



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Third Party Billing

(ABM)

Technical Manual

Version 2.6
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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 (AUPNVSIT) 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

Computer terminal	One for each Billing clerk
Printer	Minimum of one for each Billing Office
Storage Capacity	Roughly 10 MB to startup (includes the CPT file), with an annual growth rate of approximately 1 MB for every one thousand claims
Software	<ul style="list-style-type: none"> • Kernel V 8 or later • FileMan V 21 or later • Third Party Billing V 2.5

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.

3.4 Security Keys

The following ABM security keys lock Kernel menus.

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

4.0 (Mnemonic) Menu

Third Party Billing System (ABMMENU)

```

**LOCKED: ABMZMENU**

--EDTP Add/Edit Claim Menu [ABMD CL MENU]
  |--CG1P Claim Generator, One Patient [ABMD CL CG1]
  |--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]
  |--PXRП Listing of Billed Procedures [ABMD RP PX LISTING]
  |--CHRP Charge Master Listing [ABMD RP CHARGE MASTER]
  |--PARP 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]

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--P RTP Print Bills Menu [ABMD PR MENU]
|   **LOCKED: ABMDZ EDIT CLAIM AND EXPORT**
|   |--AWPR Bills Awaiting Export Report [ABMD PR DISPLAY APPRVD
|       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 STMT]
|   |--TRPR Transmittal Listing [ABMD PR TRANSMITTAL LIST]
|   |--TSPR Test Forms Alignment [ABMD PR TEST]
|   |--EMPR Recreate batch of ICD-9 bills [ABMD PR EMC RECREATE]
|
--T MTP Table Maintenance Menu [ABMD TM MENU]
|   **LOCKED: ABMDZ TABLE MAINTENANCE**
|   |--FETM Fee Schedule Menu [ABMD TM FEE MENU]
|       |--EDFE Fee Schedule Maintenance [ABMD TM FEE MAINT]
|           **LOCKED: ABMDZ 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]
|
|   |--PRTM Provider Menu [ABMD PRV MENU]
|       |--PRTM Inquire to Provider File [ABMD TM PRV INQUIRY]
|       |--PETM Provider Number Edit [ABMD TM PRVNUMBEREDIT]
|       |--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]
|       |--IQLQ 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]
|       |--EDCO 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 MEDCAID]
    |--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

Note: To create a list of the ABN routines after the ABM package is loaded, type D ^%RD in programmer mode.

Routine	Purpose/Description
ABM47IT	INPUT TRANSFORM FILE 9002274.5, FIELD .47
ABMANSIT	Input transform-anes. mod field
ABMAPAS1	PASS INFO TO A/R
ABMAPASS	PASS INFO TO A/R
ABMAROL1	A/R ROLL OVER
ABMAROLL	A/R ROLL OVER
ABMASPLT	Auto-Split check
ABMAUDRP	TM Audit report
ABMCPOSS	Mark POS bill with invoice number
ABMCPTCK	Claim Summary-CPT check
ABMCVAPI	3PB CPT/ICD/MODIFIER API
ABMDACK	APC Visit Edits
ABMDADSP	DISPLAY AN APC VISIT
ABMDANTC	COMPUTE ANESTHESIA TIME CHARGE
ABMDAST	APC Visit Stuff
ABMDAST1	APC VISIT STUFF - PART 2
ABMDAST2	APC CLAIM STUFF - PART 3
ABMDAST3	ACC VISIT STUFF - PART 4
ABMDAST4	APC Visit Stuff - PART 5
ABMDBACK	APC-PCC Back Visit Check
ABMDBAD1	ADD BILL SUBMITTED ELSEWHERE, NON-INTERACTIVE
ABMDBADD	Add Bill Manually Submitted
ABMDBAN	3P Billing Banner
ABMDBCNT	Set Array for Bills to Print
ABMDBDIC	Bill Selection
ABMDBETA	Routine to Update Beta Sites
ABMDBLK	Bill Selection
ABMDBRUN	Reprint Unpaid Bills
ABMDBXRF	x-ref all indexes in Bill file
ABMDCCL	Canceled Claims Listing
ABMDCCL1	Cancelled claims listing-80 Width
ABMDCCL2	Cancelled claims-132 Width
ABMDCCL3	Cancelled claim Stats
ABMDCOPN	RE-OPEN COMPLETED CLAIM
ABMDDIE	DIE utility
ABMDE	Claim Editor Selection
ABMDE0	Claim Summary Page
ABMDE0A	Claim Summary-Part 2
ABMDE0B	Claim Summary-Part 2
ABMDE0X	Set Summary Display Variables
ABMDE0X1	Set Summary Display Variables

Routine	Purpose/Description
ABMDE1	CLAIM IDENTIFIERS-SCRN 1
ABMDE1A	PAGE 1 - VIEW INFO
ABMDE1X	SCRN 1 - CLaim Iden Data Ck
ABMDE1X1	PAGE 1 - DATA CHECK CONT.
ABMDE2	Edit Page 2 - PAYERS
ABMDE23P	PAGE 2 - 3RD PARTY SOURCES
ABMDE2A	PAGE 2 - INSURER VIEW OPTION
ABMDE2E	Check visit for elig
ABMDE2P	Edit Page 2 - PICK PAYER
ABMDE2X	PAGE 2 - INSURER data chk
ABMDE2X1	PAGE 2 - Primary Insurer Check
ABMDE2X2	PAGE 2 - INSURER DATA CK PART 2
ABMDE2X3	PAGE 2 - INSURER DATA CK PART 3
ABMDE2X4	PAGE 2 - INSURER ADDRESS
ABMDE2X5	PAGE 2 - Primary Insurer Check-CONT
ABMDE2XA	PAGE 2 - INSURER data chk - cont
ABMDE3	Edit Page 3 - QUESTIONS
ABMDE30	Page 3 - QUESTIONS - Display
ABMDE301	Page 3 - QUESTIONS - Display (cont)
ABMDE31	AMBULANCE - PAGE 3A
ABMDE31X	ERROR CHECKING - PAGE 3A
ABMDE3A	Edit Page 3 - QUESTIONS - part 2
ABMDE3B	Edit Page 3 - QUESTIONS - part 3
ABMDE3C	Edit Page 3 - QUESTIONS - part 4
ABMDE3X	Edit Page 3 - ERROR CHK
ABMDE4	Edit Page 4 - Providers
ABMDE4A	PAGE 4 - PROVIDERS VIEW
ABMDE4X	Edit Page 4 - Providers DATA CK
ABMDE5	Edit Page 5 - DIAGNOSIS
ABMDE5A	PAGE 5A - DIAGNOSIS PART 2
ABMDE5B	PAGE 5B - PROCEDURE PART 2
ABMDE5C	PAGE 5C - DIAGNOSIS-Prov Narrative
ABMDE5D	Edit Page 5 - ICD PROCEDURE VIEW
ABMDE5X	Edit Page 5 - ERROR CHK
ABMDE6	Page 6 - DENTAL
ABMDE6X	Page 6 - ERROR CHECKS
ABMDE7	Edit Page 7 - Inpatient
ABMDE7A	Edit Page 7 - Inpatient Display Screen
ABMDE7C	Page 7 - Inpatient Triggers
