



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Third Party Billing

(ABM)

Addendum to User Manual

Version 2.6 Patch 36
January 2023

Office of Information Technology
Division of Information Resource Management

Table of Contents

1.0	Introduction.....	1
1.1	Summary of Changes	1
2.0	Patch 36 Details	4
2.1	Important Notice About the Claim Generator	4
2.2	Inpatient Billing	4
2.3	V CPT Anesthesia Modifiers	6
2.4	Pharmacy POS Bills Missing Medication	8
2.4.1	Correcting Bills Created Prior to Patch 36	9
2.4.2	BLRX Report Option	9
2.4.3	BLRX Matching Option	11
2.5	Add a COB Pharmacy Bill manually	14
2.6	Rebuild Items from PCC	15
2.7	Initiate Back Billing Check	17
	Acronym List	19
	Contact Information	20

Preface

The purpose of this addendum is to provide information about the Third Party Billing (ABM) package. 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” (CRs), “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.

<p>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.</p>

1.0 Introduction

Patch 36 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.

1.1 Summary of Changes

1. ADO74860 / CR 10287 – Pharmacy POS medication description display - Reported as a helpdesk ticket by Kayenta Health Center (HEAT361907)

A change was made to the Pharmacy Point of Sale API (application programming interface) to correct an issue with the medication missing on 3P Bills. In addition, a new menu option called ‘Pharmacy POS 3P Bill Cleanup (MGTP > BLRX) was created to identify 3P Bills that are missing the POS drug and to correct them, if desired. In addition, a change was made to the menu options below to allow for looking up a bill by the OTHER BILL IDENTIFIER. For Pharmacy POS bills, the OTHER BILL IDENTIFIER is the prescription number.

- Inquire about an Approved Bill (MGTP > IQMG)
- Reprint Bill (PRTP > REPR)
- Enter Resubmission Number (PRTP > RESB)
- Print Patient Statement (PRTP > REPT)
- Payment Posting (PPTP)

2. ADO75940 / CR11513 – Claim Generator correction for multiple satellite locations - Reported as a helpdesk ticket by Santa Fe Service Unit (INC0012723)

A correction was made to the claim generator to ensure that claims are properly generated when there are several parent locations set up on the same database. Prior to patch 36, depending on the order in which parent and satellite locations were created and how they were set up, the claim generator would sometimes erroneously mark visits with the following claim status in the THIRD PARTY BILLED field and a claim would not be generated: ‘Visit Location Not Found in 3P Site Parameter file.’ Patch 36 corrects this and ensures that the claim generator checks the correct parent/satellite combination and set-up before marking the visit with an error.

3. ADO76171 / CR 12192 - a change was made to the claim generator to check the V CPT file (Anesthesia CPT) for a third modifier on PCC visits, populate it on the claim when present, and ensure that all three modifiers populate in the 837P. This change is dependent on having BJPC v2.0 Patch 26 installed. In addition, a change was made to page 8G of the claim editor to ensure that the 2nd modifier field is populated when the Edit action is selected and there is a second modifier on the PCC visit.
4. ADO76210 / CR12277 – several changes were made to the claim generator and to the ‘Rebuild Items from PCC’ option (EDTP > RBCL) to ensure the option only rebuilds the claim editor pages that are specified by the user and to prevent duplicate claims from being created. If a claim has been split, a message will be displayed to let the user know that a split claim has been selected followed by a prompt asking if the user would like to proceed. Other changes include: removed subfile #15 APC Visit, renamed subfile #45 to ‘Charge Master Transcodes’,
5. ADO76247 / CR12329 – Fix for Pharmacy POS claims generating erroneously - Reported as a helpdesk ticket by Northern Navajo Medical Center (INC106772)

Changes were made to correct an issue reported with medical claims not being generated in Third Party Billing for claims that were billed through the Pharmacy Point of Sale (POS) application. To correct this, the claim generator will review visits that are marked as BILLED POS to see if there is additional visit data that can be billed. If the visit contains medical or dental charges, a claim will be generated with those charges. In addition, a new menu option was created called ‘Add a COB Pharmacy POS bill manually’ (MGTP > ADPS) that allows for creating a secondary/tertiary bill for claims that were originally submitted through the Pharmacy Point of Sale application.

6. ADO76302 / CR12409 – Inpatient billing modifications - Reported as a helpdesk ticket by Cherokee Indian Hospital Authority (INC110548)

The following changes were made to the claim generator for inpatient billing:

- Removed auto-coding from inpatient claims
- Added a check to ensure that the ‘Coding Complete’ field in the V HOSPITALIZATION file is set to yes before generating a claim
- Added a check to ensure that an inpatient claim isn’t generated until the patient is discharged
- Added a check to ensure that an outpatient, ambulatory visit generates a claim if the service is unrelated to patient’s inpatient visit
- Updated the View option on page 8C of the Edit Claim Data option (EDTP > EDCL) to display Patient Movement entries for an inpatient stay

7. ADO76874 - changes were made to the 'Initiate Back Billing Check option (MGTP > BKMG) to allow for entering a starting visit date and an ending visit date, and to ensure that new claims aren't created for visits that have a cancelled claim associated with them.
8. ADO85611 – Programming error fix Reported as a helpdesk ticket by Dulce Health Center (INC0240720) and by Phoenix Indian Medical Center (INC0240720)

Corrected a programming error <UNDEF>BKMGLP+ABMDVCK that occurs in the claim generator when a back billing check is done and a visit location is in the A/R Parent/Satellite/IHS file but is not in the 3P Parameters file.

