

PCC and the Claim Generator

RPMS Third Party Billing Training





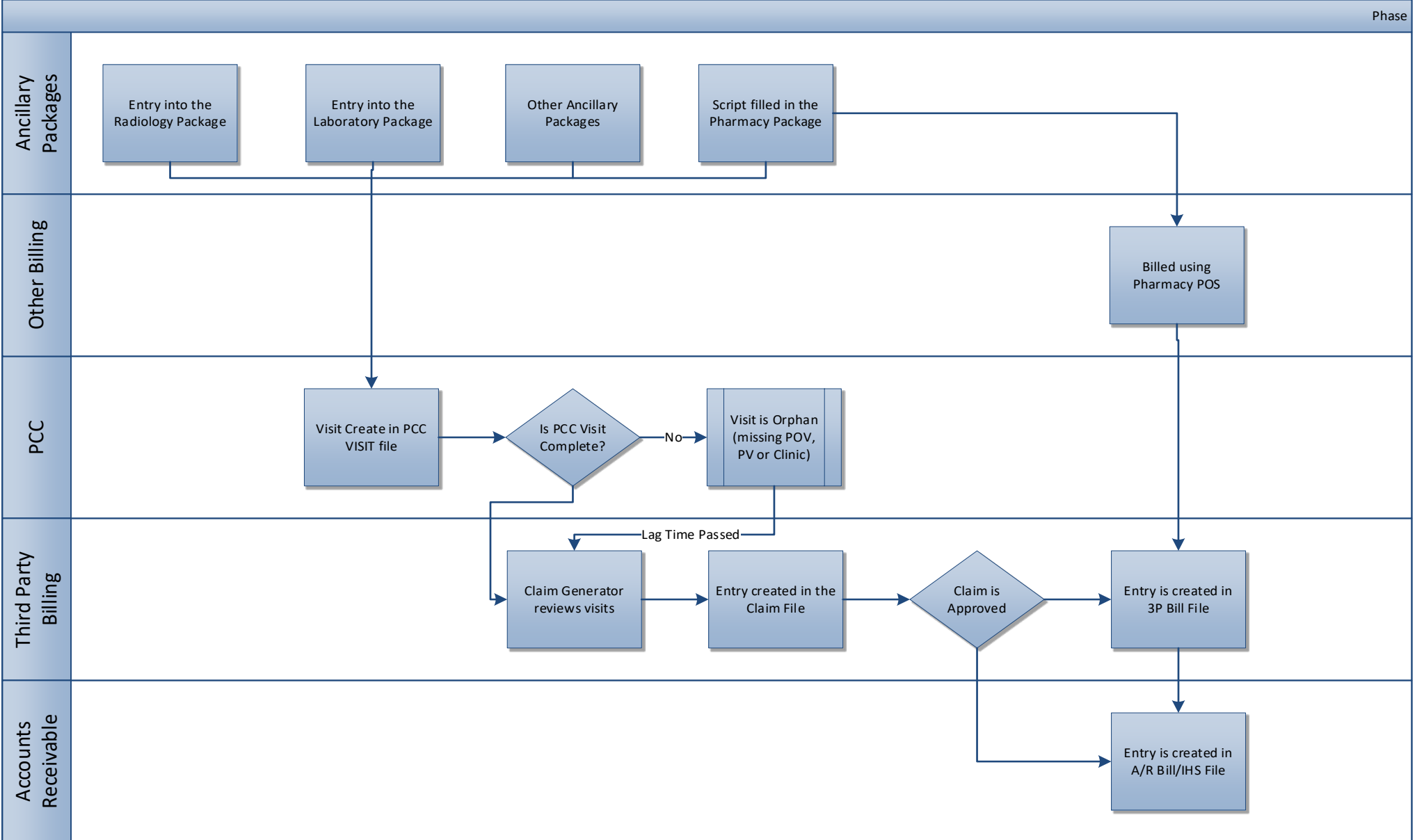
Objectives

- Data flow
- Structure of the PCC visit
- Different types of visits and how they are created
- Locations
- EHR
- Coding Que



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Visit Flow from PCC to Third Party Billing





What makes up a Visit?

