6;7]</td>
<td></td>
</tr>
<tr>
<td>Lifetime Reserve Days</td>
<td>NJ2,0</td>
<td>[6;8]</td>
<td></td>
</tr>
<tr>
<td>Number of Outpatient Visits</td>
<td>NJ2,0</td>
<td>[6;9]</td>
<td></td>
</tr>
<tr>
<td>Service Date From</td>
<td>DX</td>
<td>[7;1]</td>
<td></td>
</tr>
<tr>
<td>Release of Information Date</td>
<td>D</td>
<td>[7;11]</td>
<td></td>
</tr>
<tr>
<td>Assignment of Benefits Date</td>
<td>D</td>
<td>[7;12]</td>
<td></td>
</tr>
<tr>
<td>Service Date To</td>
<td>DX</td>
<td>[7;2]</td>
<td></td>
</tr>
<tr>
<td>Covered Days</td>
<td>NJ3,0X</td>
<td>[7;3]</td>
<td></td>
</tr>
<tr>
<td>Release of Information</td>
<td>S</td>
<td>[7;4]</td>
<td></td>
</tr>
<tr>
<td>Assignment of Benefits</td>
<td>S</td>
<td>[7;5]</td>
<td></td>
</tr>
<tr>
<td>Field Description</td>
<td>Location</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>----------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.76 PINTS OF BLOOD FURNISHED (NJ2,0)</td>
<td>[7;6]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.77 PINTS OF BLOOD REPLACED (NJ2,0)</td>
<td>[7;7]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.78 PINTS OF BLOOD NOT REPLACED (NJ2,0)</td>
<td>[7;8]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.79 BLOOD DEDUCTIBLE PINTS (NJ1,0)</td>
<td>[7;9]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.81 OUTSIDE LAB CHARGES (NJ8,2)</td>
<td>[8;1]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.816 ACCIDENT STATE (P5')</td>
<td>[8;10]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.82 INJURY DATE (D)</td>
<td>[8;12]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.83 ACCIDENT TYPE (S)</td>
<td>[8;13]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.84 ACCIDENT HOUR (NJ2,0)</td>
<td>[8;14]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.85 EMERGENCY (Y/N) (S)</td>
<td>[8;15]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.855 *EMERGENCY ROOM SUR-CHARGE (NJ6,2)</td>
<td>[8;16]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.857 E-CODE (P80'X)</td>
<td>[8;17]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.858 E-CODE (2) (P80'X)</td>
<td>[8;18]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.859 E-CODE (3) (P80'X)</td>
<td>[8;19]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.86 DATE OF FIRST SYMPTOM (D)</td>
<td>[8;20]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.87 DATE OF FIRST CONSULTATION (D)</td>
<td>[8;21]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.88 REFERRING PHYSICIAN (FX)</td>
<td>[8;22]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.884 REFERRING PHYS ID QUALIFIER (S)</td>
<td>[8;23]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.885 REFER PHYSICIAN ID NO. (F)</td>
<td>[8;24]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.886 REFER PHYSICIAN PERSON CLASS (P8932.1')</td>
<td>[8;25]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.887 REFER PHYSICIAN PROVIDER CLASS (P7')</td>
<td>[8;26]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.888 REFER PHYSICIAN TAXONOMY CODE (P9002274.95')</td>
<td>[8;27]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.889 REFER PROVIDER NPI (FX)</td>
<td>[8;28]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.89 DATE OF SIMILAR SYMPTOM (D)</td>
<td>[8;29]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.91 EMPLOYMENT RELATED (Y/N) (S)</td>
<td>[8;30]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.911 DATE LAST SEEN (D)</td>
<td>[8;31]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.912 SUPERVISING PROVIDER (FL19) (F)</td>
<td>[8;32]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.913 DATE OF LAST X-RAY (D)</td>
<td>[8;33]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.914 HOMEBOUND INDICATOR (S)</td>
<td>[8;34]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.915 HOSPICE EMPLOYED PROVIDER (S)</td>
<td>[8;35]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.916 DELAYED REASON CODE (*P9002274.03')</td>
<td>[8;36]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.918 ORAL IMAGES (NJ2,0)</td>
<td>[8;37]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.919 MODEL(S) (NJ2,0)</td>
<td>[8;38]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.92 DATE ABLE TO WORK (D)</td>
<td>[8;39]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.921 OTHER DENTAL CHARGES (NJ8,2)</td>
<td>[8;40]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.922 IN-HOUSE CLIA# (F)</td>
<td>[8;41]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.923 REFERENCE LAB CLIA# (P9002274.35')</td>
<td>[8;42]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
.93 UNABLE TO WORK FROM DATE (D), [9;3]
.94 UNABLE TO WORK THRU DATE (D), [9;4]
.95 PARTIAL DISABILITY FROM DATE (D), [9;5]
.96 PARTIAL DISABILITY TO DATE (D), [9;6]
.97 *REVENUE CODE (P9999999.72'), [9;7]
.98 *REVENUE CHARGE (NJ7,2), [9;8]
.99 PRE-PAYMENT AMOUNT (NJ7,2), [9;9]
10 HCFA 1500-B LINE 19 (F), [10;1]
11 PCC Visit (Multiple-9002274.3011), [11;0]
   .01 PCC VISIT (M*P90000010'X), [0;1]
   .02 VISIT STATUS (S), [0;2]
13 Insurer (Multiple-9002274.3013), [13;0]
   .01 INSURER (MP9999999.18'X), [0;1]
   .011 REPLACEMENT INSURER (P9999999.18'), [0;11]
   .02 PRIORITY ORDER (NJ2,0), [0;2]
   .03 STATUS (RS), [0;3]
   .04 MEDICARE MULTIPLE (NJ6,0), [0;4]
   .05 RAILROAD MULTIPLE (NJ6,0), [0;5]
   .06 MEDICAID ELIG POINTER (*P9000004'), [0;6]
   .07 MEDICAID MULTIPLE (NJ4,0), [0;7]
   .08 PRIVATE INSURANCE MULTIPLE (NJ6,0), [0;8]
   .09 MANUALLY ADDED INSURER (S), [0;9]
11 COVERAGE TYPE (Multiple-9002274.301311), [11;0]
   .01 COVERAGE TYPE (M*P9999999.65'X), [0;1]
14 MED NECESSITY COND (Multiple-9002274.314), [14;0]
   .01 MED NECESSITY COND (P9002274.34'), [0;1]
15 APC Visit (Multiple-9002274.3015), [15;0]
   .01 APC Visit (P1800018'X), [0;1]
17 Diagnosis (Multiple-9002274.3017), [17;0]
   .01 DIAGNOSIS (M*P80'X), [0;1]
   .02 PRIORITY ORDER (NJ2,0), [0;2]
   .03 PROVIDER'S NARRATIVE (R*P9999999.27), [0;3]
   .04 E-CODE (P80'), [0;4]
   .05 PRESENT ON ADMISSION INDICATOR (S), [0;5]
19 ICD Procedure (Multiple-9002274.3019), [19;0]
   .01 ICD Procedure (MP80.1’X), [0;1]
   .02 PRIORITY ORDER (NJ2,0), [0;2]
   .03 DATE of SERVICE (RD), [0;3]
   .04 PROVIDER’S NARRATIVE (R*P9999999.27), [0;4]
   .17 DATA SOURCE (F), [0;17]

21 Surgical Procedure (Multiple-9002274.3021), [21;0]
   .01 SURGICAL (M*P81’X), [0;1]
   .02 PRIORITY ORDER (NJ2,0), [0;2]
   .03 REVENUE CODE (P9999999.72’), [0;3]
   .04 CORRESPONDING DIAGNOSIS (F), [0;4]
   .05 SERVICE FROM DATE/TIME (RD), [0;5]
   .06 PROVIDER NARRATIVE (R*P9999999.27), [0;6]
   .07 UNIT CHARGE (RNJ8,2O), [0;7]
   .08 AUTO ICD-CORRELATOR UNRESOLVED (S), [0;8]
   .09 MODIFIER (FX), [0;9]
   .11 SECOND MODIFIER (FX), [0;11]
   .12 THIRD MODIFIER (FX), [0;12]
   .13 UNITS (NJ3,0), [0;13]
   .14 *PROVIDER (P200’), [0;14]
   .15 HCFA POS (*P9002274.03’), [0;15]
   .16 HCFA TOS (*P9002274.03’), [0;16]
   .17 DATA SOURCE (F), [0;17]

18 SERVICE LINE PROVIDER (Multiple-9002274.302118), [P;0]
   .01 SERVICE LINE PROVIDER (MP200’X), [0;1]
   .02 TYPE (S), [0;2]
   .19 SERVICE TO DATE/TIME (D), [0;19]

23 Pharmacy (Multiple-9002274.3023), [23;0]
   .01 MEDICATION (MP50’X), [0;1]
   .02 REVENUE CODE (P9999999.72’), [0;2]
   .03 UNITS (RNJ5,0), [0;3]
   .04 UNIT COST (RNJ15,5), [0;4]
   .05 DISPENSE FEE (NJ6,2), [0;5]
   .06 PRESCRIPTION (F), [0;6]
   .07 IV ADDITIVE (P52.6’), [0;7]
   .08 IV SOLUTION (P52.7’), [0;8]
   .09 IV NARRATIVE (F), [0;9]
   .1 *NON-RX PROVIDER (P200’), [0;10]
   .11 NON-RX DAYS SUPPLY (NJ3,0), [0;11]
.12 NON-RX REFILL NUMBER (NJ2,0), [0;12]
.13 CORRESPONDING DIAGNOSIS (F), [0;13]
.14 SERVICE FROM DATE/TIME (D), [0;14]
.15 IV TYPE (S), [0;15]
.16 TIMES DISPENSED (NJ3,0), [0;16]
.17 DATA SOURCE (F), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.302318), [P;0]
   .01 SERVICE LINE PROVIDER (MP200'X), [0;1]
   .02 TYPE (S), [0;2]
.19 NEW/REFILL CODE (NJ2,0), [0;19]
.2 DAYS SUPPLY (NJ3,0), [0;20]
.21 NON-RX PHARMACIST (P200'), [0;21]
.22 RX FILE POINTER (P52'), [0;22]
.23 *PRESCRIBER (P200'), [0;23]
.24 NDC (F), [0;24]
.25 DATE WRITTEN (D), [0;25]
.26 DATE DISCONTINUED (D), [0;26]
.27 RETURNED TO STOCK (D), [0;27]
.28 SERVICE TO DATE/TIME (D), [0;28]
.29 CPT CODE (P81'), [0;29]

25 REVENUE CODE (Multiple-9002274.3025), [25;0]
   .01 REVENUE CODE (P9999999.72'), [0;1]
   .02 UNITS (RNJ3,0), [0;2]
   .03 UNIT CHARGE (RNJ7,2O), [0;3]
   .04 DATE/TIME (D), [0;4]
   .07 CPT CODE (P81'), [0;7]
   .17 DATA SOURCE (F), [0;17]

27 Medical Procedure (Multiple-9002274.3027), [27;0]
   .01 MEDICAL (CPT) (M*P81'X), [0;1]
   .02 REVENUE CODE (P9999999.72'), [0;2]
   .03 UNITS (NJ3,0), [0;3]
   .04 UNIT CHARGE (NJ8,2O), [0;4]
   .05 MODIFIER (FX), [0;5]
   .06 CORRESPONDING DIAGNOSIS (F), [0;6]
   .07 SERVICE FROM DATE/TIME (D), [0;7]
   .08 SECOND MODIFIER (FX), [0;8]
   .09 THIRD MODIFIER (FX), [0;9]
   .1 *PROVIDER (P200'), [0;10]
   .12 SERVICE TO DATE/TIME (D), [0;12]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.302718), [P;0]
  .01 SERVICE LINE PROVIDER (P200'X), [0;1]
  .02 TYPE (S), [0;2]

33 Dental (Multiple-9002274.3033), [33;0]
  .01 DENTAL (ADA CODE) (P9999999.31'), [0;1]
  .02 REVENUE CODE (*P9999999.72'), [0;2]
  .03 DENTAL (CPT CODE) (*P81'), [0;3]
  .04 CORRESPONDING DIAGNOSIS (F), [0;4]
  .05 OPERATIVE SITE (P9002010.03'), [0;5]
  .06 SURFACE (FX), [0;6]
  .07 DATE of SERVICE (RD), [0;7]
  .08 CHARGE (RNJ7,2O), [0;8]
  .09 UNITS (NJ2,0), [0;9]
  .11 AREA OF ORAL CAVITY (S), [0;11]
  .12 TOOTH SYSTEM (S), [0;12]
  .17 DATA SOURCE (F), [0;17]