9. ADO87558 - corrected a programming error <UNDEF>W1+1^DICQ1 that occurs in the Re-Create an EMC File option (EMTP > RCEM) due to changes in AVA*93.2*27 (AVA IHS VA Support Files). The AVA patch removes the USER file (file #3), the PROVIDER file (file #6), and the PERSON file (file #16) from the data dictionary and uses the NEW PERSON file (file #200) instead. To prevent an error in the RCEM option, a change was made to the 3P TX STATUS file to ensure that the BILLING CLERK field is associated with the NEW PERSON file rather than the USER file. This change will have no effect on what users see in the 3PB menu options.

2.0 Patch 36 Details

2.1 Important Notice About the Claim Generator

Several changes were made behind the scenes to the claim generator to ensure that the correct combination of parent and satellite locations are checked when generating claims. These changes are dependent on having a date populated in the SATELLITE START DATE field of the A/R PARENT SATELLITE file. If a date is not populated, the claim generator will stop creating claims for all locations when the patch is installed.

To check the SATELLITE START DATE field, access Accounts Receivable, go to the Manager menu, and select the Parent/Satellite Edit option (BAR > MAN > PSE). Enter the location name and press <enter> until the SATELLITE START DATE field is displayed. If a date is not populated, type one in and press <enter>. The date that's entered should go back far enough to cover visit dates that haven't generated claims yet. Please consult your site manager if you are unsure which date to use as this field affects claim generation.

```

+-----+
|          ACCOUNTS RECEIVABLE SYSTEM - VER 1.8p33          |
+                   Parent/Satellite Edit                   +
|                   2017 DEMO HOSPITAL                       |
+-----+
User: POSTER,SUPER          BUSINESS OFFICE          3-NOV-2022 3:22 PM

Select A/R PARENT/SATELLITE/IHS LOCATION: 2017 DEMO HOSPITAL    2017 DEMO HOSPITAL
LOCATION: 2017 DEMO HOSPITAL//
SUFFIX: DH//
PARENT: 2017 DEMO HOSPITAL//
PARENT - SATELLITE USABLE: USABLE//
SATELLITE START DATE: DEC 1,2012//
SATELLITE END DATE:

```

Figure 2-1: SATELLITE START DATE field in the A/R Parent/Satellite Edit option

2.2 Inpatient Billing

Several changes were made behind the scenes to address issues reported with inpatient billing. Those changes include:

- Removed auto-coding from inpatient claims. Prior to patch 36, the claim generator automatically added CPT codes to inpatient claims for the admission, for each subsequent day, and for the discharge. This has been removed in patch 36. Inpatient claims will generate only with the CPT codes that are on the PCC visit.
- Added a check to ensure that the 'Coding Complete' field in the V HOSPITALIZATION file is set to yes before generating a claim

- Added a check to ensure that an inpatient claim isn't generated until the patient is discharged
- Added a check to ensure that an outpatient, ambulatory visit generates a claim if the service is outside of a patient's inpatient visit

In addition to how inpatient claims are generated, the View option on page 8C of the claim editor (EDTP > EDCL) was updated to display Patient Movement entries from the Admission/Discharge/Transfer application (ADT) for an inpatient stay. This was added to assist billers in determining if a different revenue code should be used on the claim.

Prior to patch 36, the View option on page 8C looked similar to the example below.

```

~~~~~ PAGE 8C ~~~~~
Patient: LAST NAME, FIRST NAME [HRN:144781] Claim: 402647
Mode of Export: 837I (UB) 5010
..... (REVENUE CODE) .....

REVENUE CODE          CPT  CHARGE  DAYS  UNITS  TOTAL
=====
Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit/Mode): N// V

~~~~~ PAGE 8C ~~~~~
Patient: LAST NAME, FIRST NAME [HRN:144781] Claim: 402647
Mode of Export: 837I (UB) 5010
..... (PAGE 8C - VIEW OPTION) .....

Admission Date: 09-01-2022      Bill From Date: 09-01-2022
Discharge Date: 09-05-2022     Bill Thru Date: 09-05-2022

Covered Days...: 4      Non-Cvd Days...: 0
-----

Enter ERROR/WARNING NUMBER for CORRECTIVE ACTION (if Desired):
    
```

Figure 2-2: Example of the page 8C View option before patch 36

Patch 36 changes this to display detailed information as it was entered into the ADT option for a patient's inpatient stay.

```

~~~~~ PAGE 8C ~~~~~
Patient: DEMO, INPATIENT [HRN:13988] Claim: 402613
Mode of Export: 837I (UB) 5010
..... (REVENUE CODE) .....

