



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Third Party Billing

(ABM)

Addendum to User Manual

Version 2.6 Patch 35
April 2022

Office of Information Technology
Division of Information Resource Management

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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 was 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.

1.0 Introduction

1.1 Summary of Changes

Patch 35 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 35

1. New Claim Generator Productivity Report (ADO60700 / Change Request 10270) – Reported by Bristol Bay Area Health Corporation.

A new report called ‘Claim Generator Productivity Report’ has been added to the Table Maintenance Manager Reports menu (TMTP > TMRP > CGTM) to provide summary information or detailed information on claim generator activity. The summary report provides a count of visits and claims for each time the claim generator was run along with information on the back billing check, if it was run. There is also a detailed report that provides detailed visit data for every visit that was reviewed by the claim generator for the user-selected parameters.

2. Allowed Ambulance HCPCS to populate on claim editor page 8H when the clinic is not Ambulance (ADO60701 / Change Request 11669) – Reported as a helpdesk ticket by Pit River Tribal Health.

A modification was made to the claim editor to allow HCPCS (Healthcare Common Procedure Coding System) codes in the A0000-A0999 range to populate on page 8H when the clinic is not Ambulance. This change is needed for non-emergency transportation. Prior to patch 35, these codes populated on page 8K regardless of the clinic.

3. Ambulance Destination field changes in claim editor (ADO60702 / Change Request 11682) – Reported as a helpdesk ticket by K’ima:w Medical Center (Hoopa) and Sells Indian Hospital.

A modification was made to the Destination field on page 3A of the claim editor to allow for entering free-text on ambulance claims. Prior to patch 35, the Destination field required an entry be selected from the Location, Vendor, or Patient file. Patch 35 allows the Destination to be any of those entries or a free text entry from 3 to 60 characters. This data will populate in loop 2420H (Ambulance Drop-Off Location) of the 837P and in box 32 of the CMS-1500 (02/12).

4. Removed duplicate Ambulance modifiers (ADO60703 / Change Request 8871) – Issue identified during internal testing

A correction was made to prevent duplicate modifiers from populating in the 837P, the 837D, and on the CMS-1500 (02/12) when a modifier entered on page 3A was also entered on any of the procedure pages in the claim editor (pages 8A through 8K). Prior to patch 35, if the same modifier was entered on page 3A and then again on any of the '8' pages, the modifier was populated twice in the 837 and on the CMS-1500 (02/12).

5. Corrected a programming error when exporting UB-04s for a selected Billing Entity (ADO60704 / Change Request 8883) – Reported as a helpdesk ticket by multiple locations.

A correction was made to prevent programming error (<SYNTAX>F+2 ^DIED) from occurring when exporting UB-04 bills using the Print Approved Bills (EXPR) option and Billing Entity is selected as an EXCLUSION PARAMETER. In addition, the 3P TX Status file was updated to allow for storing the ALLOWANCE CATEGORY for 837 batch exports and for paper claim exports.

6. Corrected a programming error when exporting 837s that use newer insurer types (ADO60705 / Change Request 8861) – Reported as a helpdesk ticket by Albuquerque Indian Health Center and Phoenix Indian Medical Center

Prior to patch 35, the 3P TX Status file was not populating the Insurer Type and Billing Clerk, which caused a programming error (<SUBSCR>BATCHLST+19^ABMERSND). Patch 35 ensures these fields will be populated when possible, but if the system is unable to populate them, the 837 process will complete successfully without returning a programming error.

7. Corrected a programming error when printing/reprinting a claim that does not have an active insurer (ADO60706 / Change Request 8862) – Issue found during internal testing.

A correction was made to the claim export process to prevent a programming error (<UNDEF>SEL+67^ABMDE2X) from occurring when printing or reprinting a bill that does not have an active insurer. This can happen when a bill's date of service falls outside of a back billing limit or when the patient's insurance has been updated and no longer covers the bill's date of service.

8. Corrected a programming error in REEX option (ADO60707 / Change Request 10906) – Reported by Tuolumne Me-Wuk Indian Health Center.