- VISIT
 - Visit Location
 - Service Category
 - Clinic
 - Date Last Modified
- V POV
 - Diagnosis or Purpose of Visit (POV)
- V PV
 - Provider
- V CHART AUDIT
- Over 50 different V files that contain visit data



How to view the PCC Visit

- Use PCC option
 - Display PCC Visit (DSP)
- In Third Party Billing
 - Use View PCC Visit (VPRP)
 - Claim Editor view (EDCL)

```
Select Reports Menu Option: VPRP  View PCC Visit

Select PATIENT NAME: 2
DEMO,PATIENT                                M 06-03-2003 XXX-XX-9102  IHH 2

PATIENT: DEMO,PATIENT                        SSN: ***-**-9102
VISIT DATE/TIME          VISIT LOCATION          SERVICE CATEGORY
=====
(1)  APR 21, 2024@14:09  INDIAN HEALTH HOS  AMBULATORY
      Claim Status: CLAIM CREATED
(2)  SEP 15, 2023@12:00  INDIAN HEALTH HOS  AMBULATORY
      Claim Status: VISIT IN REVIEW STATUS
(3)  SEP 13, 2023@11:00  INDIAN HEALTH HOS  AMBULATORY
      Claim Status: CLAIM CREATED
```



VISIT File Screen Display

VISIT IEN: 248803

HRN: IHH 2

----- VISIT FILE -----

VISIT/ADMIT DATE&TIME: JUL 18, 2017@12:00

DATE VISIT CREATED: AUG 17, 2017 TYPE: IHS

THIRD PARTY BILLED: VISIT IN REVIEW STATUS

PATIENT NAME: DEMO,PATIENT

LOC. OF ENCOUNTER: INDIAN HEALTH HOSPITAL

SERVICE CATEGORY: AMBULATORY

CLINIC: PHARMACY

DEPENDENT ENTRY COUNT: 1

DATE LAST MODIFIED: AUG 17, 2017

HOSPITAL LOCATION: PHARMACY

CREATED BY USER: LUJAN,ADRIAN M

OPTION USED TO CREATE: PSO LM BACKDOOR ORDERS

PROTOCOL: IHS PS HOOK

USER LAST UPDATE: LUJAN,ADRIAN M

OLD/UNUSED UNIQUE VISIT ID: 2028100000248803

DATE/TIME LAST MODIFIED: AUG 17, 2017@15:02:24

NDW UNIQUE VISIT ID (DBID): 183460000248803

VISIT ID: 110C-IHH



VISIT File Fields

Visit/Admit Date & Time

- Approximately the date and time the patient was seen for services
- Ancillary services will display 08:00 or 12:00 depending on where the service originated

Loc. (Location) Of Encounter

- Location where patient was treated or seen for services
- Valid RPMS Location found in the Location/Institution File
- Must have a corresponding billing location set in Third Party Billing



VISIT File: Third Party Billed

- Indicates the status of the claim creation for the visit
- A blank status means the claim generator has not run
- Claim created examples
 - CLAIM CREATED
 - EXISTING CLAIM MODIFIED
 - CLAIM CANCELED (MANUALLY)*
- Claim not created examples
 - VISIT LOCATION NOT FOUND IN 3P SITE PARAMETERS FILE
 - CLINIC DESIGNATED AS UNBILLABLE
 - PCC SERVICE CATEGORY NOT ABM, HOSP, IN HOSP, OBSERV, OR DAY SURG
 - MEDICAID COVERAGE; VISIT OUTSIDE ELIGIBILITY DATES (NE)
 - BILLED POS



Visit File: Service Category

Billable

- Ambulatory
 - Outpatient
- Day Surgery
- Hospitalization
- In-Hospital
- Observation
- Telemedicine

Un-Billable

- Ancillary Package Daily Data
- Chart Review
- Daily Hospitalization Data
- Event (Historical)
- Not Found
- Nursing Home
- Telecommunications

Service Categories are maintained by the IHS Database Administrator
Billable or Unbillable entries are maintained by the Third Party Billing Technical Advisory Group



Additional VISIT File Fields

Clinic

- Identifies the type of visit the patient is seen for based on department
- Only one clinic code may apply per visit
- Coding should confirm the visit is classified correctly
- Third Party Billing determines if billable/unbillable

