RESOURCE AND PATIENT MANAGEMENT SYSTEM

Third Party Billing

(ABM)

Addendum to User Manual

Version 2.6 Patch 34
October 2021

Office of Information Technology
Division of Information Technology

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Preface

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

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

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

References to "Change Requests", "HEAT", "Service Now" (or SNOW), and "ADO" (or Azure DevOps) will be seen throughout the document. A Change Request refers to a request to update or modify the software to correct or add additional functionality that will support the mission and goals of the Indian Health Service. HEAT is the software used to document issues reported by the field. SNOW has replaced HEAT as a means of tracking reported issues and documenting support requests. ADO is a system used to track software change requests and has replaced Serena, which was originally used to document the software change request.

Some examples in the manual may contain references to CPT codes. Please review the CPT Code Usage:

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1.0 Introduction

1.1 Summary of Changes

Patch 34 provides enhancements and minor corrections to Version 2.6 of the Third Party Billing application. This patch is not cumulative of prior released patches. Please refer to those patch addendums for additional information.

> **Note:** This addendum is not intended to be a billing/process guide. Consult your Business Office Manager or Area Business Office Coordinator for questions regarding insurer billing requirements and processes regarding billing.

1.1.1 Patch 34

1. Ensure Modifiers Display in the Claim Editor for the 90000 Range of CPT Codes (ADO60692 / Change Request 8337).

   A correction was made to page 8A of the Claim Editor to ensure that modifiers entered in the Patient Care Component application for CPT codes in the 90000 series are always populated on the claim in Third Party Billing. The Claim Editor will populate up to two modifiers that were entered in PCC.

2. Add DRG for Inpatient Billing (ADO60694 / Change Request 7384).

   A field was added to page 7 of the claim editor to allow for adding/editing a DRG (Diagnosis Related Group) on an inpatient VA claim; however, this change will work for any insurer. The DRG was added to page 7 as field six after the Admitting Diag and Primary Diagnosis fields, with the Primary Diagnosis field being new in patch 34 as well as the description for the Admitting Diag ICD that's populated. In addition, the data displayed on page 7 has been renumbered to accommodate the new DRG field, grouped into the following sections, and separated by dotted lines: Admission info, Diagnosis info, Discharge info, and Service Date info. If the new DRG field is populated, the DRG and its description will be displayed on page 5A of the claim editor. If the primary diagnosis is changed on page 5A, the DRG on page 7 will automatically be deleted and will have to be re-entered for the new primary diagnosis, if needed. When the claim is approved, the DRG will be populated in the HI*DR segment of the 837I and in box 71 of the UB-04.

3. Update Insurer Type to Budget Activity Mapping (ADO60695 / Change Request 7380).

The following insurer types were mapped by area to the appropriate budget activity for submission to UFMS: FPL – FPL 133 Percent, MMC – MCR Managed Care, MC – MCR Part C, SEP – State Exchange Program, and TSI – Tribal Self Insured. In addition, corrections were made to the VHF View UFMS Host File reports to ensure that the report headers line up with the data displayed for the File Layout, and to ensure that all of the fields are populated for the Captioned Layout as appropriate. These changes apply to Federal locations only as part of UFMS reporting.

4. Add the Ability to Close a Claim in the Claim Editor (ADO60696 / Change Request 7333).

   An option was added to page 0 of the Claim Editor to allow for closing a claim. This option works just like the OCMG Open/Close Claim option, but it allows for closing a claim from within the Claim Editor. The new Close option is locked with a security key (ABMDZ CE CLOSE CLAIM) and will only be available to users who have been assigned this new security key. In addition to adding a Close option, the Pend option was slightly modified to ensure that the user is taken back to the "Desired Action" prompt when a caret (^) is typed at the "Pending Status" prompt.

5. Add New Cancelled Claim Reason (ADO60697 / Change Request 7306).

   A new cancel claim reason, UNBILLABLE; NOT APP BY PCP/MED HOME GUIDELINE, has been added to the 3P CANCEL CLAIM REASONS file. This new cancel claim reason is available in the Cancel Claim option as entry number 35 and will also be displayed on the Cancelled Claims Report as appropriate.

6. Add New Cancelled Claim Reasons (ADO60698 / Change Request 7292).

   Two new cancel claim reasons, TRIBAL POLICY (UNBILLABLE) and PAYER DID NOT RECEIVE CLAIM, have been added to the 3P CANCEL CLAIM REASONS file. These new cancel claim reasons are available in the Cancel Claim option as entry numbers 36 and 37 and will also be displayed on the Cancelled Claims Report as appropriate.

7. Corrected Errors Received During the Batch Export Process (ADO60709 / Change Request 11815).

   Several programming errors were corrected that occur during bill export when a claim has been approved for a patient that only has one insurer, the bill was cancelled without being exported, approved again to the same insurer, and exported. The errors corrected are: <UNDEF>60+6^ABME5SBR for the 837P, <UNDEF>30+4^ABME5DMG for the 837I, and <UNDEF>SEL+4^ABMDE2X for the ADA-2012.

8. Corrected an Error Received when Reviewing/Approving a Claim with Incomplete Information (ADO60710 / Change Request 10997).