A correction was made to the Re-Export Bills (REEX) option to correct a programming error (<SUBSCR>CHECKBAL+20^ABMDREEX that occurs when the last entry in the A/R Bill file is selected. It also prevents two question marks (??) from being displayed when a valid bill number is entered and allows for exiting the REEX option by typing a caret (^) at the “Are you sure you wish to exit” prompt.

2.0 Patch 35 Details

2.1 Claim Generator Productivity Report

TMP > TMRP > CGTM

A new report called the **Claim Generator Productivity Report** has been added to the **Table Maintenance Manager Reports** menu to provide information on claim generator activity. The report provides statistics on the visits that the claim generator reviews and the number of claims that are generated while also reporting user activity that directly affects the claim generation process, such as initiating a backbilling check or running the claim generator for one visit manually. This report will also provide a count of visits that are waiting for coding to be completed and may help with reporting backlog.

Although this report is not locked with a security key, users with access to Table Maintenance will be able to access the report.

There are two summary reports, one that can be viewed on screen or sent to a printer and one that can be exported for viewing in Microsoft Excel. In either instance, the summary report provides a count of visits that were reviewed by the claim generator along with the number of claims generated.

A delimited detailed report is also available and provides detailed information for visits that were reviewed by the claim generator. This report is intended to be exported from RPMS and then imported into Excel.

```

+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p35          |
+                   Manager Reports                   +
|                   2017 DEMO HOSPITAL                   |
+-----+-----+-----+-----+-----+-----+-----+-----+
User: USER,ONE                                     18-NOV-2021  10:47 AM

AUTM  Table Maintenance Site Parameters Report
VCBT  Visit/Claim/Bill Tally Report
CGTM  Claim Generator Productivity Report

```

Figure 2-1: Table Maintenance Manager Reports Menu

It is important to note that the default start date for this report will be the date that patch 35 was installed. This means that when the report is generated, any dates prior to the patch 35 install date will reflect a status of **<<CLAIM GENERATOR NOT RUN – NO DATA TO PRINT>>** and indicates that claim generator activity prior to the patch 35 install date cannot be provided.

The report parameters are:

- Visit Location (with a default of ALL)

- Date Range (Claim Generator Run Date (default) or Visit Date)
- Report Type (Printer (default), Delimited Summary, or Delimited Detailed)

```

+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p35          |
+          Claim Generator Productivity Report          +
|                   2017 DEMO HOSPITAL                   |
+-----+-----+-----+-----+-----+-----+-----+-----+
User: USER,ONE                                     18-NOV-2021 4:14 PM

EXCLUSION PARAMETERS Currently in Effect for RESTRICTING the EXPORT to:
=====
- Visit Location.....: ALL
- Claim Generator Run Date from: 07/30/2021   to: 11/18/2021
- Report Type...: Printer

Select one of the following:

    1          LOCATION
    2          DATE RANGE
    3          REPORT TYPE

```

Figure 2-2: Available report parameters

The **Location** parameter allows for selecting all locations or restricting to a specific location. The report is designed to generate for the parent location and any satellite location(s) associated with that parent. It is recommended sites have a unique abbreviation for each location so that the data is easily recognizable on the report.

```

Select ONE or MORE of the above EXCLUSION PARAMETERS: 1  LOCATION

Select LOCATION: ALL// ??

Choose from:
2017 DEMO HOSPITAL
DEMO SATELLITE
SECOND DEMO SATELLITE

Select LOCATION: ALL//

```

Figure 2-3: Location parameter

The date range parameter allows for generating the report by the **Claim Generator Run Date** or by **Visit Date**. Running the report using the **Claim Generator Run Date** will report generator activity on visits that have been reviewed by the claim generator. The visits displayed may be older depending on how far behind coding is but may be used to see what the claim generator is processing for the period selected.