Date Last Modified

- Date the visit was last updated or changed
- Triggers the Claim Generator to create or update the claim
- May be a revenue leak if late charges added and claim has been previously billed



V POV (Purpose of Visit)

- Captures Diagnosis data for the visit
- Review codes for accuracy
- For now, order of codes sets priority order in billing
- Present on Admission (POA) codes for Inpatient and ER
- Additional fields indicate work-related or Third Party Liability

```
----- V POV -----  
POV: J38.4 PATIENT NAME: MEGABUCKS,SYLVIA  
VISIT: JAN 30, 2017@16:03 PROVIDER NARRATIVE: LARYNX EDEMA  
PRIMARY SNOMED: 63161005 DATE/TIME ENTERED: MAR 01, 2017@11:57:47  
ENTERED BY: LUJAN,ADRIAN M  
DATE/TIME LAST MODIFIED: MAR 01, 2017@11:57:47  
LAST MODIFIED BY: LUJAN,ADRIAN M  
ICD NARRATIVE (c): Edema of larynx  
PRIMARY SNOMED PREFERRED TERM (c): Principal
```

```
----- V POV -----  
POV: S52.392A PATIENT NAME: RONI,MAC A  
VISIT: JUN 23, 2017@14:04 PROVIDER NARRATIVE: CLOSED ARM FX, RADIUS, LEFT ARM  
CAUSE OF DX: EMPLOYMENT RELATED FIRST/REVISIT: FIRST VISIT  
EXTERNAL CAUSE: V43.33XS PLACE OF ACCIDENT: INDUSTRIAL PREMISES  
PRIMARY/SECONDARY: PRIMARY DATE OF INJURY: JUN 23, 2017  
PLACE OF OCCURRENCE: Y92.69 PRESENT ON ADMISSION?: YES  
PRIMARY SNOMED: 63161005 DATE/TIME ENTERED: JUL 23, 2017@08:53:40  
ENTERED BY: LUJAN,ADRIAN M  
DATE/TIME LAST MODIFIED: JUL 23, 2017@08:53:43  
LAST MODIFIED BY: LUJAN,ADRIAN M  
ICD NARRATIVE (c): Oth fracture of shaft of radius, left arm, init for clos fx  
PRIMARY SNOMED PREFERRED TERM (c): Principal
```



V PV (Provider)

- Indicates providers involved with the patient's care
 - Physicians
 - Nurses
 - Ancillary
- Claim generator uses the primary provider to generate the claim
- Note: Not all providers entered appear in the claim editor

```
----- V PROVIDER -----  
PROVIDER: WELBY,MARCUS PATIENT NAME: RONI,MAC A  
VISIT: JUN 23, 2017@14:04 PRIMARY/SECONDARY: PRIMARY  
EVENT DATE AND TIME: JUN 23, 2017 DATE/TIME ENTERED: JUL 23, 2017@08:54:06  
ENTERED BY: LUJAN,ADRIAN M  
DATE/TIME LAST MODIFIED: JUL 23, 2017@08:54:06  
LAST MODIFIED BY: LUJAN,ADRIAN M  
AFF.DISC.CODE (c): 970CRC  
  
PROVIDER: RATCHET,NURSE PATIENT NAME: RONI,MAC A  
VISIT: JUN 23, 2017@14:04 PRIMARY/SECONDARY: SECONDARY  
EVENT DATE AND TIME: JUN 23, 2017 DATE/TIME ENTERED: JUL 23, 2017@08:54:06  
ENTERED BY: LUJAN,ADRIAN M  
DATE/TIME LAST MODIFIED: JUL 23, 2017@08:54:06  
LAST MODIFIED BY: LUJAN,ADRIAN M  
AFF.DISC.CODE (c): 105LMB
```



V Trans (for Chargemaster Sites)