35 Radiology (Multiple-9002274.3035), [35;0]
  .01 RADIOLOGY (CPT CODE) (M*P81'X), [0;1]
  .02 REVENUE CODE (*P9999999.72'X), [0;2]
  .03 UNITS (RNJ2,0), [0;3]
  .04 UNIT CHARGE (RNJ7,2O), [0;4]
  .05 MODIFIER (FX), [0;5]
  .06 SECOND MODIFIER (FX), [0;6]
  .07 THIRD MODIFIER (FX), [0;7]
  .08 CORRESPONDING DIAGNOSIS (F), [0;8]
  .09 SERVICE FROM DATE/TIME (D), [0;9]
  .1 *PROVIDER (P200'), [0;10]
  .12 SERVICE TO DATE/TIME (D), [0;12]
  .15 HCFA POS (*P9002274.03'), [0;15]
  .16 HCFA TOS (*P9002274.03'), [0;16]
  .17 DATA SOURCE (F), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.303518), [P;0]
  .01 SERVICE LINE PROVIDER (MP200'X), [0;1]
  .02 TYPE (S), [0;2]
<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>37 Laboratory (Multiple-9002274.3037), [37;0]</td>
<td></td>
</tr>
<tr>
<td>.01</td>
<td>LABORATORY (CPT CODE) (M*P81'X), [0;1]</td>
</tr>
<tr>
<td>.02</td>
<td>REVENUE CODE (*P9999999.72'), [0;2]</td>
</tr>
<tr>
<td>.03</td>
<td>UNITS (RNJ2,0), [0;3]</td>
</tr>
<tr>
<td>.04</td>
<td>UNIT CHARGE (RNJ7,2O), [0;4]</td>
</tr>
<tr>
<td>.05</td>
<td>SERVICE FROM DATE/TIME (D), [0;5]</td>
</tr>
<tr>
<td>.06</td>
<td>MODIFIER (FX), [0;6]</td>
</tr>
<tr>
<td>.07</td>
<td>SECOND MODIFIER (FX), [0;7]</td>
</tr>
<tr>
<td>.08</td>
<td>THIRD MODIFIER (FX), [0;8]</td>
</tr>
<tr>
<td>.09</td>
<td>CORRESPONDING DIAGNOSIS (F), [0;9]</td>
</tr>
<tr>
<td>.11</td>
<td>*PROVIDER (P200'), [0;11]</td>
</tr>
<tr>
<td>.12</td>
<td>SERVICE TO DATE/TIME (D), [0;12]</td>
</tr>
<tr>
<td>.13</td>
<td>IN-HOUSE CLIA# (F), [0;13]</td>
</tr>
<tr>
<td>.14</td>
<td>REFERENCE LAB CLIA# (P9002274.35'), [0;14]</td>
</tr>
<tr>
<td>.15</td>
<td>HCFA POS (*P9002274.03'), [0;15]</td>
</tr>
<tr>
<td>.16</td>
<td>HCFA TOS (*P9002274.03'), [0;16]</td>
</tr>
<tr>
<td>.17</td>
<td>DATA SOURCE (F), [0;17]</td>
</tr>
<tr>
<td>.18</td>
<td>SERVICE LINE PROVIDER (Multiple-9002274.303718), [P;0]</td>
</tr>
<tr>
<td>.01</td>
<td>SERVICE LINE PROVIDER (MP200'X), [0;1]</td>
</tr>
<tr>
<td>.02</td>
<td>TYPE (S), [0;2]</td>
</tr>
<tr>
<td>.19</td>
<td>TYPE OF TEST RESULT (S), [0;19]</td>
</tr>
<tr>
<td>.21</td>
<td>TEST RESULT (NJ4,1), [0;21]</td>
</tr>
<tr>
<td>39 Anesthesia (Multiple-9002274.3039), [39;0]</td>
<td></td>
</tr>
<tr>
<td>.01</td>
<td>ANESTHESIA (CPT CODE) (M*P81'X), [0;1]</td>
</tr>
<tr>
<td>.02</td>
<td>REVENUE CODE (*P9999999.72'X), [0;2]</td>
</tr>
<tr>
<td>.03</td>
<td>TIME CHARGE (NJ8,2X), [0;3]</td>
</tr>
<tr>
<td>.04</td>
<td>BASE CHARGE (RNJ7,2O), [0;4]</td>
</tr>
<tr>
<td>.06</td>
<td>MODIFIER (FX), [0;6]</td>
</tr>
<tr>
<td>.07</td>
<td>START DATE/TIME (D), [0;7]</td>
</tr>
<tr>
<td>.08</td>
<td>STOP DATE/TIME (D), [0;8]</td>
</tr>
<tr>
<td>.09</td>
<td>OBSTETRICAL? (S), [0;9]</td>
</tr>
<tr>
<td>.1</td>
<td>CORRESPONDING DIAGNOSIS (F), [0;10]</td>
</tr>
<tr>
<td>.11</td>
<td>*PROVIDER (P200'), [0;11]</td>
</tr>
<tr>
<td>.12</td>
<td>UNITS (NJ3,0), [0;12]</td>
</tr>
<tr>
<td>.13</td>
<td>UNIT CHARGE (NJ8,2), [0;13]</td>
</tr>
<tr>
<td>.14</td>
<td>SECOND MODIFIER (FX), [0;14]</td>
</tr>
<tr>
<td>.15</td>
<td>HCFA POS (*P9002274.03'), [0;15]</td>
</tr>
<tr>
<td>.16</td>
<td>HCFA TOS (*P9002274.03'), [0;16]</td>
</tr>
<tr>
<td>.17</td>
<td>DATA SOURCE (F), [0;17]</td>
</tr>
</tbody>
</table>
.18 SERVICE LINE PROVIDER (Multiple-9002274.303918), [P;0]
  .01 SERVICE LINE PROVIDER (MP200’X), [0;1]
  .02 TYPE (S), [0;2]
  .19 THIRD MODIFIER (FX), [0;19]

41 Providers (Multiple-9002274.3041), [41;0]
  .01 PROVIDER (MP200’X), [0;1]
  .02 TYPE (RS), [0;2]
  .03 OLD NAME FROM FILE 16 (F), [0;3]

43 Misc. Services (Multiple-9002274.3043), [43;0]
  .01 MISC. SERVICE (CPT) (M*P81’X), [0;1]
  .02 REVENUE CODE (P9999999.72’), [0;2]
  .03 UNITS (RNJ3,0), [0;3]
  .04 UNIT CHARGE (RNJ7,2), [0;4]
  .05 MODIFIER (FX), [0;5]
  .06 CORRESPONDING DIAGNOSIS (F), [0;6]
  .07 SERVICE FROM DATE/TIME (D), [0;7]
  .08 SECOND MODIFIER (FX), [0;8]
  .09 THIRD MODIFIER (FX), [0;9]
  .11 *PROVIDER (P200’), [0;11]
  .12 SERVICE TO DATE/TIME (D), [0;12]
  .13 IN-HOUSE CLIA# (F), [0;13]
  .14 REFERENCE LAB CLIA# (P9002274.35’), [0;14]
  .15 HCFA POS (*P9002274.03’), [0;15]
  .16 HCFA TOS (*P9002274.03’), [0;16]
  .17 DATA SOURCE (F), [0;17]

.18 SERVICE LINE PROVIDER (Multiple-9002274.304318), [P;0]
  .01 SERVICE LINE PROVIDER (MP200’X), [0;1]
  .02 TYPE (S), [0;2]

45 Charge Master (Multiple-9002274.3045), [45;0]
  .01 ITEM (MP9002274.75’), [0;1]
  .02 CHARGE DATE (D), [0;2]
  .03 QUANTITY (NJ3,0), [0;3]
  .04 UNIT PRICE (NJ8,2), [0;4]
  .05 REVENUE CODE (P9999999.72’), [0;5]
  .06 CORRESPONDING DX (F), [0;6]
  .07 HCPCS CODE (P81’), [0;7]
  .17 DATA SOURCE (F), [0;17]
47 AMBULANCE SERVICE (Multiple-9002274.3047), [47;0]
  .01 AMBULANCE SERVICE (P81'X), [0;1]
  .02 REVENUE CODE (P9999999.72'), [0;2]
  .03 UNITS (RNJ3,0), [0;3]
  .04 UNIT CHARGE (RNJ7,2), [0;4]
  .05 MODIFIER (FX), [0;5]
  .06 CORRESPONDING DIAGNOSIS (F), [0;6]
  .07 SERVICE FROM DATE/TIME (D), [0;7]
  .08 SECOND MODIFIER (FX), [0;8]
  .09 THIRD MODIFIER (FX), [0;9]
  .12 SERVICE TO DATE/TIME (D), [0;12]
  .13 IN-HOUSE CLIA# (F), [0;13]
  .14 REFERENCE LAB CLIA# (P9002274.35'), [0;14]
  .15 HCFA POS (*P9002274.03'), [0;15]
  .16 HCFA TOS (*P9002274.03'), [0;16]
  .17 DATA SOURCE (F), [0;17]

51 Occurance Code (Multiple-9002274.3051), [51;0]
  .01 OCCURANCE (M*P9002274.03'), [0;1]
  .02 OCCURANCE DATE (RD), [0;2]

53 Condition Code (Multiple-9002274.3053), [53;0]
  .01 CONDITION CODE (M*P9002274.03'X), [0;1]

55 Value Codes (Multiple-9002274.3055), [55;0]
  .01 VALUE CODES (M*P9002274.03'), [0;1]
  .02 MOUNT (RNJ9,2O), [0;2]

57 Occurance Span Code (Multiple-9002274.3057), [57;0]
  .01 OCCURANCE SPAN CODE (M*P9002274.03'), [0;1]
  .02 FROM DATE (RD), [0;2]
  .03 TO DATE (RD), [0;3]

59 Special Program Code (Multiple-9002274.3059), [59;0]
  .01 SPECIAL PROGRAM CODE (M*P9002274.03'X), [0;1]
  .02 EPSDT REFERRAL? (S), [0;2]
  .03 REFERRAL REASON (Multiple-9002274.305901), [1;0]
    .01 REFERRAL REASON (S), [0;1]

61 REMARKS (Multiple-9002274.3061), [61;0]
  .01 REMARKS (WL), [0;1]

63 Dates of Similiar Symptoms (Multiple-9002274.3063), [63;0]
  .01 Dates of Similiar Symptoms (MD), [0;1]
65 ACTIVE BILLS (Multiple-9002274.3065), [65;0]
   .01 ACTIVE BILLS (P9002274.4'X), [0;1]

67 DATE STMT WAS PRINTED (Multiple-9002274.3067), [67;0]
   .01 PT STMT MESSAGE (D), [0;1]
   .02 USER WHO PRINTED STMT (P200'), [0;2]
   .03 STMT NOTE (F), [0;3]

71 MODE OF EXPORT PAGE 8A (P9002274.08'), [70;1]
72 MODE OF EXPORT PAGE 8B (P9002274.08'), [70;2]
73 MODE OF EXPORT PAGE 8C (P9002274.08'), [70;3]
74 MODE OF EXPORT PAGE 8D (P9002274.08'), [70;4]
75 MODE OF EXPORT PAGE 8E (P9002274.08'), [70;5]
76 MODE OF EXPORT PAGE 8F (P9002274.08'), [70;6]
77 MODE OF EXPORT PAGE 8G (P9002274.08'), [70;7]
78 MODE OF EXPORT PAGE 8H (P9002274.08'), [70;8]
79 MODE OF EXPORT PAGE 8I (P9002274.08'), [70;9]
80 MODE OF EXPORT PAGE 8J (P9002274.08'), [70;10]

411 RESUBMISSION (CONTROL) NOTE (F), [4;11]
412 PT STMT MESSAGE (F), [4;12]
413 ORTHO TRTMT MTHS REMAINING (NJ2,0), [4;13]
924 SUPERVISING PROVIDER (F), [9;24]
925 SUPERVISING PRV NPI (FX), [9;25]

69 OPEN/CLOSED STATUS DATE (Multiple-9002274.3069), [69;0]
   .01 OPEN/CLOSED STATUS DATE (D), [0;1]
   .02 USER (P200'), [0;2]
   .03 STATUS (S), [0;3]
   .04 CLOSED REASON (P9002274.301'), [0;4]

6.4.14 3P CLOSED CLAIM REASONS
   Global: ^ABMCLCLM(
   File#: 9002274.301

   .001 NUMBER (NJ10,0), [ ]
   .01 REASON (RF), [0;1]

6.4.15 3P CANCEL CLAIM REASONS
   Global: ^ABMCCLMR(
   File#: 9002274.31
.001 ENTRY NUMBER (NJ6,0), [ ]
.01 REASON (RF), [0;1]

6.4.16 3P CANCELLED CLAIM DATA

Global: ^ABMDCCLMS(DUZ(2)
File#: 9002274.32

.001 CLAIM NUMBER (NJ10,0), [ ]
.02 ENCOUNTER DATE (D), [0;2]
.02 ENCOUNTER DATE (D), [0;2]
.03 VISIT LOCATION (P9999999.06'), [0;3]
.04 CLINIC (P40.7'), [0;6]
.07 VISIT TYPE (P9002274.8'), [0;7]
.08 ACTIVE INSURER (P9999999.18'), [0;8]
.1 DATE LAST EDITED (D), [0;10]
.114 CANCELLING OFFICIAL (P200'), [1;4]
.115 DATE/TIME CANCELLED (D), [1;5]
.118 CANCEL REASON (P9002274.31'), [1;8]
.12 BILL TYPE (NJ3,0), [0;12]
.13 BILLING LOCATION (P9999999.06'), [0;13]
.14 EXPORT MODE (P9002274.08'), [0;14]
.17 DATE CREATED (D), [0;17]

11 PCC VISIT (Multiple-9002274.3211), [11;0]
.01 PCC VISIT (P9000010'), [0;1]
.02 VISIT STATUS (S), [0;2]

41 PROVIDER (Multiple-9002274.3241), [41;0]
.01 PROVIDER (P200'), [0;1]
.02 TYPE (S), [0;2]
.03 OLD NAME FROM FILE (F), [0;3]
6.4.17 3P CLAIM PENDING STATUS

Global: ^ABMPSTAT(
File#: 9002274.33

.001 STATUS NUMBER (NJ4,0), [ ]
.01 STATUS (RF), [0;1]

6.4.18 3P CONDITION INDICATORS

Global: ^ABMCNDIN(
File#: 9002274.34

.01 NUMBER (RNJ2,0X), [0;1]
.02 DESCRIPTION (F), [0;2]

6.4.19 3P REFERENCE LAB LOCATIONS

Global: ^ABMRLABS(
File#: 9002274.35

.01 VENDOR NAME (RP9999999.11'), [0;1]
.02 CLIA# (RF), [0;2]

6.4.20 3P CPT TABLE

Global: ^ABMDCPT(
File#: 9002274.37

.01 LEVEL (RF), [0;1]
2 TYPE (RF), [0;2]
3 SUBTYPE (F), [0;3]
4 CPT LOW (NJ5,0), [0;4]
5 CPT HIGH (NJ5,0), [0;5]
6.4.21 3P BILL