Selecting **Visit Date** will provide activity for visits within a user-specified time period. The results will be different than generating the report using the **Claim Generator Run Date**.

```

Select ONE or MORE of the above EXCLUSION PARAMETERS: 2  DATE RANGE

```



```

Select one of the following:

    1      Claim Generator Run Date
    2      Visit Date

```

Figure 2-4: Date Range parameter

The **Report Type** parameter allows for selecting a Printer report, a Delimited Summary report, or a Delimited Detailed report. The **Printer** report can be viewed on the display screen or sent to a printer. The **Delimited Summary** and **Delimited Detailed** reports are designed to be exported from RPMS and imported to Excel.

```

Select ONE or MORE of the above EXCLUSION PARAMETERS: 3  REPORT TYPE

Select one of the following:

    1      Printer
    2      Delimited Summary
    3      Delimited Detailed

Select TYPE of Output:

```

Figure 2-5: Report Type parameter

If the **Delimited Summary** or the **Delimited Detailed** option is selected, a prompt will be displayed for the export directory path. This is where RPMS will send the report. Enter the directory path name and then enter a name for the report.

Keep in mind that each site's directory path will be different from the example below. Also, keep in mind that the report could take some time to generate, so while it might look like the system is frozen, it is really just gathering the data and getting it ready for export.

```

Select ONE or MORE of the above EXCLUSION PARAMETERS: 3  REPORT TYPE

Select one of the following:

    1      Printer
    2      Delimited Summary
    3      Delimited Detailed

Select TYPE of Output: 3  Delimited Detailed
Path: C:\PUB\
Filename: CGTM DELIMITED DETAILED

EXCLUSION PARAMETERS Currently in Effect for RESTRICTING the EXPORT to:
=====
- Visit Location.....: ALL
- Claim Generator Run Date from: 02/01/2022  to: 02/28/2022
- Report Type....: Delimited Detailed
  Write file to C:\PUB\CGTM DELIMITED DETAILED

Select one of the following:

    1      LOCATION

```

```

2      DATE RANGE
3      REPORT TYPE

Select ONE or MORE of the above EXCLUSION PARAMETERS:

Hold on please, I'm writing the report...

```

Figure 2-6: Exporting the delimited report

2.1.1 Summarized Claim Generator Report

The **Printer and Delimited Summary** reports provide summary information which includes the Claim Generator Run Date, Location, Type, Backbill Check, # Visits, # Claims Generated, and # Visits Rechecked.

The report will also provide information on how the claim generator was run, defined as **Type** on the report:

- Auto: the claim generator was scheduled in TaskMan
- Man (for manual): the claim generator was run via programmer mode
- CG1P: the **Claim Generator, One Patient** option was used
- RBCL: the **Rebuild Items from PCC** option was used
- RCCP: the **Recreate Claim from PCC data** option was used

If the **Initiate Back Billing Check** option was run during the selected timeframe, the reports will display the Date it was run, Queued From Location, Initiated By, and the Backbill Date that was entered by the user.

```

=====
CLAIM GENERATOR PRODUCTIVITY REPORT                NOV 18,2021@16:09:56   Page 1
GENERATED BY: USER,ONE
  for Claim Generator Run Dates 10/28/2021 to 10/28/2021
Parent Location: 2017 DEMO
For Visit Locations:
  SDT
  2017 DEMO
  DSAT
=====

```

CG Run Date	Loc	Type	Backbill Check?	# Visits	# Claims Generatd	# Visits Recheckd
10/28/2021	MHS	AUTO	YES-USR	26	0	26
10/28/2021	SDT	CG1P		0	0	0
10/28/2021	MHS	CG1P		3	3	0
10/28/2021	DSAT	CG1P		0	0	0
10/28/2021	MHS	RBCL		2	2	0
Totals for SDT				0	0	0
Totals for 2017 DEMO				31	5	26
Totals for DSAT				0	0	0
GRAND TOTAL				31	5	26

----- BACKBILLING CHECKS			
Date	Queued From Location	Initiated By	Backbill Date
10/28/2021@12:38:40	2017 DEMO	USER,ONE	04/01/2020
End of report			

Figure 2-7: Printer report (summary)