- Entries added by item
- Each item contains
 - HCPCS
 - Charge
 - Revenue Code
- Fees used in 3PB
- Note page charge is referenced

```
----- V TRANSACTION CODES-----  
TRANSACTION CODE: 26100280          PATIENT NAME:  
VISIT: JUN 08, 2018@14:00          CAN #: J450388  
SERVICE CLASSIFICATION CODE: 26   CHARGE: 86.90  
HCPCS: 95115                       REVENUE CODE: 924  
DESCRIPTION: ALLERGY INJ WO EXTRACT;SGL  
DATE/TIME ENTERED: JUN 11, 2018@13:17:58  
ENTERED BY: DATAENTRY,JANE  
DATE/TIME LAST MODIFIED: JUN 11, 2018@13:17:58  
LAST MODIFIED BY: DATAENTRY,JANE  
  
TRANSACTION CODE: 26100285          PATIENT NAME:  
VISIT: JUN 08, 2018@14:00          CAN #: J450388  
SERVICE CLASSIFICATION CODE: 26   CHARGE: 86.90  
HCPCS: 95117                       REVENUE CODE: 924  
DESCRIPTION: ALLERGY INJ, EXCL EXTR, =>2  
DATE/TIME ENTERED: JUN 11, 2018@13:18:01  
ENTERED BY: DATAENTRY,JANE  
DATE/TIME LAST MODIFIED: JUN 11, 2018@13:18:01  
LAST MODIFIED BY: DATAENTRY,JANE
```



V Chart Audit

Displays coding status of the visit

- Reviewed/Complete Visit
- Incomplete Visit
 - Due to deficiency
 - Won't generate a claim
- No V CHART AUDIT entry means visit hasn't been reviewed yet

```
----- V CHART AUDIT -----  
DATE OF AUDIT: NOV 07, 2017@13:28:53    PATIENT: PATIENT, PAUL  
VISIT: OCT 08, 2017@13:00              CHART AUDIT STATUS: REVIEWED/COMPLETE  
AUDITOR/USER: LUJAN,ADRIAN M           DATE/TIME ENTERED: NOV 07, 2017@13:28:53  
ENTERED BY: LUJAN,ADRIAN M  
DATE/TIME LAST MODIFIED: NOV 07, 2017@13:28:53  
LAST MODIFIED BY: LUJAN,ADRIAN M
```

```
----- V CHART AUDIT -----  
DATE OF AUDIT: JUN 14, 2018@15:42:13    PATIENT: KING,STEPHEN  
VISIT: MAY 15, 2018@10:49              CHART AUDIT STATUS: INCOMPLETE  
AUDITOR/USER: LUJAN,ADRIAN M           DATE/TIME ENTERED: JUN 14, 2018@15:42:13  
ENTERED BY: LUJAN,ADRIAN M  
DATE/TIME LAST MODIFIED: JUN 14, 2018@15:42:13  
LAST MODIFIED BY: LUJAN,ADRIAN M
```



Types of Visits



Inpatient and Day Surgery Visits

Service Category: Hospitalization

- Parent visit
- Admission/discharge data
- Date/time of Admission/Discharge

Service Category: In-Hospital

- Child visit
- Ancillary services provided while inpatient
 - Lab, Radiology, Pharmacy, Other Consults
- Should not be merged to Hospitalization



RPMS Example of Inpatient Visit

PATIENT: MEGABUCKS, SYLVIA

SSN: 505-92-3584

VISIT DATE/TIME

VISIT LOCATION

SERVICE CATEGORY

- =====
(28) FEB 16, 2017@09:00 INDIAN HEALTH HOS **IN HOSPITAL**
Claim Status: NO CLAIM CREATED FOR PARENT VISIT
(29) FEB 15, 2017@12:00 INDIAN HEALTH HOS **IN HOSPITAL**
Claim Status: NO CLAIM CREATED FOR PARENT VISIT
(30) FEB 15, 2017@12:03 INDIAN HEALTH HOS **HOSPITALIZATION**
Claim Status: VISIT DATE PRIOR TO BACKBILLING LIMIT
(31) FEB 15, 2017@19:00 INDIAN HEALTH HOS IN HOSPITAL
Claim Status: NO CLAIM CREATED FOR PARENT VISIT
(32) NOV 08, 2016@08:00 INDIAN HEALTH HOS AMBULATORY
Claim Status: VISIT DATE PRIOR TO BACKBILLING LIMIT

Enter a number (28-32):



Outpatient and Other Visits

- Service Category: Ambulatory
- Visit defined by Clinic Stop code
 - Visits merged will only contain the primary clinic code