REVENUE CODE          CPT  CHARGE  DAYS  UNITS  TOTAL
=====
[1] 0120 ROOM-BOARD/SEMI          0.00  10    10    0.00
                               =====
                               10    $0.00

Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit/Mode): N// V
    
```



```

~~~~~ PAGE 8C ~~~~~
Patient: DEMO,INPATIENT [HRN:13988] Claim: 402613
Mode of Export: 837I (UB) 5010
..... (PAGE 8C - VIEW OPTION) .....

Admission Date: 08-05-2022 Bill From Date: 08-05-2022
Discharge Date: 08-15-2022 Bill Thru Date: 08-15-2022

Covered Days..: 10 Non-Cvd Days..:
-----
ADT MOVEMENT
NUMBER: 21
DATE/TIME: AUG 05, 2022@09:00 TRANSACTION: ADMISSION
PATIENT: DEMO,INPATIENT TYPE OF MOVEMENT: DIRECT
WARD LOCATION: INTERNAL MEDICINE DIAGNOSIS [SHORT]: I15.9
LENGTH OF STAY: 10 PASS DAYS: 0
DAYS ABSENT: 0 ASIH DAYS: 0
ADMISSION TYPE-UB-04: EMERGENCY
ADMISSION SOURCE-UB-04: CLINIC OR PHYSICIAN'S OFFICE

NUMBER: 22
DATE/TIME: AUG 05, 2022@09:00 TRANSACTION: SPECIALTY TRANSFER
Enter RETURN to continue or '^' to exit:

~~~~~ PAGE 8C ~~~~~
Patient: DEMO,INPATIENT [HRN:13988] Claim: 402613
Mode of Export: 837I (UB) 5010
..... (PAGE 8C - VIEW OPTION) .....
(cont.)
PATIENT: DEMO,INPATIENT
TYPE OF MOVEMENT: PROVIDER/SPECIALTY CHANGE
PRIMARY PHYSICIAN: COOPER,STEVEN
FACILITY TREATING SPECIALTY: GENERAL MEDICINE
ATTENDING PHYSICIAN: COOPER,STEVEN ADMITTING PROVIDER: COOPER,STEVEN
REFERRING PROVIDER: COOPER,ST

NUMBER: 23
DATE/TIME: AUG 15, 2022@09:00 TRANSACTION: DISCHARGE
PATIENT: DEMO,INPATIENT TYPE OF MOVEMENT: REGULAR DISCHARGE
WARD AT DISCHARGE: INTERNAL MEDICINE
DISCHARGE STATUS-UB-04: 01 DISCHARGED HOME

-----
Enter ERROR/WARNING NUMBER for CORRECTIVE ACTION (if Desired):

```

Figure 2-3: Example of the page 8C View option in patch 36

2.3 V CPT Anesthesia Modifiers

A change was made to the claim generator to check the V CPT file (Anesthesia CPT) for a third modifier on the Patient Care Component visit and populate it on the claim when present. This functionality is dependent on having BJPC-APCD (IHS PCC Suite) v2.0 Patch 26 installed.

On the PCC data entry side, when the V CPT mnemonic is entered, users can select from CPT Codes or from Anesthesia CPT codes. The change in Third Party Billing patch 36 pertains only to Anesthesia CPT codes.

```

MNEMONIC: V CPT
  1  V CPT  CPT      CPT Codes      ALLOWED      VISIT RELATED ONLY
  2  V CPT  ACPT     Anesthesia CPT  ALLOWED      VISIT RELATED ONLY
CHOOSE 1-2: 2  ACPT     Anesthesia CPT  ALLOWED      VISIT RELATED ONLY
Select V CPT: 00400    ANESTH SKIN EXT/PER/ATRUNK
                  ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,
                  ANTERIOR TRUNK AND PERINEUM; NOT OTHERWISE SPECIFIED
QUANTITY: 1
MODIFIER: 30          ANESTHESIA SERVICES
MODIFIER 2: 32        MANDATED SERVICES
MODIFIER 3: 52        REDUCED SERVICES
ANESTHESIA ADMINISTERED?: Y//  YES
ASA-PS CLASS:
ANESTHESIA START DATE/TIME: 5/22/22@0900 (MAY 22, 2022@09:00:00)
ANESTHESIA STOP DATE/TIME: 5/22/22@0945 (MAY 22, 2022@09:45:00)
ELAPSED TIME (ANESTHESIA): 45//
ANESTHESIOLOGIST: COOPER, STEVEN          COO          PHYSICIAN
ENCOUNTER PROVIDER: COOPER, STEVEN        COO          PHYSICIAN
Select V CPT:
    
```

Figure 2-4: Example of using the V CPT mnemonic in PCC

When the claim is generated in Third Party Billing, anesthesia charges will be populated on page 8B or page 8G of the claim editor (Edit Claim Data option, EDTP > EDCL). This isn't new. What's new is the third modifier being populated on the claim for V CPT Anesthesia codes.