Global: ^ABMDBILL(DUZ(2)
File#: 9002274.4

.01 BILL NUMBER (RFI), [0;1]
.02 BILL TYPE (FXa), [0;2]
.03 VISIT LOCATION (*P9999999.06*), [0;3]
.04 BILL STATUS (S), [0;4]
.05 PATIENT (P90000001'), [0;5]
.06 EXPORT MODE (P9002274.08'), [0;6]
.07 VISIT TYPE (P9002274.8'), [0;7]
.08 ACTIVE INSURER (P9999999.18'), [0;8]
.09 PROCEDURE CODING METHOD (S), [0;9]
.1 CLINIC (P40.7'), [0;10]
.11 CHART REVIEWED (Y/N) (S), [1;1]
.111 BILL CANCELLED BY (P200'), [1;11]
.112 BILL CANCELLATION DATE (D), [1;12]
.113 REASON FOR CANCELLATION (P9002274.47'), [1;13]
.114 MASTER TAX ID# (F), [1;14]
.12 REVIEWING OFFICIAL (P200'), [1;2]
.1211 PATIENT WEIGHT (LBS) (NJ3,0), [12;11]
.1212 TYPE OF TRANSPORT (S), [12;12]
.1213 TRANSPORTED TO/FOR (S), [12;13]
.1214 POINT OF PICKUP MODIFIER (S), [12;14]
.1215 MEDICAL NECESSITY IND (S), [12;15]
.1216 DEST MODIFIER (S), [12;16]
.122 POINT OF PICKUP ORIGIN (F), [12;2]
.123 POINT OF PICKUP ADDRESS (F), [12;3]
.124 POINT OF PICKUP CITY (F), [12;4]
.125 POINT OF PICKUP STATE (P5'), [12;5]
.126 POINT OF PICKUP ZIP (FX), [12;6]
.127 DESTINATION (V), [12;7]
.128 COVERED MILEAGE (NJ3,0), [12;8]
.129 NON-COVERED MILEAGE (NJ3,0), [12;9]
.13 DATE REVIEWED (D), [1;3]
.14 APPROVING OFFICIAL (P200'), [1;4]
.15 DATE/TIME APPROVED (D), [1;5]
.16 EXPORT STATUS (S), [1;6]
.17 EXPORT NUMBER (P9002274.6*), [1;7]
.18 DATE TX'ED TO AR (P9002274.9*), [1;8]
.19 BILLING LOCATION (P9999999.06*), [1;9]
.21 BILL AMOUNT (NJ9,2), [2;1]
.22 INSURER TYPE (S), [2;2]
.23 GROSS AMOUNT (NJ9,2), [2;3]
.24 REBILL WRITE-OFF (S), [2;4]
.25 *UNCOLLECTED BALANCE (NJ8,2), [2;5]
.26 A/R BILL LOCATION (F), [2;6]
.27 ORIGINAL BILL AMOUNT (NJ9,2), [2;7]
.43 NUMBER X-RAYS INCLUDED (NJ2,0), [4;3]
.44 ORTHODONTIC RELATED (S), [4;4]
.45 ORTHODONTIC PLACEMENT DATE (D), [4;5]
.46 PROTHESIS INCLUDED (S), [4;6]
.47 PRIOR PLACEMENT DATE (D), [4;7]
.48 CASE NUMBER (F), [4;8]
.49 RESUBMISSION (CONTROL) NUMBER (Fa), [4;9]
.51 ADMISSION TYPE (*P9002274.03*), [5;1]
.511 REFERRAL NUMBER (F), [5;11]
.512 PRIOR AUTHORIZATION NUMBER (F), [5;12]
.52 ADMISSION SOURCE/NEWBORN CODE (*P9002274.03*), [5;2]
.525 NEWBORN DAYS (NJ2,0), [5;10]
.53 DISCHARGE STATUS (*P9002274.03*), [5;3]
.54 PSRO APPROVAL CODE (*P9002274.03*), [5;4]
.55 PSRO APPROVED STAY FROM (D), [5;5]
.56 PSRO APPROVED STAY THRU (D), [5;6]
.57 PROF COMP DAYS (NJ3,0), [5;7]
.58 PRO AUTHORIZATION NUMBER (F), [5;8]
.59 ADMITTING DIAGNOSIS (P80*), [5;9]
.61 ADMISSION DATE (DX), [6;1]
.62 ADMISSION HOUR (NJ2,0), [6;2]
.63 DISCHARGE DATE (DX), [6;3]
.64 DISCHARGE HOUR (NJ2,0), [6;4]
.66 NON-COVERED DAYS (NJ3,0), [6;6]
.67 CO-INSURANCE DAYS (NJ2,0), [6;7]
.68 LIFETIME RESERVE DAYS (NJ2,0), [6;8]
<table>
<thead>
<tr>
<th>Field Number</th>
<th>Field Description</th>
<th>Field Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.69</td>
<td>NUMBER OF OUTPATIENT VISITS (NJ2,0)</td>
<td>[6;9]</td>
</tr>
<tr>
<td>0.71</td>
<td>SERVICE DATE FROM (DX)</td>
<td>[7;1]</td>
</tr>
<tr>
<td>0.711</td>
<td>RELEASE OF INFORMATION DATE (D)</td>
<td>[7;11]</td>
</tr>
<tr>
<td>0.712</td>
<td>ASSIGNMENT OF BENEFITS DATE (D)</td>
<td>[7;12]</td>
</tr>
<tr>
<td>0.72</td>
<td>SERVICE DATE TO (D)</td>
<td>[7;2]</td>
</tr>
<tr>
<td>0.73</td>
<td>COVERED DAYS (NJ3,0)</td>
<td>[7;3]</td>
</tr>
<tr>
<td>0.74</td>
<td>RELEASE OF INFORMATION (S)</td>
<td>[7;4]</td>
</tr>
<tr>
<td>0.75</td>
<td>ASSIGNMENT OF BENEFITS (S)</td>
<td>[7;5]</td>
</tr>
<tr>
<td>0.76</td>
<td>PINTS OF BLOOD FURNISHED (NJ2,0)</td>
<td>[7;6]</td>
</tr>
<tr>
<td>0.77</td>
<td>PINTS OF BLOOD REPLACED (NJ2,0)</td>
<td>[7;7]</td>
</tr>
<tr>
<td>0.78</td>
<td>PINTS OF BLOOD NOT REPLACED (NJ2,0)</td>
<td>[7;8]</td>
</tr>
<tr>
<td>0.79</td>
<td>BLOOD DEDUCTIBLE PINTS (NJ1,0)</td>
<td>[7;9]</td>
</tr>
<tr>
<td>0.81</td>
<td>OUTSIDE LAB CHARGES (NJ8,2)</td>
<td>[8;1]</td>
</tr>
<tr>
<td>0.816</td>
<td>ACCIDENT STATE (P5')</td>
<td>[8;16]</td>
</tr>
<tr>
<td>0.82</td>
<td>INJURY DATE (D)</td>
<td>[8;2]</td>
</tr>
<tr>
<td>0.83</td>
<td>ACCIDENT TYPE (S)</td>
<td>[8;3]</td>
</tr>
<tr>
<td>0.84</td>
<td>ACCIDENT HOUR (NJ2,0)</td>
<td>[8;4]</td>
</tr>
<tr>
<td>0.85</td>
<td>EMERGENCY (Y/N) (S)</td>
<td>[8;5]</td>
</tr>
<tr>
<td>0.855</td>
<td>EMERGENCY ROOM SUR-CHARGE (NJ6,2)</td>
<td>[8;10]</td>
</tr>
<tr>
<td>0.857</td>
<td>E-CODE (P80'X)</td>
<td>[8;12]</td>
</tr>
<tr>
<td>0.858</td>
<td>E-CODE (2) (P80'X)</td>
<td>[8;19]</td>
</tr>
<tr>
<td>0.859</td>
<td>E-CODE (3) (P80'X)</td>
<td>[8;20]</td>
</tr>
<tr>
<td>0.86</td>
<td>DATE OF FIRST SYMPTOM (D)</td>
<td>[8;6]</td>
</tr>
<tr>
<td>0.87</td>
<td>DATE OF FIRST CONSULTATION (D)</td>
<td>[8;7]</td>
</tr>
<tr>
<td>0.88</td>
<td>REFERRING PHYSICIAN (FX)</td>
<td>[8;8]</td>
</tr>
<tr>
<td>0.884</td>
<td>REFERRING PHYS ID QUALIFIER (S)</td>
<td>[8;18]</td>
</tr>
<tr>
<td>0.885</td>
<td>REFER PHYSICIAN ID NO. (F)</td>
<td>[8;11]</td>
</tr>
<tr>
<td>0.886</td>
<td>REFER PHYSICIAN PERSON CLASS (P8932.1')</td>
<td>[8;13]</td>
</tr>
<tr>
<td>0.887</td>
<td>REF PHYSICIAN PROVIDER CLASS (P7')</td>
<td>[8;14]</td>
</tr>
<tr>
<td>0.888</td>
<td>REFER PHYSICIAN TAXONOMY CODE (P9002274.95')</td>
<td>[8;15]</td>
</tr>
<tr>
<td>0.889</td>
<td>REFER PROV NPI (FX)</td>
<td>[8;17]</td>
</tr>
<tr>
<td>0.89</td>
<td>DATE OF SIMILAR SYMPTOM (D)</td>
<td>[8;9]</td>
</tr>
<tr>
<td>0.91</td>
<td>EMPLOYMENT RELATED (Y/N) (S)</td>
<td>[9;1]</td>
</tr>
<tr>
<td>0.911</td>
<td>DATE LAST SEEN (D)</td>
<td>[9;11]</td>
</tr>
<tr>
<td>0.912</td>
<td>SUPERVISING PROV(FL19) (F)</td>
<td>[9;12]</td>
</tr>
<tr>
<td>0.913</td>
<td>DATE OF LAST X-RAY (D)</td>
<td>[9;13]</td>
</tr>
<tr>
<td>0.914</td>
<td>HOMEBOUND INDICATOR (S)</td>
<td>[9;14]</td>
</tr>
</tbody>
</table>
.915 HOSPICE EMPLOYED PROVIDER (S), [9;15]
.916 DELAYED REASON CODE (*P9002274.03'), [9;16]
.918 ORAL IMAGES (NJ2,0), [9;18]
.919 MODEL(S) (NJ2,0), [9;19]
.92 DATE ABLE TO WORK (D), [9;2]
.921 OTHER DENTAL CHARGES (NJ8,2), [9;21]
.922 IN-HOUSE CLIA# (F), [9;22]
.923 REFERENCE LAB CLIA# (P9002274.35'), [9;23]
.93 TOTAL DISABILITY FROM DATE (D), [9;3]
.94 TOTAL DISABILITY TO DATE (D), [9;4]
.95 PARTIAL DISABILITY FROM DATE (D), [9;5]
.96 PARTIAL DISABILITY TO DATE (D), [9;6]
.97 *REVENUE CODE (P9999999.72'), [9;7]
.98 *REVENUE CHARGE (NJ7,2), [9;8]
.99 PRE-PAYMENT AMOUNT (NJ7,2), [9;9]

3 PAYMENT (Multiple-9002274.403), [3;0]
  .001 PAYMENT NUMBER (NJ2,0), [ ]
  .01 PAYMENT DATE (D), [0;1]
  .02 AMOUNT (RNJ8,2), [0;2]
  .03 DEDUCTIBLE AMOUNT (NJ7,2), [0;3]
  .04 CO-INSURANCE AMOUNT (NJ7,2), [0;4]
  .05 DENIAL REASON (*P9002274.7'), [0;5]
  .06 WRITE OFF (NJ8,2), [0;6]
  .07 NON-COVERED (NJ8,2), [0;7]
  .08 IMPORTED FROM AO TRK (S), [0;8]
  .09 PENALTY AMOUNT (NJ8,2), [0;9]
  .1 PAYMENTS FROM A/R (NJ8,2), [0;10]
  .11 PREVIOUS PAYMENTS FROM 3PB (NJ8,2), [0;11]
  .12 GROUPER ALLOWANCE (NJ9,2), [0;12]
  .13 REFUND (NJ8,2), [0;13]
  .14 PAYMENT ADJUSTMENTS FROM A/R (NJ8,2), [0;14]
  .15 ADJUSTMENT CATEGORY (P90052.01'), [0;15]
  .16 ADJUSTMENT TYPE (P90052.02'), [0;16]
  .17 STD ADJUSTMENT REASON (P90056.06'), [0;17]

10 HCFA 1500-B LINE 19 (F), [10;1]

11 PCC Visit (Multiple-9002274.4011), [11;0]
  .01 PCC VISIT (M*P90000010'X), [0;1]
  .02 VISIT STATUS (S), [0;2]
13 Insurer (Multiple-9002274.4013), [13;0]
 .01 INSURER (MP9999999.18'X), [0;1]
 .011 REPLACEMENT INSURER (P9999999.18'), [0;11]
 .02 PRIORITY (NJ2,0), [0;2]
 .03 STATUS (S), [0;3]
 .04 MEDICARE MULTIPLE (NJ6,0), [0;4]
 .05 RAILROAD MULTIPLE (NJ6,0), [0;5]
 .06 MEDICAID ELIG POINTER (*P9000004'), [0;6]
 .07 MEDICAID MULTIPLE (NJ4,0), [0;7]
 .08 PRIVATE INSURANCE MULTIPLE (NJ6,0), [0;8]
11 COVERAGE TYPE (Multiple-9002274.401311), [11;0]
 .01 COVERAGE TYPE (M*P9999999.65'X), [0;1]