   A programming error was corrected in the Claim Editor that occurs when a claim number is entered at the 'Select CLAIM or PATIENT' prompt and that claim has an incomplete insurer entry. The incomplete insurer entry happens when an insurer on a claim has been deleted from the patient's record in Patient Registration, or when an old claim is reopened that was in a status of Uneditable (Billed) and there is not an active insurer on the claim. In these scenarios, patch 32 will display a message on page 0 of the Claim Editor stating that the claim cannot be opened due to no eligibility found for patient. Another scenario was found during patch 33 beta testing where a patient's HRN happens to be the same number as an old claim number that is missing data. In this scenario, the claim editor will display the appropriate claim error messages rather than kicking the user out with a programming error.

2.0 Patch 34

2.1 DRG and Primary Diagnosis Added to Page 7 of the Claim Editor

EDTP > EDCL

A field was added to page 7 of the Claim Editor to allow for adding/editing a DRG (Diagnosis Related Group) on an inpatient VA claim; however, this change will work for any insurer. The DRG was added to page 7 as field six after the Admitting Diag and Primary Diagnosis fields, with the Primary Diagnosis field being new in patch 34 as well as the description for the Admitting Diag ICD that is populated. In addition, the data displayed on page 7 has been renumbered to accommodate the new DRG field, grouped into the following sections, and separated by dotted lines: Admission info, Diagnosis info, Discharge info, and Service Date info.

Note: This new field is meant to be used for DRG reporting to the VA only. Do not send to the any other payers unless the payer requires it. Please coordinate with the inpatient coders to determine if the DRG will be added during the inpatient or day surgery coding process.

Prior to patch 34, page 7 of the claim editor looked similar to the example below.

```
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  PAGE 7  ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Patient: PATIENT,PRIVATE  [HRN:44444]                     Claim Number: 333333
.............................. (INPATIENT DATA) ..............................

[1] Admission Date...: 06-01-2021       [2] Admission Hour....: 10
[3] Admission Type...: 02 (URGENT)
[4] Admission Source.: 02 (CLINIC OR PHYSICIAN'S OFFICE)
[5] Admitting Diag...: I50.31 ()

[6] Discharge Date...: 06-05-2021       [7] Discharge Hour....: 10
[8] Discharge Status.: 01 (DISCHARGED TO HOME OR SELF CARE (ROUTINE DISCHARGE))
[9] Service From Date: 06-01-2021       [10] Service Thru Date: 06-05-2021
[11] Covered Days...: 5                 [12] Non-Cvd Days...:
[13] Prior Auth Number.....: APRV0123

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

Figure 2-1: Page 7 of the claim editor prior to patch 34

With patch 34 installed, the following changes will be reflected on page 7 of the claim editor:

- Admitting Diag description is displayed.

- Primary Diagnosis field added as an un-editable field. Changes to the Primary Diagnosis can be made on page 5A of the claim editor or on the visit from within the Patient Care Component application. If you change the diagnoses from within PCC, keep in mind you will need to either need to rebuild the claim using the RBCL option or you can use the Rfsh option from page 5A of the claim editor. Using either of these options will update the diagnoses on page 5A to match what is on the PCC visit, which means that any diagnoses that were manually entered from within the claim editor will be deleted. If the RBCL option is used to update the entire claim, any changes that were made from within the claim editor will be deleted and the claim will be restored to its original state based on PCC visit data.
- The data displayed has been grouped into the following sections and separated by dotted lines: Admission info, Diagnosis info, Discharge info, and Service Date info.

```
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  PAGE 7  ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Patient: PATIENT,PRIVATE  [HRN:44444]                      Claim: 333333
.............................. (INPATIENT DATA) ..............................

[1] Admission Date...: 06-01-2021       [2] Admission Hour....: 10
[3] Admission Type...: 02 (URGENT)
[4] Admission Source.: 02 (CLINIC OR PHYSICIAN'S OFFICE)
--------------------------------------------------------------------------------
[5] Admitting Diag...: I50.31 (Acute diastolic (congestive) heart failure)
    Primary Diagnosis: I50.31 (Acute diastolic (congestive) heart failure)
[6] DRG.............:
--------------------------------------------------------------------------------
[7] Discharge Date...: 06-05-2021       [8] Discharge Hour....: 10
[9] Discharge Status.: 01 (DISCHARGED TO HOME OR SELF CARE (ROUTINE DISCHARGE))
--------------------------------------------------------------------------------
[10] Service From Date: 06-01-2021      [11] Service Thru Date: 06-05-2021
[12] Covered Days...: 5                 [13] Non-Cvd Days...:

[14] Prior Auth Number.....: APRV0123

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

Figure 2-2: Page 7 after patch 34 has been installed: Admitting Diag description is displayed, Primary Diagnosis is displayed, DRG field has been added, data has been grouped and separated by dotted lines.