Pharmacy

- Entries created from prescriptions filled using the pharmacy package
- Look out for
 - Discontinued Meds
 - Return to Stock
- Note: NDCs are linked to the medication during the Drug file update and are linked by the pharmacist

```
----- V MEDICATION -----  
MEDICATION: AMITRIPTYLINE 25MG TAB      PATIENT NAME: DEMO,PATIENT  
VISIT: JUL 18, 2017@12:00  
SIG: TAKE 15 TABLETS BY MOUTH 1 BY MOUTH DAILY  
QUANTITY: 15                            DAYS PRESCRIBED: 15  
PRESCRIPTION NUMBER: 289078             EVENT DATE&TIME: JUL 18, 2017@12:00  
ORDERING PROVIDER: DOCTOR,TRUDEL MD  
~~~~~
```

```
MEDICATION: WARFARIN 5MG TABS           PATIENT NAME: PATIENT,PAUL  
VISIT: MAY 12, 2018@12:00              SIG: TAKE TWO TABLETS BY MOUTH DAILY  
QUANTITY: 60                           DAYS PRESCRIBED: 30  
DATE DISCONTINUED: JUN 11, 2018      PRESCRIPTION NUMBER: 289093  
EVENT DATE&TIME: MAY 12, 2018@12:00   ORDERING PROVIDER: DOCTOR,TRUDEL MD
```

```
MEDICATION: LANSOPRAZOLE 30MG          PATIENT NAME: PATIENT,PAUL  
VISIT: JUN 11, 2018@12:00              SIG: TAKE 1 BY MOUTH AS NEEDED  
QUANTITY: 30                           DAYS PRESCRIBED: 30  
DATE DISCONTINUED: JUN 11, 2018      COMMENT: RETURNED TO STOCK  
PRESCRIPTION NUMBER: 289095             EVENT DATE&TIME: JUN 11, 2018@12:00  
ORDERING PROVIDER: MILLS,CHRISTOPHER P
```



Laboratory

- Entries created using the Laboratory package
- Each entry contains a CPT-Billable Items entry
- Panels contain a parent entry that houses the CPT entry
- Sites not using RPMS Lab enter CPTs in V CPT

```
----- V LAB -----
LAB TEST: CBC
VISIT: SEP 04, 2017@12:00
ORDER: 12995
SOURCE OF DATA INPUT: LAB
COLLECTION SAMPLE: BLOOD
ORDERING PROVIDER: MANZANARES,ROBERT J
CLINIC: LABORATORY SERVICES
ORDERING DATE: SEP 04, 2017
RESULT DATE AND TIME: OCT 04, 2017@16:23:16
DATE/TIME ENTERED: OCT 04, 2017@16:23:17
ENTERED BY: LUJAN,ADRIAN M
DATE/TIME LAST MODIFIED: OCT 04, 2017@16:23:17
LAST MODIFIED BY: LUJAN,ADRIAN M
CPT - BILLABLE ITEMS: 85025|12.00||||
PROVIDER NARRATIVE: CHOLESTEROL LEVELS

PATIENT NAME: MEGABUCKS,SYLVIA
LR ACCESSION NO.: HE 1004 1
SITE: BLOOD
CURRENT STATUS FLAG: RESULTED
COLLECTION DATE AND TIME: SEP 04, 2017
ENCOUNTER PROVIDER: LUJAN,ADRIAN M

LAB TEST: WBC
VISIT: SEP 04, 2017@12:00
ABNORMAL: H*
UNITS: K/cmm
SITE: BLOOD
REFERENCE HIGH: 10.8
CURRENT STATUS FLAG: RESULTED
COLLECTION DATE AND TIME: SEP 04, 2017
ORDERING PROVIDER: MANZANARES,ROBERT J
CLINIC: LABORATORY SERVICES
PARENT: CBC
RESULT DATE AND TIME: OCT 04, 2017@16:23:16
DATE/TIME ENTERED: OCT 04, 2017@16:23:17
ENTERED BY: LUJAN,ADRIAN M
DATE/TIME LAST MODIFIED: OCT 04, 2017@16:23:17
LAST MODIFIED BY: LUJAN,ADRIAN M
PROVIDER NARRATIVE: CHOLESTEROL LEVELS