14 MED NECESSITY COND (Multiple-9002274.414), [14;0]
 .01 MED NECESSITY COND (P9002274.34'), [0;1]

15 APC Visit (Multiple-9002274.4015), [15;0]
 .01 APC Visit (P1800018'X), [0;1]

17 Diagnosis (Multiple-9002274.4017), [17;0]
 .01 DIAGNOSIS (M*P80'X), [0;1]
 .02 PRIORITY ORDER (NJ2,0), [0;2]
 .03 PROVIDER'S NARRATIVE (RP9999999.27), [0;3]
 .05 PRESENT ON ADMISSION INDICATOR (S), [0;5]

19 ICD Procedure (Multiple-9002274.4019), [19;0]
 .01 ICD Procedure (MP80.1'X), [0;1]
 .02 PRIORITY ORDER (NJ2,0), [0;2]
 .03 DATE of SERVICE (RD), [0;3]
 .04 PROVIDER'S NARRATIVE (RP9999999.27), [0;4]
 .17 DATA SOURCE (F), [0;17]

21 Med/Surg Procedure (Multiple-9002274.4021), [21;0]
 .01 SURGICAL (M*P81'X), [0;1]
 .02 PRIORITY ORDER (NJ2,0), [0;2]
 .03 REVENUE CODE (P9999999.72'), [0;3]
 .04 CORRESPONDING DIAGNOSIS (F), [0;4]
 .05 SERVICE FROM DATE/TIME (RD), [0;5]
 .06 PROVIDER NARRATIVE (RP9999999.27), [0;6]
 .07 UNIT CHARGE (RNJ8,2O), [0;7]
 .08 AUTO ICD-CORRELATOR UNRESOLVED (S), [0;8]
 .09 MODIFIER (FX), [0;9]
 .11 SECOND MODIFIER (FX), [0;11]
.12 THIRD MODIFIER (FX), [0;12]
.13 UNITS (NJ3,0), [0;13]
.14 "PROVIDER (P200''), [0;14]
.15 HCFA POS ("P9002274.03''), [0;15]
.16 HCFA TOS ("P9002274.03''), [0;16]
.17 DATA SOURCE (F), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.402118), [P;0]
  .01 SERVICE LINE PROVIDER (MP200''), [0;1]
  .02 TYPE (S), [0;2]
  .19 SERVICE TO DATE/TIME (D), [0;19]

23 Pharmacy (Multiple-9002274.4023), [23;0]
  .01 MEDICATION (MP50'X), [0;1]
  .02 REVENUE CODE (P9999999.72''), [0;2]
  .03 UNITS (RNJ5,0), [0;3]
  .04 UNIT COST (RNJ10,5), [0;4]
  .05 DISPENSE FEE (NJ6,2), [0;5]
  .06 PRESCRIPTION (F), [0;6]
  .07 IV ADDITIVE (P52.6''), [0;7]
  .08 IV SOLUTION (P52.7''), [0;8]
  .09 IV NARRATIVE (F), [0;9]
  .1 NON-RX PROVIDER (P200''), [0;10]
  .11 NON-RX DAYS SUPPLY (NJ3,0), [0;11]
  .12 NON-RX REFILL NUMBER (NJ2,0), [0;12]
  .13 CORRESPONDING DIAGNOSIS (F), [0;13]
  .14 SERVICE FROM DATE/TIME (D), [0;14]
  .15 IV TYPE (S), [0;15]
  .16 TIMES DISPENSED (NJ3,0), [0;16]
  .17 DATA SOURCE (FX), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.402318), [P;0]
  .01 SERVICE LINE PROVIDER (MP200''), [0;1]
  .02 TYPE (S), [0;2]
  .19 NEW/REFILL CODE (NJ2,0), [0;19]
  .2 DAYS SUPPLY (NJ3,0), [0;20]
  .21 NON-RX PHARMACIST (P200''), [0;21]
  .22 RX FILE POINTER (P52''), [0;22]
  .24 NDC (F), [0;24]
  .25 DATE WRITTEN (D), [0;25]
  .26 DATE DISCONTINUED (D), [0;26]
  .27 RETURNED TO STOCK (D), [0;27]
  .28 SERVICE TO DATE/TIME (D), [0;28]
.29 CPT CODE (P81'), [0;29]

25 Revenue Code (Multiple-9002274.4025), [25;0]
   .01 REVENUE CODE (MP9999999.72'X), [0;1]
   .02 UNITS (RNJ3,0), [0;2]
   .03 UNIT CHARGE (RNJ7,2O), [0;3]
   .04 OR START DATE/TIME (D), [0;4]
   .05 OR STOP TIME (D), [0;5]
   .06 OR TIME CHARGE (NJ8,2), [0;6]
   .07 CPT CODE (P81'), [0;7]
   .17 DATA SOURCE (F), [0;17]

27 Medical Procedures (Multiple-9002274.4027), [27;0]
   .01 MEDICAL (CPT) (M*P81'X), [0;1]
   .02 REVENUE CODE (P9999999.72'), [0;2]
   .03 UNITS (NJ3,0), [0;3]
   .04 UNIT CHARGE (NJ6,2O), [0;4]
   .05 MODIFIER (P9002274.07'X), [0;5]
   .06 CORRESPONDING DIAGNOSIS (F), [0;6]
   .07 SERVICE FROM DATE/TIME (D), [0;7]
   .08 SECOND MODIFIER (FX), [0;8]
   .09 THIRD MODIFIER (FX), [0;9]
   .1 *PROVIDER (P200'), [0;10]
   .12 SERVICE TO DATE/TIME (D), [0;12]
   .15 HCFA POS (*P9002274.03'), [0;15]
   .16 HCFA TOS (*P9002274.03'), [0;16]
   .17 DATA SOURCE (F), [0;17]
   .18 SERVICE LINE PROVIDER (Multiple-9002274.402718), [P;0]
      .01 SERVICE LINE PROVIDER (MP200'), [0;1]
      .02 TYPE (S), [0;2]

33 Dental (Multiple-9002274.4033), [33;0]
   .01 DENTAL (ADA CODE) (MP9999999.31'), [0;1]
   .02 REVENUE CODE (*P9999999.72'), [0;2]
   .03 DENTAL (CPT CODE) (*P81'), [0;3]
   .04 CORRESPONDING DIAGNOSIS (F), [0;4]
   .05 OPERATIVE SITE (P9002010.03'), [0;5]
   .06 SURFACE (FX), [0;6]
   .07 DATE of SERVICE (RD), [0;7]
   .08 CHARGE (RNJ7,2O), [0;8]
   .09 UNITS (NJ2,0), [0;9]
   .11 AREA OF ORAL CAVITY (S), [0;11]
.12 TOOTH SYSTEM (S), [0;12]
.17 DATA SOURCE (F), [0;17]

35 Radiology (Multiple-9002274.4035), [35;0]
.01 RADIOLOGY (CPT CODE) (M*P81'X), [0;1]
.02 REVENUE CODE (*P9999999.72'X), [0;2]
.03 UNITS (RNJ2,0), [0;3]
.04 UNIT CHARGE (RNJ7,2O), [0;4]
.05 MODIFIER (FX), [0;5]
.06 SECOND MODIFIER (FX), [0;6]
.07 THIRD MODIFIER (FX), [0;7]
.08 CORRESPONDING DIAGNOSIS (F), [0;8]
.09 SERVICE FROM DATE/TIME (D), [0;9]
.1 *PROVIDER (P200'), [0;10]
.12 SERVICE TO DATE/TIME (D), [0;12]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]

.18 SERVICE LINE PROVIDER (Multiple-9002274.403518), [P;0]
.01 SERVICE LINE PROVIDER (MP200'), [0;1]
.02 TYPE (S), [0;2]

37 Laboratory (Multiple-9002274.4037), [37;0]
.01 LABORATORY (CPT CODE) (M*P81'X), [0;1]
.02 REVENUE CODE (*P9999999.72'), [0;2]
.03 UNITS (RNJ2,0), [0;3]
.04 UNIT CHARGE (RNJ7,2O), [0;4]
.05 SERVICE FROM DATE/TIME (D), [0;5]
.06 MODIFIER (FX), [0;6]
.07 SECOND MODIFIER (FX), [0;7]
.08 THIRD MODIFIER (FX), [0;8]
.09 CORRESPONDING DIAGNOSIS (F), [0;9]
.11 *PROVIDER (P200'), [0;11]
.12 SERVICE TO DATE/TIME (D), [0;12]
.13 IN-HOUSE CLIA# (F), [0;13]
.14 REFERENCE LAB CLIA# (P9002274.35'), [0;14]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]

.18 SERVICE LINE PROVIDER (Multiple-9002274.403718), [P;0]
.01 SERVICE LINE PROVIDER (MP200'), [0;1]
.02 TYPE (S), [0;2]
.19 TYPE OF TEST RESULT (S), [0;19]
.21 TEST RESULT (NJ4,1), [0;21]

39 Anesthesia (Multiple-9002274.4039), [39;0]
  .01 ANESTHESIA (CPT CODE) (M*P81'X), [0;1]
  .02 REVENUE CODE (*P9999999.72'), [0;2]
  .03 TIME CHARGE (NJ8,2), [0;3]
  .04 BASE CHARGE (RNJ7,2O), [0;4]
  .05 DATE/TIME (D), [0;5]
  .06 MODIFIER (FX), [0;6]
  .07 START DATE/TIME (D), [0;7]
  .08 STOP DATE/TIME (D), [0;8]
  .09 OBSTETRICAL? (S), [0;9]
  .1 CORRESPONDING DIAGNOSIS (F), [0;10]
  .11 *PROVIDER (P200'), [0;11]
  .12 UNITS (NJ3,0), [0;12]
  .13 UNIT CHARGE (NJ8,2), [0;13]
  .14 SECOND MODIFIER (FX), [0;14]
  .15 HCFA POS (*P9002274.03'), [0;15]
  .16 HCFA TOS (*P9002274.03'), [0;16]
  .17 DATA SOURCE (F), [0;17]
  .18 SERVICE LINE PROVIDER (Multiple-9002274.403918), [P;0]
    .01 SERVICE LINE PROVIDER (MP200'), [0;1]
    .02 TYPE (S), [0;2]
    .19 THIRD MODIFIER (F), [0;19]

41 Providers (Multiple-9002274.4041), [41;0]
  .01 PROVIDER (MP200'), [0;1]
  .02 TYPE (RS), [0;2]
  .03 OLD NAME FROM FILE 16 (F), [0;3]

43 Misc. Services (Multiple-9002274.4043), [43;0]
  .01 MISC. SERVICE (CPT) (MP81'), [0;1]
  .02 REVENUE CODE (P9999999.72'), [0;2]
  .03 UNITS (RNJ3,0), [0;3]
  .04 UNIT CHARGE (RNJ6,2), [0;4]
  .05 MODIFIER (FX), [0;5]
  .06 CORRESPONDING DIAGNOSIS (F), [0;6]
  .07 SERVICE FROM DATE/TIME (D), [0;7]
  .11 *PROVIDER (P200'), [0;11]
  .12 SERVICE TO DATE/TIME (D), [0;12]
  .13 IN-HOUSE CLIA# (F), [0;13]
.14 REFERENCE LAB CLIA# (P9002274.35'), [0;14]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.404318), [P;0]
  .01 SERVICE LINE PROVIDER (MP200'), [0;1]
  .02 TYPE (S), [0;2]

45 Charge Master (Multiple-9002274.4045), [45;0]
  .01 ITEM (MP9002274.75'), [0;1]
  .02 CHARGE DATE (D), [0;2]
  .03 QUANTITY (NJ3,0), [0;3]
  .04 UNIT PRICE (NJ8,2), [0;4]
  .05 REVENUE CODE (P9999999.72'), [0;5]
  .06 CORRESPONDING DX (F), [0;6]
  .07 HCPCS CODE (P81'), [0;7]
  .17 DATA SOURCE (F), [0;17]

47 AMBULANCE SERVICE (Multiple-9002274.4047), [47;0]
  .01 AMBULANCE SERVICE (P81'), [0;1]
  .02 REVENUE CODE (P9999999.72'), [0;2]
  .03 UNITS (RNJ3,0), [0;3]
  .04 UNIT CHARGE (RNJ7,2), [0;4]
  .05 MODIFIER (FX), [0;5]
  .06 CORRESPONDING DIAGNOSIS (F), [0;6]
  .07 SERVICE FROM DATE/TIME (D), [0;7]
  .08 SECOND MODIFIER (FX), [0;8]
  .09 THIRD MODIFIER (FX), [0;9]
  .11 PROVIDER (P200'), [0;11]
  .12 SERVICE TO DATE/TIME (D), [0;12]
  .13 IN-HOUSE CLIA# (F), [0;13]
  .14 REFERENCE LAB CLIA# (P9002274.35'), [0;14]
  .15 HCFA POS (*P9002274.03'), [0;15]
  .16 HCFA TOS (*P9002274.03'), [0;16]
  .17 DATA SOURCE (F), [0;17]

51 Occurance Code (Multiple-9002274.4051), [51;0]
  .01 OCCURANCE (M*P9002274.03'), [0;1]
  .02 OCCURANCE DATE (RD), [0;2]

53 Condition Code (Multiple-9002274.4053), [53;0]
  .01 CONDITION CODE (M*P9002274.03'X), [0;1]
55 Value Codes (Multiple-9002274.4055), [55;0]
   .01 VALUE CODES (MP9002274.03'), [0;1]
   .02 AMOUNT (RNJ9,2O), [0;2]

57 Occurance Span Code (Multiple-9002274.4057), [57;0]
   .01 OCCURANCE SPAN CODE (MP9002274.03'), [0;1]
   .02 FROM DATE (RD), [0;2]
   .03 TO DATE (RD), [0;3]

59 Special Program Code (Multiple-9002274.4059), [59;0]
   .01 SPECIAL PROGRAM CODE (MP9002274.03'X), [0;1]
   .02 EPSDT REFERRAL? (S), [0;2]
   .03 REFERRAL REASON (Multiple-9002274.405901), [1;0]
      .01 REFERRAL REASON (S), [0;1]