2.1.1 Adding/Editing/Deleting a DRG

To add or edit a DRG to an inpatient claim on page 7, use the Edit action and select field 6. The list of DRGs that are displayed will be pulled from the ICD DIAGNOSIS file and are associated with the primary diagnosis that is populated. From the list displayed, type the DRG number (**222**), or the letters **DRG** and the number (**DRG222**). A DRG that is not associated with the primary diagnosis may also be entered, as indicated by the help text displayed below the list of DRGs. To edit an existing DRG, use the Edit action and select field 6, then follow the same steps described above for adding a DRG.

```
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  PAGE 7  ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Patient: DEMO,VETERAN M  [HRN:44444]                        Claim: 333333
.............................. (INPATIENT DATA) ..............................

[1] Admission Date...: 06-01-2021       [2] Admission Hour....: 10
[3] Admission Type...: 02 (URGENT)
[4] Admission Source.: 02 (CLINIC OR PHYSICIAN'S OFFICE)
-------------------------------------------------------------------------------
[5] Admitting Diag...: I50.31 (Acute diastolic (congestive) heart failure)
    Primary Diagnosis: I50.31 (Acute diastolic (congestive) heart failure)
[6] DRG..............:
-------------------------------------------------------------------------------
[7] Discharge Date...: 06-01-2021       [8] Discharge Hour....: 10
[9] Discharge Status.: 01 (DISCHARGED TO HOME OR SELF CARE (ROUTINE DISCHARGE))
-------------------------------------------------------------------------------
[10] Service From Date: 06-01-2021      [11] Service Thru Date: 06-01-2021
[12] Covered Days...: 5                 [13] Non-Cvd Days...:

[14] Prior Auth Number.....: APRV0123
-------------------------------------------------------------------------------

Desired ACTION (Edit/Next/View/Jump/Back/Quit): N// E
Desired FIELDS:  (1-14): 1-14// 6

DRGs associated with Primary DX:
   222 DRG222 (CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION WITH A
MI, HF OR)
   223 DRG223 (CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION WITH A
MI, HF OR)
   291 DRG291 (HEART FAILURE AND SHOCK WITH MCC)
   292 DRG292 (HEART FAILURE AND SHOCK WITH CC)
   293 DRG293 (HEART FAILURE AND SHOCK WITHOUT CC/MCC)
   791 DRG791 (PREMATURITY WITH MAJOR PROBLEMS)
   793 DRG793 (FULL TERM NEONATE WITH MAJOR PROBLEMS)

   NOTE: Use your coding guidance to determine what DRG best aligns with
    the services provided, which may not necessarily be from the list above

[6] DRG: 293  DRG293 HEART FAILURE AND SHOCK WITHOUT CC/MCC

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  PAGE 7  ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Patient: DEMO,VETERAN M  [HRN:44444]                        Claim: 333333
.............................. (INPATIENT DATA) ..............................

[1] Admission Date...: 06-01-2021       [2] Admission Hour....: 10
[3] Admission Type...: 02 (URGENT)
[4] Admission Source.: 02 (CLINIC OR PHYSICIAN'S OFFICE)
-------------------------------------------------------------------------------
[5] Admitting Diag...: I50.31 (Acute diastolic (congestive) heart failure)
    Primary Diagnosis: I50.31 (Acute diastolic (congestive) heart failure)
[6] DRG..............: 293  (HEART FAILURE AND SHOCK WITHOUT CC/MCC)
-------------------------------------------------------------------------------
[7] Discharge Date...: 06-01-2021       [8] Discharge Hour....: 10
[9] Discharge Status.: 01 (DISCHARGED TO HOME OR SELF CARE (ROUTINE DISCHARGE))
-------------------------------------------------------------------------------
[10] Service From Date: 06-01-2021      [11] Service Thru Date: 06-01-2021
[12] Covered Days...: 5                 [13] Non-Cvd Days...:

[14] Prior Auth Number.....: APRV0123
-------------------------------------------------------------------------------
```

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

Figure 2-3: Adding a DRG to page 7 of the claim editor

To delete a DRG, use the Edit action and select field 6, then type the at symbol (**@**) and press Enter. The DRG will be removed from the claim.

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

Desired FIELDS:  (1-15): 1-15// 6

DRGs associated with Primary DX:
   222 DRG222 (CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION WITH A
MI, HF OR)
   223 DRG223 (CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION WITH A
MI, HF OR)
   291 DRG291 (HEART FAILURE AND SHOCK WITH MCC)
   292 DRG292 (HEART FAILURE AND SHOCK WITH CC)
   293 DRG293 (HEART FAILURE AND SHOCK WITHOUT CC/MCC)
   791 DRG791 (PREMATURITY WITH MAJOR PROBLEMS)
   793 DRG793 (FULL TERM NEONATE WITH MAJOR PROBLEMS)

   NOTE: Use your coding guidance to determine what DRG best aligns with
    the services provided, which may not necessarily be from the list above

[6] DRG: DRG293// @ <enter>
   SURE YOU WANT TO DELETE? Y

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  PAGE 7  ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Patient: DEMO,VETERAN M  [HRN:44444]                        Claim: 333333
.............................. (INPATIENT DATA) ..............................