ABMDE7X	Edit Page 7 - ERROR CHK
ABMDE8	Edit Page 8 - WORKSHEET DATA
ABMDE8A	Page 8 - MEDICAL CARE
ABMDE8AS	Professional Component Screen
ABMDE8B	Edit Page 8 - WORKSHEET SURG PROC
ABMDE8B1	Edit Page 8 - SURG PROC
ABMDE8BS	Surgical CPT Screen
ABMDE8C	Page 8 - ROOM AND BOARD
ABMDE8CA	Page 8 - ROOM/BOARD VIEW OPTION
ABMDE8D	Page 8 - MEDICATIONS
ABMDE8DA	PAGE 8D - MED VIEW OPTION
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 Check ParmS
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
ABMDEMGR	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
Routine	Purpose/Description

ABMDESEL	Selective Report Parameters
ABMDESL1	Selective Looping Parameters-PART 2
ABMDESM	Display Summarized Claim Info
ABMDESM1	Display Summarized Claim Info
ABMDESMA	Summarized Claim ANESTHESIA charges
ABMDESMB	Summarized Claim AMBULANCE. Info
ABMDESMC	Ambulatory Surg Claim Info
ABMDESMD	Summarized Claim Info - DENTAL
ABMDESMH	Profession Services for Seperate Bill
ABMDESML	Summarized Claim LAB Charges
ABMDESMM	Summarized Claim Medical Charges
ABMDESMR	Summarized Claim RX charges
ABMDESMU	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

ABMDF27	Set HCFA-1500 (08/05) Print Array
ABMDF27A	Set HCFA-1500 (08/05) Print Array
ABMDF27B	Set HCFA1500 (08/05) Print Array PART 2
ABMDF27C	Set HCFA1500 (08/05) Print Array
ABMDF27D	Set HCFA1500 (08/05) Print Array - Part 4
ABMDF27E	Set HCFA1500 Print Array - Part 5
ABMDF27X	New HCFA-1500 (08/05) Format
ABMDF28	Set UB-04 Print Array
ABMDF28W	PRINT UB-04
ABMDF28X	PRINT UB-04
ABMDF28Y	PRINT UB-04
ABMDF28Z	PRINT UB-04
ABMDF29	ADA-2006 Dental Export Routine
ABMDF29A	ADA 2006 Dental Export -part 2
ABMDF29X	ADA-2006 FORM
ABMDF2A	Set HCFA-1500 Print Array
ABMDF2B	Set HCFA1500 Print Array PART 2
ABMDF2C	Set HCFA1500 Print Array
ABMDF2D	Set HCFA1500 Print Array - Part 4
ABMDF2X	PRINT HCFA 1500
ABMDF3	Set HCFA-1500 Print Array
ABMDF3A	Set HCFA-1500 Print Array
ABMDF3B	Set HCFA1500 Print Array PART 2
ABMDF3C	Set HCFA1500 Print Array
ABMDF3D	Set HCFA1500 Print Array - Part 4
ABMDF3E	Set HCFA1500 Print Array - Part 5
ABMDF3X	New HCFA-1500 Format
ABMDF4	ADA-90 Dental Export Routine
ABMDF4A	ADA Dental Export -part 2
ABMDF4X	ADA-90 FORM
ABMDF51	Set UB92 Print Array
ABMDF51X	PRINT UB92
ABMDF51Y	PRINT UB92
ABMDF51Z	PRINT UB92
ABMDFALN	ALIGNMENT TEST
ABMDFAWP	IMPORT AWP FROM DRUG FILE
ABMDFOVR	Set Up Form Override
ABMDFPRT	PRINT CONTROL
ABMDFRA	FLAT RATE ADJUSTMENT
ABMDFRDO	Re-Print Selected Bills
ABMDFUTL	Export Forms Utility
ABMDICST	Pending Claims Status Report
ABMDINST	INSTALL PATCH #7
ABMDIPS	GENERATE BILLS FOR PHYSICIAN IP SVCS.
ABMDKCPT	Keyword Lookup Maintenance for CPT File
ABMDKINS	Keyword Lookup Maintenance for INSURER File
ABMDLBL	Print Selected Insurer Labels
ABMDLBL1	Print Insurer Labels - PART 2
ABMDLBLA	PRINT LABEL ALIGNMENT TEST PATTERN
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
ABMDMDB2	MEDICARE B CLAIM SPLIT
ABMDMEDB	MEDICARE B CLAIM SPLIT

ABMDPAY	Payment of Bill
ABMDPAY1	Payment of Bill - Part 2
ABMDPAY2	Payment of Bill - Part 2
ABMDPAYV	View Payment Activity
ABMDPOPT	PAYMENT OPTIONS
ABMDPOST	3P BILLING POST INIT
ABMDPREI	Package Pre-init Routine
ABMDPST1	Pending Claims Status Report
ABMDPST3	Pending Claims Status Report
ABMDR16	COMPRESSED PRINTING SETUP
ABMDRAG1	Aged A/R Reports
ABMDRAGE	A/R Aged Report
ABMDRAL	Bill Listing
ABMDRAL1	Bills Listing-80 Width
ABMDRAL2	Bills Listing-132 width
ABMDRAL3	Bills Stats Report
ABMDRAL4	Bills Cost Report
ABMDRAOT	Reprint AO Export Log
ABMDRAP1	Approved Bills Summary Report
ABMDRAPP	DISPLAY APPROVED BILLS
ABMDRBR	Brief Claims Listing
ABMDRBR1	Brief Claim List - 80 width
ABMDRBR2	Brief Claim List - 132 width
ABMDRBR3	Brief Claim List - stats
ABMDRCHK	Report Utility to Check Parm
ABMDRCO	PRINT LIST OF CO & DEPEND VISITS
ABMDRCO1	PRINT CO VIST REPORT (CALC)
ABMDRCO2	CO VISITS REPORT (PRINT)
ABMDRCO3	CO VISITS REPORT (PRINT)
ABMDRCPI	Utility for Pitch Selection
ABMDRDBQ	DOUBLE QUEING SHELL HANDLER
ABMDRDE	Detailed Claim Data Display
ABMDRDR	Drug File Report
ABMDRDX	DX Summary Report
ABMDRDX1	Billed DX List
ABMDREL	List holders of medicare a, b, medicaid or priv ins
ABMDREL0	PRINTING UTILITIES
ABMDREL1	PRINT MCR,MCD OR PI HOLDERS
ABMDREL2	process billing report holders
ABMDREMP	Employer File Report
Routine	Purpose/Description
ABMDRFE1	CPT Management Reports
ABMDRFE2	CPT Management Reports
ABMDRFE3	CPT Management Reports for AK
ABMDRFEE	REPORT OF 3P FEE SCHEDULES
ABMDRHD	Report Header Generator
ABMDRPCC	View PCC Visit
ABMDRPER	UTILITY TO DISPLAY % COMPLETE SCALE
ABMDRPOL	REPORT OF PI POLICY HOLDERS
ABMDRPR	Productivity Listing
ABMDRPR1	Productivity Report-80 Width
ABMDRPR2	Productivity Report-132 Width
ABMDRPR3	Productivity Stats
ABMDRPT	Bill Listing
ABMDRPT1	Bills Listing-part 2
ABMDRPT2	Bills Listing-part 2
ABMDRPX	CPT Summary Report

ABMDRPX1	Billed CPT List
ABMDRRB	MEDICARE B CLAIM SPLIT FOR RAILROAD
ABMDRSEL	Selective Report Parameters
ABMDRSET	Reset Exported to Unexported
ABMDRSL1	Selective Report Parameters-PART 2
ABMDRSL2	Selective Report Parameters-PART 3
ABMDRST	Statistical Report
ABMDRST1	Statistical Report - Part 3
ABMDRSU	Display Summarized Claim
ABMDRSU1	Summarized Claim Display
ABMDRSU2	Summarized Claim Display-PART 2
ABMDRTX	Transmittal Report
ABMDRTX1	Print Transmittal Report