61 REMARKS (Multiple-9002274.4061), [61;0]
   .01 REMARKS (MF), [0;1]

65 ACTIVE BILLS (Multiple-9002274.4065), [65;0]
   .01 ACTIVE BILLS (MP9002274.4'X), [0;1]

67 DATE STMT WAS PRINTED (Multiple-9002274.4067), [67;0]
   .01 DATE STMT WAS PRINTED (D), [0;1]
   .02 USER WHO PRINTED STMT (P200'), [0;2]
   .03 STMT NOTE (F), [0;3]

69 UFMS TRANSMISSION DATE (Multiple-9002274.469), [69;0]
   .01 UFMS TRANSMISSION DATE (P9002274.46'), [0;1]
   .02 UFMS INVOICE NUMBER (F), [0;2]
   .03 EXCLUDED FROM EXPORT (S), [0;3]

121 MSP REASON (S), [12;1]
411 RESUBMISSION (CONTROL) NOTE (Fa), [4;11]
412 PT STMT MESSAGE (F), [4;12]
413 ORTHO TRTMT MTHS REMAINING (NJ2,0), [4;13]
924 SUPERVISING PROVIDER (F), [9;24]
925 SUPERVISING PRV NPI (FX), [9;25]

6.4.22 3P UFMS INSURER TYPE/BUDGET ACTIVITY

  Global: ^ABMUITBA
  File#: 9002274.41
.01 INSURER TYPE (RS), [0;1]
.02 BUDGET ACTIVITY (F), [0;2]
.03 EFFECTIVE DATE (D), [0;3]
.04 END DATE (D), [0;4]
.05 AREA (P9999999.21'), [0;5]

6.4.23 3P UFMS CLINIC/COST CENTER

Global: ^ABMUCTCC(
File#: 9002274.42

.01 CLINIC CODE (RF), [0;1]
.02 CLINIC DESCRIPTION (F), [0;2]
.03 COST CENTER (F), [0;3]
.04 EFFECTIVE DATE (D), [0;4]
.05 END DATE (D), [0;5]
.06 COST CENTER DESCRIPTION (F), [0;6]

6.4.24 3P UFMS EXCLUSION TABLE

Global: ^ABMUXCLD(
File#: 9002274.44

.01 LOCATION (RP9999999.06'X), [0;1]

.02 EFFECTIVE DATE (Multiple-9002274.441), [1;0]
  .01 EFFECTIVE DATE (MD), [0;1]
  .02 END DATE (D), [0;2]
  .03 CLINIC (P40.7'), [0;3]
  .04 INSURER TYPE (S), [0;4]

6.4.25 3P UFMS CASHIERING SESSIONS

Global: ^ABMUCASH(
File#: 9002274.45

.01 LOCATION (RP9999999.06'X), [0;1]

.02 USER (Multiple-9002274.4502), [10;0]
  .01 USER (P200'X), [0;1]
  .02 SIGN IN DATE (Multiple-9002274.45102), [20;0]
  .01 SIGN IN DATE (DX), [0;1]
.02 SESSION NUMBER (NJ9,0), [0;2]
.03 SIGN OUT DATE (D), [0;3]
.04 SESSION STATUS (S), [0;4]
.05 SESSION TOTAL BILLS (F), [0;5]
.06 SESSION TOTAL AMOUNT (NJ12,2), [0;6]
.07 RECONCILED DATE (D), [0;7]
.08 TRANSMITTED DATE (D), [0;8]
.09 REOPENED DATE (D), [0;9]
.11 BENEFICIARY CLAIM/BILL COUNT (F), [0;11]

11 BUDGET ACTIVITY (Multiple-9002274.4510211), [11;0]
.01 BUDGET ACTIVITY (S), [0;1]

1 CANCELLED CLAIMS (Multiple-9002274.45102111), [1;0]
.01 CANCELLED CLAIMS (F), [0;1]
.02 DUZ(2) (P9999999.06'), [0;2]
.03 IEN (NJ9,0), [0;3]

2 APPROVED BILLS (Multiple-9002274.45102112), [2;0]
.01 APPROVED BILLS (F), [0;1]
.02 DUZ(2) (P9999999.06'), [0;2]
.03 IEN (NJ11,0), [0;3]

3 CANCELLED BILLS (Multiple-9002274.45102113), [3;0]
.01 CANCELLED BILLS (F), [0;1]
.02 DUZ(2) (P9999999.06'), [0;2]
.03 IEN (NJ11,0), [0;3]

12 REQUEUED BILLS (Multiple-9002274.4510212), [12;0]
.01 REQUEUED BILLS (F), [0;1]
.02 DUZ(2) (P9999999.06'), [0;2]
.03 IEN (NJ11,0), [0;3]

13 REQUEUED BATCHES (Multiple-9002274.4510213), [13;0]
.01 REQUEUED BATCHES (P9002274.46'), [0;1]

.03 POS CLAIMS (Multiple-9002274.4503), [20;0]
.01 POS CLAIMS (F), [0;1]

.02 SIGN IN DATE (Multiple-9002274.45302), [20;0]
.01 SIGN IN DATE (DX), [0;1]
.03 SIGN OUT DATE (D), [0;3]
.04 SESSION STATUS (S), [0;4]
.05 SESSION TOTAL BILLS (F), [0;5]
.06 SESSION TOTAL AMOUNT (NJ11,0), [0;6]
.07 RECONCILED DATE (D), [0;7]
.08 TRANSMITTED DATE (D), [0;8]
.09 REOPENED DATE (D), [0;9]

11 BUDGET ACTIVITY (Multiple-9002274.4530211), [11;0]
.01 BUDGET ACTIVITY (S), [0;1]

.02 APPROVED BILLS (Multiple-9002274.45302112), [2;0]
.01 APPROVED BILLS (F), [0;1]
.02 DUZ(2) (P9999999.06'), [0;2]
6.4.26 3P UFMS EXPORTS

Global: ^ABMUTXMT(
File#: 9002274.46

.001 EXPORT NUMBER (NJ12,0), [ ]
.01 EXPORT DATE (RD), [0;1]
.02 FILE NAME (F), [0;2]
.03 EXPORTING PERSON (P200'), [0;3]
.04 LOCATION (P9999999.06'), [0;4]

1 USER (Multiple-9002274.461), [1;0]
   .01 USER (P200'), [0;1]
   .02 SIGN IN DATE (Multiple-9002274.46102), [2;0]
      .01 SIGN IN DATE (D), [0;1]
   3 RE-EXPORTS (Multiple-9002274.461023), [3;0]
      .01 RE-EXPORTS (P9002274.46'), [0;1]
11 BUDGET ACTIVITY (Multiple-9002274.461211), [11;0]
   .01 BUDGET ACTIVITY (S), [0;1]
2 BILLS (Multiple-9002274.4612112), [2;0]
   .01 BILLS (F), [0;1]
   .02 DUZ(2) (P9999999.06'), [0;2]
   .03 IEN (NJ11,0), [0;3]
   .04 BILL AMOUNT (NJ14,2), [0;4]
   .05 EXCLUDED FROM EXPORT (S), [0;5]

2 POS CLAIMS (Multiple-9002274.462), [2;0]
   .01 POS CLAIMS (F), [0;1]
   .02 SIGN IN DATE (Multiple-9002274.46202), [2;0]
      .01 SIGN IN DATE (D), [0;1]
11 BUDGET ACTIVITY (Multiple-9002274.462211), [11;0]
   .01 BUDGET ACTIVITY (S), [0;1]
   .02 BILLS (Multiple-9002274.4622112), [2;0]
      .01 BILLS (F), [0;1]
      .02 DUZ(2) (P9999999.06'), [0;2]
      .03 IEN (NJ11,0), [0;3]
      .04 BILL AMOUNT (NJ14,2), [0;4]
      .05 EXCLUDED FROM EXPORT (S), [0;5]
6.4.27 3P CANCEL BILL REASONS

Global: ^ABMCBILR(
File#: 9002274.47

.001 NUMBER (NJ6,0), [ ]
.01 REASON (RF), [0;1]
6.4.28 3P PARAMETERS

Global: ^ABMDPARM(DUZ(2)
File#: 9002274.5

.01 FACILITY (RP9999999.06'X), [0;1]
.02 *EMERGENCY ROOM FEE (RNJ6,2), [0;2]
.03 OP RX DISPENSE FEE (RNJ5,2), [0;3]
.04 UB-82 LEFT MARGIN (NJ2,0), [0;4]
.05 UB-82 TOP MARGIN (NJ2,0), [0;5]
.06 HCFA-1500 LEFT MARGIN (NJ2,0), [0;6]
.07 HCFA-1500 TOP MARGIN (NJ2,0), [0;7]
.08 SUPERVISORY APPROVAL REQ'D (S), [0;8]
.09 CURRENT DEFAULT FEE SCHEDULE (RP9002274.01'), [0;9]
.11 LABEL LEFT MARGIN (NJ2,0), [0;11]
.12 LABEL TOP MARGIN (NJ2,0), [0;12]
.13 REQUIRE FORCED QUEUEING (S), [0;13]
.14 DISPLAY LONG ICD/CPT NARRATIVE (S), [0;14]
.15 SETUP COMPLETED (S), [0;15]
.16 BACKBILLING LIMIT (MONTHS) (RNJ2,0), [0;16]
.17 HCFA 1500 - BLCK 31 (S), [0;17]
.18 BILL ALL PATIENTS (S), [0;18]
.185 SHOW BENE PAT ALL BILLS? (S), [0;10]
.19 INIT BACK BILL DATE (D), [0;19]
.21 DATE LAST VISIT-ELIG CHK (D), [2;1]
.22 AO EXPORT MODE (S), [2;2]
.23 FACILITY TO RECEIVE PAYMENT (RP9999999.06'a), [2;3]
.24 BILL NUMBER SUFFIX (F), [2;4]
.25 PROMPT FOR MODIFIERS (S), [2;5]
.26 PRINTABLE NAME OF PAYMENT SITE (Fa), [2;6]
.27 AUTO SET LEVEL OF SERVICE (S), [2;7]
.28 INACTIVE DAYS BEFORE PURGE (NJ3,0), [2;8]
.29 DEFAULT HCFA-1500 (S), [2;9]
.3 UB-92 Form Locater 38 (S), [2;10]
.31 INSTALL LEVEL (NJ2,0), [3;1]
.311 DEFAULT DENTAL CODE PREFIX (S), [3;11]
.32 DEFAULT DENTAL FORM (*P9002274.08'), [3;2]
.33 APPEND HRN TO BILL NUMBER (S), [3;3]
.34 EMC FILE PREFERENCE (S), [3;4]
.35 EXPORT INSURER TYPES (FX), [3;5]
.36 PLACE OF SERVICE CODE ("P9002274.03"), [3;6]
.37 HCFA-1500 SIGNATURE (P200'), [3;7]
.38 UB-92 SIGNATURE (P200'), [3;8]
.39 EMC MM DOMAIN (P4.2'), [3;9]
.41 IV DISPENSE FEE ADMIXTURE (NJ6,2), [4;1]
.411 IN-HOUSE DEFAULT CLIA# (F), [4;11]
.412 REFERENCE LAB DEFAULT CLIA# (P9002274.35'), [4;12]
.42 IV DISPENSE FEE PIGGYBACK (NJ6,2), [4;2]
.43 IV DISPENSE FEE HYPERAL (NJ6,2), [4;3]
.44 IV DISPENSE FEE SYRINGE (NJ6,2), [4;4]
.45 IV DISPENSE FEE CHEMOTHERAPY (NJ6,2), [4;5]
.46 INPATIENT RX DISPENSE FEE (NJ6,2), [4;6]
.47 DEFAULT EMC PATH (FX), [4;7]
.48 ORPHAN LAG TIME (NJ3,0), [4;8]
.49 USE A/R PARENT/SATELLITE? (S), [4;9]
.51 MEDICARE B (S), [5;1]
.52 UNCODED DX LAG TIME (DAYS) (NJ3,0), [5;2]
.53 ISA08 VALUE (S), [5;3]

6 DISPLAY UNBILLABLE INSURER(S) (Multiple-9002274.56), [6;0]
   .01 DISPLAY UNBILLABLE INSURER(S) (MP9999999.18'X), [0;1]

11 CLAIM PAGE(s) TO BE SKIPPED (Multiple-9002274.511), [11;0]
   .01 CLAIM PAGE(s) TO BE SKIPPED (MSX), [0;1]

15 DEFAULT UNBILLABLE CLINICS (Multiple-9002274.515), [15;0]
   .01 DEFAULT UNBILLABLE CLINICS (MP40.7'X), [0;1]

17 DFLT INVALID PRV DISCIPLINES (Multiple-9002274.517), [17;0]
   .01 DFLT INVALID PRV DISCIPLINES (MP7'X), [0;1]

19 INSURERS W/O 837 PRV SEGMENT (Multiple-9002274.519), [19;0]
   .01 INSURERS W/O 837 PRV SEGMENT (P9999999.18'X), [0;1]
211 STATEMENT HEADER PRINT (F), [2;11]
212 USE NPI OF (*P4'X), [2;12]
213 USE POA INDICATOR? (S), [2;13]
413 UFMS DIRECTORY (F), [4;13]
414 UFMS EXPORT (S), [4;14]
415 UFMS CASHIERING (S), [4;15]
416 UFMS DISPLAY DEFAULT NUMBER (NJ3,0), [4;16]
417 UFMS USE ASUFAC OF (P9999999.06'X), [4;17]