[1] Admission Date...: 06-01-2021       [2] Admission Hour....: 10
[3] Admission Type...: 02 (URGENT)
[4] Admission Source.: 02 (CLINIC OR PHYSICIAN'S OFFICE)
-------------------------------------------------------------------------------
[5] Admitting Diag...: I50.31 (Acute diastolic (congestive) heart failure)
    Primary Diagnosis: I50.31 (Acute diastolic (congestive) heart failure)
[6] DRG..............: 293  (HEART FAILURE AND SHOCK WITHOUT CC/MCC)
-------------------------------------------------------------------------------
[7] Discharge Date...: 06-01-2021       [8] Discharge Hour....: 10
[9] Discharge Status.: 01 (DISCHARGED TO HOME OR SELF CARE (ROUTINE DISCHARGE))
-------------------------------------------------------------------------------
[10] Service From Date: 06-01-2021      [11] Service Thru Date: 06-01-2021
[12] Covered Days...: 5                 [13] Non-Cvd Days...:

[14] Prior Auth Number.....: APRV0123
-------------------------------------------------------------------------------

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

Figure 2-4: Deleting a DRG from page 7 of the claim editor

2.1.2 DRG Description Added to Page 5A

If a DRG has been populated on page 7, the DRG and its description will be displayed on page 5A.

```
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  PAGE 5A  ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Patient: PATIENT,PRIVATE  [HRN:44444]                      Claim: 333333
.............................. (DIAGNOSIS) ..............................

ICD Indicator for NARRATIVE INSURANCE : ICD-10

   DRG: DRG293 (HEART FAILURE AND SHOCK WITHOUT CC/MCC)

BIL    ICD
SEQ    CODE   IND   Dx DESCRIPTION               PROVIDER'S NARRATIVE
===  ======== === ========================== ==================================
1   I50.31    10 Acute diastolic            HEART FAILURE
                   (congestive) heart
                   failure
2   I15.1     10 Hypertension secondary     HYPERTENSION
                   to other renal
                   disorders


Desired ACTION (Add/Del/Edit/Seq/View/Next/Rfsh/Ind/Jump/Back/Quit): N//
```

Figure 2-5: DRG description added to page 5A for inpatient claims

For inpatient claims that do not have a DRG populated on page 7, the DRG field on page 5A will be populated with **<NONE>**. This will also be displayed if the primary diagnosis on page 5A is changed and a new DRG has not been added to page 7.

```
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  PAGE 5A  ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Patient: PATIENT,PRIVATE  [HRN:44444]                      Claim: 333333
.............................. (DIAGNOSIS) ..............................

ICD Indicator for NARRATIVE INSURANCE : ICD-10

   DRG: <NONE>

BIL    ICD
SEQ    CODE   IND   Dx DESCRIPTION               PROVIDER'S NARRATIVE
===  ======== === ========================== ==================================
1   I50.31    10 Acute diastolic            HEART FAILURE
                   (congestive) heart
                   failure
2   I15.1     10 Hypertension secondary     HYPERTENSION
                   to other renal
                   disorders


Desired ACTION (Add/Del/Edit/Seq/View/Next/Rfsh/Ind/Jump/Back/Quit): N//
```

Figure 2-6: DRG description field displays <NONE> on page 5A when there is no DRG populated

These changes have no effect on page 5A for outpatient claims. The DRG field will not be displayed.

```
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  PAGE 5A  ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Patient: DEMO,DAISY       [HRN:77777]                      Claim: 999999
.............................. (DIAGNOSIS) ..............................
```

```
ICD Indicator for NARRATIVE INSURANCE : ICD-10

BIL    ICD
SEQ    CODE    IND   Dx DESCRIPTION                PROVIDER'S NARRATIVE
===  ======== === ========================== ==================================
1    I50.31    10 Acute diastolic             HEART FAILURE
                      (congestive) heart
                      failure
2    I15.1     10 Hypertension secondary      HYPERTENSION
                      to other renal
                      disorders


Desired ACTION (Add/Del/Edit/Seq/View/Next/Rfsh/Ind/Jump/Back/Quit): N//
```

Figure 2-7: Example of page 5A for an outpatient claim

2.1.3 DRG Populated in the 837I and on the UB-04

When the claim is approved, the DRG will be populated in the HI*DR segment of the 837I and in box 71 of the UB-04.

```
CLM*333333A-DH-44444*312.00***11:A:1**A*N*I~
DTP*096*TM*1000~
DTP*434*RD8*20210601-20210605~
DTP*435*DT*202106011000~
CL1*2*2*86~
REF*EA*44444~
HI*ABK:I5031:::::::Y~
HI*ABJ:I5031~
HI*DR*793~
HI*ABF:I159:::::::Y~
NM1*71*1*COOPER*STEVEN****XX*1528005857~
PRV*AT*PXC*207RC0000X~
```

Figure 2-8: Snippet of an 837I file showing the HI*DR populated with a DRG

On the UB-04, the DRG will be populated in box 71 and will be right-justified.