ABMDRTX2	Transmittal Report by Insurer
ABMDRUN1	Unpaid Bills Listing-80 width
ABMDRUN2	Unpaid Bills Listing-132 width
ABMDRUN3	Unpaid Bills Stats
ABMDRUTL	Report Utility
ABMDRXC	Closed Claims Listing
ABMDRXC1	Closed claims listing-80 Width
ABMDRXC2	Closed claims-132 Width
ABMDRXC3	Closed claim stats
ABMDSPLB	SPLIT CLAIM IN TWO medicare B
ABMDSPLT	SPLIT CLAIM IN TWO
ABMDSS	SET UP NEW SITE
ABMDSTAT	Display Processing Status
ABMDTASC	UPDATE ASC FEE TABLE
ABMDTCD	Table Maintenance of 3P CODES
ABMDTCOV	Table Maintenance of COVERAGE TYPES
ABMDTCPT	Table Maintenance of CPT CODES
ABMDTDC	COMPILED PRINT TEMPLATE
ABMDTDCD	REPORT OF UB92 BILLING CODES
ABMDTDER	PRINT REPORT OF 3P ERROR CODES
ABMDTDR	Table Maintenance of DRUG FILE
Routine	Purpose/Description
ABMDTEL	ADD/EDIT ELIG INFO
ABMDTEMP	Table Maintenance of EMPLOYER FILE
ABMDTEMR	MERGE EMPLOYER DATA
ABMDTFE2	FEE SCHEDULE for Ambulatory Surg
ABMDTFED	REPORT OF 3P FEE SCHEDULES
ABMDTFEE	Table Maintenance of 3P CODES
ABMDTFEF	ADJUST FEE SCHED BY FACTOR
ABMDTFPC	Apply per cent change to fee sched
ABMDTGAS	Remap Group Names for an Employer
ABMDTGMR	MERGE GROUP INSURANCE PLAN DATA
ABMDTGRP	Add/Edit Group Insurance
ABMDTIMR	INSURER MERGE
ABMDTIN1	Maintenance of INSURER FILE part 2
ABMDTINQ	Inquire UTILITY
ABMDTINS	Table Maintenance of INSURER FILE
ABMDTLAB	Enter/Edit Lab CPT's in table
ABMDTLOC	Table Maintenance of LOCATION FILE
ABMDTMOD	ENTER/EDIT 3P MODIFIERS
ABMDTMS	INTERFACE WITH PYXIS/M SYSTEMS
ABMDTPAR	Table Maintenance of 3P PARAMETERS
ABMDTPMR	MERGE POLICY HOLDER DATA
ABMDTREV	Table Maintenance of REVENUE CODES

ABMDTSUP	ADD, EDIT SUPPLY FILE
ABMDTVIS	Add/Edit 3P Visit Types
ABMDTX	EXPORT BILLS FROM FACILITY
ABMDTX0	EXPORT BILLS FROM FACILITY
ABMDTX1	PT 2 OF FACILITY EXPORT PGM
ABMDTX2	PT 3 OF CLAIM EXPORT PROGRAM
ABMDTX3	PT 4 OF CLAIM EXPORT PROGRAM
ABMDTXPT	REPRINT TRANSMITTAL LIST
ABMDUB	COMPUTE UNCOLLECTED BALANCE
ABMDUTL	UTILITY FOR 3P BILLING PACKAGE
ABMDVCK	PCC Visit Edits
ABMDVCK0	PCC Visit Edits
ABMDVCK1	PCC VISIT CHECK - PART 2
ABMDVCK2	PCC Visit Edits
ABMDVCK3	PCC Visit Edits
ABMDVDSP	DISPLAY A PCC VISIT
ABMDVE04	Recreate cancelled claim from PCC
ABMDVPAT	CLAIM FOR ONE PAT
ABMDVS10	PCC VISIT STUFF, RADIOLOGY
ABMDVS11	PCC VISIT STUFF, LABORATORY
ABMDVS12	PCC VISIT STUFF, PHYSICAL THERAPY
ABMDVS13	PCC VISIT STUFF, V CPT code
ABMDVST	PCC Visit Stuff
ABMDVST1	PCC VISIT STUFF - PART 2 (PURPOSE OF VISIT)
ABMDVST2	PCC CLAIM STUFF - PART 3 (PROVIDER)
ABMDVST3	PCC VISIT STUFF - PART 4 (ICD PROCEDURE)
ABMDVST4	PCC Visit Stuff - PART 5 (HOSPITALIZATION)
ABMDVST5	PCC VISIT STUFF - PART 6 (PHARMACY)
Routine	Purpose/Description
ABMDVST6	PCC VISIT STUFF - DENTAL
ABMDVST7	PCC VISIT STUFF MEDICAL-SKIN TEST
ABMDVST8	PCC VISIT STUFF - IMMUNIZ
ABMDVST9	PCC VISIT STUFF IV PHARMACY
ABMDVSTH	PCC Visit Stuff - PART 5 (HOSPITALIZATION) CONTD
ABMDWARN	WARNING PROCESSOR
ABMDWRAP	UTILITY FOR WRAP-AROUND PRINTING

ABME10	Medicare Electronic
ABME3AA0	HCFA-1500 NSF 3.01 EMC RECORD AA0 (Submitter Data)
ABME3BA0	HCFA-1500 NSF 3.01 EMC RECORD BA0 (Provider)
ABME3DA0	HCFA-1500 NSF 3.01 EMC RECORD DA0 (Third Party Payor)
ABME3DA1	HCFA-1500 NSF 3.01 EMC RECORD DA1 (Insurance Info)
ABME3EA0	HFCA-1500 NSF 3.01 EA0 (Claim Record)
ABME3EA1	HFCA-1500 NSF 3.01 EA1 (Claim Record)
ABME3FA0	HCFA-1500 NSF 3.01 RECORD FA0 (Claim Root Segment)
ABME3GC0	HCFA-1500 NSF 3.01 RECORD GC0 (Claim Root Segment)
ABME3HA0	HCFA-1500 NSF 3.01 RECORD HA0 (Claim Root Segment)
ABME3XA0	HCFA-1500 NSF3.01 RECORD XA0 (Claim Trailer)
ABME501	UB92 V5 EMC RECORD 01 (Processor Label Data)
ABME520	UB92 V5 EMC RECORD 20 (Patient)
ABME520A	UB92 EMC RECORD 20 (Patient) cont'd
ABME540	UB92 V5 EMC RECORD 40 (Claim Data)
ABME540A	UB92 V5 EMC RECORD 40 (Claim Data) cont'd
ABME561	UB92 V5 EMC RECORD 61 (Outpatient Services)
ABME570	UB92 V5 EMC RECORD 70-1 (Medical)
ABME570A	UB92 V5 EMC RECORD 70-1 (Medical) cont'd
ABME601	UB92 V5 EMC RECORD 01 (Processor Label Data)
ABME630	UB92 EMC RECORD 30 (Third Party Payor)
ABME630A	UB92 EMC RECORD 30 (Third Party Payor) cont'd
ABME650	UB92 EMC RECORD 50 (INPATIENT ACCOMMODATIONS)
ABME660	UB92 EMC RECORD 60 (Inpatient Ancillary Services)
ABME661	UB92 V5 EMC RECORD 61 (Outpatient Services)
ABME690	UB92 EMC RECORD 90 (Claim Control Screen)
ABME8AMT	837 AMT Segment
ABME8BHT	837 BHT Segment
ABME8CAS	837 CAS Segment
ABME8CL1	837 CL1 Segment
ABME8CLM	837 CLM Segment
ABME8CN1	837 CN1 Segment
ABME8CR1	837 CR1 Segment
ABME8CR6	837 CR6 Segment
ABME8CR7	837 CR7 Segment
ABME8CRC	837 CRC Segment
ABME8DMG	837 DMG Segment
ABME8DTP	837 DTP Segment
ABME8GE	837 GE Segment
ABME8GS	837 GS Segment
ABME8HCP	837 HCP Segment
ABME8HI	837 HI Segment
ABME8HL	837 HL Segment
ABME8HSD	837 HSD Segment
ABME8IEA	837 IEA Segment
ABME8ISA	837 ISA Segment
ABME8K3	837 K3 Segment
Routine	Purpose/Description

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
ABME8TMP	837 TMP Segment
ABME8TOO	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
ABMEE01	UB92 V5 EMC RECORD 01 (Processor Label Data)
ABMEE61	UB92 V5 EMC RECORD 61 (Outpatient Services)
ABMEEPRV	PROVIDER INFO
Routine	Purpose/Description

ABMEF10	Medicare Electronic UB-92 Version 041
ABMEF13	Medicare Electronic UB-92 Version 041
ABMEF15	Electronic HCFA-1500 V2.0
ABMEF16	Electronic UB-92 Envoy/NEIC Version
ABMEF17	Electronic UB-92 Version 060