=====							
CLAIM GENERATOR PRODUCTIVITY REPORT		MAR 2,2022@13:42:41		Page 1			
GENERATED BY: USER,ONE							
for Claim Generator Run Dates 07/30/2021 to 03/02/2022							
Parent Location: 2017 DEMO							
For Visit Locations: WASHOE, 2017 DEMO, DSAT							
=====							
CG Run Date	Loc	Type	Backbill Check?	# Visits	# Claims Generated	# Visits Rechecked	
10/10/2021	<<CLAIM GENERATOR NOT RUN - NO DATA TO PRINT>>						
10/11/2021	<<CLAIM GENERATOR NOT RUN - NO DATA TO PRINT>>						
10/12/2021	WHC	CG1P	NO	0	0	0	
10/12/2021	DHSP	CG1P	NO	1	1	0	
10/12/2021	DSAT	CG1P	NO	1	1	0	
10/12/2021	WHC	AUTO	NO	0	0	0	
10/12/2021	DHSP	AUTO	NO	495	3	0	
10/12/2021	DSAT	AUTO	NO	4	3	0	
10/12/2021	WHC	CG1P	NO	0	0	0	
10/12/2021	DHSP	CG1P	NO	1	2	0	
10/12/2021	DSAT	CG1P	NO	0	0	0	

Figure 2-8: Delimited Summary report

CG Run Date	Loc	Type	Backbill Check?	# Visits	# Claims Generated	# Visits Rechecked
1/20/2022	WHC	AUTO	YES-GCC	0	0	0
1/20/2022	DHSP	AUTO	YES-GCC	1	0	1
1/20/2022	DSAT	AUTO	YES-GCC	0	0	0

Figure 2-9: Delimited Summary report showing backbill check information

If the **Initiate Back Billing Check** option was run for the date range selected in the report parameters, some basic information on the backbilling check will be displayed at the bottom of the report.

(BKMG) 11/22/2021@11:53:45	(BKMG for) 2017 DEMO	(BKMG by) CARLTON,GINA	(BKMG date) 11/20/2021
(BKMG) 11/22/2021@15:31:25	(BKMG for) DSAT	(BKMG by) CARLTON,GINA	(BKMG date) 11/02/2021
(BKMG) 11/24/2021@16:04:22	(BKMG for) DSAT	(BKMG by) CARLTON,GINA	(BKMG date) 11/01/2021
(BKMG) 11/26/2021@14:04:23	(BKMG for) 2017 DEMO	(BKMG by) CARLTON,GINA	(BKMG date) 11/10/2021
(BKMG) 01/20/2022@11:50:13	(BKMG for) 2017 DEMO	(BKMG by) CARLTON,GINA	(BKMG date) 01/01/2022
(BKMG) 01/28/2022@11:22:09	(BKMG for) 2017 DEMO	(BKMG by) CARLTON,GINA	(BKMG date) 01/01/2022
(BKMG) 01/31/2022@14:17:00	(BKMG for) 2017 DEMO	(BKMG by) CARLTON,GINA	(BKMG date) 01/15/2022
END OF REPORT			

Figure 2-10: Delimited Summary report showing backbill check details

2.1.2 Detailed Claim Generator Report

The **Delimited Detailed** report provides detailed, specific information for each visit that was processed by the claim generator and includes columns indicating the reason a claim was not generated for a visit (column N) or claim numbers for visits that did have a claim generated (column O).