```

~~~~~ PAGE 8G ~~~~~
Patient: DEMO,PATIENT [HRN:1234] Claim: 123456
Mode of Export: UB-04
..... (ANESTHESIA SERVICES) .....

      REVN          CPT - ANESTHESIA SERVICES          MIN      TOTAL
      CODE          CPT - ANESTHESIA SERVICES          CHARGE
=====
[1] 0370 00400-30-32-52 ANESTH SKIN EXT/PER/ATRUNK      45      0.00
      Start Date/Time: 22-MAY-2022 9:00 AM
      Stop Date/Time: 22-MAY-2022 9:45 AM
                                     =====
                                     $0.00

Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit/Mode): N// E

[1] 00400
Select 1st MODIFIER: 30//          ANESTHESIA SERVICES

Select 2nd MODIFIER: 32//          MANDATED SERVICES

Select 3rd MODIFIER: 52//          REDUCED SERVICES
    
```

Figure 2-5: Example of third modifier being pulled from a visit to page 8G of the claim editor

2.4 Pharmacy POS Bills Missing Medication

A correction was made to the claim generator to ensure that the drug Internal Entry Number (IEN) is used to look up medications when creating Pharmacy POS 3P Bills. Prior to patch 36, the claim generator used the drug name when creating the 3P Bill. This caused an issue when a medication was in the drug file more than once and resulted in the medication not being populated on the bill. Patch 36 ensures that Pharmacy POS Bills created after the patch is installed will include the medication from the prescription.

A 3P Bill that is missing the medication will look similar to the first example below. This is from the Inquire about an Approved Bill option (MGTP > IQMG). The second example is similar to what a 3P Bill looks like when the medication is populated.

```

+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p36          |
+          Inquire about an Approved Bill                  +
|          2017 DEMO HOSPITAL                              |
+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+
User: USER,ONE                                          06-SEP-2022 9:44 AM

Select BILL or PATIENT: 111111A          PATIENT,DEMO          D-RX-AARP PRFRD-61009
7-9999

*** BILL FILE INQUIRY ***

=====
BILL NUMBER: 111111A          BILL TYPE: 131
VISIT LOCATION: DEMO HOSPITAL    BILL STATUS: APPROVED
PATIENT: DEMO,PATIENT          EXPORT MODE: NCPDP-P
VISIT TYPE: PHARMACY POS
ACTIVE INSURER: D-RX-AARP PRFRD-610097-9999
CLINIC: PHARMACY              APPROVING OFFICIAL: USER,TWO
DATE/TIME APPROVED: AUG 10, 2022@09:17:18
MASTER TAX ID#: 606415MCR      OTHER BILL IDENTIFIER: 1234567
BILL AMOUNT: 7.09              INSURER TYPE: MCR PART D
GROSS AMOUNT: 7.09            A/R BILL LOCATION: 8241
SERVICE DATE FROM: AUG 10, 2022  SERVICE DATE TO: AUG 10, 2022
INSURER: D-RX-AARP PRFRD-610097-9999  PRIORITY: 1
STATUS: INITIATED
PROVIDER: DOCTOR,MEDICAL        TYPE: ATTENDING
UFMS TRANSMISSION DATE: AUG 12, 2022@09:19:29
UFMS INVOICE NUMBER: 6064156064151692

Enter RETURN to continue or '^' to exit:
=====

```

Figure 2-6: Example of a 3P Bill that is missing the medication from Pharmacy POS

```

+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p36          |
+          Inquire about an Approved Bill                  +
|          2017 DEMO HOSPITAL                              |
+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+
User: USER,ONE                                          06-SEP-2022 9:44 AM

Select BILL or PATIENT: 111111A          PATIENT,DEMO          D-RX-AARP PRFRD-61009

```

```

7-9999
*** BILL FILE INQUIRY ***

=====
BILL NUMBER: 111111A                BILL TYPE: 131
VISIT LOCATION: DEMO HOSPITAL        BILL STATUS: APPROVED
PATIENT: DEMO,PATIENT                EXPORT MODE: NCPDP-P
VISIT TYPE: PHARMACY POS
ACTIVE INSURER: D-RX-AARP PRFRD-610097-9999
CLINIC: PHARMACY                     APPROVING OFFICIAL: USER,TWO
DATE/TIME APPROVED: AUG 10, 2022@09:17:18
MASTER TAX ID#: 606415MCR           OTHER BILL IDENTIFIER: 1234567
BILL AMOUNT: 7.09                   INSURER TYPE: MCR PART D
GROSS AMOUNT: 7.09                 A/R BILL LOCATION: 8241
SERVICE DATE FROM: AUG 10, 2022    SERVICE DATE TO: AUG 10, 2022
INSURER: D-RX-AARP PRFRD-610097-9999 PRIORITY: 1
STATUS: INITIATED
MEDICATION: SIMVASTATIN 40MG TAB    UNITS: 10
UNIT COST: 0.609                   DISPENSE FEE: 1.00
PRESCRIPTION: 1234567
PROVIDER: DOCTOR,MEDICAL             TYPE: ATTENDING
UFMS TRANSMISSION DATE: AUG 12, 2022@09:19:29
UFMS INVOICE NUMBER: 6064156064151692

Enter RETURN to continue or '^' to exit:
=====