ABMEF19	Electronic HCFA-1500 V2.0 Envoy Version
ABMEF20	Electronic HCFA-1500 V3.01
ABMEF21	Electronic 837 version 4010 Institutional
ABMEF22	Electronic 837 version 4010 Professional
ABMEF23	Electronic 837 version 4010 Dental
ABMEFA0	HCFA-1500 EMC RECORD FA0 (Claim Root Segment)
ABMEFB0	HCFA-1500 EMC RECORD FB0 (Medical Segment)
ABMEFLAT	GENERATE FLAT FILE FROM MAIL MESSAGE
ABMEH01	HCFA-1500 EMC RECORD AA0 (Submitter Data)
ABMEH10	HCFA-1500 EMC RECORD BA0 (Provider)
ABMEH15	HCFA-1500 EMC RECORD BA1 (Provider)
ABMEH20	HCFA-1500 EMC RECORD CA0 (Patient)
ABMEH30	HCFA-1500 EMC RECORD 30 (Third Party Payor)
ABMEH31	HCFA-1500 EMC RECORD DA1 (Insurance Information)
ABMEH32	HCFA-1500 EMC RECORD DA2 (Insurance Information)
ABMEH40	HCFA-1500 EA0 (Claim Record)
ABMEH61	HCFA-1500 EMC RECORD FA0 (Claim Root Segment)
ABMEH62	HCFA-1500 EMC RECORD FB0 (Medical Segment)
ABMEH63	HCFA-1500 EMC RECORD FB1 (Medical Segment)
ABMEH90	HCFA-1500 EMC RECORD XA0 (Claim Trailer)
ABMEH95	HCFA-1500 EMC RECORD YA0 (Batch Trailer)
ABMEH99	HCFA-1500 EMC RECORD ZA0 (File Transfer)
ABMEHGR2	GET ANCILLARY SVCS REVENUE CODE INFO
ABMEHGR3	GET ANCILLARY SVCS REVENUE CODE INFO
ABMEHGRV	GET ANCILLARY SVCS REVENUE CODE INFO
ABMELGCK	Recreate cancelled claim from PCC
ABMEMCRC	3PB recreate batch of ICD9 bills
ABMENVCK	ENVIRONMENT CHECKER
ABMER01	UB92 EMC RECORD 01 (Processor Label Data)
ABMER10	UB92 EMC RECORD 10 (Provider)
ABMER20	UB92 EMC RECORD 20 (Patient)
ABMER20A	UB92 EMC RECORD 20 (Patient) cont'd
ABMER30	UB92 EMC RECORD 30 (Third Party Payor)
ABMER30A	UB92 EMC RECORD 30 (Third Party Payor) cont'd
ABMER31	UB92 EMC RECORD 31 (Third Party Payor Address)
ABMER31A	UB92 EMC RECORD 31 (Third Party Payor Address)
ABMER40	UB92 EMC RECORD 40 (Claim Data)
ABMER40A	UB92 EMC RECORD 40 (Claim Data) cont'd
ABMER41	UB92 EMC RECORD 41 (Claim Data Condition-Value)
ABMER41A	UB92 EMC RECORD 41 (Clm Data Condition-Value) cont'd
ABMER46	UB92 EMC RECORD 46 (ENVOY/NEIC ADDITIONAL PROV INFO)
ABMER50	UB92 EMC RECORD 50 (INPATIENT ACCOMMODATIONS)
ABMER60	UB92 EMC RECORD 60 (Inpatient Ancillary Services)
ABMER61	UB92 EMC RECORD 61 (Outpatient Services)
ABMER70	UB92 EMC RECORD 70-1 (Medical)
ABMER70A	UB92 EMC RECORD 70-1 (Medical) cont'd
ABMER80	UB92 EMC RECORD 80 (PHYSICIAN DATA)
Routine	Purpose/Description

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
ABMEXLIP	Create export of inpatients for a month
ABMF400	3P BILLING - Find Medicare 400/900 references
ABMFCPT	FILE CPT CODE
ABMFOFS	UPDATE FEE TABLE FROM FOREIGN FILE
ABMFPRT	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)
ABMPPFLR	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
ABMRELG	FIND INS TYPE AND COVERAGE
ABMRLABS	Add/Edit Reference Lab Locations
ABMRMCRD	MEDICARE PART D REPORT
ABMRSUBN	Resubmission Number Entry
ABMRVCXR	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
ABMUPOSC	Close POS cashiering sessions
ABMUPTIN	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
ABMURSEL	UFMS Report selection
ABMURSL1	Selective Report Parameters-PART 2
ABMUSETU	3PB/UFMS Setup Option
ABMUTL8	837 UTILITIES
ABMUTLF	FACILITY UTILITIES
ABMUTLN	NAME UTILITIES
ABMUTLP	PAYER UTILITIES
ABMUUTL	3PB/UFMS Check for pseudo TIN
ABMUVBCH	3PB/UFMS View Batch option
ABMUVBCR	3PB/UFMS View Batch Export Page Details
ABMUVCSH	3PB/UFMS View Cashiering Session Option
ABMUVHF	UFMS View Host File
ABMUXCLD	3PB/UFMS populate Exclusion Table
ABMVDF	VIDEO DISPLAY FEATURES
ABMVRQUE	Routine to regenerate claims for Riverside
ABMXUS9	Find a user

6.0 Files and Tables

6.1 File List

File Number	Name	Description
9002274.01	3P FEE TABLE	Holds information entered through any option under Table Maintenance, Fee Schedule Menu
9002274.02	3P PCC VISIT BILLING STATUS	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.
9002274.03	3P CODES	Holds special codes used for admission type, status, etc.
9002274.04	3P ERROR CODE	Holds error and warning codes and descriptions used on claims. May be entered or edited through Table Maintenance, Error Codes Menu.
9002274.05	3P PAGE 3 QUESTIONS	File used to know which questions to ask on Page 3 of Claim Editor and the order to be displayed.
9002274.06	3P ANESTHESIA CHARGE LIST	File holding different anesthesia codes, the time related, and obstetrically related
9002274.07	3P MODIFIERS	File storing 3P Coding Modifiers, Codes, and descriptions.
9002274.08	3P EXPORT MODE	This file allows for designating different modes of export that then can be used as selections for a particular Insurer.
9002274.09	3P INSURER	Holds insurer information needed by 3PB that is site specific.
9002274.1	3P DENTAL RECODE	Table containing Dental codes mapped to special IHS dental codes.
9002274.11	3P EMC REFERENCE ID	Table of 837 EMC Reference IDs needed based on insurer type
9002274.2	3P EXP LOCAL MOD	Contains references to locally developed routines to meet the specific requirements of different payers when generating electronic claim formats.

File Number	Name	Description
9002274.3	3P CLAIM DATA	Subscribed 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.
9002274.301	3P CLOSED CLAIM REASONS	Table of reasons for closing claims
9002274.31	3P CANCEL CLAIM REASONS	Table of reasons for cancelling claims
9002274.32	3P CANCELLED CLAIM DATA	Subscribed by facility. Contains partial data of claims that have been cancelled by users.