=====																			
CLAIM GENERATOR PRODUCTIVITY REPORT										APR 5, 2022@12:20:51 Page 1									
GENERATED BY: USER, ONE																			
for Claim Generator Run Dates 01/01/2022 to 04/05/2022																			
Parent Location: 2017 DEMO																			
For Visit Locations: WASHOE, 2017 DEMO, DSAT																			
=====																			
CG Run Date	Visit Location	Type	Who Ran Option	Visit IEN	Visit Date/Time	Patient	HRN	BKMG'd Visit	Rechecked Visit	Hospital Location	Clinic	Service Category	Claim Status (THIRD PARTY BILLED)	Claims	Active Insurer	Primary Provider	DXs	Review/Chart Status Date	Audit Status
01/01/2022@15:00:06	8241-2017 DEMO	AUTO	ADAM, ADAM	1506972	03/31/2021@12:20:00	DEMO, MEDICAL	143225	N	Y	DEMO CLINIC	GENERAL	AMBULATORY	24-CLAIM CREATED	123456	DEMO INSURANCE	COOPER, STEVEN	I15.9	12/30/2021@09:05:23	R
01/04/2022@14:02:02	8241-2017 DEMO	RBCL	USER, ONE	1507225	09/04/2021@09:00:00	DEMO, NARRY	13578	N	Y	DEMO CLINIC	GENERAL	AMBULATORY	24-CLAIM CREATED	456789	DEMO INSURANCE	COOPER, STEVEN	I21.A1	10/25/2021@11:08:29	R
01/04/2022@14:02:03	8241-2017 DEMO	CG1P	USER, TWO	1507225	09/04/2021@09:00:00	DEMO, NARRY	13578	N	Y		GENERAL	AMBULATORY	25-EXISTING CLAIM MODIFIED	NO CLAIM		COOPER, STEVEN	I21.A1	10/25/2021@11:08:29	R
01/04/2022@15:00:05	8241-2017 DEMO	AUTO	ADAM, ADAM	1506972	03/31/2021@12:20:00	DEMO, MEDICAL	143225	N	Y	DEMO CLINIC		HOSPITALIZATION	61-INPATIENT CODING INCOMPLETE	NO CLAIM					
01/05/2022@15:00:03	8241-2017 DEMO	AUTO	ADAM, ADAM	1506972	03/31/2021@12:20:00	DEMO, MEDICAL	143225	N	Y	DEMO CLINIC		HOSPITALIZATION	61-INPATIENT CODING INCOMPLETE	NO CLAIM					
01/06/2022@09:44:23	8241-2017 DEMO	RBCL	USER, ONE	1506868	11/22/2019@08:45:00	DEMO, NARRY	13578	N	N	DEMO CLINIC	AMBULANCE	AMBULATORY	24-CLAIM CREATED	654321	DEMO INSURANCE	COOPER, STEVEN	E11.9	12/20/2019@12:30:16	R
01/06/2022@09:44:25	8241-2017 DEMO	CG1P	USER, ONE	1506868	11/22/2019@08:45:00	DEMO, NARRY	13578	N	N		AMBULANCE	AMBULATORY	25-EXISTING CLAIM MODIFIED	NO CLAIM		COOPER, STEVEN	E11.9	12/20/2019@12:30:16	R
01/06/2022@12:30:00	8241-2017 DEMO	AUTO	ADAM, ADAM	1506972	03/31/2021@12:20:00	DEMO, MEDICAL	143225	N	Y	DEMO CLINIC		HOSPITALIZATION	61-INPATIENT CODING INCOMPLETE	NO CLAIM					
01/07/2022@12:30:01	8241-2017 DEMO	AUTO	ADAM, ADAM	1506972	03/31/2021@12:20:00	DEMO, MEDICAL	143225	N	Y	DEMO CLINIC		HOSPITALIZATION	61-INPATIENT CODING INCOMPLETE	NO CLAIM					
END OF REPORT																			

Figure 2-11: Delimited Detailed report imported to Excel

2.2 Ambulance and Transportation Billing Updates

A modification has been made to the **Destination** field on Page 3A of the Claim Editor. This field is used to provide the location where the patient was transported. Ambulance billing staff indicated that there may be times where the patient's destination is a public highway or local parking lot where an air ambulance is met to further transport the patient. The system would only allow an entry from either the Patient, Location or the Vendor files to be used. Patch 35 updates the Destination field to allow a free-text entry.

```

~~~~~ PAGE 3A ~~~~~
Patient: DEMO,PATIENT           [HRN:123456]           Claim: 123456
..... (AMBULANCE QUESTIONS) .....

[01] Point of Pickup.....: PATIENT'S HOME
                           555 FIRECRACKER DRIVE
                           ALBUQUERQUE, NEW MEXICO  87125

[02] Modifier.....: R RESIDENCE
[03] Destination.....: 2017 DEMO HOSPITAL

```

Figure 2-12: Page 3A of the claim editor

This change includes a new prompt to edit the Destination field to include a selection of **F** for **File** or **T** for **Free-Text**.