PATIENT NAME: MEGABUCKS,SYLVIA
RESULTS: 59
LR ACCESSION NO.: HE 1004 1
ORDER: 12995
REFERENCE LOW: 4.8
SOURCE OF DATA INPUT: LAB
COLLECTION SAMPLE: BLOOD
ENCOUNTER PROVIDER: LUJAN,ADRIAN M
ORDERING DATE: SEP 04, 2017
```



Dental

- Clinic = Dental
- Entries created from RPMS Dental or Dentrix
- ADA coding of charges
- IHS-specific dental codes
- Uncoded ICD diagnosis
 - Must be coded

```
----- V DENTAL -----
SERVICE CODE: 2330                PATIENT NAME: MEGABUCKS, SYLVIA
VISIT: FEB 04, 2018@14:03         NO. OF UNITS: 1
OPERATIVE SITE: PERMANENT SECOND BICUSPID,MAX RIGHT
DATE/TIME ENTERED: MAR 06, 2018@12:30:38
ENTERED BY: LUJAN,ADRIAN M
DATE/TIME LAST MODIFIED: MAR 06, 2018@12:30:38
LAST MODIFIED BY: LUJAN,ADRIAN M

SERVICE CODE: 0120                PATIENT NAME: MEGABUCKS, SYLVIA
VISIT: FEB 04, 2018@14:03         NO. OF UNITS: 1
DATE/TIME ENTERED: MAR 06, 2018@12:30:38
ENTERED BY: LUJAN,ADRIAN M
DATE/TIME LAST MODIFIED: MAR 06, 2018@12:30:38
LAST MODIFIED BY: LUJAN,ADRIAN M