9002274.33	3P CLAIM PENDING STATUS	Table of reasons for putting claims in PENDING status
9002274.34	3P CONDITION INDICATORS	Table of reasons for ambulance transport
9002274.35	3P REFERENCE LAB LOCATIONS	Table used for Reference Lab data. Site will select from Vendor file and enter CLIA number for Vendor
9002274.37	3P CPT TABLE	CPT table to be used by background checker to allow removal of all CPT codes from background checker returns.
9002274.4	3P BILL	Entry into this file is created when the claim is approved. This data is not changed through the Claim Editor.
9002274.41	3P UFMS INSURER TYPE/BUDGET ACTIVITY	Table of insurer type to budget activity mapping.
9002274.42	3P UFMS CLINIC/COST CENTER	Table of clinic to cost center mapping.
9002274.44	3P UFMS EXCLUSION TABLE	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.
9002274.45	3P UFMS CASHIERING SESSIONS	Captures daily user sessions containing all approved/cancelled claims/bills.
9002274.46	3P UFMS EXPORTS	Capture of when transmissions were done to UFMS and what sessions/bills were in each one.
9002274.47	3P CANCEL BILL REASONS	Table of reasons for canceling bills.

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

File #	Filename	GL	RD	WR	LYG	DD	DEL
9002274.47	3P CANCEL BILL REASONS	^ABMCBILR	@	@	@	@	@
9002274.31	3P CANCEL CLAIM REASONS	^ABMCCLMR	@	@	@	@	@
9002274.32	3P CANCELLED CLAIM DATA	^ABMCCLMS	@	@	@	@	@
9002274.301	3P CLOSED CLAIM REASONS	^ABMCLCLM		@	@	@	@
9002274.75	3P CHARGE MASTER	^ABMCM	V	V	V	@	V
9002274.34	3P CONDITION INDICATORS	^ABMCNDIN	V	@	@	@	@
9002274.4	3P BILL	^ABMDBILL	V	V	V	@	@
9002274.3	3P CLAIM DATA	^ABMDCLM	V	V	V	@	@
9002274.03	3P CODES	^ABMDCODE	V	V	V	@	@

File #	Filename	GL	RD	WR	LYG	DD	DEL
9002274.37	3P CPT TABLE	^ABMDCPT	@	@	@	@	@
9002274.02	3P PCC VISIT BILLING STATUS	^ABMDCS	V	V	V	@	@
9002274.7	3P DENIAL REASONS	^ABMDDENI	V	V	V	@	@
9002274.04	3P ERROR CODE	^ABMDERR	V	V	V	@	@
9002274.08	3P EXPORT MODE	^ABMDEXP	V	V	V	@	@
9002274.01	3P FEE TABLE	^ABMDFEE	V	V	V	@	@
9002274.07	3P MODIFIERS	^ABMDMOD	V	V	V	@	@
9002274.5	3P PARAMETERS	^ABMDPARM	V	V	V	@	@
9002274.1	3P DENTAL RECODE	^ABMDREC	V	V	V	@	@
9002274.6	3P TX STATUS	^ABMDTXST	V	V	V	@	@
9002274.8	3P VISIT TYPE	^ABMDVTYP	V	V	V	@	@
9002274.93	3P ENVOY PAYER	^ABMENVOY	V	V	@	@	@
9002274.94	3P ENVOY PROVIDER SPECIALTY	^ABMENVPS	@	@	@	@	@
9002274.2	3P EXP LOCAL MOD	^ABMEXLM	@	@	@	@	@
9002274.09	3P INSURER	^ABMNINS	V	V	V	@	@
9002274.33	3P CLAIM PENDING STATUS	^ABMPSTAT	@	@	@	@	@
9002274.95	3P PROVIDER TAXONOMY	^ABMPTAX	V	@	@	@	@
9002274.05	3P PAGE 3 QUESTIONS	^ABMQUES	@	@	@	@	@
9002274.11	3P EMC REFERENCE ID	^ABMREFID	V	V	V	@	V
9002274.35	3P REFERENCE LAB LOCATIONS	^ABMRLABS	V	V	V	@	V
9002274.45	3P UFMS CASHIERING SESSIONS	^ABMUCASH	MVL# Pp[]~	MVL# Pp[]~	MVL# Pp[]~	@	@
9002274.42	3P UFMS CLINIC/COST CENTER	^ABMUCTCC	@	@	@	@	@
9002274.41	3P UFMS INSURER TYPE/BUDGET ACTIVITY	^ABMUITBA	@	@	@	@	@
9002274.46	3P UFMS EXPORTS	^ABMUTXMT	V	V	V	@	@

File #	Filename	GL	RD	WR	LYG	DD	DEL
9002274.44	3P UFMS EXCLUSION TABLE	3P UFMS EXCLUSION TABLE	V	V	V	@	@

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 Reqd 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
 - AOVR MUMPS
 - .06 Visit Type
 - AOVR2^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 CHARGE 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

67 DATE STMT WAS PRINTED

.01 Pt Stmt Message
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.

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

- .02 Effective Date
 - .01 Effective Date
 - B Regular

6.3.24 3P UFMS CASHIERING SESSIONS (9002274.45)

- .01 LOCATION
 - B Regular
- .02 USER
 - .01 User
 - B Regular
 - .02 SIGN IN DATE
 - .01 Sign In Date
 - B Regular
 - 11 BUDGET ACTIVITY
 - .01 Budget Activity
 - B Regular
 - 1 CANCELLED CLAIMS
 - .01 Cancelled Claims
 - B Regular
 - 2 APPROVED BILLS
 - .01 Approved Bills
 - B Regular
 - 3 CANCELLED BILLS
 - .01 Cancelled Bills
 - B Regular
 - 12 REQUEUED BILLS
 - .01 Requeued Bills
 - B Regular
 - 13 REQUEUED BATCHES
 - .01 Requeued Batches
 - B Regular
- .02 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 APPROVED BILLS
 - .01 Approved Bills
 - B Regular

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: ^ABMDFEE

File#: 9002274.01

11 SURGICAL (CPT CODE) (Multiple-9002274.0111), [11;0]

- .01 SURGICAL (CPT CODE) (M*P81'X), [0;1]
- .02 CHARGE (RNJ8,2), [0;2]
- .03 LAST UPDATE (D), [0;3]
- .04 FOLLOW UP DAYS (NJ3,0), [0;4]

11 MODIFIERS (Multiple-9002274.011111), [11;0]

- .01 MODIFIERS (MP9002274.07'X), [0;1]
- .02 UNITS (NJ5,1), [0;2]
- .03 CHARGE (NJ8,2), [0;3]
- .04 DESCRIPTION (F), [0;4]

13 HCPCS CODE (Multiple-9002274.01113), [13;0]

- .01 HCPCS CODE (M*P81'X), [0;1]
- .02 CHARGE (NJ8,2), [0;2]
- .03 LAST UPDATE (D), [0;3]

15 RADIOLOGY (CPT CODE) (Multiple-9002274.01115), [15;0]

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

11 MODIFIER (Multiple-9002274.0111511), [11;0]

- .01 MODIFIER (MP9002274.07'X), [0;1]
- .02 UNITS (NJ3,0), [0;2]
- .03 CHARGE (RNJ7,2), [0;3]
- .04 DESCRIPTION (F), [0;4]

17 LABORATORY (CPT CODE) (Multiple-9002274.01117), [17;0]

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

11 MODIFIER (Multiple-9002274.0111711), [11;0]

- .01 MODIFIER (MP9002274.07'X), [0;1]
- .03 CHARGE (RNJ8,2), [0;3]
- .04 DESCRIPTION (F), [0;4]

19 MEDICAL (CPT CODE) (Multiple-9002274.01119), [19;0]

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

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]

- 11 START DATE (Multiple-9002274.09111), [11;0]**
 - .01 START DATE (D), [0;1]
 - .02 RATE (\$) (RNJ7,2), [0;2]
 - .03 STOP DATE (D), [0;3]
- 12 REPLACE INSURER EFFECTIVE DATE (Multiple-9002274.09112), [12;0]**
 - .01 REPLACE INSURER EFFECTIVE DATE (D), [0;1]
 - .02 END DATE (D), [0;2]
 - .03 REPLACEMENT INSURER (P9002274.09'X), [0;3]
 - .04 REPLACEMENT VISIT TYPE (P9002274.8'), [0;4]