```

Editing Destination:

  Select one of the following:

      F      File (Location/Vendor/Patient)
      T      Free-Text

What do you want to add? F/T:

```

Figure 2-13: New prompt for the Destination field on page 3A

Selecting **F** at the prompt allows the field to populate with an entry from the Location, Vendor, or Patient file. Selecting **T** at the prompt allows the user to enter free text, from 3 to 60 characters.

Note: Avoid using special characters in the narrative such as “#, ~, :, or *” as these symbols affect the layout of the electronic claim file and will result in file rejections from the payer.

2.2.1 Using the File Option for an Ambulance Destination Entry

There is help text available to the user by entering a single question mark (?) at the “DESTINATION NAME” prompt. If **File** is selected, the Destination will default to the Parent Location, but the field can be edited.

```

DESTINATION: 2017 DEMO HOSPITAL// ?
Enter one of the following:
  L.EntryName to select a CHECK IN LOCATION FILE
  P.EntryName to select a CHECK IN PATIENT FILE
  V.EntryName to select a CHECK IN VENDOR FILE

To see the entries in any file type <Prefix.??>

DESTINATION: 2017 DEMO HOSPITAL//

```

Figure 2-14: Help Text for Destination on page 3A

When using the **File** option, the user can either type the desired entry and let the system do the look up, or you can specify what file to look in by typing the first letter of the file followed by a period, and, at minimum, the first few characters of the entry name. For example, to look up an entry specifically in the Location file you would type **L.** and the entry name. If you choose to just type the entry name, an automatic search will begin in the Location file, followed by the Patient file, and ending with the Vendor file in that order. If a match or a partial match is found, it will display the results and allow the user to select the appropriate entry.

```

Select one of the following:

  F      File (Location/Vendor/Patient)
  T      Free-Text

What do you want to add? F/T: File (Location/Vendor/Patient)
DESTINATION: 2017 DEMO HOSPITAL// A-AVENUE

Searching for a CHECK IN LOCATION FILE

Searching for a CHECK IN PATIENT FILE

Searching for a CHECK IN VENDOR FILE
A-AVENUE PHARMACY          DUNS....:
                              EIN.....: 2552904104
                              MAIL TO.: 201 E BANNOCK, BOISE

...OK? Yes//

```

Figure 2-15: Sample of Search through files while editing the Destination

```

DESTINATION: 2017 DEMO HOSPITAL// L.SANTA FE HOSPITAL SANTA FE HOSPITAL
ALBUQUERQUE      SANTA FE      01      8145
...OK? Yes//

```

Figure 2-16: Sample of a Specific Search into the Location File

```

DESTINATION: 2017 DEMO HOSPITAL// P.DEMO, PATIENT
                              F 07-04-2000 XXX-XX-4444 MHS 127259
...OK? Yes//

```

Figure 2-17: Sample of a Specific Search into the Patient File

```

DESTINATION: 2017 DEMO HOSPITAL// V.GALLUP FLYING GALLUP FLYING SVC
EIN.....: 1850259978
MAIL TO.: MUNICIPAL AIRPORT W , GALLUP

```

Figure 2-18: Sample of a Specific Search into the Vendor File

If populated, the “Destination” prompt may be edited by selecting the field and entering either an **F** for a File entry or **T** for a text entry. When selected, a message will display that reads “You already have a Destination entry. Are you sure you want to change it?”. By entering **Yes**, the destination will default to the Visit Location. The Destination can now be edited. Typing an at symbol (**@**) will delete the default visit location and leave the field blank.

If an entry from the Patient file is used, note that any address updates done in Patient Registration will not be reflected on the claim. The patient’s name will need to be re-entered at the “Destination” prompt on page 3A, assuming the claim has not been approved yet.

2.2.2 Using the Free-Text Option for an Ambulance Destination Entry

A free text field has been added to the “Destination” prompt on page 3A. This new option was added to accommodate billing of ambulance services when the patient’s destination may not be an actual location but something such as 6 MILES W OF ROUTE 66 CASINO.