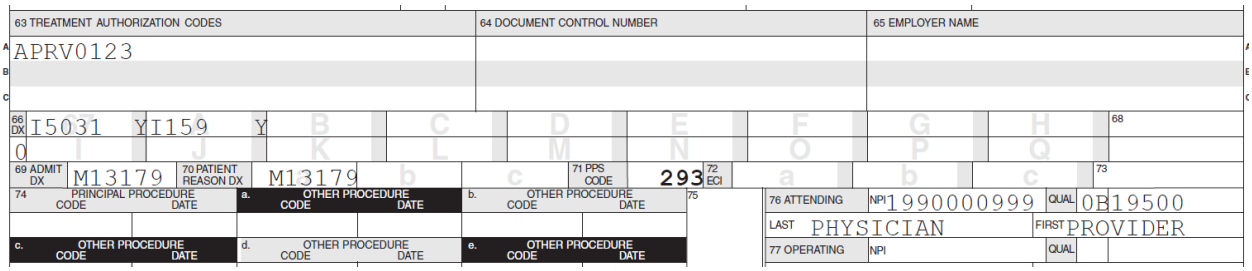

Figure 2-9: Snippet of a UB-04 showing a DRG populated in box 71

2.2 Close Option Added to Page 0 of the Claim Editor

EDTP > EDCL

An option was added to page 0 of the Claim Editor to allow for closing a claim. This option works just like the OCMG Open/Close Claim option, but it allows for closing a claim from within the Claim Editor. The new Close option is locked with a security key (**ABMDZ CE CLOSE CLAIM**) and will only be available to users who have been assigned this new security key. In addition to adding a Close option, the Pend option was slightly modified to ensure that the user is taken back to the "Desired Action" prompt when a caret (^) is typed at the "Pending Status" prompt.

Users who have been assigned the new security key will see the new Close option on page 0 of the claim editor.

```
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          |        THIRD PARTY BILLING SYSTEM - VER 2.6p34          |
          +                    Edit Claim Data                     +
          |                   2017 DEMO HOSPITAL                   |
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          User: BILLER,SUPER                       22-JUL-2021 9:02 AM

Select CLAIM or PATIENT: 111111  DEMO,MEDICAL                          MHS 123456
                Clm:111111  06-24-2021 OUTPATIENT GENERAL          2017 DEMO
                        MEDICARE                         In EDIT Mode
Correct Claim? YES//

               ...<< Processing, Claim Error Checks >>...Release of Information.
.: YES                               From: 01/01/2020Assignment of Benefits..: Y
ES                                   From: 01/01/2020

        ...<< Checking Eligibility Files for Potential Coverage >>...

Release of Information..: YES        From: 01/01/2020Assignment of Benefits..: Y

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  PAGE 0  ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Patient: DEMO,MEDICAL  [HRN:123456]                          Claim: 111111
.............................. (CLAIM SUMMARY) ..............................
_______ Pg-1 (Claim Identifiers) _______|__________ Pg-3 (Questions) ___________
Location..: 2017 DEMO                   |Release Info: YES  Assign Benef: YES
Clinic....: GENERAL                     |
Visit Type: OUTPATIENT                  |
Bill From: 06-24-2021 Thru: 06-24-2021  |__________ Pg-4 (Providers) ___________
_________ Pg-2 (Billing Entity) _________|Attn: COOPER,STEVEN
MEDICARE                         ACTIVE |
                                        |__________ Pg-5A (Diagnosis) ___________
                                        |1) HYPERTENSION
_____________ PCC Visit Data ____________|
Prim Visit: 06/24/2021@13:00  Count: 1   |
Srv Cat: A Hsp Loc: <none>               |________ Pg-8 (CPT Procedures) ________
Last Visit: 05/11/2021@09:00  Loc: THC   |1) OFFICE O/P EST LOW 20-29 MIN
Srv Cat: A Cl:01  Hsp Loc: <none>        |
                                         |
WARNING:250 - DOS after ICD Indicator Date
--------------------------------------------------------------------------------
     *** Claim File ERRORS exist use the VIEW command to list them. ***
```

```
Desired ACTION (View/Appr/Pend/Close/Next/Jump/Quit): N// ??

 Choose from one of the following actions:

     View - Display Detailed Information
     Appr - Approve Claim for Billing
     Pend - Pend the claim and enter Pend Status
     Close - Close Claim
     Next - Go on to the Next Edit Screen
     Jump - Jump to a desired Edit Screen
     Quit - Stop Editing the Data of this Claim

 Enter First Character of the Desired Action.

Desired ACTION (View/Appr/Pend/Close/Next/Jump/Quit): N//
```

Figure 2-10: New Close option available on page 0 for users who have the new security key