- 18 SUBPART NPI (P4'), [1;8]
- 101 EMC REFERENCE ID (P9002274.11), [1;1]
- 102 X12 TRADING PARTNER NAME (F), [1;2]
- 103 DME GROUP NUMBER/NAME (F), [1;3]
- 104 DME CONTRACTOR (S), [1;4]
- 105 CLIA# REQ'D FOR ALL VISITS? (S), [1;5]
- 106 WHICH CLIA SHOULD PRINT? (S), [1;6]
- 107 DASH IN BLOCK 1A? (S), [1;7]
- 2 FORM LOCATOR OVERRIDE (Multiple-9002274.092), [2;0]**
 - .01 FORM LOCATOR OVERRIDE (MF), [0;1]
 - .02 MODE OF EXPORT (FORM) (RP9002274.08'), [0;2]
 - .03 FORM LINE (RNJ2,0), [0;3]
 - .04 LINE PIECE (RNJ2,0), [0;4]
 - .045 VISIT TYPE (P9002274.8'), [0;6]
 - .05 DATA VALUE (Fa), [0;5]
 - .06 VISIT TYPE (P9002274.8'), [0;6]
- 3 PROVIDER (Multiple-9002274.093), [3;0]**
 - .01 PROVIDER (MP200'X), [0;1]
 - .02 PIN # (F), [0;2]
- 4 LAB CPT/HCPCS REQ'ING RESULTS (Multiple-9002274.094), [4;0]**
 - .01 LAB CPT/HCPCS REQ'ING RESULTS (*P81'), [0;1]
 - .02 REQ'D FOR INSURER? (S), [0;2]

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 (P9000001'), [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]

.19 PENDING STATUS UPDATER (P200'), [0;19]
.41 NO CORRESPONDING CPT (S), [4;1]
.42 PCC EDITED W/O CLM UPDATE (S), [4;2]
.43 NUMBER X-RAYS INCLUDED (NJ2,0), [4;3]
.44 ORTHODONTIC RELATED (S), [4;4]
.45 ORTHODONTIC PLACEMENT DATE (D), [4;5]
.46 PROSTHESIS INCLUDED (S), [4;6]
.47 PRIOR PLACEMENT DATE (D), [4;7]
.48 CASE NUMBER (F), [4;8]
.49 RESUBMISSION (CONTROL) NUMBER (F), [4;9]
.51 ADMISSION TYPE (*P9002274.03'XO), [5;1]
.511 REFERRAL NUMBER (F), [5;11]
.512 PRIOR AUTHORIZATION NUMBER (F), [5;12]
.52 ADMISSION SOURCE/NEWBORN CODE (*P9002274.03'OX), [5;2]
.525 NEWBORN DAYS (NJ2,0), [5;10]
.53 DISCHARGE STATUS (*P9002274.03'XO), [5;3]
.54 PRO APPROVAL CODE (*P9002274.03'OX), [5;4]
.55 PRO APPROVED STAY FROM (DX), [5;5]
.56 PRO APPROVED STAY THRU (DX), [5;6]
.57 PROF COMP DAYS (NJ3,0X), [5;7]
.58 PRO AUTHORIZATION NUMBER (F), [5;8]
.59 ADMITTING DIAGNOSIS (P80'), [5;9]
.61 ADMISSION DATE (D), [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]
.69 NUMBER OF OUTPATIENT VISITS (NJ2,0), [6;9]
.71 SERVICE DATE FROM (DX), [7;1]
.711 RELEASE OF INFORMATION DATE (D), [7;11]
.712 ASSIGNMENT OF BENEFITS DATE (D), [7;12]
.72 SERVICE DATE TO (DX), [7;2]
.73 COVERED DAYS (NJ3,0X), [7;3]
.74 RELEASE OF INFORMATION (S), [7;4]
.75 ASSIGNMENT OF BENEFITS (S), [7;5]

.76 PINTS OF BLOOD FURNISHED (NJ2,0), [7;6]
.77 PINTS OF BLOOD REPLACED (NJ2,0), [7;7]
.78 PINTS OF BLOOD NOT REPLACED (NJ2,0), [7;8]
.79 BLOOD DEDUCTIBLE PINTS (NJ1,0), [7;9]
.81 OUTSIDE LAB CHARGES (NJ8,2), [8;1]
.816 ACCIDENT STATE (P5'), [8;16]
.82 INJURY DATE (D), [8;2]
.83 ACCIDENT TYPE (S), [8;3]
.84 ACCIDENT HOUR (NJ2,0), [8;4]
.85 EMERGENCY (Y/N) (S), [8;5]
.855 *EMERGENCY ROOM SUR-CHARGE (NJ6,2), [8;10]
.857 E-CODE (P80'X), [8;12]
.858 E-CODE (2) (P80'X), [8;19]
.859 E-CODE (3) (P80'X), [8;20]
.86 DATE OF FIRST SYMPTOM (D), [8;6]
.87 DATE OF FIRST CONSULTATION (D), [8;7]
.88 REFERRING PHYSICIAN (FX), [8;8]
.884 REFERRING PHYS ID QUALIFIER (S), [8;18]
.885 REFER PHYSICIAN ID NO. (F), [8;11]
.886 REFER PHYSICIAN PERSON CLASS (P8932.1'), [8;13]
.887 REFER PHYSICIAN PROVIDER CLASS (P7'), [8;14]
.888 REFER PHYSICIAN TAXONOMY CODE (P9002274.95'), [8;15]
.889 REFER PROV NPI (FX), [8;17]
.89 DATE OF SIMILIAR SYMPTOM (D), [8;9]
.91 EMPLOYMENT RELATED (Y/N) (S), [9;1]
.911 DATE LAST SEEN (D), [9;11]
.912 SUPERVISING PROV(FL19) (F), [9;12]
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.914 HOMEBOUND INDICATOR (S), [9;14]
.915 HOSPICE EMPLOYED PROVIDER (S), [9;15]
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.918 ORAL IMAGES (NJ2,0), [9;18]
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.921 OTHER DENTAL CHARGES (NJ8,2), [9;21]
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.923 REFERENCE LAB CLIA# (P9002274.35'), [9;23]

- .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*P9000010'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 (RNJ8,20), [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 (RNJ7,20), [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 (NJ8,20), [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]

37 Laboratory (Multiple-9002274.3037), [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 (RNJ7,20), [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-9002274.303718), [P;0]**
 - .01 SERVICE LINE PROVIDER (MP200'X), [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-9002274.3039), [39;0]

- .01 ANESTHESIA (CPT CODE) (M*P81'X), [0;1]
- .02 REVENUE CODE (*P9999999.72'X), [0;2]
- .03 TIME CHARGE (NJ8,2X), [0;3]
- .04 BASE CHARGE (RNJ7,20), [0;4]
- .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-9002274.303918), [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]

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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), []
.01 PATIENT (RP9000001'), [0;1]
.02 ENCOUNTER DATE (D), [0;2]
.03 VISIT LOCATION (P9999999.06'), [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 (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 (P9000001'), [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]
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- .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]

.69 NUMBER OF OUTPATIENT VISITS (NJ2,0), [6;9]
.71 SERVICE DATE FROM (DX), [7;1]
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.712 ASSIGNMENT OF BENEFITS DATE (D), [7;12]
.72 SERVICE DATE TO (D), [7;2]
.73 COVERED DAYS (NJ3,0), [7;3]
.74 RELEASE OF INFORMATION (S), [7;4]
.75 ASSIGNMENT OF BENEFITS (S), [7;5]
.76 PINTS OF BLOOD FURNISHED (NJ2,0), [7;6]
.77 PINTS OF BLOOD REPLACED (NJ2,0), [7;7]
.78 PINTS OF BLOOD NOT REPLACED (NJ2,0), [7;8]
.79 BLOOD DEDUCTIBLE PINTS (NJ1,0), [7;9]
.81 OUTSIDE LAB CHARGES (NJ8,2), [8;1]
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.83 ACCIDENT TYPE (S), [8;3]
.84 ACCIDENT HOUR (NJ2,0), [8;4]