```

Figure 2-7: Example of a 3P Bill that contains the medication from Pharmacy POS

2.4.1 Correcting Bills Created Prior to Patch 36

To correct bills that were created prior to patch 36, an option was placed on the Claim/Bill Management Menu (MGTP) called 'Pharmacy POS 3P Bill Cleanup' (BLRX) that allows users to 1) run a report that displays all 3P Bills that are missing the prescription and 2) match 3P Bills to their corresponding POS prescriptions. Option 2 will populate the medication on the 3P Bill once the matching has been done. The report will only provide information on bills that have a Visit Type of 901 for Pharmacy POS and are missing the medication on the 3P Bill will be displayed on the report, and the matching option will only allow for entering bills or prescription numbers that have a Visit Type of 901.

2.4.2 BLRX Report Option

When running the report option, the Visit Location, Date Range, and Report Type parameters will be defaulted with the following values but can be changed by the user as desired.

- Visit Location: ALL
- Date Range: Approval Dates from Today minus 30 days to Today
- Report Type: Brief Listing

Keep in mind when selecting a date range that the BLRX option is intended to assist with cleaning up Pharmacy POS Bills that were created before patch 36 was installed. There should not be any data on the report for dates run after the patch was installed.

```

+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p36          |
+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
|          Pharmacy POS 3P Bill Cleanup                    |
|          2017 DEMO HOSPITAL                              |
+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
User: USER,ONE                                           06-SEP-2022 8:21 AM

Prior to abm*2.6*36 there was an issue with the Pharmacy POS Application
Program Interface that is used to create a 3P Bill entry (which in turn
creates the A/R Bill entry for posting) where it wouldn't put the
medication on the bill entry. There are two choices in this menu option.
One is a report to see what bills are missing a medication. The other is
a matching option allowing the user to match the bill to the correct
prescription so the medication can be placed on the bill.

Select one of the following:

1          Run report for bills missing medications
2          Match bills to prescriptions

Selection: 1 Run report for bills missing medications

EXCLUSION PARAMETERS Currently in Effect for RESTRICTING the EXPORT to:
=====
- Visit Location.....: ALL
- Approval Dates from: 08/07/2022 to: 09/06/2022
- Report Type.....: Brief Listing

Select one of the following:

1          VISIT LOCATION
2          BILLING ENTITY
3          DATE RANGE
4          REPORT TYPE

Select ONE or MORE of the above EXCLUSION PARAMETERS:
    
```

Figure 2-8: Example of BLRX default report parameters

Choosing the Brief Listing will provide a detailed list of Pharmacy POS Bills that are missing the prescription’s medication. This is the report that will be used to do the matching.

```

=====
Brief Listing of Pharmacy POS BILLS W/O MedicationSEP 06,2022@08:21:43   Page 1
GENERATED BY: USER,ONE
for Visit Dates 08/07/2022 to 09/06/2022
Parent Location: DEMO HOSP
For Visit Locations: DEMO CLINIC, DEMO HOSP, DEMO SAT
=====
Insurer          Bill          Visit          Other Bill          Billed
Number           HRN          Date          Identifier          Amount
-----
Visit Location: DEMO HOSP
    
```

D-RX-AARP PRFRD-61	111111A	111110	08/10/2022	1234567	7.09
D-RX-AARP PRFRD-61	222222A	111111	08/28/2022	3456789	7.09
D-RX-AARP PRFRD-610097- subtotal:				2	14.18
D-RX-HUMANA-015581	333333A	111112	08/21/2022	2345678	111.94
D-RX-HUMANA-015581	444444A	111113	09/04/2022	4567890	7.70
D-RX-HUMANA-015581-0320 subtotal:				2	119.64
DEMO HOSP subtotal:				4	126.73
Total:				4	126.73

<END OF REPORT>

Figure 2-9: Example of BLRX Brief Listing Report

The Statistical Summary will provide a count of bills found for the selected parameters.

```

=====
Summary of Pharmacy POS BILLS W/O Medication   SEP 06,2022@08:56   Page 1
GENERATED BY: USER,ONE
  for Approval Dates 08/07/2022 to 09/06/2022
Parent Location: DEMO HOSP
For Visit Locations: DEMO CLINIC, DEMO HOSP, DEMO SAT
=====

```

Insurer	# Bills	Billed Amount
Visit Location: DEMO HOSP		
D-RX-AARP PRFRD-610097-9999	2	14.18
D-RX-HUMANA-015581-03200000	2	119.64
DEMO HOSP subtotal:		126.73
Total:		126.73

<END OF REPORT>

(REPORT COMPLETE):

Figure 2-10: Example of BLRX Statistical Summary Report

2.4.3 BLRX Matching Option

Using the Brief Listing report as a guide, select option 2 to match bills, then enter a 3P Bill number or a prescription number from the report. You may also enter a patient name, HRN, social security number, or patient date of birth and choose a bill from the list that's displayed. Once the matching has been done, the medication will be populated on the 3P Bill and on the A/R bill.