To close a claim, select the Close action and type **Yes** at the "Change Status to Closed?" prompt. Type a Closed Reason or type two question marks (**??**) to select from a list of available choices.

```
Desired ACTION (View/Appr/Pend/Close/Next/Jump/Quit): N// C
Change Status to Closed? NO// YES
CLOSED REASON:??

   Choose from:
   1            ORPHAN CLAIM CREATED IN ERROR
   2            DUPLICATE CLAIM CREATED
   3            ELIGIBILITY NOT FOUND
   4            MANUALLY BILLED CLAIM
   5            BEYOND FILING LIMIT
   6            UNBILLABLE PROVIDER
   7            UNBILLABLE DIAGNOSIS
   8            UNBILLABLE CLINIC TYPE
   9            UNBILLABLE VISIT TYPE
   10           WORKMANS COMP/THIRD PARTY CASE
   12           RETURN TO STOCK
   13           OVER THE COUNTER MEDS
   14           LEFT WITHOUT BEING SEEN
   15           TELEPHONE CONSULT
   16           POS PLAN LIMITATION EXCEEDED
   17           POS REFILL TOO SOON
   18           UNBILLABLE PROFESSIONAL CLAIM (MEDICARE B)
   19           72 HOUR OUTPATIENT VISIT
   20           VISIT UNRELATED TO ACCIDENT/INJURY
   21           CLAIM CREATED FOR WRONG PATIENT
   22           PATERNITY ELIGIBLE
   23           WITHIN GLOBAL PERIOD
   24           INCORRECT CHARGES
   25           WRONG INSURER SELECTED
   26           WRONG DOS
   27           RE-OPENED IN ERROR
   28           TEST CLAIM
   29           TRIAGE ONLY
   30           DID NOT KEEP APPOINTMENT
   31           UNBILLABLE DUE TO PHE RESTRICTIONS
```

```
CLOSED REASON:14  LEFT WITHOUT BEING SEEN

Claim # 111111 Now in Status Closed.
```

Figure 2-11: Using the Close action on page 0 of the claim editor

To exit the Close option and return to the "Desired ACTION" prompt without closing the claim, press Enter at the "Change Status to Closed?" prompt. You may also type a caret (^) at this prompt, or at the "CLOSED REASON" prompt.

```
Desired ACTION (View/Appr/Pend/Close/Next/Jump/Quit): N// C
Change Status to Closed? NO// YES
CLOSED REASON:^

<Claim 222222 not closed>
```

Figure 2-12: Exiting the Close option without closing the claim

Claims that are closed from within the claim editor will be reflected on the Closed Claims Report.

```
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          |        THIRD PARTY BILLING SYSTEM - VER 2.6p34          |
          +                  Closed Claims Report                  +
          |                   2017 DEMO HOSPITAL                   |
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          User: BILLER,SUPER                      22-JUL-2021 9:02 AM

   EXCLUSION PARAMETERS Currently in Effect for RESTRICTING the EXPORT to:
   ========================================================================
   - Closing Official.: BILLER,SUPER
   - Claim Status.......: Closed Claims Report
   - Report Type........: BRIEF LISTING (80 Width)

     Select one of the following:

          1         LOCATION
          2         BILLING ENTITY
          3         DATE RANGE
          4         CLOSING OFFICIAL
          5         PROVIDER
          6         ELIGIBILITY STATUS
          7         REPORT TYPE

Select ONE or MORE of the above EXCLUSION PARAMETERS: 3  DATE RANGE

     Select one of the following:

          1         Closed Date
          2         Visit Date

Select TYPE of DATE Desired: 1  Closed Date

 ============ Entry of CLOSED DATE Range =============

Enter STARTING CLOSED DATE for the Report:  T  (JUL 22, 2021)
```

```
Enter ENDING DATE for the Report:  T  (JUL 22, 2021)

   EXCLUSION PARAMETERS Currently in Effect for RESTRICTING the EXPORT to:
   ========================================================================
   - Closed Dates from: 07/22/2021  to: 07/22/2021
   - Closing Official.: CARLTON,GINA
   - Claim Status.......: Closed Claims Report
   - Report Type........: BRIEF LISTING (80 Width)

     Select one of the following:

          1         LOCATION
          2         BILLING ENTITY
          3         DATE RANGE
          4         CLOSING OFFICIAL
          5         PROVIDER
          6         ELIGIBILITY STATUS
          7         REPORT TYPE

Select ONE or MORE of the above EXCLUSION PARAMETERS:

Sort Report by [V]isit Type or [C]linic: V// ISIT TYPE
Select Visit Type: ALL// ALL


Output DEVICE: HOME//   VT

================================================================================
BRIEF LISTING of CLAIMS Closed Claims Report    JUL 22,2021@09:03:05   Page 1
for ALL BILLING SOURCES with CLOSED DATES from 07/22/2021 to 07/22/2021
Billing Location: 2017 DEMO
================================================================================
An "*" beside the claim number means the claim has been closed multiple times
                        Active        Claim      Visit
  Patient         HRN   Insurer       Number     Date         Reason
--------------------------------------------------------------------------------

Closing Official: BILLER,SUPER
   Visit Location: 2017 DEMO HOSPITAL
       Visit Type: OUTPATIENT
DEMO,MEDICAL      123456 MEDICARE      111111* 06/24/2021  LEFT WITHOUT BEING
                         ------
                   Count:  1

(REPORT COMPLETE):
```

Figure 2-13: Closed Claims Report reports claims that were closed from within the claim editor

2.3 New Cancel Claim Reasons

MGTP > CLMG

- Three new entries were added to the 3P Cancel Claim Reasons file and are available for selection in the Cancel Claim option as cancel claim numbers 35, 36, and 37.35 UNBILLABLE; NOT APP BY PCP/MED HOME GUIDELINE
- 36 TRIBAL POLICY UNBILLABLE