.85 EMERGENCY (Y/N) (S), [8;5]
.855 EMERGENCY ROOM SUR-CHARGE (NJ6,2), [8;10]
.857 E-CODE (P80'X), [8;12]
.858 E-CODE (2) (P80'X), [8;19]
.859 E-CODE (3) (P80'X), [8;20]
.86 DATE OF FIRST SYMPTOM (D), [8;6]
.87 DATE OF FIRST CONSULTATION (D), [8;7]
.88 REFERRING PHYSICIAN (FX), [8;8]
.884 REFERRING PHYS ID QUALIFIER (S), [8;18]
.885 REFER PHYSICIAN ID NO. (F), [8;11]
.886 REFER PHYSICIAN PERSON CLASS (P8932.1'), [8;13]
.887 REF PHYSICIAN PROVIDER CLASS (P7'), [8;14]
.888 REFER PHYSICIAN TAXONOMY CODE (P9002274.95'), [8;15]
.889 REFER PROV NPI (FX), [8;17]
.89 DATE OF SIMILIAR SYMPTOM (D), [8;9]
.91 EMPLOYMENT RELATED (Y/N) (S), [9;1]
.911 DATE LAST SEEN (D), [9;11]
.912 SUPERVISING PROV(FL19) (F), [9;12]
.913 DATE OF LAST X-RAY (D), [9;13]
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- .915 HOSPICE EMPLOYED PROVIDER (S), [9;15]
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- .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*P9000010'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 (RNJ8,20), [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 (RNJ7,20), [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 (NJ6,20), [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 (RNJ7,20), [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 (RNJ7,20), [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 (RNJ7,20), [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 (M*P9002274.03'), [0;1]
- .02 AMOUNT (RNJ9,20), [0;2]

57 Occurance Span Code (Multiple-9002274.4057), [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-9002274.4059), [59;0]

- .01 SPECIAL PROGRAM CODE (M*P9002274.03'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]

- .03 IEN (NJ11,0), [0;3]
- .03 CANCELLED BILLS (Multiple-9002274.45302113), [3;0]**
- .01 CANCELLED BILLS (F), [0;1]
- .02 DUZ(2) (P9999999.06'), [0;2]
- .03 IEN (NJ11,0), [0;3]

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 Locator 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

Global: ^ABMDTXST(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

- .01 TAXONOMY CODE (RF), [0;1]
- .02 PROVIDER CLASS CODE (F), [0;2]
- .03 PERSON CLASS (P8932.1'X), [0;3]
- .04 PROV CLASS CODE 2 (F), [0;4]
- .05 PROV CLASS CODE 3 (F), [0;5]

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.

Routine Called	Invoked by
KILL^AG	ABMDTEL
AGCO	Menu Option
AGED4	ABMDTEL
AGED5	ABMDTEL
AGED6	ABMDTEL
AGED7	ABMDTEL
AGEDIT	ABMDTEL
AGEL	Menu Option
AGRPTVET	Menu Option
AGTMPMRG	Menu Option
AGTMPPOL	Menu Option
AGVAR	ABMDTEL
EN^APCHS	ABMDECK
AUGSAVE	ABMDTX2

7.2 Published Entry Points

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

7.2.1 Entry Points Details

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

Routine Name	Purpose/Description	Calling Format
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.	

Routine Name	Purpose/Description	Calling Format
ABMDLCK	Eligibility Checker	DO ELG^ABMDLCK(ABMVDFN, ABML,DFN,ABMVDT)
	<p>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):</p> <p>ABML(PRIORITY,INSIEN) = D^I^TYPE^SDATE^EDATE^UBILL ABML(PRIORITY,INSIEN,"COV",CTIEN) = COV</p> <p>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</p> <p>Required input variables: ABMVDFN or (DFN and ABMVDT)</p> <p>ABMVDFN = The PCC Visit file IEN DFN = Patient file IEN ABMVDT (Visit) date in FileMan internal format</p> <p>Output: ABML array. It must be passed by reference.</p>	
ABMDLINK	Routine to Account for PCC Merge	DO EXT^ABMDLINK External Package Entry Point
	<p>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.</p> <p>The following variables must be passed from PCC and thus should not be killed:</p> <p>APCDVMF - Merge from visit IEN APCDVMT - Merge to visit IEN</p>	

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.

Option Name	Description
ABM SET SITE	Set Site
ABMD CL ADD	Add New Claim (Manual Entry)
ABMD CL CG1	Claim Generator, One Patient
ABMD CL EDIT	Edit Claim Data
ABMD CL ELIG CHECK	Check Eligibility for a Visit
ABMD CL LOOP	Claim Editor Loop
ABMD CL MENU	Add/Edit Claim Menu
ABMD CL REBUILD	Rebuild Items from PCC
ABMD CL SET ABILL	Recreate claim from PCC data
ABMD EL MCD MAINT	Medicaid Eligibility Edit (Page 5)
ABMD EL MCR MAINT	Medicare Eligibility Edit (Page 4)
ABMD EL MENU	Eligibility Menu
ABMD EL PI MAINT	Private Insurance Eligibility Edit (Page 7)
ABMD EL PO EDIT	Add/Edit a Private Insurance Policy
ABMD EL PO LIST	Listing of Policies and Members by Insurer

Option Name	Description
ABMD EL PO MENU	Private Insurance Policy Maintenance Menu
ABMD EL PO MRG	Merge Duplicate Insurance Policies
ABMD EL REG MENU	Edit a PATIENT REGISTRATION Third Party Page
ABMD EL RR MAINT	RailRoad Retirement Edit (Page 6)
ABMD MG ADD BILL	Add a new BILL that was Manually Submitted
ABMD MG BACK BILL	Initiate Back Billing Check
ABMD MG CAN BILL	Cancel an Approved Bill
ABMD MG CAN CLM	Cancel Claim
ABMD MG CLAIM SPLIT	Split Claim
ABMD MG FLAT RATE ADJUST	Flat Rate Adjustment
ABMD MG INPATIENT EXPORT	Export Inpatient Bill to Excel
ABMD MG INQ BILL	Inquire about an Approved Bill
ABMD MG IPSVCS	Inpatient Physician Services
ABMD MG MENU	Claim/Bill Management Menu
ABMD MG MRG CLM	Merge Claims
ABMD MG REOPEN	Open/Close Claim
ABMD PAYMENT	Payment Posting
ABMD PR DISPLAY APPRVD BILLS	Bills Awaiting Export Report
ABMD PR EMC RECREATE	Recreate batch of ICD-9 bills
ABMD PR MENU	Print Bills Menu
ABMD PR PRINT FORMS	Print Approved Bills
ABMD PR PRINT MAILING LABELS	Print Mailing Address Labels
ABMD PR PRINT WORKSHEET	Print Worksheet (Itemized CPT Data)
ABMD PR PT STMT	Print Patient Statement
ABMD PR REPRINT BILL	Reprint Bill
ABMD PR RESUB AND REPRINT	Enter Resubmission Number
ABMD PR TEST	Test Forms Alignment
ABMD PR TRANSMITTAL LIST	Transmittal Listing
ABMD PRV MENU	Provider Menu
ABMD RP AGING REPORT	Aging Report by Insurer for 30 Day Increments