```

Editing Destination:

  Select one of the following:

      F          File (Location/Vendor/Patient)
      T          Free-Text

What do you want to add? F/T: T Free-Text
DESTINATION NAME: ?
Answer must be 3-60 characters in length. Only the first 26 characters
will print on the 1500(02/12)

```

Figure 2-19: Free Text prompt on page 3A of the Claim Editor

Entering a **Free-Text** entry in the “Destination Name” allows for 3 to 60 characters in length. Destination City and Destination State will also be displayed and must be completed.

```

Editing Destination:

  Select one of the following:

      F          File (Location/Vendor/Patient)
      T          Free-Text

What do you want to add? F/T: T Free-Text

```

```

DESTINATION NAME: 6 MILES W OF ROUTE 66 CASINO
DESTINATION ADDRESS:
DESTINATION CITY: ALBUQUERQUE//
DESTINATION STATE: NEW MEXICO//
DESTINATION ZIP: 87125//
Destination Modifier:

```

Figure 2-20: Destination Name prompt on page 3A of the Claim Editor

If the Destination City and/or Destination State are left blank, the user will receive **Error 206 (DESTINATION FOR THE PATIENT IS MISSING OR INCOMPLETE)** at the bottom of page 3A.

```

ERROR:206 - DESTINATION FOR THE PATIENT IS MISSING OR INCOMPLETE

```

Figure 2-21: Claim Editor Error Code 206: Destination for the Patient is Missing or Incomplete

The 837 raw data file will populate the destination in the NM103 segment of loop 2420H and in box 32 of the CMS-1500 (02/12).

```

DMG*D8*20000704*F~
NM1*PR*2*NEW MEXICO BC/BS INC *****PI*55387~
CLM*402963A-DH-127259*500.00***22:B:1*Y*A*Y*Y~
REF*EA*127259~
CR1*****DH*1~
CRC*07*Y*06~
HI*ABK:E109~
NM1*PW*2~
N3*555 FIRECRACKER DRIVE~
N4*ALBUQUERQUE*NM*87125~
NM1*45*2*6 MILES W OF ROUTE 66 CASINO~

```

Figure 2-22: Sample of Destination Name on an 837 Professional Electronic Claim File

The destination will also print on the paper claim forms that allow for the specific destination to be reported, such as the CMS-1500 (02/12).

24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES		E.	F.	G.	H.	I.	J.
From			To			PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)		DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	EPST (Family Plan)	ID, QUAL.	RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER						
10	17	21	10	17	21	41		A0425	QN	A	500.00	1		NPI	1184624744
														NPI	
														NPI	
														NPI	
														NPI	
														NPI	
														NPI	
														NPI	
25. FEDERAL TAX ID, NUMBER		SSN EIN		26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT?			28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd for NUCC Use	
851254789		<input type="checkbox"/> <input checked="" type="checkbox"/>		402963A-DH-127			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			\$ 500.00		\$			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) COOPER, STEVEN				32. SERVICE FACILITY LOCATION INFORMATION ORIGIN: PATIENT'S HOME DESTINATION: 6 MILES W OF ALBUQUERQUE NM 87110				33. BILLING PROVIDER INFO & PH # 2017 DEMO HOSPITAL PO BOX 123 ALBUQUERQUE NM 87120-0918				605-222-2222			
SIGNED		DATE		a1		b1		a2		b2		a3		b3	
		12 01 2021		1122334455		ZZ261000000X		1122334455		1122334455					

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

Figure 2-23: CMS-1500 (02/12) displaying Destination Name in box 32

Acronym List

Acronym	Term Meaning
3PB	Third Party Billing
ADA	American Dental Association
ADO	Azure DevOps
CMS	Centers for Medicare & Medicaid Services
EMC	Electronic Media Claims
FPL	Federal Poverty Level
HCPCS	Healthcare Common Procedure Coding System
HRN	Health Record Number
IHS	Indian Health Service
IT	Information Technology
OIT	Office of Information Technology
PCC	Patient Care Component
RPMS	Resource and Patient Management System
SNOW	Service Now
TAG	Technical Advisory Group
TSI	Tribal Self-Insured

Contact Information

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

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