- 37 PAYER DID NOT RECEIVE CLAIM

```
           +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
           |        THIRD PARTY BILLING SYSTEM - VER 2.6p34          |
           +                      Cancel Claim                       +
           |                   2017 Demo Hospital                    |
           +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
           User: BILLER,SUPER                      03-JUN-2021 4:10 PM


Select CLAIM or PATIENT: 111111  DEMO,PATIENT                         DH 1234
                 Clm:111111  03-23-2021 OUTPATIENT GENERAL       2017 DEMO
                         TRIBAL INSURANCE                  In EDIT Mode
Correct Claim? YES//
WARNING: If you cancel this Claim it will be deleted and no further Editing
         or Approvals can occur.

Do you wish Claim Number 111111 DELETED (Y/N)? YES

Cancellation REASON: ??

   Choose from:
   1            ORPHAN CLAIM CREATED IN ERROR
   2            DUPLICATE CLAIM CREATED
   3            ELIGIBILITY NOT FOUND
   4            MANUALLY BILLED CLAIM
   5            BEYOND FILING LIMIT
   6            UNBILLABLE PROVIDER
   7            UNBILLABLE DIAGNOSIS
   8            UNBILLABLE CLINIC TYPE
   9            UNBILLABLE VISIT TYPE
   10           WORKMANS COMP/THIRD PARTY CASE
   11           OTHER
   12           RETURN TO STOCK
   13           OVER THE COUNTER MEDS
   14           LEFT WITHOUT BEING SEEN
   15           TELEPHONE CONSULT
   16           POS PLAN LIMITATION EXCEEDED
   17           POS REFILL TOO SOON
   18           UNBILLABLE PROFESSIONAL CLAIM (MEDICARE B)
   19           72 HOUR OUTPATIENT VISIT
   20           VISIT UNRELATED TO ACCIDENT/INJURY
   21           CLAIM CREATED FOR WRONG PATIENT
   22           PATERNITY ELIGIBLE
   23           WITHIN GLOBAL PERIOD
   24           INCORRECT CHARGES
   25           WRONG INSURER SELECTED
   26           WRONG DOS
   27           NO CONTRACT/AGREEMENT WITH PAYER
   28           TWO VISITS IN SAME DAY
   29           MEDICARE OR PI PRIMARY
   30           UNBILLABLE LOCATION
   31           PHARMACY BILLED VIA POS
   32           UNBILLABLE CLAIM; Patient Incarcerated
   33           CANCELLED DUE TO MERGED CLAIM
   34           EXCEEDS MAXIMUM VISITS ALLOWED
   35           UNBILLABLE; NOT APP BY PCP/MED HOME GUIDELINE
   36           TRIBAL POLICY UNBILLABLE
   37           PAYER DID NOT RECEIVE CLAIM

Cancellation REASON: 36  TRIBAL POLICY UNBILLABLE
```

```
OK, the claim is being deleted...

Claim Number: 111111 has been Deleted!
```

Figure 2-14: New Cancel Claim Reasons in CLMG Option

The new Cancel Claim Reasons will also be reflected on the Cancelled Claims Report as appropriate.

```
================================================================================
CANCELLED CLAIMS LISTING for ALL BILLING SOURCESJUN 03,2021@16:29:04   Page 1
Billing Location: 2017 DEMO HOSPITAL
================================================================================
                          Active                          Claim   Visit
  Patient         HRN     Insurer                         Number  Date         Rsn
--------------------------------------------------------------------------------

Cancelling Official: BILLER,SUPER
   Visit Location: 2017 DEMO HOSPITAL
       Visit Type: OUTPATIENT
DEMO,PATIENT      12345  TRIBAL INSURANCE             111111  03/23/2021   36
PATIENT,TEST      67890  BCBS OF NM                   222222  05/11/2021   35
MEDICAL,PATIENT   54321  AETNA                        333333  01/07/2021   37

                           ------
                    Count:  3

   Reasons on report:
      Rsn Description                                  #times on report
      35  UNBILLABLE; NOT APP BY PCP/MED HOME GUIDELINE  1
      36  TRIBAL POLICY UNBILLABLE                     1
      37  PAYER DID NOT RECEIVE CLAIM                  1

(REPORT COMPLETE):
```

Figure 2-15: New Cancel Claim Reasons on CCRP Report

2.4 Insurer Types Mapped for UFMS Reporting

The following insurer types were mapped by area to the appropriate budget activity for submission to UFMS:

Type of Insurer	Description
FLP	FLP 133 Percent
MMC	MCR Managed Care
MC	MCR Part C
SEP	State Exchange Plan
TSI	Tribal Self Insured

The table below provides a list of the newly mapped insurer types with the budget activity for each area. This applies only to Federal locations.