Review the information that's displayed. If you do not want to make the match, answer 'No' or type '^' and press <enter> at the matching prompt. A message will be displayed indicating the match was not made and you will be taken back to the bill number prompt.

```

+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p36          |
+          Pharmacy POS 3P Bill Cleanup          +
|          2017 DEMO HOSPITAL          |
+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+--+
User: USER,ONE                                     06-SEP-2022 9:41 AM

Prior to abm*2.6*36 there was an issue with the Pharmacy POS Application
Program Interface that is used to create a 3P Bill entry (which in turn
creates the A/R Bill entry for posting) where it wouldn't put the
medication on the bill entry. There are two choices in this menu option.
One is a report to see what bills are missing a medication. The other is
a matching option allowing the user to match the bill to the correct
prescription so the medication can be placed on the bill.

Select one of the following:

    1          Run report for bills missing medications
    2          Match bills to prescriptions

Selection: 2  Match bills to prescriptions

Select BILL or PATIENT: 111111A          PATIENT,DEMO          D-RX-AARP PRFRD-61009
7-9999

3P Bill Data:          Prescription Data:
  Bill#: 111111A          RX#: 112233
  Patient: PATIENT,DEMO          Patient: PATIENT,DEMO
  DOS: 08/10/2022          Issue Date: 08/10/2022
Other Bill ID:          RX IEN: 1234567
                          NDC: 24658-0303-10
  Medication: <NONE>          Medication: SIMVASTATIN 40MG TAB
  Bill Status: APPROVED          RX Status: EXPIRED
  Bill Amount: 7.09

Is this a correct match (Yes/No)? NO

  Bill/Prescription matching will not be done for this bill

Select BILL or PATIENT:

```

Figure 2-11: Example of exiting the BLRX matching without making a match

To match the 3P Bill with the prescription and populate the medication on the bill, answer 'Yes' at the matching prompt. A message will be displayed indicating the match is complete and you will be taken back to the bill number prompt.

```

Select BILL or PATIENT: 111111A          PATIENT,DEMO          D-RX-AARP PRFRD-61009
7-9999

```

```

3P Bill Data:                Prescription Data:
  Bill#: 111111A              RX#: 112233
  Patient: PATIENT, DEMO      Patient: PATIENT, DEMO
  DOS: 08/10/2022            Issue Date: 08/10/2022
Other Bill ID:                RX IEN: 1234567
                               NDC: 24658-0303-10
  Medication: <NONE>          Medication: SIMVASTATIN 40MG TAB
  Bill Status: APPROVED       RX Status: EXPIRED
  Bill Amount: 7.09

Is this a correct match (Yes/No)? YES

  Matching bill to prescription....Done.

Select BILL or PATIENT:

```

Figure 2-12: Example of a successful match in the BLRX option

If a bill is entered that has already been matched and/or already has the medication populated, a message will be displayed to let the user know and to indicate that matching cannot be done. Press <enter> to be taken back to the bill number prompt.

```

Select BILL or PATIENT: 111111A      PATIENT, DEMO      D-RX-AARP PRFRD-61009
7-9999

3P Bill Data:                Prescription Data:
  Bill#: 111111A              RX#: 112233
  Patient: PATIENT, DEMO      Patient: PATIENT, DEMO
  DOS: 08/10/2022            Issue Date: 08/10/2022
Other Bill ID: 1234567         RX IEN: 1234567
                               NDC: 24658-0303-10
  Medication: SIMVASTATIN 40MG TAB  Medication: SIMVASTATIN 40MG TAB
  Bill Status: APPROVED       RX Status: EXPIRED
  Bill Amount: 7.09

  There's already a medication on the selected bill.
  No Matching can be done.

Enter RETURN to continue or ^^ to exit:

```

Figure 2-13: Example of a bill that has already been matched and/or has the medication populated

If a bill is entered that has a Visit Type of 901 for Pharmacy POS but does not contain a corresponding prescription in the POS application, a message will be displayed to let the user know and to indicate that matching cannot be done. In a scenario like this, where the bill was approved using the Edit Claim Data option (EDTP > EDCL), the bill will have to be cancelled using the Cancel an Approved Bill option (MGTP > BIMG) so that the claim is re-opened and the medication can be added to page 8D using the claim editor.

```

Select BILL or PATIENT: 112233A      DEMO, PATIENT      DEMO INSURANCE