SERVICE CODE: 0190                PATIENT NAME: MEGABUCKS, SYLVIA
VISIT: FEB 04, 2018@14:03         NO. OF UNITS: 1
DATE/TIME ENTERED: MAR 06, 2018@12:30:38
ENTERED BY: LUJAN,ADRIAN M
DATE/TIME LAST MODIFIED: MAR 06, 2018@12:30:38
LAST MODIFIED BY: LUJAN,ADRIAN M
```



Electronic Health Record (EHR)



EHR and the Business Office

What is an EHR?

- Windows-based interface that ties all together all clinical components of the visit and allows for better management of patient care
- Replaces the paper chart and allows for real-time updates from the provider

Orders

- Providers may order tests for lab or radiology, medications, etc
- Billing may use this to verify what was ordered versus what was completed

Results and Other Information

- Central location for test results
- Encounter and provider documentation along with documentation of immunizations



Access to EHR

- Access is limited and will need to be provided
- Customized templates for Business Office use
- Review EHR for missing charges, results, orders, etc

The screenshot displays the IHS-EHR software interface. At the top, there is a menu bar with 'User', 'Patient', 'Tools', and 'Help'. Below this, there are tabs for 'Patient Chart' and 'Communication'. The main area shows patient information for 'Megabucks, Sylvia' (ID 1122, DOB 15-Jun-1964, F). A yellow box indicates 'Visit not selected' by 'LUJAN, ADRIAN M'. A green box shows 'Primary Care Team Unassigned'. Below this is a navigation bar with tabs for 'Notifications', 'Cover Sheet', 'Prob/POV', 'Vitals', 'Notes', 'Orders', 'Medications', 'Labs', 'Wellness', 'D/C Summ', 'Reports', and 'Consults'. The 'Medications' tab is active, showing a table of 'Outpatient Medications'. The table has columns for Action, Chronic, Status, Process, Issued, Last Filled, Expires, Refills Remaining, Rx#, and Provider. One medication is listed: FAMOTIDINE 20MG TAB, Qty: 60 for 30 days, Sig: TAKE ONE (1) TABLET BY MOUTH 2 DAILY, with a status of Active and issued on 26-Dec-2...

Action	Chronic	Outpatient Medications	Status	Process	Issued	Last Filled	Expires	Refills Remaining	Rx#	Provider
		FAMOTIDINE 20MG TAB Qty: 60 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH 2 DAILY	Active		26-Dec-2...	26-Dec-2...	27-Dec-2...	10	289084	ALEXIS,ALEXA...



Coding Que and Guidelines



Part 5, Chapter 1 – Third Party Revenue Accounts Management and Internal Controls

Health Information Management Coding / Data Entry 5-1.3F

- Section 1: Coding Timelines
 - All applicable codes must be entered, verified, and completed in RPMS within 4 business days of the date of service for all outpatient services.
 - All efforts should be made to enter, verify and complete codes within 4 days after chart completion of the inpatient stay
 - ***Accreditation guidelines allow providers up to 30 days to complete a chart after an inpatient stay.***
 - ***The maximum time allowed for all codes to be entered and verified in the RPMS system is 34 days.***
 - Providers have 1 business day to address and provide any additional information once an issue is identified and communicated.



EHR/PCC Coding Audits

- Located in PCC (ENT>EHRC), used to manage and maintain Coding Que
- Use to review backlog

Be aware of options that have an effect on the Claim Generator!

Coding should be notifying Business Office if option has been triggered

ACCL Auto Mark Visits as Reviewed/Complete by Clinic

ACRX Auto-Complete Pharmacy Education Only Visits



Measuring EHR/PCC Coding Audit Reports

- Review and track
 - EHRD EHR/PCC Coding Audit for visit in Date Range
 - PEHR EHR/PCC Coding Audit for One Patient
 - TUR Count Unreviewed Visitys by Date/Service Category
 - ICPD incomplete Charts by Provider w/Deficiencies
 - INCV List Visits Marked as Incomplete
 - LIR List Unreviewed/Incomplete Visits
 - RCPD Resolved Incomplete Charts by Provider/Date
 - VNR Tally/List of Visits not Reviewed in N Days

- Trending results helps!



PCC/EHR Visit List of Unreviewed Visits

PCC/EHR VISIT AUDIT Jun 14, 2018 17:06:09 Page: 1 of 1
Visit Dates: Feb 01, 2018 to Feb 28, 2018

* an asterisk beside the visit number indicates the visit has an error

#	VISIT DATE	PATIENT NAME	HRN	FAC	HOSP	LOC	S	CL	INS	PRIM	PROV	STATU
1)*	02/04/18@12:00	DEMO, JOHN	123567	IHH	OUTPATIE	A			C/P			NO
2)*	02/05/18@12:00	ROLL, CASS A	5102	IHH	PHARMACY	A	39		M/P			NO
3)*	02/07/18@15:01	ESCORT, HAROLD	99149	IHH	GENERAL	A	01			ALEXIS, AL		NO
4)	02/17/18@17:53	TEFUIE, CHERYL	12015	IHH				I	M			

Q - Quit/?? for more actions/+ next/- previous >>>

D	Display Visit	C	Chart Audit History	T	Change Date/Time
N	Note Display	H	Health Summary	U	Resequence POVS
M	Modify Visit	O	One Patient's Visits	J	View BH Note
A	Append to Visit	X	Visit Delete	Y	View Any Visit
G	Visit Merge	B	B Merge 2 Diff Dates	Z	Add a Visit
S	Status Update	F	F Move V File	I	Chart Deficiency
R	Resort List	E	E Move V File 2 Dates	K	Change Patient

Select Action: D//



Options that Affect Claim Generation

Auto-complete of options allow for quicker completion of visit data

- ACCL Auto Mark Visits as Reviewed/Complete by Clinic
- ACRX Auto-Complete Pharmacy Education Only Visits

Deleting or merging visit data does not update the biller once a claim has been billed

- MRG Merge two Visits on Same Date
- DEL Delete All Data For A Visit

Ask HIM/Coding to provide updates when these options are ran



Coded Visits

- Coding will only code based on the CPT, HCPCS or ICD code that is applicable to the patients visit
- It is the responsibility of the biller to ensure that all valid billable codes have been added **to the claim editor** prior to billing
- Most pharmacy visits are billed via Pharmacy POS but some medications are provided during the clinic visit (ex. Depo shots) and may be billed in the Claim Editor which requires manual entry by the biller – can be added using the RX number



Billing Responsibility

Final Thoughts...

- Review data for accuracy
 - Report back to coding for review and correction
- Monitor for late charges or updates to the visit
 - Educate coding about updating a visit after EXISTING CLAIM MODIFIED
- Monitor coding que for visit backlog

Questions and Discussion