ABMD RP ALL BILLS	Bills Listing
ABMD RP AO TRANS LIST	Area Office Export Log Re-Print
ABMD RP BRIEF LISTING	Brief (single-line) Claim Listing
ABMD RP CANCELLED CLAIMS	Cancelled Claims Report

Option Name	Description
ABMD RP CHARGE MASTER	Charge Master Listing
ABMD RP CLOSED CLAIMS	Closed Claims Report
ABMD RP DETAILED LISTING	Detailed Display of Selective Claims
ABMD RP DX LISTING	Listing of Billed Primary Diagnosis
ABMD RP EMPLOYEE PRODUCTIVITY	Employee Productivity Listing
ABMD RP MENU	Reports Menu
ABMD RP PATIENT	Billing Activity for a Specific Patient
ABMD RP PCC AUDIT	PCC Visit Tracking/Audit
ABMD RP PENDING STATUS	Pending Claims Status Report
ABMD RP PX LISTING	Listing of Billed Procedures
ABMD RP STATS REPORT	Statistical Billed-Payment Report
ABMD RP SUMMARIZED LISTING	Summarized (multi-line) Claim Listing
ABMD RP VIEW PCC	View PCC Visit
ABMD TM ABMDSS	Initialize New Facility
ABMD TM CHARGE MASTER	Charge Master Add/Edit
ABMD TM COV TYPE LISTING	Print Coverage Type Listing
ABMD TM COV TYPE MAINTENANCE	Add/Edit a Coverage Type
ABMD TM COV TYPE MENU	Coverage Type File Menu
ABMD TM CPT INQUIRY	Inquire to CPT File
ABMD TM CPT LAB	LAB CPT codes to pass to TPB
ABMD TM CPT LISTING	Print CPT Procedure File
ABMD TM CPT MAINTENANCE	CPT File Maintenance
ABMD TM CPT MENU	CPT File Menu
ABMD TM CPT MODIFIERS	Modifiers Add/Edit
ABMD TM CPT REPLACEMENT TXT	Replacement Text for CPT File Lookups
ABMD TM DENTAL REMAP	Dental Remap Table Maintenance
ABMD TM DRUG INQUIRY	Display a Drug File Entry
ABMD TM DRUG LIST	Drug Listing
ABMD TM DRUG MENU	Drug File Menu
ABMD TM EL R CO	Listing of Commissioned Officers and Dependents
ABMD TM EL R CO VISITS	Visits by Commissioned Officers and Dependents
ABMD TM EL R MEDCAID	Listing of Medicaid Enrollees
ABMD TM EL R MEDICARE A	Listing of Medicare Part A Enrollees
ABMD TM EL R MEDICARE B	Listing of Medicare Part B Enrollees

Option Name	Description
ABMD TM EL R MEDICARE D	Listing of Medicare Part D Enrollees
ABMD TM EL R MENU	Eligibility Reports Menu
ABMD TM EL R PRIVATE INS	Private Insurance Eligibility Listing
ABMD TM EL R VET	VA Eligibility Listing
ABMD TM EMPLOYER DISPLAY	Employer Listing
ABMD TM EMPLOYER MAINTENANCE	Add/Edit an Employer
ABMD TM EMPLOYER MENU	Employer File Menu
ABMD TM EMPLOYER MERGE	Merge Duplicate Employers
ABMD TM EMPLOYER REPORT	List all Employees by Employer
ABMD TM ERROR CODE LISTING	Error Codes Listing
ABMD TM ERROR CODE MAINTENANCE	Edit Error Codes
ABMD TM ERROR CODE MENU	Error Codes Menu
ABMD TM FEE ASC	Update ASC Fee Schedule
ABMD TM FEE DRUG	Transfer Drug Prices from Drug File
ABMD TM FEE FOREIGN	Import Foreign Fee Schedule
ABMD TM FEE LISTING	Print Fee Schedule Listing
ABMD TM FEE MAINT	Fee Schedule Maintenance
ABMD TM FEE MENU	Fee Schedule Menu
ABMD TM FEE PERCENT	Increase/Decrease Fee Schedule
ABMD TM FEE REPORT	CPT-Corresponding ICD-Fee Listing
ABMD TM FORM LOCATOR	Form Locator Override
ABMD TM GRP ASSIGN	Mass Group Plan Assignment for specified Employer
ABMD TM GRP EDIT	Add/Edit Group Insurance Plans
ABMD TM GRP LISTING	Group Insurance Plans Listing
ABMD TM GRP MENU	Group Insurance Plans Menu
ABMD TM GRP MERGE	Merge Duplicate Group Plans
ABMD TM INS INQUIRY	Display Insurer Info (Inquire)
ABMD TM INS LISTING	Insurer Listing
ABMD TM INS MAINTENANCE	Add/Edit Insurer
ABMD TM INS MENU	Insurer File Menu
ABMD TM INS MERGE	Merge Duplicate Insurers
ABMD TM INS REPLACEMENT TEXT	Replacement Text for Insurer Lookups
ABMD TM LABS REQ'ING RESULTS	Lab CPT/HCPCS Requiring Test Results

Option Name	Description
ABMD TM LOC INQUIRY	Display Location File Entry
ABMD TM LOC MAINT	Location File Maintenance
ABMD TM LOC MENU	Location File Menu
ABMD TM MENU	Table Maintenance Menu
ABMD TM MGR MENU	Manager Reports
ABMD TM MGR TALLY	Visit/Claim/Bill Tally Report
ABMD TM PRV INQUIRY	Inquire to Provider File
ABMD TM PRV NPI	Add/Edit NPI values for Providers
ABMD TM PRVNUMBEREDIT	Provider Number Edit
ABMD TM REF LABS	Add/Edit Reference Lab Locations
ABMD TM REVN CODE LISTING	Print Revenue Code Listing
ABMD TM REVN CODE MAINTENANCE	Revenue Code Maintenance
ABMD TM REVN CODE MENU	Revenue Codes Menu
ABMD TM SITE PARAMETERS	Site Parameter Maintenance
ABMD TM SITE PARAMETERS REPORT	Table Maintenance Site Parameters Report
ABMD TM UB92 CODE LISTING	UB-92 Codes Listing
ABMD TM UB92 CODE MENU	UB-92 Codes Menu
ABMD TM UB92 CODES	UB-92 Code Maintenance
ABMD TM VISIT TYPE EDIT	Visit Type Maintenance
ABMD TSK AO EXPORT	Automatic Data Transfer to Area Office
ABMD TSK POS SESSION CL	Close POS Cashiering Sessions
ABMD TSK VISIT CHECK	Auto-PCC Visit Check/3P Claim Creation
ABME ABMEBDSP	Batch Summary
ABME ABMECS	Create EMC File
ABME ABMERSND	Re-Create an EMC File
ABME DISP ABMECS	Summary of Bills Ready for Submission
ABME EMC	Electronic Media Claims
ABMMENU	Third Party Billing System
ABMU CAN VIEW	View/Print CAN crosswalk
ABMU CASHIER PRODUCTIVITY RPT	Cashiering Session Productivity Report
ABMU CASHIERING OPTIONS	Cashiering Options
ABMU CASHIERING SIGN IN/OUT	Cashiering Sign In/Sign Out
ABMU EXCLUSION TABLE	Exclude data to UFMS
ABMU PSEUDO TIN LISTING	Pseudo TIN Listing

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

7.4 Un-subscribed Global Deletes

As the %INDEX utility indicates, the Billing Package KILLS UNSUBSCRIBED 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

Typing . . .	Displays . . .
One question mark (?)	A list of all options accessible from the current option.
Two question marks (??)	A list of all accessible options and their formal names
Three question marks (???)	A brief description for each option in a menu.
One question mark (?) followed by an option name (?OPTION)	Extended help, if available, for that option

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 6.0Files 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 known 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