```



```

3P Bill Data:                               Prescription Data:
  Bill#: 112233A                             RX#:
  Patient: DEMO,PATIENT                       Patient:
  DOS: 09/16/2022                             Issue Date:
Other Bill ID: 112233A-DH-111                 RX IEN: 112233A-DH-111
                                             NDC:
  Medication: <NONE>                          Medication:
  Bill Status: APPROVED                       RX Status:
  Bill Amount: 10.00

There's no Prescription entry for the selected bill.
No Matching can be done.

Enter RETURN to continue or ^^ to exit:

```

Figure 2-14: Example of a bill that does not have a corresponding prescription

Finally, if a bill is entered that does have a Visit Type of 901 for Pharmacy POS, the system will display double question marks ‘??’ and the user will be taken back to the bill number prompt. In the example below, the bill number that was entered has a Visit Type of 131 for Outpatient and is not recognized by the BLRX option.

```

Select BILL or PATIENT: 222222A
??
Select BILL or PATIENT:

```

Figure 2-15: Example of a bill entered that does not have a Visit Type of 901 for Pharmacy POS

2.5 Add a COB Pharmacy Bill manually

Changes were made to correct an issue reported with medical claims not being generated in Third Party Billing for claims that were billed through the Pharmacy Point of Sale (POS) application. To correct this, the claim generator will review visits that are marked as BILLED POS to see if there is additional visit data that can be billed. If the visit contains medical or dental charges, a claim will be generated with those charges. The claim will not include the medications that were billed through the POS application if the RX BILLING STATUS field in the insurer file is set to BILLED POINT OF SALE.

```

Rx Billing Status...: OUTPATIENT DRUGS ONLY// ??
  These codes identify how to process pharmacy charges for a payer.

  Code "U" means drugs are not billable.

  Code "O" means only outpatient drugs are billable.

  Code "P" means the drugs are billable through Point Of Sale.

Choose from:
  U          UNBILLABLE

```

O	OUTPATIENT DRUGS ONLY
P	BILLED POINT OF SALE
Rx Billing Status...: OUTPATIENT DRUGS ONLY//	

Figure 2-16: Example of RX BILLING STATUS field in the Add/Edit Insurer Option (TMTP > INTM > EDIN)

In addition, a new menu option was created called 'Add a COB Pharmacy POS bill manually' (MGTP > ADPS) that allows for creating a secondary/tertiary bill for claims that were originally submitted through the Pharmacy Point of Sale application.

In order to use the ADPS option to edit and create a secondary/tertiary bill, the bill must contain all of the items listed below. If any of these are not present on the bill, a message will be displayed as appropriate and the user will not be allowed to edit/approve the bill.

- Active insurance coverage for the date of service
- A medication
- Payment(s) and/or adjustment(s) posted
- At least one diagnosis on the bill
- The bill must not be cancelled

2.6 Rebuild Items from PCC

Several changes were made to the claim generator and to the Rebuild Items from PCC option (EDTP > RBCL) to ensure that the option only rebuilds the claim and the claim editor pages that were selected by the user, unless a split claim is selected, and to prevent duplicate claims from being created. In all, the following changes were made to the RBCL option:

- The RBCL option is no longer tasked. Once the user makes the desired rebuild selections, the claim will be rebuilt immediately and will be available in the claim editor.
- The RBCL option will only rebuild the claim and the pages that are specified by the user unless a split claim is selected. Prior to p36, the RBCL option rebuilt the entire claim regardless of what the user chose and also ran the claim generator for the patient, rather than for the one claim that the user specified.
- If a split claim is entered in the RBCL option, a message will be displayed to notify the user that the claim was split along with a list of claims associated with the visit(s). If a split claim is selected, the entire claim will be rebuilt.
- If multiple claims were generated due to table maintenance set-up, such as an outpatient claim and a pro fee claim for Medicare, the RBCL option will only rebuild the claim and pages that were selected by the user. The other claim will not be affected.

- Subfile #15 for APC Visit was removed the list of available choices to select for rebuilding (APC Visit is no longer used)
- The description name for subfile #45 was changed from 'Charge Master (P-8J)' to 'Charge Master Transcodes'

Upon entering the RBCL option and selecting a claim to rebuild, the options available for the user to select will be displayed as shown below. Note that APC Visit is no longer available and subfile 45 has been renamed to 'Charge Master Transcodes'.

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p36          |
+                   Rebuild Items from PCC                   +
|                   2017 DEMO HOSPITAL                       |
+-----+
User: USER,ONE                                     5-SEP-2022 9:57 AM

WARNING this option deletes the data from selected pages (subfiles) of the
claim file.  Then it looks to see if the data can be rebuilt from PCC.
For some pages there is no data in PCC.  For some the data may be missing.
The data will only be rebuilt if the information exists in PCC.