6.4.29 3P TX STATUS

\[ABBMDTXST(DUZ(2),
File#: 9002274.6

.001 EXPORT NUMBER (NJ9,0), [ ]
.01 EXPORT DATE (RDI), [0;1]
.02 EXPORT MODE (P9002274.08'), [0;2]
.03 INSURER TYPE (S), [0;3]
.04 INSURER (P9999999.18'), [0;4]
.05 BILLING CLERK (P200'), [0;5]
.06 DATE TRANSMITTED TO AREA (D), [0;6]
.07 LABELS PRINTED (S), [0;7]
.08 TRANSMITTAL PRINTED (S), [0;8]
.09 NUMBER OF FORMS (NJ4,0), [0;9]
.11 TOTAL CHARGES (NJ9,2), [1;1]
.12 NUMBER OF INSURERS (NJ3,0), [1;2]
.13 MULTIPLE PROVIDERS? (S), [1;3]
.14 EMC FILE NAME (F), [1;4]
.15 BILL TYPE (NJ3,0), [1;5]
.16 GROUP CONTROL NUMBER (NJ6,0), [1;6]

1 BILLS (Multiple-9002274.61), [2;0]
   .01 BILLS (MP9002274.4'X), [0;1]
   .02 ATTENDING PROVIDER (P200'), [0;2]
   .03 SUBSCRIBER (F), [0;3]
6.4.30  3P DENIAL REASONS
   Global: ^ABMDDENI(
   File#: 9002274.7
   .01 REASON (RF), [0;1]
   .02 TYPE OF INSURER (RS), [0;2]
   .03 CODE (FX), [0;3]

6.4.31  3P CHARGE MASTER
   Global: ^ABMCM(
   File#: 9002274.75
   .01 ITEM DESCRIPTION (RF), [0;1]
   .02 REVENUE CODE (P9999999.72'), [0;2]
   .03 HCPCS CODE (P81'), [0;3]
   .04 UPC (F), [0;4]
   .05 OTHER IDENTIFIER (F), [0;5]
   .06 START DATE (D), [0;6]
   .07 STOP DATE (D), [0;7]
   .08 COST CENTER (P9999999.58'), [0;8]

6.4.32  3P VISIT TYPE
   Global: ^ABMDTVYP(
   File#: 9002274.8
   .001 NUMBER (NJ3,0), [ ]
   .01 NAME (RF), [0;1]
   .02 UB-92 BILL TYPE (S), [0;2]
   1  CLINIC (Multiple-9002274.81), [1;0]
      .01 CLINIC (MP40.7'), [0;1]
   2  AUTO-LINK TO PCC (Multiple-9002274.82), [2;0]
      .01 AUTO-LINK TO PCC (S), [0;1]
      .02 DELETE FROM ORIGINAL CLAIM (*S), [0;2]
### 6.4.33 3P PROVIDER TAXONOMY

Global: ^ABMPTAX(

**File#:** 9002274.95

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>.01</td>
<td>TAXONOMY CODE (RF)</td>
<td>[0;1]</td>
</tr>
<tr>
<td>.02</td>
<td>PROVIDER CLASS CODE (F)</td>
<td>[0;2]</td>
</tr>
<tr>
<td>.03</td>
<td>PERSON CLASS (P8932.1'X)</td>
<td>[0;3]</td>
</tr>
<tr>
<td>.04</td>
<td>PROV CLASS CODE 2 (F)</td>
<td>[0;4]</td>
</tr>
<tr>
<td>.05</td>
<td>PROV CLASS CODE 3 (F)</td>
<td>[0;5]</td>
</tr>
</tbody>
</table>
7.0 External Relations

The ABM system makes extensive use of the documented entry points into FileMan, the device handler, and TaskMan.

7.1 Callable Routines

The following table lists the external calls made by the system to other RPMS packages.

<table>
<thead>
<tr>
<th>Routine Called</th>
<th>Invoked by</th>
</tr>
</thead>
<tbody>
<tr>
<td>KILL^AG</td>
<td>ABMDTEL</td>
</tr>
<tr>
<td>AGCO</td>
<td>Menu Option</td>
</tr>
<tr>
<td>AGED4</td>
<td>ABMDTEL</td>
</tr>
<tr>
<td>AGED5</td>
<td>ABMDTEL</td>
</tr>
<tr>
<td>AGED6</td>
<td>ABMDTEL</td>
</tr>
<tr>
<td>AGED7</td>
<td>ABMDTEL</td>
</tr>
<tr>
<td>AGEDIT</td>
<td>ABMDTEL</td>
</tr>
<tr>
<td>AGEL</td>
<td>Menu Option</td>
</tr>
<tr>
<td>AGRPTVET</td>
<td>Menu Option</td>
</tr>
<tr>
<td>AGTMPMRG</td>
<td>Menu Option</td>
</tr>
<tr>
<td>AGTMPPOL</td>
<td>Menu Option</td>
</tr>
<tr>
<td>AGVAR</td>
<td>ABMDTEL</td>
</tr>
<tr>
<td>EN^APCHS</td>
<td>ABMDECK</td>
</tr>
<tr>
<td>AUGSAVE</td>
<td>ABMDTX2</td>
</tr>
</tbody>
</table>
### 7.2 Published Entry Points

<table>
<thead>
<tr>
<th>Routine called</th>
<th>Invoked by</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXT^ABMDEI</td>
<td>dd81(CPT)</td>
</tr>
<tr>
<td>EXT^ABMDLINK</td>
<td>PCC Merge Utility</td>
</tr>
<tr>
<td>EN^ABMPSAPI (ABMPOS)</td>
<td>Pharmacy point of sale package</td>
</tr>
<tr>
<td>LKUP^ABMAROLL</td>
<td>BAR Automatic Write off</td>
</tr>
<tr>
<td>FILE^ABMAROLL</td>
<td>BAR Automatic Write off</td>
</tr>
<tr>
<td>BILL(ABMDUZ,ABMBIEN)^ABMUEAPI</td>
<td>BAR UFMS Extract</td>
</tr>
<tr>
<td>TRANSMIT(ABMDUZ,ABMBDFN)^ABMUEAPI</td>
<td>BAR UFMS Extract</td>
</tr>
<tr>
<td>APPRDTTM(ABMDUZ2,ABMBIEN)^ABMUEAPI</td>
<td>BAR UFMS Extract</td>
</tr>
</tbody>
</table>

#### 7.2.1 Entry Points Details

The following list includes descriptions of entry points and their functions.

<table>
<thead>
<tr>
<th>Routine Name</th>
<th>Purpose/Description</th>
<th>Calling Format</th>
</tr>
</thead>
</table>
| ABMDEI       | Special Identifier for DIC Lookup                                                  | DO EXT^ABMDEI  

External Entry Point for displaying CPT codes  

Note: The required input variable is Y. It is CPT code for numeric CPT codes and the IEN of the CPT code file for all other CPT codes. This call kills the array ABMU.
<table>
<thead>
<tr>
<th>Routine Name</th>
<th>Purpose/Description</th>
<th>Calling Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABMDLCK</td>
<td>Eligibility Checker</td>
<td>DO ELG^ABMDLCK(ABMVDFN, ABML,DFN,ABMVDT)</td>
</tr>
</tbody>
</table>

**Notes:** This routine needs ABMVDFN, the visit file IEN be defined or else it requires that both DFN - Patient DFN and ABMVDT - Visit Date be defined. It will also accept having all three (3) variables defined. This returns eligibility info in the array ABML. The array has the following format (approximately): 

\[
\text{ABML(PRIORITY,INSIEN)} = \text{D}\text{^I^TYPE}\text{^SDATE}\text{^EDATE}\text{^UBILL}
\]

\[
\text{ABML(PRIORITY,INSIEN,"COV",CTIEN)} = \text{COV}
\]

- **PRIORITY** = Priority of the coverage 
- **INSIEN** = IEN from the Insurer file 
- **TYPE** = One letter code M=Medicare, D=Medicaid, P=Private, R=Railroad ret, N=Non-ben, I=Indian, A=Accident (or tort) W=Workman’s comp 
- **D** = IEN from Medicaid ins file if Medicaid, else null 
- **I** = Subfile IEN from INS file, a date for Medicaid 
- **CTIEN** = IEN from Coverage Type file 
- **COV** = A or B if the type is Medicare 
- **SDATE** = Start date 
- **EDATE** = End Date. These two fields are for eligibility change during one inpatient stay 
- **UBILL** = Code for reason unbillable. V=Unbillable visit 

Required input variables: ABMVDFN or (DFN and ABMVDT) 

\[
\text{ABMVDFN} = \text{The PCC Visit file IEN}
\]

\[
\text{DFN} = \text{Patient file IEN}
\]

\[
\text{ABMVDT} = \text{(Visit) date in FileMan internal format}
\]

Output: ABML array. It must be passed by reference.

<table>
<thead>
<tr>
<th>ABMDLINK</th>
<th>Routine to Account for PCC Merge</th>
<th>DO EXT^ABMDLINK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>External Package Entry Point</td>
</tr>
</tbody>
</table>

**Notes:** This routine is called by the PCC Visit Merge Utility and is not really intended for other uses. It updates pointers to the visit file in the claim and bill files when PCC visits are merged. 

The following variables must be passed from PCC and thus should not be killed: 

- APCDVMF - Merge from visit IEN 
- APCDVMT - Merge to visit IEN
Routine Name | Purpose/Description | Calling Format
---|---|---
ABM47IT | Input Transform File 9002274.5 FIELD .47 | D ^ABM47IT Default EMC path
ABMAPASS | Pass Info To A/R | D EXT^ABMAPASS Needs DA defined which is the internal entry number in the 3P BILL file
ABMAROLL | A/R RollOver START(X,Y) EP - FROM A/R X:BILL INTERNAL ENTRY NUMBER^VISIT LOCATION Y:TOTAL PAYMENT AMT | D START^ABMAROLL(X,ABM,Z,ZZ) X= Bill internal entry number^visit location ABM= Payment array Z= Bill Name ZZ= A/R message
ABMPSAPI | API for Pharmacy Point of Sale To create Third Party bills. | DO EN^ABMPSAPI(ABMPOS) Where ABMPOS is an array of billing data

### 7.3 Exported Options

**Note:** The ABMMENU is the only option intended to be distributed to users. However, there are no specific restrictions on distribution of other options to users.