Insurer Type	Alaska	Albuquerque	Bemidji	Billings	California	Great Plains	Nashville	Navajo	Oklahoma	Phoenix	Portland	Tucson
FPL	7122590222	7122530222	7122460222	7122470222	7122410222	7122450222	7122510222	7122540222	7122500222	7122400222	7122640222	7122420222
MMC	7120590121	7120530121	7120460121	7120470121	7120410121	7120450121	7120510121	7120540121	7120500121	7120400121	7120640121	7120420121
MC	7120590121	7120530121	7120460121	7120470121	7120410121	7120450121	7120510121	7120540121	7120500121	7120400121	7120640121	7120420121
SEP	7100590109	7100530109	7100460109	7100470109	7100410109	7100450109	7100510109	7100540109	7100500109	7100400109	7100640109	7100420109
TSI	7100590109	7100530109	7100460109	7100470109	7100410109	7100450109	7100510109	7100540109	7100500109	7100400109	7100640109	7100420109

Figure 2-16: Newly mapped insurer types

To view insurer types and how they are mapped for your facility's area, use the I**nsurer Type to Budget Activity** report located in the **View/Print CAN crosswalk** option on the UFMS Reports menu (UCSH > RPTS > CANV).

```
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          |        THIRD PARTY BILLING SYSTEM - VER 2.6p34                              |
          +                View/Print CAN crosswalk                                     +
          |                   2017 DEMO HOSPITAL                                        |
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
           User: USER, DEMO                   3-AUG-2021 1:09 PM

     Select one of the following:

          ITBA      Insurer Type to Budget Activity
          CTCC      Clinic Type to Cost Center

Which crosswalk would you like to see: ITBA  Insurer Type to Budget Activity
Output DEVICE: HOME//   VT

================================================================================
MAPPING of Insurer Type to Budget Activity      AUG 3,2021@13:10:20   Page 1
```

```
Billing Location: 2017 DEMO
================================================================================
  Insurer Type           Budget Activity  EFFECTIVE DATE  END DATE
  CHIP (KIDSCARE)          7122400222     MAY 01, 2007
  HMO                      7132400515     MAY 01, 2007
  MEDICARE SUPPL           7132400515     MAY 01, 2007
  PRIVATE                  7132400515     MAY 01, 2007
  FRATERNAL ORG            7132400515     MAY 01, 2007
  MEDICAID FI              7122400222     MAY 01, 2007
  MEDICARE FI              7120400121     MAY 01, 2007
  MCR PART D               7120400121     MAY 01, 2007
  MEDICARE HMO             7120400121     MAY 01, 2007
  3P LIABILITY             7126400212     MAY 01, 2007
  WORKMEN'S COMP           7100400109     MAY 01, 2007
  CHAMPUS                  7100400109     MAY 01, 2007
  NON-BEN (NON-INDIAN)     7100400109     MAY 01, 2007
  INDIAN PATIENT           7100400109     MAY 01, 2007
  GUARANTOR                7100400109     MAY 01, 2007
  VETERANS ADMINISTRATION  7170400000     OCT 01, 2008
  FPL 133 PERCENT          7122400222     MAY 01, 2007
  MCR MANAGED CARE         7120400121     MAY 01, 2007
  MCR PART C               7120400121     MAY 01, 2007
  STATE EXCHANGE PLAN      7100400109     MAY 01, 2007
  TRIBAL SELF INSURED      7100400109     MAY 01, 2007

(REPORT COMPLETE):
```

Figure 2-17: Example of the ITBA crosswalk in the CANV option

In addition to mapping the insurer types mentioned above, corrections were made to the VHF View UFMS Host File reports to ensure that the report headers line up with the data displayed for the File Layout, and to ensure that all fields are populated for the Captioned Layout as appropriate.

```
                              UFMS HOST FILE VIEW                        PAGE 1
          FILE: IHS_TPB_RPMS_INV_606415_20210610_110059_2.06.32k.DAT

       INVOICE#                                    DT/TM APP.TAX ID    DESCRIPTION
       BILL AMOUNT         CAN       HHS T-CD  OBJCL
     VISIT TYPE                                            INSURER TYPE
--------------------------------------------------------------------------------
1     D6064156064155867                          11/27/2018752784278 6064156064154
02242A
       00000000000000146284                 132617047120400121046606415MCR 10/14
/2018OUTPATIENT
```

Figure 2-18: Example of VHF File Layout

```
                              UFMS HOST FILE VIEW                        PAGE 1
          FILE: IHS_TPB_RPMS_INV_606415_20210610_110059_2.06.32k.DAT
                                CAPTIONED LAYOUT
--------------------------------------------------------------------------------

RECORD #:         1
RECORD TYPE:      D
INVOICE #:        6064156064155867
DT/TM APPROVED:   11/27/2018
TAX ID:           752784278
DESCRIPTION:      606415606415402242A
BILL AMT:         1462.84
OBJECT CLASS:     61704
BUDGET ACTIVITY:  7120400121
COST CENTER:      046
MASTER TIN:       606415MCR
HHS T-CODE:       132
DATE OF SERVICE:  10/14/2018
VISIT TYPE:       OUTPATIENT
INSURER TYPE:     R
```

Figure 2-19: Example of VHF Captioned Layout

Acronym List

Acronym	Term Meaning
3P	Third Party
ADO	Azure DevOps
CPT	Current Procedural Terminology
DRG	Diagnosis Related Group
FPL	Federal Poverty Level
HRN	Health Record Number
ICD	International Classification of Diseases
IHS	Indian Health Service
IT	Information Technology
OIT	Office of Information Technology
PCC	Patient Care Component
RPMS	Resource and Patient Management System
SNOW	ServiceNow
UFMS	United Financial Management System
VA	Veteran's Administration

Contact Information

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

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