Select 3P CLAIM DATA PATIENT: 123456  DEMO,PATIENT
                                M 01-01-1960 XXX-XX-1111  MHS 1111
      Date of Service: 08/08/2022
Do you wish to view PCC visit information before continuing? No//  NO

      13  Insurer (P-2)
17 17  Diagnosis (P-5A)
21 21  Surgical Procedure (P-8B)
25 25  REVENUE CODE (P-8C)
33 33  Dental (P-6)
37 37  Laboratory (P-8E)
41 41  Providers (P-4)
45 45  Charge Master Transcodes

      19  ICD Procedure (P-5B)
23 23  Pharmacy (P-8D)
27 27  Medical Procedure (P-8A)
35 35  Radiology (P-8F)
39 39  Anesthesia (P-8G)
43 43  Misc. Services (P-8H)
47 47  AMBULANCE SERVICE (P-8K)

Enter subfile number or list of subfiles to clean out: (13-47):
    
```

Figure 2-17: Example of options available in the patch 36 RBCL option

If a split claim is entered in the RBCL option, a message will be displayed to notify the user that the claim was split along with a list of claims associated with the visit(s). It's important to note that if a split claim is selected in the RBCL option, the claim could be rebuilt with all of the data from the original claim. Be sure to carefully review any rebuilt split claims before approving them in the claim editor.

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p36          |
+                   Rebuild Items from PCC                   +
|                   2017 DEMO HOSPITAL                       |
+-----+
User: USER,ONE                                     5-SEP-2022 9:56 AM

WARNING this option deletes the data from selected pages (subfiles) of the
claim file.  Then it looks to see if the data can be rebuilt from PCC.
For some pages there is no data in PCC.  For some the data may be missing.
    
```

```

The data will only be rebuilt if the information exists in PCC.

Select 3P CLAIM DATA PATIENT: 234567 DEMO,TEST
                                F 02-02-1970 XXX-XX-2222 MHS 2222
    Date of Service: 05/03/2022

There are multiple claims associated with the visit(s) for the selected claim:

    Claim#      Visit
    Type      Clinic
345678      131  INTERNAL MEDICINE
456789      996  INTERNAL MEDICINE
567890      995  INTERNAL MEDICINE

Either the SCMG, SCIN, or STIN option was used to split this claim.
We don't know which data was split so all data will be put back on
the claim you select and will need to be reviewed carefully, assuming
you continue with the rebuild.

Are you sure you want to continue? No// YES
Do you wish to view PCC visit information before continuing? No// NO

13 Insurer (P-2)
17 Diagnosis (P-5A)
19 ICD Procedure (P-5B)
21 Surgical Procedure (P-8B)
23 Pharmacy (P-8D)
25 REVENUE CODE (P-8C)
27 Medical Procedure (P-8A)
33 Dental (P-6)
35 Radiology (P-8F)
37 Laboratory (P-8E)
39 Anesthesia (P-8G)
41 Providers (P-4)
43 Misc. Services (P-8H)
45 Charge Master Transcodes
47 AMBULANCE SERVICE (P-8K)

Enter subfile number or list of subfiles to clean out: (13-47):
    
```

Figure 2-18: Example of entering a split claim into the RBCL option

2.7 Initiate Back Billing Check

The Initiate Back Billing Check option was modified to allow for entering a visit start date and a visit end date. In addition, a correction was made to ensure that the claim generator does not create a new claim for visits that have a cancelled claim associated with them. To generate a new claim when a visit’s claim has been cancelled, use the ‘Recreate claim from PCC data’ option (MGTP > RCCP).

When running the BKMG option, the starting visit date will default to the current date (today) minus two years, and the ending date will default to the current date (today). Keep in mind that the back billing check will only be run for the visit location that you are logged in to. To run the option for other visit locations, you must switch your location as appropriate and run the BKMG from there.

```

|          THIRD PARTY BILLING SYSTEM - VER 2.6p36          |
+          Initiate Back Billing Check                      +
|          2017 DEMO HOSPITAL                              |
+-----+-----+-----+-----+-----+-----+-----+
User: BILLER,SUPER                                     15-JUN-2022 12:07 PM
    
```

```

This program will cause the nightly claim generator to initiate
a one time job of checking all visits back to the date specified.

Do you wish to run this program (Y/N)? YES

Check all Visits from (Starting Date): 06/15/2020// 5/01/22
                               Thru (End Date): 05/15/2022// 5/31/22

BACKBILLING CHECK QUEUED TO RUN FOR 2017 DEMO
For Date Range 05/20/2021 thru 05/23/2021

ARE YOU SURE? YES

OK, all visits from 05/01/2022 to 05/23/2021 will be checked for 2017 DEMO
during the nightly claim generation process.

Enter RETURN to continue or '^' to exit:

```

Figure 2-19: New date range parameters in BKMG option

Acronym List

Acronym	Meaning
3P	Third Party
ADO	Azure DevOps (OIT Change Request Repository)
API	Application Programming Interface
AVA	IHS VA Support
BJPC	Patient Care Component (PCC) Suite
CR	Change Request
CPT	Current Procedural Terminology
HEAT	OIT Helpdesk Ticketing System (Retired)
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	Service Now (OIT Helpdesk Ticketing System)
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.

Phone: (888) 830-7280 (toll free)

Web: <https://www.ihs.gov/itsupport/>

Email: itsupport@ihs.gov