<table>
<thead>
<tr>
<th>Option Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABM SET SITE</td>
<td>Set Site</td>
</tr>
<tr>
<td>ABMD CL ADD</td>
<td>Add New Claim (Manual Entry)</td>
</tr>
<tr>
<td>ABMD CL CG1</td>
<td>Claim Generator, One Patient</td>
</tr>
<tr>
<td>ABMD CL EDIT</td>
<td>Edit Claim Data</td>
</tr>
<tr>
<td>ABMD CL ELIG CHECK</td>
<td>Check Eligibility for a Visit</td>
</tr>
<tr>
<td>ABMD CL LOOP</td>
<td>Claim Editor Loop</td>
</tr>
<tr>
<td>ABMD CL MENU</td>
<td>Add/Edit Claim Menu</td>
</tr>
<tr>
<td>ABMD CL REBUILD</td>
<td>Rebuild Items from PCC</td>
</tr>
<tr>
<td>ABMD CL SET ABILL</td>
<td>Recreate claim from PCC data</td>
</tr>
<tr>
<td>ABMD EL MCD MAINT</td>
<td>Medicaid Eligibility Edit (Page 5)</td>
</tr>
<tr>
<td>ABMD EL MCR MAINT</td>
<td>Medicare Eligibility Edit (Page 4)</td>
</tr>
<tr>
<td>ABMD EL MENU</td>
<td>Eligibility Menu</td>
</tr>
<tr>
<td>ABMD EL PI MAINT</td>
<td>Private Insurance Eligibility Edit (Page 7)</td>
</tr>
<tr>
<td>ABMD EL PO EDIT</td>
<td>Add/Edit a Private Insurance Policy</td>
</tr>
<tr>
<td>ABMD EL PO LIST</td>
<td>Listing of Policies and Members by Insurer</td>
</tr>
<tr>
<td>Option Name</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>ABMD EL PO MENU</td>
<td>Private Insurance Policy Maintenance Menu</td>
</tr>
<tr>
<td>ABMD EL PO MRG</td>
<td>Merge Duplicate Insurance Policies</td>
</tr>
<tr>
<td>ABMD EL REG MENU</td>
<td>Edit a PATIENT REGISTRATION Third Party Page</td>
</tr>
<tr>
<td>ABMD EL RR MAINT</td>
<td>RailRoad Retirement Edit (Page 6)</td>
</tr>
<tr>
<td>ABMD MG ADD BILL</td>
<td>Add a new BILL that was Manually Submitted</td>
</tr>
<tr>
<td>ABMD MG BACK BILL</td>
<td>Initiate Back Billing Check</td>
</tr>
<tr>
<td>ABMD MG CAN BILL</td>
<td>Cancel an Approved Bill</td>
</tr>
<tr>
<td>ABMD MG CAN CLM</td>
<td>Cancel Claim</td>
</tr>
<tr>
<td>ABMD MG CLAIM SPLIT</td>
<td>Split Claim</td>
</tr>
<tr>
<td>ABMD MG FLAT RATE ADJUST</td>
<td>Flat Rate Adjustment</td>
</tr>
<tr>
<td>ABMD MG INPATIENT EXPORT</td>
<td>Export Inpatient Bill to Excel</td>
</tr>
<tr>
<td>ABMD MG INQ BILL</td>
<td>Inquire about an Approved Bill</td>
</tr>
<tr>
<td>ABMD MG IPSVCS</td>
<td>Inpatient Physician Services</td>
</tr>
<tr>
<td>ABMD MG MENU</td>
<td>Claim/Bill Management Menu</td>
</tr>
<tr>
<td>ABMD MG MRG CLM</td>
<td>Merge Claims</td>
</tr>
<tr>
<td>ABMD MG REOPEN</td>
<td>Open/Close Claim</td>
</tr>
<tr>
<td>ABMD PAYMENT</td>
<td>Payment Posting</td>
</tr>
<tr>
<td>ABMD PR DISPLAY APPRVD BILLS</td>
<td>Bills Awaiting Export Report</td>
</tr>
<tr>
<td>ABMD PR EMC RECREATE</td>
<td>Recreate batch of ICD-9 bills</td>
</tr>
<tr>
<td>ABMD PR MENU</td>
<td>Print Bills Menu</td>
</tr>
<tr>
<td>ABMD PR PRINT FORMS</td>
<td>Print Approved Bills</td>
</tr>
<tr>
<td>ABMD PR PRINT MAILING LABELS</td>
<td>Print Mailing Address Labels</td>
</tr>
<tr>
<td>ABMD PR PRINT WORKSHEET</td>
<td>Print Worksheet (Itemized CPT Data)</td>
</tr>
<tr>
<td>ABMD PR PT STMT</td>
<td>Print Patient Statement</td>
</tr>
<tr>
<td>ABMD PR REPRINT BILL</td>
<td>Reprint Bill</td>
</tr>
<tr>
<td>ABMD PR RESUB AND REPRINT</td>
<td>Enter Resubmission Number</td>
</tr>
<tr>
<td>ABMD PR TEST</td>
<td>Test Forms Alignment</td>
</tr>
<tr>
<td>ABMD PR TRANSMITTAL LIST</td>
<td>Transmittal Listing</td>
</tr>
<tr>
<td>ABMD PRV MENU</td>
<td>Provider Menu</td>
</tr>
<tr>
<td>ABMD RP AGING REPORT</td>
<td>Aging Report by Insurer for 30 Day Increments</td>
</tr>
<tr>
<td>ABMD RP ALL BILLS</td>
<td>Bills Listing</td>
</tr>
<tr>
<td>ABMD RP AO TRANS LIST</td>
<td>Area Office Export Log Re-Print</td>
</tr>
<tr>
<td>ABMD RP BRIEF LISTING</td>
<td>Brief (single-line) Claim Listing</td>
</tr>
<tr>
<td>ABMD RP CANCELLED CLAIMS</td>
<td>Cancelled Claims Report</td>
</tr>
<tr>
<td>Option Name</td>
<td>Description</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>ABMD RP CHARGE MASTER</td>
<td>Charge Master Listing</td>
</tr>
<tr>
<td>ABMD RP CLOSED CLAIMS</td>
<td>Closed Claims Report</td>
</tr>
<tr>
<td>ABMD RP DETAILED LISTING</td>
<td>Detailed Display of Selective Claims</td>
</tr>
<tr>
<td>ABMD RP DX LISTING</td>
<td>Listing of Billed Primary Diagnosis</td>
</tr>
<tr>
<td>ABMD RP EMPLOYEE PRODUCTIVITY</td>
<td>Employee Productivity Listing</td>
</tr>
<tr>
<td>ABMD RP MENU</td>
<td>Reports Menu</td>
</tr>
<tr>
<td>ABMD RP PATIENT</td>
<td>Billing Activity for a Specific Patient</td>
</tr>
<tr>
<td>ABMD RP PCC AUDIT</td>
<td>PCC Visit Tracking/Audit</td>
</tr>
<tr>
<td>ABMD RP PENDING STATUS</td>
<td>Pending Claims Status Report</td>
</tr>
<tr>
<td>ABMD RP PX LISTING</td>
<td>Listing of Billed Procedures</td>
</tr>
<tr>
<td>ABMD RP STATS REPORT</td>
<td>Statistical Billed-Payment Report</td>
</tr>
<tr>
<td>ABMD RP SUMMARIZED LISTING</td>
<td>Summarized (multi-line) Claim Listing</td>
</tr>
<tr>
<td>ABMD RP VIEW PCC</td>
<td>View PCC Visit</td>
</tr>
<tr>
<td>ABMD TM ABMDS</td>
<td>Initialize New Facility</td>
</tr>
<tr>
<td>ABMD TM CHARGE MASTER</td>
<td>Charge Master Add/Edit</td>
</tr>
<tr>
<td>ABMD TM COV TYPE LISTING</td>
<td>Print Coverage Type Listing</td>
</tr>
<tr>
<td>ABMD TM COV TYPE MAINTENANCE</td>
<td>Add/Edit a Coverage Type</td>
</tr>
<tr>
<td>ABMD TM COV TYPE MENU</td>
<td>Coverage Type File Menu</td>
</tr>
<tr>
<td>ABMD TM CPT INQUIRY</td>
<td>Inquire to CPT File</td>
</tr>
<tr>
<td>ABMD TM CPT LAB</td>
<td>LAB CPT codes to pass to TPB</td>
</tr>
<tr>
<td>ABMD TM CPT LISTING</td>
<td>Print CPT Procedure File</td>
</tr>
<tr>
<td>ABMD TM CPT MAINTENANCE</td>
<td>CPT File Maintenance</td>
</tr>
<tr>
<td>ABMD TM CPT MENU</td>
<td>CPT File Menu</td>
</tr>
<tr>
<td>ABMD TM CPT MODIFIERS</td>
<td>Modifiers Add/Edit</td>
</tr>
<tr>
<td>ABMD TM CPT REPLACEMENT TXT</td>
<td>Replacement Text for CPT File Lookups</td>
</tr>
<tr>
<td>ABMD TM DENTAL REMAP</td>
<td>Dental Remap Table Maintenance</td>
</tr>
<tr>
<td>ABMD TM DRUG INQUIRY</td>
<td>Display a Drug File Entry</td>
</tr>
<tr>
<td>ABMD TM DRUG LIST</td>
<td>Drug Listing</td>
</tr>
<tr>
<td>ABMD TM DRUG MENU</td>
<td>Drug File Menu</td>
</tr>
<tr>
<td>ABMD TM EL R CO</td>
<td>Listing of Commissioned Officers and Dependents</td>
</tr>
<tr>
<td>ABMD TM EL R CO VISITS</td>
<td>Visits by Commissioned Officers and Dependents</td>
</tr>
<tr>
<td>ABMD TM EL R MEDICAID</td>
<td>Listing of Medicaid Enrollees</td>
</tr>
<tr>
<td>ABMD TM EL R MEDICARE A</td>
<td>Listing of Medicare Part A Enrollees</td>
</tr>
<tr>
<td>ABMD TM EL R MEDICARE B</td>
<td>Listing of Medicare Part B Enrollees</td>
</tr>
<tr>
<td>Option Name</td>
<td>Description</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------------------------------------------------------</td>
</tr>
<tr>
<td>ABMD TM EL R MEDICARE D</td>
<td>Listing of Medicare Part D Enrollees</td>
</tr>
<tr>
<td>ABMD TM EL R MENU</td>
<td>Eligibility Reports Menu</td>
</tr>
<tr>
<td>ABMD TM EL R PRIVATE INS</td>
<td>Private Insurance Eligibility Listing</td>
</tr>
<tr>
<td>ABMD TM EL R VET</td>
<td>VA Eligibility Listing</td>
</tr>
<tr>
<td>ABMD TM EMPLOYER DISPLAY</td>
<td>Employer Listing</td>
</tr>
<tr>
<td>ABMD TM EMPLOYER MAINTENANCE</td>
<td>Add/Edit an Employer</td>
</tr>
<tr>
<td>ABMD TM EMPLOYER MENU</td>
<td>Employer File Menu</td>
</tr>
<tr>
<td>ABMD TM EMPLOYER MERGE</td>
<td>Merge Duplicate Employers</td>
</tr>
<tr>
<td>ABMD TM EMPLOYER REPORT</td>
<td>List all Employees by Employer</td>
</tr>
<tr>
<td>ABMD TM ERROR CODE LISTING</td>
<td>Error Codes Listing</td>
</tr>
<tr>
<td>ABMD TM ERROR CODE MAINTENANCE</td>
<td>Edit Error Codes</td>
</tr>
<tr>
<td>ABMD TM ERROR CODE MENU</td>
<td>Error Codes Menu</td>
</tr>
<tr>
<td>ABMD TM FEE ASC</td>
<td>Update ASC Fee Schedule</td>
</tr>
<tr>
<td>ABMD TM FEE DRUG</td>
<td>Transfer Drug Prices from Drug File</td>
</tr>
<tr>
<td>ABMD TM FEE FOREIGN</td>
<td>Import Foreign Fee Schedule</td>
</tr>
<tr>
<td>ABMD TM FEE LISTING</td>
<td>Print Fee Schedule Listing</td>
</tr>
<tr>
<td>ABMD TM FEE MAINT</td>
<td>Fee Schedule Maintenance</td>
</tr>
<tr>
<td>ABMD TM FEE MENU</td>
<td>Fee Schedule Menu</td>
</tr>
<tr>
<td>ABMD TM FEE PERCENT</td>
<td>Increase/Decrease Fee Schedule</td>
</tr>
<tr>
<td>ABMD TM FEE REPORT</td>
<td>CPT-Corresponding ICD-Fee Listing</td>
</tr>
<tr>
<td>ABMD TM FORM LOCATOR</td>
<td>Form Locator Override</td>
</tr>
<tr>
<td>ABMD TM GRP ASSIGN</td>
<td>Mass Group Plan Assignment for specified Employer</td>
</tr>
<tr>
<td>ABMD TM GRP EDIT</td>
<td>Add/Edit Group Insurance Plans</td>
</tr>
<tr>
<td>ABMD TM GRP LISTING</td>
<td>Group Insurance Plans Listing</td>
</tr>
<tr>
<td>ABMD TM GRP MENU</td>
<td>Group Insurance Plans Menu</td>
</tr>
<tr>
<td>ABMD TM GRP MERGE</td>
<td>Merge Duplicate Group Plans</td>
</tr>
<tr>
<td>ABMD TM INS INQUIRY</td>
<td>Display Insurer Info (Inquire)</td>
</tr>
<tr>
<td>ABMD TM INS LISTING</td>
<td>Insurer Listing</td>
</tr>
<tr>
<td>ABMD TM INS MAINTENANCE</td>
<td>Add/Edit Insurer</td>
</tr>
<tr>
<td>ABMD TM INS MENU</td>
<td>Insurer File Menu</td>
</tr>
<tr>
<td>ABMD TM INS MERGE</td>
<td>Merge Duplicate Insurers</td>
</tr>
<tr>
<td>ABMD TM INS REPLACEMENT TEXT</td>
<td>Replacement Text for Insurer Lookups</td>
</tr>
<tr>
<td>ABMD TM LABS REQ'ING RESULTS</td>
<td>Lab CPT/HCPCS Requiring Test Results</td>
</tr>
<tr>
<td>Option Name</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>ABMD TM LOC INQUIRY</td>
<td>Display Location File Entry</td>
</tr>
<tr>
<td>ABMD TM LOC MAINT</td>
<td>Location File Maintenance</td>
</tr>
<tr>
<td>ABMD TM LOC MENU</td>
<td>Location File Menu</td>
</tr>
<tr>
<td>ABMD TM MENU</td>
<td>Table Maintenance Menu</td>
</tr>
<tr>
<td>ABMD TM MGR MENU</td>
<td>Manager Reports</td>
</tr>
<tr>
<td>ABMD TM MGR TALLY</td>
<td>Visit/Claim/Bill Tally Report</td>
</tr>
<tr>
<td>ABMD TM PRV INQUIRY</td>
<td>Inquire to Provider File</td>
</tr>
<tr>
<td>ABMD TM PRV NPI</td>
<td>Add/Edit NPI values for Providers</td>
</tr>
<tr>
<td>ABMD TM PRVNUMBEREDIT</td>
<td>Provider Number Edit</td>
</tr>
<tr>
<td>ABMD TM REF LABS</td>
<td>Add/Edit Reference Lab Locations</td>
</tr>
<tr>
<td>ABMD TM REVN CODE LISTING</td>
<td>Print Revenue Code Listing</td>
</tr>
<tr>
<td>ABMD TM REVN CODE MAINTENANCE</td>
<td>Revenue Code Maintenance</td>
</tr>
<tr>
<td>ABMD TM REVN CODE MENU</td>
<td>Revenue Codes Menu</td>
</tr>
<tr>
<td>ABMD TM SITE PARAMETERS</td>
<td>Site Parameter Maintenance</td>
</tr>
<tr>
<td>ABMD TM SITE PARAMETERS REPORT</td>
<td>Table Maintenance Site Parameters Report</td>
</tr>
<tr>
<td>ABMD TM UB92 CODE LISTING</td>
<td>UB-92 Codes Listing</td>
</tr>
<tr>
<td>ABMD TM UB92 CODE MENU</td>
<td>UB-92 Codes Menu</td>
</tr>
<tr>
<td>ABMD TM UB92 CODES</td>
<td>UB-92 Code Maintenance</td>
</tr>
<tr>
<td>ABMD TM VISIT TYPE EDIT</td>
<td>Visit Type Maintenance</td>
</tr>
<tr>
<td>ABMD TSK AO EXPORT</td>
<td>Automatic Data Transfer to Area Office</td>
</tr>
<tr>
<td>ABMD TSK POS SESSION CL</td>
<td>Close POS Cashiering Sessions</td>
</tr>
<tr>
<td>ABMD TSK VISIT CHECK</td>
<td>Auto-PCC Visit Check/3P Claim Creation</td>
</tr>
<tr>
<td>ABME ABMEBDSP</td>
<td>Batch Summary</td>
</tr>
<tr>
<td>ABME ABMECS</td>
<td>Create EMC File</td>
</tr>
<tr>
<td>ABME ABMERSND</td>
<td>Re-Create an EMC File</td>
</tr>
<tr>
<td>ABME DISP ABMECS</td>
<td>Summary of Bills Ready for Submission</td>
</tr>
<tr>
<td>ABME EMC</td>
<td>Electronic Media Claims</td>
</tr>
<tr>
<td>ABMMENU</td>
<td>Third Party Billing System</td>
</tr>
<tr>
<td>ABMU CAN VIEW</td>
<td>View/Print CAN crosswalk</td>
</tr>
<tr>
<td>ABMU CASHIER PRODUCTIVITY RPT</td>
<td>Cashiering Session Productivity Report</td>
</tr>
<tr>
<td>ABMU CASHIERING OPTIONS</td>
<td>Cashiering Options</td>
</tr>
<tr>
<td>ABMU CASHIERING SIGN IN/OUT</td>
<td>Cashiering Sign In/Sign Out</td>
</tr>
<tr>
<td>ABMU EXCLUSION TABLE</td>
<td>Exclude data to UFMS</td>
</tr>
<tr>
<td>ABMU PSEUDO TIN LISTING</td>
<td>Pseudo TIN Listing</td>
</tr>
</tbody>
</table>
### Option Name

<table>
<thead>
<tr>
<th>Option Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABMU RECONCILE SESSIONS</td>
<td>Reconcile All Sessions</td>
</tr>
<tr>
<td>ABMU REOPEN SESSION</td>
<td>Re-Open a Closed Session</td>
</tr>
<tr>
<td>ABMU REPORTS</td>
<td>UFMS Reports</td>
</tr>
<tr>
<td>ABMU RPT GRAND TOT</td>
<td>Grand Total All Files by Transmission Date</td>
</tr>
<tr>
<td>ABMU SETUP</td>
<td>UFMS Setup</td>
</tr>
<tr>
<td>ABMU SUPERVISOR FUNCTIONS</td>
<td>Supervisory Functions</td>
</tr>
<tr>
<td>ABMU TIN LISTING</td>
<td>Insurer TIN Listing</td>
</tr>
<tr>
<td>ABMU VIEW CASHIERING SESSION</td>
<td>View Cashiering Session</td>
</tr>
<tr>
<td>ABMU VIEW UFMS EXPORT FILE</td>
<td>View UFMS Export File</td>
</tr>
<tr>
<td>ABMU VIEW UFMS HOST FILE</td>
<td>View UFMS Host File</td>
</tr>
</tbody>
</table>

### 7.4 Un-subscripted Global Deletes

As the %INDEX utility indicates, the Billing Package KILLS UNSUBSCRIPTED GLOBALS. These kills are required to remove temporary transient globals.
8.0 Internal Relations

The only menu that should be assigned to users is ABMMENU. However, there are no options that assume that the entry/exit logic of another option has already occurred.

All files in the range 9002274.1 to 9002274.9 must be present for the software to run correctly.
9.0 Archiving and Purging

There is no provision for archiving any data from Third Party Billing.

Auto purging occurs for unapproved claims older than the number of days in field #.28, INACTIVE DAYS BEFORE PURGE in the Third Party Site Parameters file. If the field is left blank, the default is 180 days.

Entries in the Bill file are never purged.

Claims with a corresponding bill are not auto purged. Auto purging is done by the Claim Generator. In addition, individual claims can be deleted from the Claim file by the user option to Cancel Claim, although these claims are not actually deleted but instead are moved to the 3P Cancelled Claims file.

Cancelled bills are marked as deleted and not actually deleted from the bill file.

Bills should not be deleted from the FileMan file.
10.0 **Documentation Resources**

This section describes a few methods to generate online technical documentation.

10.1 **System Documentation**

Online VPS system documentation can be generated through the use of several Kernel options, including, but not limited to:

- %INDEX
- Menu Management
- Inquire Option
- Print Option File
- VA FileMan
- Data Dictionary Utilities
- List File Attributes

For more option listings and further information about other utilities that supply online technical information, see the Decentralized Hospital Computer Program (DHCP) Kernel Reference manual.

10.1.1 **%INDEX**

The %INDEX option analyzes the structure of a routine to determine in part, if the routine adheres to RPMS programming standards. The output can include the following components:

- Compiled list of errors and warnings
- Routine listing
- Local variables
- Global variables
- Naked globals
- Label references
- External references
Running %INDEX for a specified set of routines allows users to discover any deviations from RPMS programming standards that exist, and to see how routines interact with one another (i.e., which routines call or are called by other routines).

To run %INDEX for the VPS system:

At the “Routine(s)?” prompt, type the <<CC>> namespace.

10.1.2 Inquire Option

The Inquire menu management option provides the following information about a specified option:

- Option name
- Menu text
- Option description
- Type of option
- Lock (if any)

In addition, all items on the menu are listed for each menu option. To secure information about <<RPMSpackage>> options, specify the << >> namespace.

10.1.3 Print Option File

The Print Option File utility generates a listing of options from the Option file (#19). Users can print all of the entries or a single option or range of options.

10.1.4 List File Attributes

This VA FileMan option allows users to generate documentation pertaining to files and file structure. The standard format of this option provides the following data dictionary information for a specified file:

- File name and description
- Identifiers
- Cross-references
- Files pointed to by the file specified
- Files that point to the file specified
- Input, print, and sort templates
In addition, the following applicable data is supplied for each field in the file:

- Field name, number, title, and description
- Global location
- Help prompt
- Cross-references
- Input transform
- Date last edited
- Notes

Using the Global Map format of this option generates an output that lists the following information:

- All cross-references for the file selected
- Global location of each field in the file
- Input, print, and sort templates

For a comprehensive listing of <<package name>> files, see Section 6.0, “Files and Tables.”

10.2 Online Help

In addition to system documentation, RPMS includes special help displays for most menu options and data entry prompts. Typing ? at the “Select . . . Option” prompt displays information related to the current option, where

<table>
<thead>
<tr>
<th>Typing . . .</th>
<th>Displays . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>One question mark (?)</td>
<td>A list of all options accessible from the current option.</td>
</tr>
<tr>
<td>Two question marks (??)</td>
<td>A list of all accessible options and their formal names</td>
</tr>
<tr>
<td>Three question marks (???)</td>
<td>A brief description for each option in a menu.</td>
</tr>
<tr>
<td>One question mark (?) followed by an option name (OPTION)</td>
<td>Extended help, if available, for that option</td>
</tr>
</tbody>
</table>
10.3 Generating ABM Online Documentation

The Data Dictionaries (DDs) are considered part of the online documentation for this application. Use the VA FileMan option, List File Attributes, to print the DDs. The DDs are also listed in Section 6.0 Files and Tables.

Information about menus can be obtained from the Kernel Menu Management Option, Display Menus and Options.

- Abbreviated Menu Diagrams
- Diagram Menus
- Inquire
- Menu Diagrams (with Entry/Exit Actions)
- Print Option File
11.0 SAC Requirements/Exemptions

Currently, there are no exemptions for ABM.
12.0 Glossary

Accident/TORT Related Insurance
Insurance covering accidents resulting from a third party’s action. A third party’s action may involve a civil court process in an attempt to require payment by the third party, other than no fault liability. Also includes no fault automobile insurance.

Ambulatory Care
All types of health services that are provided on an outpatient basis, in contrast to services provided in the home or to persons who are hospital inpatients.

Ambulatory Surgery
Surgery performed as an outpatient visit at a HCFA approved facility.

Archiving
The storing of historical or little-used data off-line (often on tape).

Auto Approve
An option available in this package that automatically approves claims and generates bills without user intervention.

Banner
A line of text with a user’s name and domain.

Callable Entry Points
Locations in a routine that can be called from an application program.

Caret (^)
A circumflex, also know as a “hat,” that is used as a delimiter in a global. The up-hat is denoted as “^” and is typed by pressing Shift+6 on the keyboard.

Claim
A set of codes and fees grouped together to bill the responsible party for services rendered.
Claim Editor
Software that allows users to make modifications to third party insurance claims and to approve those claims within the third party billing software.

Claim Generator
Software that runs in the background that gathers data from PCC and patient registration in order to generate claims.

Claim Number
Number assigned to the claim, which will be sent to a billable entity.

Claim Summary
Abbreviated summary of key information in the claim.

Coinsurance
The portion of percentage of the Medicare-approved amount that a beneficiary is responsible for paying.

Covered Days
Number of days covered by the primary payer, as qualified by the payer organization.

Cross-reference
An indexing method in which files can include pre-sorted lists of entries as part of the stored database. Cross-references (x-refs) facilitate look-up and reporting.

Deductible
The amount of expense a beneficiary must pay before insurance benefits begin payment for covered services.

Diagnosis
Identifying a disease from its signs and symptoms.

Discipline
Code indicating discipline(s) order by physician.
Drug File
List of drugs that can be dispensed to a patient during a visit. The medications available for selection are restricted to whatever entries exist in the Drug file at each site. This file is maintained by the Pharmacy and should reflect all locally prescribed take home drugs.

Electronic Media Claims (EMC)
Electronic transmissions of claims.

Eligibility
A defined period of time that a patient is enrolled in prepaid health programs.

Entry Point
Entry point within a routine that is referenced by a “DO” or “GOTO” command from a routine internal to a package.

Event Type
A message that is sent, which signifies a particular event on the system (e.g., admit, discharge, etc.).

Fee-for service
A payment system by which doctors, hospitals, and other providers are paid a specific amount for each service performed as identified by a claim for payment.

Fee Schedule
Medicare’s system for paying physicians fees. The schedule, which went into effect on January 1, 1992, assigns a dollar value to each physician service based on work, medical practice costs, and malpractice insurance costs. Each of these three factors is adjusted for the geographic variation in costs.

File
A set of related records or entries treated as a single unit.

FileMan
The database management system for RPMS.
Global
In MUMPS, global refers to a variable stored on disk (global variable) or the array to which the global variable may belong (global array).

HCFA-1500
Form sent to the proper Medicare carrier requesting that Medicare Part B payment be made for covered services.

HCPCS Procedure Code
Procedure codes that identify services so that appropriate payment can be made. These codes are required for many specific types of outpatient services and a few inpatient services.

ICD-9 Code
Diagnosis code which describes the principle diagnosis (i.e., the condition established after study to be chiefly responsible for causing this hospitalization).

INDEX (%INDEX)
A Kernel utility used to verify routines and other MUMPS code associated with a package. Checking is done according to current ANSI MUMPS standards and RPMS programming standards. This tool can be invoked through an option or from direct mode (>D ^%INDEX).

Init
Initialization of an application package. The initialization step in the installation process builds files from a set of routines (the init routines). Init is a shortened form of initialization.

Insurer File
File consisting of Insurance companies which IHS has authorization to bill for services provided to IHS patients.

Internal Entry Number (IEN)
The number used to identify an entry within a file. Every record has a unique Internal Entry Number.

IRM
Information Resource Management. The IHS personnel responsible for information systems management and security.
Itemized Bill
A bill generated with a detailed description of each item and cost of the item.

Kernel
The set of MUMPS software utilities that function as an intermediary between
the host operating system and application packages, such as Laboratory and
Pharmacy. The Kernel provides a standard and consistent user and
programmer interface between application packages and the underlying
MUMPS implementation. These utilities provide the foundation for RPMS.

Medicaid
A federally aided, state operated program that provides medical benefits for
certain low-income persons.

Medicare
A national health insurance program for people 65 years of age and older,
certain younger disabled people, and people with kidney failure. It is divided
into two parts: Hospital Insurance (Part A) and Medical Insurance (Part B).

Medicare Part A Coverage
Insurance that pays for medically necessary inpatient hospital care, skilled
nursing facility or psychiatric hospital and for hospice and home health care
for eligible patients.

Medicare Part B Coverage
Insurance that pays for medically necessary doctor services and many other
medical services and supplies for eligible patients.

Medicare Supplement Policy
A health insurance policy that pays certain costs not covered by Medicare
such as coinsurance and deductibles.

Menu
A list of choices for computing activity. A menu is a type of option designed
to identify a series of items (other options) for presentation to the user for
selection. When displayed, menu-type options are preceded by the word
“Select” and followed by the word “option” as in Select Menu Management
option: (the menu’s select prompt).
Modifier
Two position codes serving as modifiers to HCPCS procedures.

Namespace
A unique set of 2 to 4 alpha characters that are assigned by the database administrator to a software application.

Non-Beneficiary
Person not eligible to receive services at IHS or tribal facilities due to regulation, policies, and procedures.

Non-Covered Days
Days of care not covered by the primary payer.

Option
An entry in the Option file. As an item on a menu, an option provides an opportunity for users to select it, thereby invoking the associated computing activity. Options may also be scheduled to run in the background, non-interactively, by TaskMan.

Payment Posting
The entering of payment information related to a bill by category, such as payment amount, deductible amount, co-insurance amount, etc. in order to account for the entire amount billed.

Preferred Providers
Physicians, hospitals, and other health care providers who contract to provide health services to persons covered by a particular health plan.

Primary Care Provider
The provider that serves as the initial interface between the member and the medical care system. The PCP is usually a physician, selected by the member upon enrollment, who is trained in one of the primary care specialties who treats and is responsible for coordinating the treatment of members assigned to his/her panel.

Private Insurance
Health insurance other than Medicare or Medicaid. Coverage is usually based on current employment or current employment of a family member.
Procedure Codes
Codes that identify the principal procedure(s) performed during the period covered by a bill.

Revenue Code
Code used for outpatient ancillary services provided.

Routine
A program or sequence of instructions called by a program that may have some general or frequent use. MUMPS routines are groups of program lines that are saved, loaded, and called as a single unit via a specific name.

Segment
A group of elements (also known as data fields) in an HL7 message that have been defined as logically belonging to the same category. Each segment contains a three-character Segment ID, the elements, administrative information (if applicable to that segment type), and designated delimiters between each element.

Table Maintenance
Managing table files associated with the billing system.

UB-92
National Uniform Billing Form used for billing for hospital and hospital clinic services implemented in October 1993.

UCI
User Class Identification, a computing area.

Utility
A callable routine line tag or function; a universal routine usable by anyone.

Variable
A character or group of characters that refers to a value. MUMPS recognizes three types of variables: local, global, and special variables. Local variables exist in a partition of the main memory and delete when the user logs out. A global variable is stored on disk, potentially available to any user. Global variables usually exist as part of global arrays.
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